

GBV MONTHLY REPORTING FORM

For the sole use of agencies working in GBV service provision (case management)

Agency: _____ District: _____ Month: _____ Year: _____

CASE SUMMARY												
Type of Incident	Total Number of GBV CASES											
										Total	Cases referred for services	Previous Month
Name of camp / site												
Rape (<i>This month</i>)										0		
Rape (<i>Occuring more than 30 days ago</i>)										0		
Attempted Rape (<i>This month</i>)										0		
Attempted Rape (<i>Occuring more than 30 days ago</i>)										0		
Forced Unprotected Sex*										0		
Sexual assault										0		
Sexual exploitation										0		
Forced/Early marriage										0		
Property Grabbing										0		
Domestic Violence												
Trafficking												
Other GBV												
TOTAL (All Type)	0	0	0	0	0	0	0	0	0	0		0

Non GBV cases where support is provided												
Adolescent consensual sex (14-17)**												
Sexualized behaviour (0- 14)												
	0	0	0	0	0	0	0	0	0	0		0

* Consensual sex where one partner is unable to negotiate condom use

** Consensual sex legally charged as defilement

