

COUNTRY:	MONITORING AGENCY ID:	CASE REFERENCE NO.
		MRM IMS No.

THIS FORM IS AN ADD-ON. IT SHOULD BE USED TOGETHER WITH THE BASIC DATA FORMAT.

GROUP VIOLATION DETAILS

17 VIOLATION DETAILS: ATTACK ON SCHOOLS (COMPLETE ONE FORM FOR EACH SCHOOL)

17.1 SCHOOL MANAGEMENT (Select one) <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> NGO <input type="checkbox"/> COMMUNITY <input type="checkbox"/> OTHER		17.2 TYPE OF SCHOOL FACILITY (Select one) <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> TERTIARY <input type="checkbox"/> CHILD FRIENDLY SPACE <input type="checkbox"/> E.C.D ¹ <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> MULTIPLE OTHER _____		17.3 SEX OF STUDENTS (Select one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> MIXED <input type="checkbox"/> UNKNOWN	
17.4 TYPE OF ATTACK. Select as many as apply.					
<input type="checkbox"/> SHELLING		<input type="checkbox"/> AERIAL BOMBARDMENT		<input type="checkbox"/> ARSON	
<input type="checkbox"/> OTHER DAMAGE TO FACILITIES		<input type="checkbox"/> THEFT/LOOTING		<input type="checkbox"/> OCCUPATION OF BUILDINGS	
<input type="checkbox"/> DIRECT ATTACKS ON INDIVIDUALS		<input type="checkbox"/> INTIMIDATION OF INDIVIDUALS		<input type="checkbox"/> TACTICAL USE OF BUILDINGS	
OTHER _____					
17.5 PHYSICAL IMPACT OF ATTACK (Select one) <input type="checkbox"/> TOTAL DESTRUCTION <input type="checkbox"/> SERIOUS DAMAGE ² <input type="checkbox"/> MINOR DAMAGE ³ <input type="checkbox"/> NONE			17.6 WAS FACILITY CLOSED AS A RESULT? (Select one) <input type="checkbox"/> YES <input type="checkbox"/> NO		17.7 FOR HOW LONG? DAYS
17.8 HUMAN IMPACT OF ATTACK Details of children killed, maimed or recruited should also be recorded under individual violations.					
NO. OF CHILDREN KILLED		NO. OF CHILDREN INJURED		NO. OF STAFF KILLED	
BOYS	GIRLS	BOYS	GIRLS	OTHERS KILLED	OTHERS INJURED
NO. OF CHILDREN RECRUITED DURING ATTACK			NO. OF CHILDREN WHOSE EDUCATION WAS DISRUPTED		

18 VIOLATION DETAILS: ATTACK ON HOSPITALS (COMPLETE ONE FORM FOR EACH HEALTH FACILITY)

18.1 HEALTH FACILITY MANAGEMENT (Select one) <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> NGO <input type="checkbox"/> COMMUNITY <input type="checkbox"/> OTHER		18.2 TYPE OF HEALTH FACILITY (Select one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HEALTH CENTRE <input type="checkbox"/> DISPENSARY <input type="checkbox"/> MOBILE HEALTH UNIT <input type="checkbox"/> AMBULANCE <input type="checkbox"/> MULTIPLE OTHER _____			
18.3 TYPE OF ATTACK. Select as many as apply.					
<input type="checkbox"/> SHELLING		<input type="checkbox"/> AERIAL BOMBARDMENT		<input type="checkbox"/> ARSON	
<input type="checkbox"/> OTHER DAMAGE TO FACILITIES		<input type="checkbox"/> THEFT/LOOTING		<input type="checkbox"/> OCCUPATION OF BUILDINGS	
<input type="checkbox"/> DIRECT ATTACKS ON INDIVIDUALS		<input type="checkbox"/> INTIMIDATION OF INDIVIDUALS		<input type="checkbox"/> TACTICAL USE OF BUILDINGS	
OTHER _____					
18.4 PHYSICAL IMPACT OF ATTACK (Select one) <input type="checkbox"/> TOTAL DESTRUCTION <input type="checkbox"/> SERIOUS DAMAGE <input type="checkbox"/> MINOR DAMAGE <input type="checkbox"/> NONE			18.5 WAS FACILITY CLOSED AS A RESULT? (Select one) <input type="checkbox"/> YES <input type="checkbox"/> NO		18.6 FOR HOW LONG? DAYS
18.7 HUMAN IMPACT OF ATTACK Details of children killed and maimed should also be recorded under individual violations.					
NO. OF CHILDREN KILLED		NO. OF CHILDREN INJURED		NO. OF STAFF KILLED	
BOYS	GIRLS	BOYS	GIRLS	OTHERS KILLED	OTHERS INJURED
ESTIMATE OF CHILD POPULATION AFFECTED BY SERVICE DISRUPTION ⁴			ESTIMATE OF ADULT POPULATION AFFECTED BY SERVICE DISRUPTION		

¹ Early Childhood Development Centre

² Serious Damage: Some or all rooms are unusable, and therefore student/patient capacity is temporarily or permanently reduced.

³ Minor Damage: Minor damage to buildings, however all rooms are still usable and student/patient capacity is not affected.

19 VIOLATION DETAILS: DENIAL OF HUMANITARIAN ACCESS FOR CHILDREN

19.1 WHAT TYPE OF HUMANITARIAN ACCESS CONSTRAINT WAS INVOLVED? (Select as many as apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> ENTRY RESTRICTIONS FOR PERSONNEL | <input type="checkbox"/> IMPORT RESTRICTIONS FOR GOODS | <input type="checkbox"/> TRAVEL RESTRICTIONS IN COUNTRY |
| <input type="checkbox"/> THREATS AND VIOLENCE AGAINST PERSONNEL | <input type="checkbox"/> INTERFERENCE IN HUMANITARIAN OPERATIONS | <input type="checkbox"/> HOSTAGE/ABDUCTION OF PERSONNEL |
| <input type="checkbox"/> CONFLICT/HOSTILITIES IMPEDING ACCESS | <input type="checkbox"/> VEHICLE HIJACKING | <input type="checkbox"/> RESTRICTION OF BENEFICIARIES ACCESS |
| <input type="checkbox"/> PROPERTY DAMAGE, THEFT | OTHER _____ | |

19.2 DESCRIBE THE AFFECTED ORGANISATION If applicable.

- NATIONAL
 INTERNATIONAL
 N/A
 NGO
 UNITED NATIONS AND AGENCIES
 RED CROSS/ CRESCENT
 OTHER _____

19.3 IMPACT ON HUMANITARIAN PERSONNEL/PROPERTY If applicable.

NO. OF PERSONNEL KILLED	NO. OF PERSONNEL INJURED	NO. OF PERSONNEL ABDUCTED
NO. OF PERSONNEL THREATENED	NO. OF VEHICLES HIJACKED	VALUE OF PROPERTY STOLEN/DAMAGED US\$

19.4 HUMAN IMPACT OF ATTACK

POPULATION AFFECTED BY SERVICE DISRUPTION	CHILDREN	NO. OF CHILDREN DIRECTLY DENIED OR BARRED ACCESS TO SERVICES
	ADULTS	

19.5 AFFECTED CLUSTERS/SECTORS (Select as many as apply)

<input type="checkbox"/> AGRICULTURE	<input type="checkbox"/> CAMP MANAGEMENT	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> HEALTH
<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> NUTRITION	<input type="checkbox"/> PROTECTION	<input type="checkbox"/> SHELTER
<input type="checkbox"/> WATER, SANITATION, HYGIENE	OTHER _____		

19.6 AFFECTED GEOGRAPHIC AREAS This list is customizable, and may include major IDP/ refugee camps served.

STATE/PROVINCE 1	<input type="checkbox"/> DISTRICT 1	<input type="checkbox"/> DISTRICT 2	<input type="checkbox"/> DISTRICT 3
STATE/PROVINCE 2	<input type="checkbox"/> DISTRICT 1	<input type="checkbox"/> DISTRICT 2	<input type="checkbox"/> DISTRICT 3

20 ADDITIONAL NOTES

Use this space to make any additional notes with regard to any of the community-level violations, and any follow-up.

⁴ This estimate is the child or adult population of the health facility catchment area.