“all survivors need good quality care and support to help them heal and recover”
If you are a programme manager or part of the Community-Based Care Team (CBC Team), then *Part Three: Strengthening Community-Based Care* is for you! It has information, guidance and tools to help the team implement the CBC component of the Communities Care: Transforming Lives and Preventing Violence Programme (CC Programme).

The aim of this component of the CC Programme is to create an enabling environment for survivors of sexual violence to receive good quality compassionate, survivor-centred care and support to help them on their journey of recovery and healing. This is important because the availability of these services will not only encourage survivors to seek help, but also demonstrates that sexual violence is a serious concern, deserving resources and a multi-sectoral response. It is also important to show the community that something is being done about it.

Through the CC Programme we will support community-based response actors to create an enabling environment for survivors to come forward for help. We will do this by advancing knowledge, skills, beliefs and behaviours amongst service providers that are the basis for quality and compassionate care. Additionally, we will initiate a shift in the way that sexual violence is perceived within the community. As service providers adopt new skills, beliefs and behaviours and promote these beliefs and practices in their workplaces and the wider community, they become agents of change and contribute to an environment that champions the rights of survivors.

*Strengthening Community-Based Care* is for programme managers and staff working with professionals, paraprofessionals and community volunteers who provide care and support to survivors of sexual violence.

---

**OBJECTIVES**

- Support the Community-Based Care Team to strengthen quality community services for survivors of sexual violence.
- Support the Community-Based Care Team to build survivor-centred knowledge, skills, beliefs and behaviours of service providers and other helpers in health, psychosocial care, education and law enforcement.
- Foster good practice in survivor-centred care and support.

---

1 The Community-Based Care Team refers to CC staff responsible for implementing the community-based care component of the programme, including senior social workers and social workers.
WHAT’S IN HERE?

Strengthening Community-Based Care has two sections:

**SECTION 1** INFO

The first section takes you through the process of implementing the Community-Based Care component of the CC Programme and provides guidance and tools to help you implement the activities. It covers: (1) strengthening quality survivor-centred services; and (2) supporting compassionate survivor-centred care and support.

Each topic begins with **information and guidance** to implement CC Programme activities, an **action checklist** and **tools** to help you carry out the activities and action points.

**SECTION 2** CAPACITY BUILDING

The second section contains training materials CBC staff will use for building the capacity of service providers, shown in the table below.

<table>
<thead>
<tr>
<th>Training Title</th>
<th>Length</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting Survivor-Centred Response into Practice</td>
<td>4 days</td>
<td>Community-based response actors will be able to apply good practice principles and survivor-centred knowledge and skills when responding to survivors of sexual violence.</td>
</tr>
<tr>
<td>Community Health Worker Training</td>
<td>10 days</td>
<td>CHWs will be able to provide basic care to survivors of sexual violence.</td>
</tr>
<tr>
<td>Strengthening Psychosocial Response to Sexual Violence</td>
<td>2 days</td>
<td>Social welfare and psychosocial care workers will be able to demonstrate survivor-centred knowledge and skills, including implementing a case management approach to responding to survivors and their families.</td>
</tr>
<tr>
<td>Strengthening Education Response to Sexual Violence</td>
<td>2 days</td>
<td>School staff will be able to recognize and respond to different types of sexual violence affecting students, understand the role of schools in preventing and responding to sexual violence, and identify action to strengthen the school’s response to sexual violence.</td>
</tr>
<tr>
<td>Strengthening Law Enforcement Response to Sexual Violence</td>
<td>2 days</td>
<td>Police will understand their role in law enforcement in relation to sexual violence and the frameworks that guide their work in responding to sexual violence.</td>
</tr>
</tbody>
</table>
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INTRODUCTION TO THE CC APPROACH TO STRENGTHENING CARE FOR SURVIVORS
INTRODUCTION TO THE CC APPROACH TO STRENGTHENING CARE FOR SURVIVORS

Women and girls who have experienced sexual violence have the right to confidential compassionate care and support to address the harmful physical, emotional, psychological and social consequences of the violence in order to help them heal and recover. Care and support are important for the following reasons:

• To fulfil survivors rights to access to health, psychosocial care, safety and justice, where it is available and appropriate.

• To respond to the demand for services once community awareness about sexual violence increases.

• To make response services and resources available to prevent further victimization and perpetration.

• To strengthen positive social norms against sexual violence.

While most survivors of sexual violence are women and girls, this does not mean that men and boys who are survivors of sexual violence should not also have access to care and support services – all survivors need good quality care and support to help them heal and recover. The CC Programme aims to make services available to all survivors regardless of whether they are female or male.

One of the two main objectives of the CC Programme is to create an environment in which survivors can receive the good quality care and support they need, and have a right to. The other objective is to shift social norms related to the way that sexual violence is tolerated within local communities. Shifting these norms involves creating a dialogue about the issues, determining where and why women and girls are most vulnerable and building on existing norms to protect women and girls from practices that deny them their fundamental rights.
To support community-based actors to create this environment, the CC CBC Team will:

- Help build coordinated services so that all actors with a role in providing care and support work together and are accessible to women and girls.

- Help develop survivor-centred knowledge, skills, beliefs and behaviours among service providers to help them to do a good job in providing care and support, including treating survivors with respect and dignity. This includes community and clinic-based health workers, social welfare workers and volunteers, education staff, and law enforcement officers.

- Help service providers become ‘champions for change’ and publically show their commitment to creating positive community norms by speaking out and encouraging discussion and debate about harmful community beliefs and norms. This will also encourage survivors to seek help.

- Engage in dialogue about where the real risks for sexual violence exist and who are the most likely perpetrators, sometimes including members of the immediate and extended family. Determining risk is essential to creating strategies that will protect women and girls from sexual violence.

A key strategy of the CC Programme for creating an environment in which survivors can receive compassionate care and support is to work with service providers as a group to reflect on harmful beliefs and norms, examine how these influence their response to survivors, and determine how these influence a survivor’s willingness to come forward for help.

Training service providers on social norms and facilitating their participation in community discussions are an essential component of the CC Programme. These activities aim to:

- Improve the way individual service providers respond to survivors of sexual violence.

- Encourage service providers to take an active role in shifting harmful beliefs and norms amongst others in their families, workplaces, communities and sector.

- Encourage service providers to act as champions for change in the wider community.
Introduction

CC principles in action

The CC Programme is guided by three important principles:

1. Sexual violence is a fundamental and unacceptable violation of human rights.

2. Preventing sexual violence involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.

3. Participation and partnership are cornerstones of effective sexual violence prevention.

These principles are put into practice through the community-based care component of the CC Programme by: working to fulfil survivors’ rights to health, well-being and protection from further violence; by working to create norms that foster gender equality, respect, and dignity for survivors; and by involving community stakeholders in all aspects of planning and implementing CBC activities.

To support community involvement and participation in programme activities, you will need to identify individuals, groups and organizations that are already engaged in women’s empowerment to become spokespeople and allies at the beginning of the programme as you work to develop support and buy-in for activities. You will also need to invite representatives from key sector organizations and from women’s and children’s groups and networks to join a working group to help plan, implement and monitor the CBC activities. Make sure you include representatives from multisectoral organizations and groups providing care and support for survivors, but also equally importantly, representatives from women’s, children’s and survivors groups and networks. This ensures that women and girls are always at the centre of what you do through the programme and have a strong voice in guiding every step of your work.

**ACTION CHECKLIST**

- Using the findings from the Sector Stakeholder Mapping (see Part Two: Programme Planning and Monitoring), invite programme allies, community stakeholders from response sectors, and women’s and children’s groups to join a working group and be involved in planning and implementing all the activities outlined in Part Three: Strengthening Community Based Care.
TOPIC 2
BUILDING QUALITY SERVICES
POCKET CONTAINS:

**TOOL 1**  SERVICE MAPPING TOOL
**TOOL 2**  SERVICE GAP ANALYSIS AND PLANNING TOOL
**TOOL 3**  BARRIERS TO CARE ANALYSIS AND PLANNING TOOL
**TOOL 4**  SAMPLE REFERRAL PROTOCOLS


2 BUILDING QUALITY SERVICES

IN THIS TOPIC

You will find information and guidance on:

• Mapping care and support services for survivors of sexual violence
• Assessing and planning to address gaps in services for survivors of sexual violence
• Assessing and planning to address barriers faced by women and girls in accessing care and support services in the community, including those that exist within their families
• Strengthening inter-agency coordination
• Building positive norms amongst inter-agency actors

You will find the following tools to help implement the activities:

• Service Mapping Tool
• Service Gap Analysis and Planning Tool
• Barrier to Care Assessment and Planning Tool
• Sample Referral Protocols

2.1 Identifying care and support services

Survivors of sexual violence need the following types of care and support to help them recover and heal from the harmful consequences of sexual violence and to be safe from further violence:

• **Medical treatment and health care** to address the immediate and long-term physical and mental health effects of sexual violence. This can include initial examination and treatment, follow-up medical care, counselling and psychological care, and health related legal services, such as preparation of documentation and giving evidence in justice processes. In some settings these services may need to be provided exclusively by women.

• **Psychosocial care and support** to assist with healing and recovery from emotional, psychological and social effects. This includes crisis care as well as longer-term emotional and practical support for the survivor and her family, information and advocacy, case management, and educating families.

• **Options for safety and protection** for survivors and their families who are at risk of further violence and who wish to be protected. In the case of girls under 18 years, child protection services are required to protect those at risk of further violence, including alternative care arrangements when the violence is occurring within the family.
• **Law enforcement and criminal justice response** to promote legal rights and protections for survivors. This includes criminal investigation and prosecution, legal assistance, and court support.

As well as availability of services, the way services are provided is a central aspect of good quality survivor care and support, and a central part of the CC Programme. Through shifting harmful community norms that negatively affect how service providers interact with and respond to survivors, the CC Programme aims to help service providers treat survivors with dignity, respect and confidentiality.

**Who provides services for survivors?**

No one agency or organization can respond to all of the harmful consequences of sexual violence and help survivors to recover, heal and be safe. Different actors and organizations are responsible for providing different kinds of help. Key actors in providing care and support services are national and local governments, traditional governance structures, religious groups, non-government and community-based organizations and networks.

Governments have a key role in providing health, social welfare, education, child protection, law enforcement and justice services. However, non-government organizations and local groups play an important part of the response system, providing services in health, social welfare, psychosocial support and child protection.

In some communities, all services may already be in place but simply need strengthening. For example, in both Somalia and South Sudan, customary justice mechanisms have a central role in the community response to sexual violence, but these mechanisms may need to be strengthened to ensure that they protect the safety, confidentiality and dignity of survivors.

As well as the formal service providers mentioned above, survivors get much needed emotional and practical help from many others in the community, including:

• Family members
• Friends
• Peer-based networks
• Local organizations and networks
• Community and religious leaders
• Women’s and children’s groups
• Teachers

These other people and groups play an extremely important role in providing care, support and protection for survivors. They may be the only source of help that survivors reach out to. Sometimes they are the only source of help available in the community.
Mapping services in the community

The first task for the CBC Team is to find out exactly what services are available for survivors of sexual violence in the community. The number and type of services will depend on the context. If there are relatively few services, the mapping process will be quite fast. A mapping exercise involves having a clear idea of the range of services needed, then collecting information about who is doing what and where. When the team is doing the mapping, make sure to consider both formal services and informal resources for responding to sexual violence in the community.

Once you have collected detailed information about services available in the community you can develop a simple service directory to share with all community-based response actors. This helps to build their knowledge and awareness about what types of care and support are offered in the community and by whom, so they can give good information to survivors. Don’t forget to update the service directory regularly as new services are put in place and existing ones change.

Further mapping can be used to update the service directory and to help with monitoring progress, in line with the Outcome Monitoring Plan for the CBC component of the programme (See Part Two of the Toolkit for more information).

2.2 Addressing critical gaps in services

When the team has completed the mapping, the next step is to look at critical gaps in services that prevent survivors from receiving a minimum standard of care. Examples of gaps are: not having trained staff; not having equipment or supplies at the health centre; or not having a safe place where survivors can go to tell someone what has happened, get information about what they can do and receive emotional and practical support.

One common gap in services is having locally appropriate options for safety. Survivors can be at risk of further harm from perpetrators and their supporters and even from their own family members and others in the community. There is no one model for ensuring survivor safety, what works in one setting may not be appropriate in another. You will need to work with community stakeholders to identify a range of safety options to take into account the different safety needs of adult women survivors and their children, and for child survivors.

When you know about all the gaps in services, you can work with stakeholders to identify and plan ways of filling them. Strategies for filling gaps might involve building capacity of existing services, coming up with creative
solutions using existing resources within the community, or advocating with others to make resources available to fix the problem.

You won’t necessarily be able to fill all the gaps and fix all the problems straight away. Some gaps involve mobilizing additional financial resources, while others require capacity-building. For example, if police officers do not have a protocol on how to conduct a thorough investigation, one can be developed at relatively low cost. If they do not have transport to go and interview a suspect, it won’t be realistic to buy a vehicle and provide fuel. However, community stakeholders might decide that the plan for addressing this gap is to advocate with authorities about the need to support police officers to do their job and enforce the law. No matter how big or small the problem, you need to work with stakeholders to develop a plan.

2.3 Addressing barriers to getting help

Just because services are available, doesn’t mean that women and girls can – or feel comfortable – accessing them. In fact if a service is available but not being used by survivors, there probably will be good reasons why. There are many reasons why sexual violence survivors find it difficult to access services. Some common ones are:

- Distance to services
- Security
- Cost of services
- Local requirements such as obtaining a special police form before being examined and treated by a doctor
- Lack of trained female staff
- Perceptions of services by people in the community
- Attitudes of providers towards survivors
- Community beliefs about sexual purity and family honour
- Lack of confidentiality in services
- Family pressure not to seek services
- Clan repercussions for disclosing sexual violence

Planned CC Programme activities will address some barriers to care, for example, by training community health workers (CHWs) the CC Programme will reduce the distance survivors need to travel for health care. Attitudes of providers, another barrier, will be addressed by working with service providers, including CHWs, to help them reflect on harmful beliefs they hold that make survivors reluctant to come to them for help.

To plan how to reduce barriers that keep girls and women from accessing care in the community, the team will do a participatory assessment and work with stakeholders to come up with solutions to problems found. Some
barriers may be easy to identify through the assessment, while the team might not become aware of others until later. For example, you may learn more about reasons why women and girls don’t come forward for help during the community discussions being facilitated through the Community Engagement and Action component of the programme. More information about community discussions is in Part Four of the CC Toolkit, *Catalysing Change*.

Further assessment of barriers can be used throughout the programme to help with monitoring progress, in line with the *Outcome Monitoring Plan* for the CBC component of the programme (See Part Two of the Toolkit for more information).

### 2.4 Strengthening coordination

No matter how many or how few services are available in the community and who they are provided by, coordination between everyone is essential. Good coordination involves good communication, everyone understanding each other’s different roles and responsibilities in providing care and support and how each service is linked to the others, solving problems together and sharing information – which should always be done respecting the safety/security, dignity and confidentiality of survivors.

To build effective coordination it is also a good idea to identify an agency or service that will be the focal point for providing case management services to survivors. Which agency is chosen will depend on who has the capacity and resources to take this role and also whether there are existing responsibilities for case management, for example, in some settings, the government agency responsible for children may be the designated case management service for child survivors.

If there is no coordination mechanism in place you will need to:

- Invite stakeholders to join an interagency coordination group and provide training on responding to sexual violence using the Sexual Violence module in Part One of the Toolkit and the Putting Survivor-Centred Response into Practice module in Part Three.

- Support the coordination group to develop and distribute simple protocols for case coordination and referral to all community-based care response actors if they don’t already exist so that everyone has good information about services they can share with survivors, and so they can make referrals. Developing simple protocols shouldn’t be a long and complicated process.

If there is already a coordination mechanism, the CC Programme may provide an opportunity to strengthen coordination efforts.
2.5 Building positive norms

Social norms that lead to blaming, shaming and stigmatizing of survivors of sexual violence prevent women and girls from coming forward for help, even when there are good quality services in place. Familial pressure, which is a result of existing social norms, is another deterrent to creating an environment in which survivors feel safe to seek help. Transforming harmful beliefs and norms into those that promote respect and dignity will encourage survivors to come forward for help.

Members of the inter-agency coordination group have the potential to be very transformative in the community, influencing the beliefs and expectations of others in their workplaces and in the wider community. Through including members of the interagency coordination group in community discussions, they will be encouraged to become ‘champions for change’ by adopting and promoting positive norms and behaviours that support rather than blame and stigmatize survivors of sexual violence.

The community discussions will be facilitated by the Community Engagement and Action Team, based on materials in Part Four of the Toolkit, Catalysing Change.

**ACTION CHECKLIST**

- Map available services using the Service Mapping Tool and complete the ‘Who, What, Where’.
- Use the Service Information Form completed during the mapping exercise to develop and distribute a service directory to community-based response actors.
- Work with community-based response actors and other stakeholders to identify critical gaps in services and develop a plan to address them using the Service Gap Analysis and Planning Tool.
- Work with community stakeholders representing women, children and survivors groups and networks to identify barriers, including those within the family, that women and girls face when accessing services and develop a plan to address them using the Barriers to Care Analysis and Planning Tool.
- Establish an inter-agency coordination group, if there is not one already, and support the group to identify a lead agency for case management and to develop and share simple referral protocols.
- Help organize community discussions for the interagency coordination group with the Community Engagement and Action Team.
TOOL 1

Service mapping tool

Use this tool to map existing services for survivors of sexual violence in the community and to document information about them. This tool has three parts:

PART A provides step-by-step instructions on how to collect information for the mapping.

PART B is a service information form with instructions to help document details of each service including location, contact details, types of assistance offered and costs which will be used to create a service directory.

PART C is a ‘Who, What, Where’ template to document who is providing what services and where they are.

PART A: STEPS IN SERVICE MAPPING

Step 1. Define the geographical area for the mapping.

Identify the geographical boundaries for the service mapping. For example, decide if you are mapping a whole state or district or a smaller area.

Step 2. Develop a list of all services, organizations and groups in the area selected that provide care and support to survivors of sexual violence in the community.

a) Develop a list of services by sector. Find out about available services using the following sources of information:
   • Mapping or assessments done by the national gender-based violence (GBV) coordination group or by other sectors, for example child protection or health
   • Information collected as part of CC Programme assessment and start-up, including focus group discussions, interviews, surveys conducted by the research team
   • Ask CBC stakeholders identified during the Sector Stakeholder Mapping (see Part Two of the Toolkit Programme Planning and Monitoring)
   • Ask representatives from women’s and children’s groups and networks
   • Information on HIV services from the Ministry of Health or the National AIDS Commission

b) If there is no existing information on available services, you will need to visit health centres, government welfare, gender and children’s agencies, police stations, women’s and children’s groups, etc. and gather new information.

Step 3. Contact each service/organization/group on the list using the service information form, collect information about the service including contact details and specific services offered.

a) Contact each service, organization or group and collect detailed information about them using Part B Service Information Form.

b) It is best for a staff member to go to the service and have a face-to-face meeting to collect information if possible. However, if this is not possible due to security or other constraints, you can collect the information through a phone conversation.

Step 4. Find out about and contact other services, organizations or groups who provide care and support to survivors.

a) Ask each service, organization or group that you contact about other services, organizations or groups they are in contact with or know about that provide care and support to survivors of sexual violence.

b) Contact these new services, organizations or groups and repeat Step 3 above.

Step 5. Develop a list of services by sector.

Once you have collected information about all available services, use Part C Who, What, Where to document the services by sector.

Don’t forget to regularly update this list as you become aware of new services or changes to services.

Step 6. Develop and share a directory of services.

a) Develop a service directory using the Part B Service Information Forms. Don’t forget to develop an attractive cover and include basic information about what is in the guide.

b) Make copies and distribute to all community-based response actors.

c) Don’t forget to plan when and how the directory will be updated!
PART 3  Strengthening Community-Based Care

TOOL 1  SERVICE MAPPING TOOL (continued)

PART A: Notes for filling in Part B Service information form

1. Write the name of the organization.
2. Using the list of Response Sectors and Services below, choose the sector that describes the organization and write it in the box. If the organization provides services in more than one sector, include all relevant sectors on the form.
3. Using the list of Response Sectors and Services below, identify the specific services provided by the organization and write them on the form. If the service isn’t included in the list, write ‘Other’ and give more information.
4. Write the physical location of the service and include details of how to get there so people know how to direct others to find it. See note below.
5. Write the phone number where a referral can be made or where more information about the service can be obtained. See note below.
6. Write the name of the main contact person who is able to provide information and take referrals.
7. Write the times and days that people can come for assistance.
8. Write the main target groups of the service and include as much detail as possible, for example:
   - Adult women
   - Adolescent girls
   - Girls aged 0 - 12
   - Homeless children
   - Female and males of reproductive age
9. Write how much each service costs. Be specific.
10. Write how a person can be referred and access the service. Referral usually involves either self-referral – a person can call or come into a service, organization or group and request assistance – or referral by another service either verbally or in writing.
11. Note down any additional information that is useful to know. For example, any exclusions from the service.

Note: In the case of services that deal with safety, protection or other sensitive issues, DO NOT include detailed information in a service directory or other documents that will be distributed.

For some services it is very important that information about the location, contact details and contact people is NOT made publically available or widely shared to protect survivors, their families and those helping them. This applies in particular to shelters and safe houses, where disclosing people’s locations can put women and their children and staff at risk, and to facilities that provide other sensitive care and support for victims, such as pregnancy termination services, where they are legal.
### PART B: SERVICE INFORMATION FORM

<table>
<thead>
<tr>
<th>Name of Service/Organization Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Services Provided</td>
</tr>
<tr>
<td>Location</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Main Contact Person</td>
</tr>
<tr>
<td>Hours</td>
</tr>
<tr>
<td>Target Group</td>
</tr>
<tr>
<td>Fee for Services</td>
</tr>
<tr>
<td>Geographical area served</td>
</tr>
<tr>
<td>How to make a referral</td>
</tr>
<tr>
<td>Additional Information</td>
</tr>
</tbody>
</table>
### TOOL 1 SERVICE MAPPING TOOL (continued)

PART B: List of response sectors and services

<table>
<thead>
<tr>
<th>Sector</th>
<th>Services Provided</th>
</tr>
</thead>
</table>
| **Health Services** | • Comprehensive post-rape care, include injury management, STI treatment for sexually transmitted infections (STI), emergency contraception (EC), and post-exposure prophylaxis (PEP) for HIV/AIDS.  
• Partial post-rape care, includes some components but not all  
• Forensic services  
• Treatment for chronic physical health outcomes  
• Reproductive health care  
• Fistula repair  
• Voluntary Counselling and Testing for HIV (VCT)  
• HIV treatment, care and support services  
• Crisis counselling and support  
• Mental health assessment and management, eg. psychological or psychiatric evaluation, treatment and care  
• Other health service – give details |
| **Psychosocial Support Services**  
*Includes social welfare and education services* | • Crisis counseling and support  
• Information and advocacy  
• Casework services  
• Individual counseling/support  
• Group counseling/support  
• Material support (eg. clothing, food)  
• Financial support  
• Family outreach and education  
• Community outreach and education  
• Livelihoods/economic support  
• Formal and informal education  
• Traditional healing  
• Court support  
• Other psychosocial support service – give details |
| **Safety Services** | • Short-term shelter and accommodation for adult women  
• Short-term shelter and accommodation for adult women and their children  
• Short-term shelter and accommodation for children  
• Medium term shelter and accommodation  
• Other safety service – give details |
| **Law Enforcement and Criminal Justice Services** | • Criminal investigation, arrest and prosecution of perpetrators |
| **Legal Services** | • Legal counseling and advice for survivors and their families  
• Legal advocacy and representation in court matters |
| **Child Welfare & Child Protection Services** | • Investigation of allegations of child abuse  
• Alternative care placement for children  
• Financial and other support to families  
• Emotional and practical care, and support to vulnerable children |

---

2 Crisis counseling and support is sometimes called ‘psychological first aid’ in the medical model, however in a survivor-centred model the term crisis care or crisis counseling and support is preferred.

3 Refers to culturally appropriate supportive counselling that aims to provide emotional and practical support, give information and solve problems, such as family and community relationship difficulties.

4 Refers to culturally appropriate supportive group-based activities that aim to provide emotional and/or practical support to group members.
### TOOL 1: SERVICE MAPPING TOOL (continued)

#### PART C: WHO, WHAT, WHERE OF SEXUAL VIOLENCE SERVICES

<table>
<thead>
<tr>
<th>Sector</th>
<th>Name of Service</th>
<th>Services Provided</th>
<th>Exact Location</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Service gap analysis and planning tool

Use this tool to help assess gaps in services and develop and document a plan for addressing critical gaps that prevent survivors of sexual violence from receiving a minimum standard of care. This tool has three parts:

**PART A** provides instructions on how to assess capacity gaps and develop an action plan to address them.

**PART B** is a checklist to identify gaps in meeting minimum standards across sectors. It can also be used to measure progress towards addressing gaps once the action plan has been implemented.

**PART C** is a template to document the action plan detailing how the gaps will be addressed and by who.

### PART A: STEPS IN ADDRESSING GAPS IN CARE

**Step 1.** **Organize a workshop to develop a plan to address critical capacity gaps**

Invite community-based care response actors and other stakeholders, such as representatives from women’s and children’s groups and networks, to a planning workshop to identify and address critical capacity gaps in services for survivors of sexual violence in the community.

**Step 2.** **Using the Sector Checklist, identify whether each standard has been met**

a) During the workshop, form sector-based working groups for health, psychosocial support, law enforcement, legal and justice services. Make sure you have representatives from women’s and children’s groups and members of the CBC Team in each working group also.

b) Have each group to review the list of standards for the sector set out in **Part B Minimum Standards** and discuss whether each standard has been met.

- If the standard has been met, the working group should tick ‘Met’.
- If the standard has not been met, the working group should tick ‘Not Met’.
- If action is underway towards meeting the standard, the working group should tick ‘Working Toward’.

c) When this exercise has been completed, write the standards marked ‘Not Met’ and ‘Working Towards’ in a list by sector. This list is the critical capacity gaps to be addressed so that survivors of sexual violence can receive a minimum standard of care and support.

**Step 3.** **Develop a plan for addressing each gap**

a) Have each sector-based working group review and discuss every gap on the list for their sector and identify strategies for addressing each one.

b) Ask the group to document which gaps and actions are high priority, what the solutions are, who is responsible for them and the timeframe.

When stakeholders are discussing solutions and responsibilities, remind them there are a number of possibilities for addressing gaps, for example:

- The CC Programme will provide some direct support and resources for filling capacity gaps, such as purchasing equipment and supplies for clinics.
- Finding solutions and resources within the community. For instance, coming up with ways of providing safety for survivors by mobilizing existing community networks and resources.
- Advocating with appropriate authorities or decision-makers for resources, for example, advocating for additional resources to support police officers to enforce the law.

c) You may not be able to identify all the solutions for all the gaps in one workshop – you may need to consult with others before finalizing the action plan.

**Step 4.** **Document, implement and review the action plan for addressing capacity gaps**

a) Using **Part C Action Plan**, document the action plan and distribute it to relevant stakeholders.

b) Start implementing it!

c) Organize a review meeting to follow up on progress in implementing the plan and make adjustments as needed.

You can use **Part B Checklist** again to review and monitor progress towards addressing gaps.
### PART B: MINIMUM STANDARDS OF CARE FOR SURVIVORS

#### HEALTH SECTOR

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care can be accessed without police involvement</td>
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<tr>
<td>A safe and private environment is available for medical examination and treatment</td>
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<tr>
<td>Health workers are trained on confidentiality</td>
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<tr>
<td>Protocols for clinical management are in place and followed</td>
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<tr>
<td>Medical examination and treatment is provided by trained staff</td>
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<tr>
<td>Appropriate equipment and supplies, including drugs, are available</td>
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<tr>
<td>Patients are referred for additional health care as needed</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Follow up health care is provided</td>
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<tr>
<td>Health workers know how to give information and make a referral for protection, safety or psychosocial support</td>
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<tr>
<td>Mental health services&lt;sup&gt;5&lt;/sup&gt; are available for survivors</td>
<td></td>
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<tr>
<td>Sexual violence data is collected and analyzed</td>
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<tr>
<td>Relevant health professionals are trained</td>
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<tr>
<td>The community is aware of services</td>
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</tbody>
</table>

<sup>5</sup> Basic mental health services for survivors of sexual violence include crisis counselling provided by social workers and primary health care workers. Specialized mental health services are for survivors who require additional support to cope with severe mental disorders or suffering which stops them from resuming normal activities. Specialized mental health services include assessment and treatment by psychologists and psychiatrists.
### Minimum Standards of Care for Survivors (continued)

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>A safe and private environment is available for people to receive compassionate assistance</td>
<td></td>
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<tr>
<td>Staff/volunteers are trained on confidentiality</td>
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<tr>
<td>Trained staff/volunteers are able to provide relevant information and referral for health care, police and safety options to people seeking help</td>
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<tr>
<td>Trained staff/volunteers are able to provide basic crisis support to individuals and families</td>
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<tr>
<td>Trained staff/volunteers are able to provide case management for survivors</td>
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<tr>
<td>Resources are available to meet immediate basic needs, e.g. clothing and food</td>
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<td>Short-term safety options are available in the community</td>
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<tr>
<td>Trained staff/volunteers are available to provide information and education to families of survivors</td>
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<tr>
<td>Group activities are available for peer support, community reintegration, and promoting economic empowerment</td>
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<tr>
<td>Traditional healing or cleansing practices that survivors perceive as helpful in their recovery and that promote the human rights of survivors are used</td>
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<tr>
<td>Community outreach and education about sexual and other gender-based violence take place</td>
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</table>
## LAW ENFORCEMENT AND CRIMINAL JUSTICE SERVICES

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
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<tbody>
<tr>
<td>Procedures for reporting complaints to police promote dignity and confidentiality</td>
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<tr>
<td>Interviews and investigations are conducted by trained police officers</td>
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<tr>
<td>Investigative techniques promote dignity of survivors</td>
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<tr>
<td>Police have the capacity to respond promptly to criminal allegations of sexual violence</td>
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<tr>
<td>Investigations are documented appropriately</td>
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<tr>
<td>Police procedures, including decisions on arrest, detention and terms of any form of release of the perpetrator, take into account the need for the safety of the victim and others</td>
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<tr>
<td>Court mechanisms and procedures are accessible and sensitive to the needs of survivors</td>
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<tr>
<td>Training and education on sexual violence and human rights provided to police, criminal justice officials, practitioners and professionals involved in the criminal justice system</td>
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</table>

## SURVIVOR LEGAL SERVICES

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
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<tbody>
<tr>
<td>Legal counseling is available to advise survivors of their legal rights and remedies and on the process for criminal proceedings</td>
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<td>Legal representation is available and accessible</td>
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<td>Practical and emotional support is available for victims/witnesses to attend court, eg. Transport</td>
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</table>
### TOOL 2 SERVICE GAP ANALYSIS AND PLANNING TOOL (continued)

## PART C: ACTION PLAN FOR ADDRESSING CRITICAL GAPS IN SERVICES

### HEALTH SECTOR

<table>
<thead>
<tr>
<th>Gap identified</th>
<th>Strategy/action for addressing the gap</th>
<th>Responsibility</th>
<th>Timeframe</th>
<th>Priority High, Medium or Low</th>
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### SOCIAL WELFARE/PSYCHOSOCIAL CARE INCLUDING CHILD PROTECTION AND SAFETY

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<thead>
<tr>
<th>Gap identified</th>
<th>Strategy/action for addressing the gap</th>
<th>Responsibility</th>
<th>Timeframe</th>
<th>Priority High, Medium or Low</th>
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### LAW ENFORCEMENT, LEGAL SERVICES AND JUSTICE SECTOR

<table>
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<tr>
<th>Gap identified</th>
<th>Strategy/action for addressing the gap</th>
<th>Responsibility</th>
<th>Timeframe</th>
<th>Priority High, Medium or Low</th>
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TOOL 3

Barriers to care analysis and planning tool

Use this tool to develop an action plan to address barriers faced by survivors of sexual violence in accessing care and support services. This tool has two parts:

**PART A** provides guidance on how to do a barrier assessment and identify solutions.

**PART B** provides a template to use to document the action plan for addressing barriers faced by survivors.

### PART A: STEPS IN ADDRESSING BARRIERS TO CARE AND SUPPORT SERVICES

#### Step 1.  Organize a workshop to develop a plan to address critical capacity gaps

Do this exercise in a participatory manner, inviting representatives from women’s and children’s networks, survivor support groups, and other organizations and groups that advocate on behalf of survivors. It is good to have different ages represented, for example adolescents, young women and older women.

#### Step 2.  Identify the service and population to be analyzed

You can choose to look at barriers faced by survivors for a particular service, for example, barriers faced in accessing law enforcement; barriers faced by a particular group of survivors, for example, general barriers faced by adolescent girls in seeking help; or barriers faced by a particular group in accessing a particular service, for example, barriers to adolescent girls in accessing health care. You can also do all three if it is needed, although this will take more time.

- **a)** To identify barriers survivors face in accessing a particular service, write the name of the service in a circle, eg. health post, police, women’s centre, women’s shelter, child protection network, etc. and draw a series of concentric circles around it.

- **b)** To identify barriers faced by a particular group of survivors, write the name of the group in a circle, eg. adult women, married women, unmarried women, adolescent girls, young children, males, sex workers, etc. and draw a series of concentric circles around it.

- **c)** To identify barriers faced by a particular group to a particular service, write the name of the service and the name of the group in a circle and draw concentric circles around it.

#### Step 3.  Ask ‘why’

- **a)** If you put the name of a service in the centre circle, ask participants why survivors don’t use the service and write the answers in the second circle.

- **b)** If you put the name of a particular group of survivors in the centre circle, ask participants why that group doesn’t access services and write the answers in the second circle.

- **c)** If you put the name of a service and particular group in the centre circle, ask why that group doesn’t access that service and write answers down in the second circle.

#### Step 4.  Probe and get more information

- **a)** For each factor or barrier identified, continue to ask ‘why is this so?’ and write the corresponding answers in the next circle.

- **b)** Continue this process until all of the barriers have been revealed.

- **c)** Write the barriers on a list.

#### Step 5.  Develop a plan for addressing each gap

- **a)** Go through the list of barriers one by one and have participants discuss and explore potential strategies and actions for reducing or eliminating each barrier.

- **b)** Ask participants to decide which actions are high priority, who is responsible for them and the timeframe.

- **c)** Participants may not be able to identify all the solutions for all the barriers. You may need to consult with others before finalizing the action plan.

#### Step 6.  Document, implement and review the action plan for addressing barriers

- **a)** Using Part B action plan for addressing barriers, document the action plan and distribute it to relevant stakeholders.

- **b)** Start implementing it!

- **c)** Organize a review meeting to follow up on progress in implementing the plan and make adjustments as needed. You can use Part B Checklist again to review and monitor progress towards addressing gaps.
### TOOL 3  BARRIERS TO CARE ANALYSIS AND PLANNING TOOL (continued)

### PART B ACTION PLAN FOR ADDRESSING BARRIERS TO CARE AND SUPPORT

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Possible strategies for reducing the barrier</th>
<th>Who</th>
<th>When</th>
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</table>
Sample referral protocols

Name of community _______________________________________________________________________________
Date _______________

PURPOSE

The purpose of these referral protocols is to establish a clear reporting and referral system so that survivors of sexual violence and others know to whom they should report and what sort of assistance survivors can expect to receive from the health, social welfare, law enforcement, legal and justice sectors.

PRINCIPLES

A survivor of sexual violence has the freedom and the right to disclose an incident to anyone. She may disclose her experience to a trusted family member or friend. She may seek help from a trusted individual or organization in the community. She might choose to seek some form of legal protection and/or redress by making an official “report” to a government agency such as police, or other local authorities.

Anyone the survivor tells about her experience has a responsibility to give honest and complete information about services available and to make sure the survivor has support throughout the process.

Always observe the basic guiding principles:

• Safety
• Confidentiality
• Dignity and self-determination
• Non-discrimination

Keep the number of people informed of the case to an absolute minimum, to ensure client confidentiality. The fewer people involved the easier it is to ensure client confidentiality.

At all times in the referral process, prioritize survivor and staff safety and security.

NO ACTION SHOULD BE TAKEN WITHOUT THE EXPRESS PERMISSION OF THE SURVIVOR, IF AND WHEN APPLICABLE.

ACTION FOR FIRST RESPONDERS

A service provider who first comes into contact with a survivor should:

1. Inform her, or in the case of a child, her caregiver, of her choices and available resources.

2. Assess urgent medical needs. If it is an emergency medical situation, immediately refer the survivor to the nearest medical clinic or hospital. Otherwise, keep the survivor comfortable in a safe and secure setting. Only provide medical treatment to ensure stabilization.

3. Survivor information (including name, address, details of the incident, etc.) will not be necessary at this point. DO NOT record any information on the incident or write anything down without the permission of the survivor.

4. Once the survivor is comfortable and has given her consent, inform her of available health resources and the benefits to seeking health care. If the survivor is under 18, she must be accompanied by an adult and, if possible, a member of her family. Provide a safe and confidential space in which the survivor can be treated or support her in accessing medical services.

ALWAYS INFORM THE SURVIVOR OF THE IMPORTANCE OF ACCESSING HEALTH CARE WITHIN 72 HOURS OF THE INCIDENT, IF POSSIBLE, AND IF SHE CHOOSES.

5. If she chooses, refer the survivor to the available community health worker or medical clinic or facility with a capacity for clinical management/post-rape care
MANDATORY REPORTING PROCEDURES

You need to review mandatory reporting laws and/or policies that require certain individuals or professionals to report certain types of sexual violence and take these into account.

Mandatory reporting requirements can create a dilemma because of the potential for conflict with the guiding principles of respect for confidentiality, dignity and rights of survivors. You will need to understand any mandatory reporting requirements, including reporting mechanisms and investigation procedures.

Document procedures for addressing mandatory reporting here. This includes making sure all service providers are trained to inform survivors about the duty to report certain incidents in accordance with laws or policies and to explain the reporting mechanism to the survivor as well as what they can expect after the report is made.

PROCEDURES FOR CHILDREN

Document specific procedures for responding to child survivors based on national laws and policies relating to child protection. Include procedures for:

- Obtaining consent
- Action to be taken if there are suspicions that the perpetrator is a family or household member
- Any mandatory reporting laws relevant to acts of sexual violence against children and procedures that will be taken with regard to those laws
- Referrals to specific organizations skilled in working with child survivors
**PATHWAY FOR DISCLOSURE AND REPORTING**

Use the following template to fill in details of the referral pathway for the community.

<table>
<thead>
<tr>
<th>Telling someone and seeking help (reporting)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivor tells family, friend, community member; that person accompanies survivor to the health or psychosocial care provider</td>
<td>Survivor self-reports to any service provider</td>
</tr>
</tbody>
</table>

**Immediate response**

The service provider provides a safe, caring environment and respects the confidentiality and wishes of the survivor; learns the immediate needs; and gives honest and clear information about services available. If agreed and requested by survivor, obtain informed consent and make referrals. Accompany the survivor to assist her in accessing services.

<table>
<thead>
<tr>
<th>Medical/health care entry point</th>
<th>Psychosocial support entry point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter name of the health centre(s) in this role</td>
<td>Enter name of the psychosocial provider(s) in this role</td>
</tr>
</tbody>
</table>

**If the survivor wants to pursue police/legal action - or - if there are immediate safety and security risks to others**

Refer and accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police.

<table>
<thead>
<tr>
<th>Police/Security</th>
<th>Legal Assistance Counsellors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter specific information about the security actor(s) to contact - including where to go and/or how to contact them</td>
<td>Enter names of services</td>
</tr>
</tbody>
</table>

**After immediate response, follow-up and other services**

Over time and based on survivor’s choices can include any of the following:

<table>
<thead>
<tr>
<th>Health care</th>
<th>Social welfare and psychosocial services</th>
<th>Protection and safety actors</th>
<th>Law enforcement, legal, and justice actors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert names of services</td>
<td>Insert names of services</td>
<td>Insert names of services</td>
<td>Insert names of services</td>
</tr>
</tbody>
</table>
TOPIC 3

SUPPORTING COMPASSIONATE SURVIVOR-CENTRED CARE
POCKET CONTAINS:

- **TOOL 1** Service Provider Training Plan
- **TOOL 2** Service Provider Training Schedule
- **TOOL 3** Service Provider Mentoring and Supervision Plan
- **TOOL 4** Monitoring Survivor-Centred Service Delivery Tool
- **TOOL 5** Monitoring Client Satisfaction Tool
A wide variety of people in the community provide help directly to survivors of sexual violence. They include community and clinic based health workers, social and community workers and volunteers, teachers, police officers, lawyers and paralegals, among others. The quality of care and support survivors receive, including the way they are received and treated by the people they turn to for help, affects their safety, well-being and recovery. It also impacts whether others will feel confident to come forward for help.

This topic looks at how the CC Programme will help service providers do a good job caring for and supporting survivors of sexual violence, including treating them with dignity and respect. A key component of the CC Programme is working with service providers to help them to reflect on their personal beliefs, how these are shaped by community norms, and how these beliefs influence the way they respond to survivors. Training service providers on social norms, complemented by their participation in community discussions (see below for more information) will help begin this process of reflection.
To provide good care and support, service providers need:

- Knowledge about sexual violence and its consequences
- Self-awareness
- Knowledge and understanding of social norms
- To be able to use a survivor-centred approach in their interactions with women and girls who have experienced sexual violence
- Knowledge and skills to competently fulfil their particular role in the helping process
- Supervision and mentoring

3.1 Building good practice in survivor-centred care

Using training materials in the Toolkit, the CBC Team will train all service providers in the community on sexual violence, social norms, self-awareness and good practice in survivor-centred response. This training will take seven days in total.

Good practice involves service providers and other helpers using a survivor-centred approach and working in a coordinated way to meet a survivor’s needs and rights. Let’s take a closer look at a survivor-centred approach because it is the cornerstone of good practice in working with survivors of sexual violence.

A survivor-centred approach

A survivor-centred approach aims to create a supportive environment in which each survivor’s rights are respected and in which she is treated with dignity and respect. Using a survivor-centred approach helps to promote the person’s recovery and reinforce her own capacity to make decisions about what to do.

A survivor-centred approach puts the individual woman or girl at the centre of the helping process and aims to empower her. A survivor-centred approach recognizes that every woman or girl:

- Has equal rights to care and support
- Is different and unique
- Will react differently to sexual violence
- Has different strengths, capacities, resources and needs
- Has the right, appropriate to her age and circumstances, to decide who should know about what has happened to her and what should happen next
- Should be believed and be treated with respect, kindness and empathy
A survivor-centred approach is based on a set of principles that guide the work of all helpers – no matter what their role is – in all their interactions with women and girls who have experienced sexual violence.

Survivor-centred principles are interrelated and mutually reinforcing. For example, confidentiality is essential to promote safety (principle 1) and dignity (principle 3). The principles are described below.

**Principle 1: Safety**
Safety refers to both physical safety and security as well as to a sense of psychological and emotional safety for women and girls who are highly distressed.

It is important to consider the safety and security needs of each survivor, her family members, and those providing care and support. In the case of conflict-related or politically motivated sexual violence, the security risks may be even greater.

Every person has the right to be protected from further violence. In the case of survivors who are children, every child has the right to be protected from sexual violence and all adults have responsibilities to uphold that right.

**Principle 2: Confidentiality**
Confidentiality promotes safety, trust and empowerment. Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned.

Breaching confidentiality can put the survivor and others at risk of further harm and jeopardize their safety. If service providers do not respect confidentiality, others will be discouraged from coming forward for help. Breaking the confidentiality of just one survivor has the potential to discourage all survivors in an entire community from seeking help.

**Principle 3: Dignity and self-determination**
Sexual violence is an assault on the dignity and rights of a woman or girl. All those who come into contact with survivors have a role to play in restoring her dignity and rights by promoting the right to self-determination as well as other rights such as the right to healthcare, to legal and protective intervention, and to other support services.
Failing to respect the dignity, wishes and rights of victims can increase feelings of helplessness and shame, reduce the effectiveness of interventions, and can cause re-victimization and further harm.

**Principle 4: Non-discrimination**

All people have the right to the best possible assistance without discrimination on the basis of their age, disability, ethnicity, tribe, language, religious or political beliefs, sexual orientation, or social class.

**Best interests of the child**

In cases of sexual violence involving children, the best interests of the child need to be considered. The ‘best interests of the child’ principle recognizes that every child is unique and will be affected differently by sexual violence. All decisions and actions affecting her should reflect what is best for the safety, well-being and development of that particular individual.

Children also have the right to participate in decisions affecting them, appropriate to the child’s level of maturity. Children’s ability to form and express their opinions develops with age and most adults will naturally give the views of adolescent’s greater weight than those of a much younger child.

More information and guidance on principles for working with child survivors can be found in the IRC/UNICEF *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings.*

### 3.2 Strengthening knowledge and skills

As well as having knowledge about a survivor-centred approach, service providers and other helpers need particular knowledge and skills specific to their role in the helping process. For example, community health workers need to be able to provide basic care and make referrals. Facility-based health workers need to be able to do medical examinations and treat the health consequences comprehensively. Teachers need to know how to identify, respond to and refer children who are survivors for help.

To build role-specific knowledge and skills, the CBC Team will facilitate the training and mentoring of service providers in health, social welfare and psychosocial support, education, and law enforcement.

It’s really important to identify trainers with an appropriate level of knowledge, expertise and experience in the area they are training others on. For example,

---

whoever facilitates training for psychosocial support workers will need to have experience in providing crisis care to survivors of sexual violence themselves to support others as they acquire the necessary knowledge and skills to do this work. If there is no member of the CBC Team with required expertise, you may need to identify others in your setting who are qualified and able to assist in facilitating training. Trainers and senior members of the CBC Team will need to assess whether participants are competent to perform their role after participating in the training and identify additional training needs of participants to ensure they are able to provide quality care and support to survivors. See 3.3. Mentoring and supervising service providers below for more information.

Training health workers
Training and support will be provided to two levels of health workers through the CC Programme: community and facility-based health workers. The programme is training community-based health workers because in both Somalia and South Sudan insecurity and other challenges are major barriers to facility-based care for survivors and community-based care may be the only option in settings where facility-based care is not practical for the women and girls that need it most.

The CBC Team will organize ten days of training as well as follow-up support to community health workers to enable them to identify survivors of sexual violence, provide basic health care if needed, and refer survivors for higher level care. The CBC Team will organize training as well as follow-up support on the clinical management of rape for facility-based health workers.

Training social welfare and psychosocial care workers
The CBC Team will train social welfare and psychosocial care workers and volunteers from government, non-government and community agencies and organizations on good practice in psychosocial care and support.

This training will include knowledge, skills and tools for case management in order that good case coordination, a central component of a survivor-centred approach, can be introduced or strengthened as a cornerstone of survivor-centred care through the CC Programme. Social workers, community workers or community volunteers will be selected as case workers and the CBC Team will provide them with ongoing supervision, mentoring and support.

Training education staff
The CBC Team will train school staff in good practice in education sector response to sexual violence. The team will support school staff in their work to recognize and respond to different types of sexual violence affecting students, understand the role of schools in preventing and responding to sexual violence, and to identify action they can take to build an effective
education sector response to sexual violence, especially sexual violence occurring in schools.

Training law enforcement personnel

The CBC Team will train police in their role in the criminal justice system and review the policies and procedures that guide their work responding to criminal allegations of sexual violence. The training will provide police officers with an understanding of the rule of law, the specific legal, policy and procedural frameworks, and good practice in police response to survivors.

3.3 Mentoring and supervising service providers

As well as initial training, the CBC Team will need to plan how to mentor and supervise service providers to support their professional development and ensure quality of care. Mentoring and supervision are important to:

- Ensure that service providers are able to put knowledge and skills from training into practice
- Provide service providers with the opportunity to discuss their work and receive constructive feedback
- Provide service providers with a forum to debrief, especially important to prevent secondary traumatization
- Monitor and manage service provider stress
- Provide an ongoing opportunity for service providers to reflect on their personal values, beliefs and behaviours and how these impact survivors
- Provide further training opportunities

Supervision of service providers should be both formal and informal, provided one-on-one and in groups. Group supervision provides service providers in the same workplace and sector with the opportunity to talk with each other about their work, to reflect on their work, and to share information, experiences and problems. It is a forum in which people can listen to each other and give valuable feedback about challenges and the effective strategies to overcome these challenges. Peer supervision should be a supportive learning and sharing experience and should be provided monthly to service providers.

As well as one-on-one and group supervision, other strategies for mentoring and supervising of service providers include:

- On the job observing and coaching
- Regular team meetings
3.4 Building positive norms

Social norms that lead to blaming, shaming and stigmatizing of survivors of sexual violence by service providers and the wider community prevent women and girls from coming forward for help, even when there are services in place.

To create an environment in which survivors feel safe to approach service providers for help, you need to transform harmful beliefs and norms amongst service providers into norms that promote respect and dignity and encourage survivors to come forward. Building on the social norms training, service providers in each sector will participate in the community discussion process as a reference group to influence a shift in harmful beliefs across the sector.

Service providers also have the potential to be champions of change and influence a shift in harmful beliefs and expectations that contribute to sexual violence within the wider community. Through training and facilitation of community discussions with service providers, the CC Programme will encourage them to become champions for change both across their sector and in the wider community by promoting positive norms and behaviours that support, rather than blame and stigmatize, survivors of sexual violence.

The community discussions will be facilitated by the Community Engagement and Action Team, based on materials in Part Four of the Toolkit, Catalysing Change.

3.5 Monitoring quality of service delivery

Last, but certainly not least, the CBC Team will need to monitor the progress towards creating an environment in which survivors can receive good quality care and support.

Of course, monitoring takes place during mentoring and supervision. In addition to this, the CBC Team will be responsible for monitoring the quality of services and care using the indicators and strategies outlined in the CBC Monitoring Plan (see Part Two of the Toolkit, Programme Planning and Monitoring).

As part of this Monitoring Plan, CBC staff will assess service delivery against minimum standards for survivor-centred care and conduct exit surveys with survivors.
Develop and document a plan and schedule for training all service providers using the Service Provider Training Plan and Training Schedule.

Develop and document a mentoring and supervision plan for service providers across sectors using the Service Provider Mentoring and Supervision Plan.

Identify trainers with an appropriate level of knowledge, experience and expertise to conduct health, psychosocial, education and law enforcement sector trainings.

Train all service providers on good practice in survivor-centred care using the Sexual Violence, Social Norms and Self Awareness modules in Part One of the Toolkit and the Putting Survivor-Centred Response into Practice training in Part Three of the Toolkit.

Train community health workers using the Community Health Worker Training manual in Part Three of the Toolkit.

Train facility-based health workers on clinical management of rape using the Caring for Survivors of Sexual Violence in Emergencies Medical Modules Training Pack.

Train psychosocial helpers on good practice in psychosocial care and case management of survivors using the Strengthening Psychosocial Response to Sexual Violence training in Part Three of the Toolkit.

Train education staff on good practice in education sector response using the Strengthening Education Sector Response to Sexual Violence in Part Three of the Toolkit.


Provide ongoing mentoring and supervision in line with the Mentoring and Supervision Plan.

Help organize community discussions for service providers with the Community Engagement and Action Team.

Monitor progress towards achieving quality service delivery for survivors of sexual violence in line with the Output and Outcome Monitoring Plans in Part Two of the Toolkit.
# Service provider training plan

Use this training plan to outline training topics, audiences and trainers for all service providers and helpers.

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Overall Objective</th>
<th>Target Audience</th>
<th>Length</th>
<th>Prerequisites</th>
<th>Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Violence</td>
<td>To create awareness and shared understanding of sexual violence and the importance of addressing it.</td>
<td>All service providers and helpers</td>
<td>One day</td>
<td>None</td>
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<tr>
<td>Self-Awareness</td>
<td>To engage service providers and other helpers in reflection on their personal beliefs and attitudes, and engender an understanding of their role as agents of change.</td>
<td>All service providers and helpers</td>
<td>One day</td>
<td>None</td>
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<tr>
<td>Social Norms</td>
<td>To build knowledge and awareness among the service provider community about the role of social norms in fostering sexual violence and the process of social norm change</td>
<td>All service providers and helpers</td>
<td>One day</td>
<td>• Sexual Violence • Self-Awareness</td>
<td></td>
</tr>
<tr>
<td>Putting Survivor-Centred Response into Practice</td>
<td>To build knowledge and skills in good practice for survivor-centred response.</td>
<td>All service providers and helpers</td>
<td>Four days</td>
<td>• Sexual Violence • Social Norms • Self-Awareness</td>
<td></td>
</tr>
<tr>
<td>Community health worker training</td>
<td>To build knowledge and skills of CHWs to identify, treat and refer survivors of sexual violence in the community.</td>
<td>Community health workers</td>
<td>Ten days</td>
<td>• Sexual Violence • Self-Awareness</td>
<td></td>
</tr>
<tr>
<td>Clinical Management of Rape</td>
<td>To build knowledge and skills of health workers to provide clinical management of rape survivors in line with minimum standards.</td>
<td>Facility-based health workers</td>
<td>Four days</td>
<td>• Sexual Violence • Social Norms • Self-Awareness • Putting Survivor-Centred Response into Practice</td>
<td></td>
</tr>
<tr>
<td>Strengthening Psychosocial Response to Sexual Violence</td>
<td>To build knowledge and skills of social welfare and psychosocial factors in caring for survivors, including case management.</td>
<td>Social welfare and psychosocial support workers</td>
<td>Two days</td>
<td>• Sexual Violence • Social Norms • Self-Awareness • Putting Survivor-Centred Response into Practice</td>
<td></td>
</tr>
<tr>
<td>Strengthening Education Sector Response to Sexual Violence</td>
<td>To build knowledge and skills of school staff to implement good practice in responding to sexual violence in schools.</td>
<td>School staff</td>
<td>Two days</td>
<td>• Sexual Violence • Social Norms • Self-Awareness • Putting Survivor-Centred Response into Practice</td>
<td></td>
</tr>
<tr>
<td>Strengthening Law Enforcement Response to Sexual Violence</td>
<td>To build knowledge and skills of police officers to implement good practice in responding to survivors of sexual violence.</td>
<td>Police officers</td>
<td>Two days</td>
<td>• Sexual Violence • Social Norms • Self-Awareness • Putting Survivor-Centred Response into Practice</td>
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</tbody>
</table>
Service provider training schedule

Use this schedule to plan service provider training.

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Number of Staff</th>
<th>Trainer</th>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
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</tbody>
</table>
Service provider mentoring and supervision plan

Use this template to plan who will provide mentoring and supervision, what method will be used, and how often it will be done.

### HEALTH SECTOR

<table>
<thead>
<tr>
<th>Name and position of person to be supervised</th>
<th>Location</th>
<th>Name of mentor/supervisor</th>
<th>What methods of supervision will be used</th>
<th>How often will mentoring and supervision take place</th>
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### SOCIAL WELFARE AND PSYCHOSOCIAL SUPPORT SECTOR

<table>
<thead>
<tr>
<th>Name and position of person to be supervised</th>
<th>Location</th>
<th>Name of mentor/supervisor</th>
<th>What methods of supervision will be used</th>
<th>How often will mentoring and supervision take place</th>
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</table>
### TOOL 3  SAMPLE REFERRAL PROTOCOLS (continued)

#### EDUCATION SECTOR

<table>
<thead>
<tr>
<th>Name and position of person to be supervised</th>
<th>Location</th>
<th>Name of mentor/supervisor</th>
<th>What methods of supervision will be used</th>
<th>How often will mentoring and supervision take place</th>
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#### LAW ENFORCEMENT SECTOR

<table>
<thead>
<tr>
<th>Name and position of person to be supervised</th>
<th>Location</th>
<th>Name of mentor/supervisor</th>
<th>What methods of supervision will be used</th>
<th>How often will mentoring and supervision take place</th>
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</table>
Monitoring survivor-centred service delivery tool

Use this tool to help monitor progress towards meeting minimum standards for applying a survivor-centred approach in service delivery to survivors of sexual violence. This tool has two parts:

**PART A** provides instructions on how to assess and monitor whether services are meeting minimum standards.

**PART B** is the list of minimum standards that services are working towards.

### PART A: STEPS IN MONITORING PROGRESS TOWARDS SURVIVOR-CENTRED SERVICE DELIVERY

**Step 1.** Organize a meeting with all staff of the service/organization/group

Explain to the staff that the purpose of the assessment is to help them identify areas they need to work on to meet the minimum standards for good practice in survivor-centred service delivery and to help them monitor progress towards achieving the minimum standards.

**Step 2.** Using the Minimum Standards

a) Using **Part B, Minimum Standards**, review and discuss as a group whether each standard has been met. If appropriate, use observation to see how it is being met, for example, observing the private space where survivors are examined or interviewed.

- If the standard has been met, tick ‘Met’.
- If the standard has not been met, tick ‘Not Met’.
- If action is underway towards meeting the standard, tick ‘Working Toward’.
- If the standard is not applicable, cross it out and move to the next standard.

b) When this exercise has been completed, list the standards marked ‘Not Met’ and ‘Working Towards’ and discuss strategies for achieving the standard in the service/organization or group.

c) Agree on a time for reviewing progress towards meeting the standards.

**Step 3.** Review and document progress

d) At the agreed follow-up time, follow steps 1 and 2 above and compare the list of standards ‘Not Met’ and ‘Working Towards’ to measure changes and improvements in meeting the minimum standards.

e) Agree on a strategy for addressing those standards still not met.
### PART B: MINIMUM STANDARDS FOR SURVIVOR-CENTRED SERVICE DELIVERY

#### NAME OF SERVICE/ORGANIZATION/GROUP

#### DATE OF ASSESSMENT _______________  DATE OF REVIEW _______________

#### PRINCIPLE 1: RIGHT TO SAFETY

Everybody has the right to safety and security. Individuals who disclose an incident or a history of sexual violence may be at risk of further violence from the perpetrator(s) or from others. The safety and security of the survivor, her children and other family members as well as those who have helped her are of paramount importance.

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are able to seek help in a private and confidential manner</td>
<td></td>
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<tr>
<td>Locally appropriate options for short-term physical safety have been identified in the community and service providers are aware of how survivors can access them</td>
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<tr>
<td>Safety assessment is a routine part of interviews</td>
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</tr>
<tr>
<td>Reports and other shared information do not contain identifying information about individuals or cases</td>
<td></td>
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</tbody>
</table>

#### PRINCIPLE 2: RIGHT TO CONFIDENTIALITY AND PRIVACY

Confidentiality promotes safety, dignity and empowerment and **must be assured in all aspects of care and support from both informal and formal services and assistance.** Breaking confidentiality can put the individual and others at serious risk of further harm, including physical harm, re-victimization and stigmatization. Confidentiality includes the physical spaces used in service delivery, and the storage and access of client data and client/patient files.

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff/volunteers are trained on confidentiality</td>
<td></td>
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<tr>
<td>There is a clear procedure for explaining confidentiality and its limits/exclusions to people seeking help, including mandatory reporting requirements</td>
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<tr>
<td>The content of information consented to be shared is specific</td>
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<tr>
<td>Policies prohibit staff or volunteers from discussing individual cases in public spaces and with those not in a “need to know” position</td>
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<tr>
<td>All physical spaces where staff engage with survivors allow for privacy from being overheard or overseen</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>All written and other documents are stored securely</td>
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</tbody>
</table>
**PRINCIPLE 3: RIGHT TO DIGNITY AND SELF-DETERMINATION**

Sexual violence is an assault on the dignity, physical, and psychological integrity and agency of a person. All those who come into direct contact with survivors have a role to play in restoring dignity and fostering agency and self-determination.

Failing to respect the dignity, wishes and choices of victims can increase feelings of helplessness and shame, reduce the effectiveness of interventions, and cause further harm through re-victimization.

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female staff/volunteers are available for interviewing and examining survivors</td>
<td></td>
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<tr>
<td>Where it is not possible to have a female medical examiner, a trained female support person is available to be present during examination</td>
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<tr>
<td>The person seeking help has an active role in deciding what services/supports they need and what action will be taken in responding to the violence</td>
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<tr>
<td>The number of times a person has to tell her story is minimized</td>
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<tr>
<td>Survivors can access health care without interacting with any other service before, or as a condition of, obtaining health care</td>
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</table>

**PRINCIPLE 4: RIGHT TO NON-DISCRIMINATION AND RESPECT**

All people have the right to the best possible assistance without unfair discrimination on the basis of sex, gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Met</th>
<th>Working Toward</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff/volunteers have received training on human rights</td>
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<tr>
<td>Policies are in place affirming the right of all people and groups to the best possible assistance without discrimination</td>
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<tr>
<td>Staff/volunteers demonstrate non-judgemental attitudes and behaviours towards survivors</td>
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<tr>
<td>Staff/volunteers demonstrate compassion when engaging with survivors</td>
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<tr>
<td>Staff/volunteers are trained on consequences of sexual violence and responding to needs of particular groups including children and adolescents</td>
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</tbody>
</table>
Monitoring client satisfaction tool

Use this tool to help monitor progress towards achieving good quality survivor-centred health and psychosocial care service delivery for survivors of sexual violence. This tool has two parts:

**PART A** provides information about the client satisfaction survey.

**PART B** is the “Tell Us What You Think” client exit questionnaire to assess client satisfaction.

### PART A: INFORMATION ABOUT ASSESSING CLIENT SATISFACTION

The “Tell Us What You Think” questionnaire is a client exit survey designed to assess the level of satisfaction among survivors of sexual violence for the services they have received.

The survey aims to help health and psychosocial care services identify areas for improvement in their service provision to survivors of sexual violence and to monitor progress towards improvement.

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

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

**How to use the survey**

The questionnaire should be administered to clients after they have received health and psychosocial care services.

The questionnaire can be filled out by clients themselves if they are able to read and write or through an interview. Make sure you protect the client's privacy by providing a private space where survivors can fill the form out or be interviewed by either a member of the CBC Team or someone else the community thinks is appropriate and who has not been involved in delivering services.

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

**How to analyze the survey**

A response of “yes” indicates that a survivor is satisfied with the specific item, while a response of “no” indicates dissatisfaction with that item. To calculate the percent of satisfied clients for each question, count the total number of “yes” responses, divide by the total number of responses and multiply by 100 \[\% = \left(\frac{\text{yes responses}}{\text{total responses}}\right) \times 100].\]

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

Once the questions with fewer than 80% of satisfied respondents are identified, the team should develop an action plan with service providers and representatives from women’s and children’s groups for addressing areas in need of improvement.

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

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**PART B: TELL US WHAT YOU THINK QUESTIONNAIRE**

Name of community ____________________________________________________________

Date __________________________

Questionnaire administered by __________________________________________________

Before we start, you need to know that this questionnaire is voluntary and confidential. Its purpose is to collect information about health and psychosocial support services, to help make improvements in the quality of care that survivors of sexual violence receive in the community.

**About you**

If you are a client:

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

Or if you are a caregiver or guardian of a minor:

- [ ] The child is 0 – 5 years old
- [ ] The child is 6 – 12 years old
- [ ] The child is 13 – 18 years old

1. Did you/your child receive health services?

- [ ] Yes (Answer the following questions 1.1 – 1.17)
- [ ] No (Go to Question 2)

1.1 The service was easy to find.

- [ ] Yes
- [ ] No
- [ ] Not applicable

1.2 I had to pay for the service.

- [ ] Yes
- [ ] No
- [ ] Not applicable

1.3 I received information about what services were available and what my options were.

- [ ] Yes
- [ ] No

1.4 Opening hours were at times I could attend (i.e. before and after school, in the evenings and on weekends).

- [ ] Yes
- [ ] No

Tell us about the options …

1.5 There was a female staff to examine me or to accompany me during the examination.

- [ ] Yes
- [ ] No
1.6 I could choose to have a support person with me.
   - Yes
   - No
   - Not applicable

1.7 I was given enough information about treatment I received.
   - Yes
   - No
   - Not applicable

1.8 I was referred to another place if a service could not be provided.
   - Yes
   - No
   - Not applicable

Tell us about confidentiality…

1.9 I could get help without drawing attention to myself.
   - Yes
   - No

1.10 The staff respect confidentiality. They are trustworthy and ensure privacy.
    - Yes
    - No

1.11 I was examined/interviewed in private without being overheard.
    - Yes
    - No

Tell us about the staff …

1.12 The staff was friendly.
    - Yes
    - No

1.13 The staff was open-minded. They didn’t judge me.
    - Yes
    - No

1.14 The staff used language I could understand.
    - Yes
    - No

1.15 The staff had time to let me express my problems in my own words.
    - Yes
    - No

1.16 Would you recommend to a friend that she come for health care if she has experienced sexual violence?
    - Yes
    - No

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

   ____________________________________________________________
   ____________________________________________________________
### Monitor Client Satisfaction Tool (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Did you/your child receive psychosocial care and support services?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 The service was easy to find.</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td></td>
</tr>
<tr>
<td>2.2 The service was affordable.</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td></td>
</tr>
<tr>
<td>2.3 The service was welcoming.</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>2.4 I received information about what services were available and what my options were.</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>2.5 Opening hours were at times I could attend (i.e. before and after school, in the evenings and at weekends).</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

**Tell us about the options...**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 There was a female staff member to interview and help me.</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>2.7 I could see the same person at each return visit.</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td></td>
</tr>
<tr>
<td>2.8 I could choose to have a support person with me.</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td></td>
</tr>
<tr>
<td>2.9 I was given full information about what my options were and decided for myself what I wanted to happen next.</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>2.10 I was referred to another place if a service could not be provided.</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td></td>
</tr>
</tbody>
</table>
TOOL 5 MONITORING CLIENT SATISFACTION TOOL (continued)

Tell us about confidentiality…

2.11 I could get help without drawing attention to myself.
   - Yes
   - No

2.12 The staff respects confidentiality. They are trustworthy and ensure privacy.
   - Yes
   - No

2.13 I was examined/interviewed in private without being overheard.
   - Yes
   - No

Tell us about the staff …

2.14 The staff was friendly.
   - Yes
   - No

2.15 The staff was open-minded. They didn’t judge me
   - Yes
   - No

2.16 The staff was able to answer all my questions to my satisfaction.
   - Yes
   - No

2.17 The staff used language I could understand.
   - Yes
   - No

2.18 The staff had time to let me express my problems in my own words.
   - Yes
   - No

2.19 Would you recommend to a friend that she come for health care if she has experienced sexual violence?
   - Yes
   - No

2.20 Was there anything else that made it difficult for you to use the service or are there any improvements that you can suggest?

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

THANK YOU!