Appendix 1: QUESTIONNAIRE/ INTERVIEW GUIDE ON ASSESSING THE SERVICES AVAILABLE FOR SEXUAL PENETRATED VICTIMS RECOVERY IN KAMBIA DISTRICT.

**Services available for sexual penetration victims**

1. Which among the services is or are available in your community for sexually penetrated victims?
2. Medical services (Rainbo center or hospital) B. Family Support Unit (FSU) C. A safe home D. Counseling center E. All of the above F. Others ( Please specify):………….

**Medical services available for sexual penetration victims**

1. Among the names below tick the one available in your community.

A. Clinic B. Hospital C. Pharmacy D. Rainbo center E. Others (Please specify)………..

2. Among the list which do you have in health care center?

A. Community Health Officer B. Mid-wives C. Medical Doctor D. Pharmacist E. Others (Please specify) …………………………….

1. As a sexually penetrated victim was any medical treatment administered to you by any of the above listed medical practitioners? Yes or No
2. If yes, by whom? …………………………………………………………..
3. If yes tick what was done

A. Questions asked about your medical history B. Genito-anal examination C. Body examination D. Other (Please specify):……………………………………………………..

1. Was any test conducted on you? Yes or No
2. If yes tick the test that was done

A. Malaria test B. Pregnancy test C. Transmitted Sexual infection test (HIV/AIDS) D. Forensic test ( samples) collected E. Others(Please specify):……………………………………

1. Were you treated or drugs administered to you after the examinations? Yes or No
2. If yes tick the reason why it was issued

A .Injuries and pains B. Sexual transmitted injections C. Post-Exposure Prophylaxis (PEP) D. Emergency contraceptives E. Others(Please specify):………………………………….

1. Were you given any follow-up plan for another visit to the health care center? Yes or No
2. If yes, for how long?

A .Only once after the first examination B. Twice after the first examination C.Others (Please specify):………………………………………….

1. Are these treatments for free? Yes or No
2. If no, what is the cost for the treatment: ………………………………………………..
3. What recommendations will you make to improve medical services for victims of sexual penetration in the Kambia District? …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Counseling services available for sexual penetration victims**

1. After the incident had occurred, did you receive any counselling support? Yes or No
2. If yes, when?

A .Immediately after the matter was reported at the FSU B. At the health care center during medication C. At the interim care center. D. Others (Please specify):…………………………

1. If yes, by whom?

A .Social worker from the MSWGCA B. Social worker from NGO C. Nurse D. Counsellor E.Others (Please Specify):……………………………………

1. For how long was the service offered to you?

A .Throughout the investigation process B. Throughout my recovery process C. A week while in the interim care center D. Others ( Please specify) : ……………………………………………..

1. Were you counselled after the medical results? Yes or No
2. Was this service helpful to you? Yes or No
3. If yes, how was it helpful; If no, why?

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1. Was this service free? Yes or No
2. If no, what’s the estimated cost you pay to receive the service?....................................
3. Before testifying in court, did you receive any counselling session? Yes or No
4. What recommendations would you suggest to improve this service? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Legal service system available for sexual penetration victims**

1. Did you report the sexual penetration incident to the family support unit? Yes or No
2. If yes, when?

A .Hours after the incident B. Three days after the incident C. A week after the incident

1. Was a police medical report form issued to you for medication? Yes or No
2. Was the crime of scene visited and photographs taken of the scene? Yes or No
3. Was the perpetrator arrested and detained? Yes or No
4. If yes, for how long

A .1-3 days B. 3-5days C. Above 5days D. Don’t know E. Others (Please specify):…………

1. Was the matter prosecuted in court? Yes or No
2. If yes, was your matter dealt with in a separate chamber? Yes or No
3. Did any lawyer represented you in court? Yes or No
4. If yes, was he paid? Yes or no
5. If paid by whom?
6. Was the perpetrator convicted? Yes or No
7. If yes, what is the years of sentence?

A .1-3 years B. 3-5 years C. Above 5 years D. Don’t Know E. Others(Please specify):………

1. What suggestions will you provide for the improvement of the legal services available for victims of sexual penetration in Kambia District?

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**Reunification package available for sexual penetration victims**

1. Where were you taken after your abuse?..............................................................................
2. Question II: Were you provide support? Yes or No
3. If yes, what are some of the support? List them

A .Clothes and food items B. School materials C. Income D.Start-up kits to start my own business. E. Counselling F. Medical treatment G. Others (Please specify):……………………

1. What are your views about the support you were provided?-----------------------------------------------------------------------------------------------------------------------------------------------
2. Who gave you these supports?

A . NGO B. MSWGCA C. Perpetrators family D. Interim care center E. Others (Please specify):

1. Was there any form of follow-up to monitor these supports? Yes or No
2. What suggestions would you offer for the improvement of these supports?

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**PERSONAL DEMOGRAPHIC INFORMATION**

**AGE:**

**LOCATION:**

**DATE:**

**CODE:**

**START TIME:**

**END TIME:**

**Appendix 2: QUESTIONNAIRE FOR SERVICE PROVIDERS**

**HEALTH SERVICE PROVIDERS**

1. Do you have a medical center that caters for sexual penetration victims in Kambia District? Yes or No
2. If yes, how many?......................................................................................................
3. And where are they located?

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1. What category of health practitioners work in that section?

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1. Is this service accessible by sexual penetration victims? Yes or No
2. If yes, how often?

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1. What are some of the services you offer to these victims?

A .Counselling B. Medical examination and treatment C. Referrals D. Follow-up E. Others(please specify):…………………………………………………………….

1. Are the services for free? Yes or No
2. What is the duration of time you offer counselling sessions to these victims?

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1. Are these cases referred to you by child protection agencies or the victims file in the reports themselves or their parents/ guardian?

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1. Do you conduct forensic test on the victims? Yes or No
2. If no, why? If yes, why?

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1. Do you have any follow-up plan with these victims? Yes or No
2. If yes, how? ………………………………………………………………………………………………………………………………………………………………………………
3. How often do you testify in such matters in court?

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1. Do you have statistics of victims you have offered your services to and helped?

Yes or No

1. Can this data be shared for research purposes? Yes or No
2. What are your operational hours?

A .24 hours weekly B. 24 hours five days a weekly C. Others (Please specify) :………………

1. Do you offer victims with any reunification packages? Yes or No
2. If no, why? ...........................................................................................................................
3. If yes, please list the support offered?

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1. Do you have suggestions to improve these services in the District?

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**LEGAL SERVICE PROVIDERS**

1. Do you have family support units in all chiefdom in the District? Yes or No
2. If yes, how many?

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1. If no, why? ………………………………………………………………………………………………………………………………………………………………………………………………
2. What the total number of investigators and prosecutors you have in the District dealing with sexual penetration cases?

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1. How often do you receive sexual penetration cases?

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1. If compared to previous years, are more cases of sexual penetration been reported?

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1. Can the data be shared for research purposes? Yes or No
2. Do you have social workers or counsellors attached at your station offering counselling support to victims? Yes or No
3. How many of the alleged perpetrators were apprehended and prosecuted to court?

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1. What reasons would you give for alleged perpetrators not apprehended and face justice?

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1. Is there any legal representative for the victim in court? Yes or No
2. Are these victims questioned and cautioned in a separate chamber? Yes or No

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1. Do you have numbers of perpetrators convicted? If yes how many?

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1. If no, why?......................................................................................................................................................................................................................................................................................
2. Why is it that most sexual penetrated cases manage to get to magistrate court but are not sent to high court for verdict?

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1. Do you offer any form of reunification packages to these victims after verdict? Yes or No
2. If yes what are these supports offer, please list them down?

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1. What recommendations would you suggest for improvement of these legal services?

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**PERSONAL DEMOGRAPHIC INFORMATION**

**Department/Institution**

**Gender of respondent**

**Location**

**Date**