

IOM Mission in _____

Individual ID: _____



Victim of Trafficking: Assistance Interview Form

IOM Mission in _____

Confidential

This Assistance Interview Form should be used in conjunction with the IOM Screening Interview Form.

INFORMED CONSENT

Has the individual been informed that IOM and/ or (name of partnering organization) reserves the right to share her/ his individual case data for assistance purposes and only with IOM missions and partnering organizations involved in direct assistance? (Yes/ No)

Has the individual further been informed that IOM reserves the right to make a limited disclosure of non-personal data based on the information collected at the interview to law enforcement for the purpose of rescuing other victims that remain under the control of traffickers or preventing other potential victims from being trafficked? (Yes/ No)

Has the individual further been informed that IOM reserves the right to use (only anonymous, aggregate) data for research purposes? (Yes/ No)

Has the individual's full and informed consent been obtained to conduct the assistance interview based on information given regarding the role of the organization, the voluntary nature of the interview and the use of the information provided by the individual as outlined above ?
Note: Informed consent is necessary for all services, such as medical examination and procedure, health assessments, assisted voluntary returns and reintegration assistance. (Yes/ No)

If the individual is a minor, has the consent of the parent(s)/ guardian(s) been obtained? (Yes/ No)

Signature of interviewer: _____ Date: _____

Registration Data

IOM Individual ID: _____

First name(s):

Family name(s):

Sex: (M/ F)

Date of birth:

Is date of birth an estimate? (Yes/ No)

Age (In years):

Citizenship:

Ethnicity:

Country of birth:

Place of birth:

Last place of residence in country of origin:

Identity document (Type, country, number and expiry date)

Assistance Interview Data

Date of the interview: (dd-mm-yyyy)

Location interview:

First name and family name of interviewer:

Name of Organization/Institution:

Contact Details of interviewer:

Interviewee's language:

Interpreter? (Yes/ No)

First name and family name of interpreter:

Personal case data

Current address at time of interview:

If relevant: Date of arrival in the shelter:

If relevant: Time in the shelter (number of days):

If relevant: Time in detention centre (number of weeks):

Address of residence in country of origin:

If relevant, first name and family name, address and tel. no of a person to be contacted/ notified: (Spouse/ Partner/ Parent(s)/ Guardian/ Relatives/ Friends)

Literacy level: Can the individual read and write? Language1: (Yes/ No/ NA/ NK)

Language 2: (Yes/ No/ NA/ NK)

If relevant - First name and family name of accompanying family member(s):

PRE-TRAFFICKING: SOCIO-ECONOMIC INFORMATION

1.0. What is the structure of the family of origin just prior to entry into the trafficking process?

(Extended family/ Two parent family/ One parent- one step parent family/ Single parent family/ Divorced parents/ Orphan/ Other/ NA/ NK)

1.1. If OTHER, please specify:

2.0. What was the main status of the individual within this family set-up?

(Grandparent/ Parent/ Spouse-no children/ Oldest child/ Other child/ Other/ NA/ NK)

2.1. If OTHER, please specify:

3.0. If the individual was not living with her/his family prior to entry into the trafficking process, with whom/ where was s/he living prior to departure the place/ country of origin?

(Partner/ Relatives/ Friends/ Alone/ Institution/ School/ Employer/ Homeless/ Other/ NA/ NK)

3.1. If OTHER, please specify:

4.0. What was the marital status of the victim at the time of entry into process?

(Single/ Partner/ Married/ Divorced/ Separated/ Widowed/ NA/ NK)

5.0. Does the individual have any children? (Yes/ No/ NA/ NK)

5.1. If YES, number of children:

6.0. Does the individual have any siblings? (Yes/ No/ NA/ NK)

6.1. If YES, number of siblings:

6.2. Number of siblings living at place of residence:

6.3. Number of siblings living in place of origin:

6.4. Number of siblings living elsewhere:

7.0. Are the individual's parents alive?

7.1. Father: (Yes/ No/ NA/ NK)

7.2. Mother: (Yes/ No/ NA/ NK)

8.0. What is/was the profession of the father and the mother respectively?

8.1. Father: (Agricultural work/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Military service/ Mining / Restaurants and hotel work/ Small street commerce/ Study/ Trade/ Transport sector/ Unemployed/ Other/ NA/ NK)

8.2. Mother: (Agricultural work/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Military service/ Mining/ Restaurants and hotel work/ Small street commerce/ Study/ Trade/ Transport sector/ Unemployed/ Other/ NA/ NK)

- 9.0. What was the individual's perception of her/his family economic status? (Well-off/ Standard/ Poor/ Very poor/ Other/ NA/ NK)
 9.1. If OTHER, please specify:
- 10.0. Did any violence take place in social or family setting where individual was living prior to departure? (Yes/ No/ NA/ NK)
 10.1. If YES, please specify:

WORK EXPERIENCE AND EDUCATION

- 11.0. Has the individual had any previous work or study experience? (Yes/ No/ NA/ NK)
 11.1. If YES to 11.0., in the country of origin? (Yes/ No/ NA/ NK)
 11.2. If YES to 11.0., in other countries? (Yes/ No/ NA/ NK)
 11.3. If YES to 11.2., list country/ ies:
- 12.0. What was the last activity the individual was engaged in prior to departure from the place of origin? (Give multiple answers if necessary)
 (Agricultural work/ Begging/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Low-level criminal activities/ Military service/ Mining/ Prostitution/ Restaurants and hotel work/ Small street commerce/ Study/ Trade/ Transport sector/ Unemployed/ Other/ NA/ NK)
 12.1. If OTHER, please specify:
 12.2. If FACTORY WORK, please specify manufacturing sector:
- 13.0. What was her/his salary at that time?
 13.1. Monetary (Please specify USD per month)
 13.2. In kind (Accommodation/ Clothing/ Education/ Food/ Health and hygiene/ Medical/ Other/ NA/ NK)
 13.2.1. If OTHER, please specify:
- 14.0. What was the last level of education received?
 (Primary or elementary school/ Middle school/ Secondary school/ High school/ Technical training/ University/ Religious education/ None/ Other/ NA/ NK)
 14.1. If OTHER, please specify:
- 15.0. Did the individual obtain her/his degree of this educational level? (Yes/ No/ NA/ NK)
- 16.0. Total number of years of education: (Please specify number of years)

THE PROCESS: ENTRY INTO TRAFFICKING II

- 17.0. Was the individual kidnapped? (Yes/ No/ NA/ NK)
 17.1. Was the individual sold in the very beginning of the trafficking process?
 (Yes- by family member/ Yes- by partner/ Yes- other/ No/ NA/ NK)
 17.2. If NO to 17.0 and 17.1, was the individual recruited? (Yes/ No/ NA/ NK)
 17.3. If YES to 17.2, how was the victim recruited?
 (Personal contact/ Employment agency/ Travel agency/ Internet advertisement/ Newspaper advertisement/ Radio advertisement/ Television advertisement/ Other/ NA/ NK)
 17.3.1. If OTHER, please specify:
- 17.4. If YES, what was the individual's relationship with the recruiter/s?
 (Family/ Relative/ Partner/ Friend/ Pimp/ Stranger/ Business contact/ Acquaintance/ Neighbour/ Other/ NA/ NK)
 17.4.1. If OTHER, please specify:
- 17.5. If YES, did the individual pay any money to a recruiter in advance? (Yes/ No)
 17.6. If YES, how much? (Equivalent in USD)
- 18.0. Which place/ country(ies) did the individual expect to go to? Please specify:
- 19.0. Does the Individual know if s/he was sold to other traffickers at any stage of the process? (Yes/ No/ NA/ NK)
 19.1. If YES, Record the most significant sale and the sale price in USD: (Amount in USD)

20.0. Profile of all individuals implicated in trafficking process (add rows if necessary):

	Sex	Nationality(ies)	Role in Trafficking Process (select all that apply):	From (place/country) → To (place/ country)
Person 1:	(Male /Female/ NA/ NK)		(Recruiter/ Kidnapper/ 'Seller'/ Buyer/ Transporter/ Harbourer/ Receiver/ Exploiter)	From To
Person 2:	(Male /Female/ NA/ NK)		(Recruiter/ Kidnapper/ 'Seller'/ Buyer/ Transporter/ Harbourer/ Receiver/ Exploiter)	From To
Person 3:	(Male /Female/ NA/ NK)		(Recruiter/ Kidnapper/ 'Seller'/ Buyer/ Transporter/ Harbourer/ Receiver/ Exploiter)	From To
Person 4:	(Male /Female/ NA/ NK)		(Recruiter/ Kidnapper/ 'Seller'/ Buyer/ Transporter/ Harbourer/ Receiver/ Exploiter)	From To
Person 5:	(Male /Female/ NA/ NK)		(Recruiter/ Kidnapper/ 'Seller'/ Buyer/ Transporter/ Harbourer/ Receiver/ Exploiter)	From To
Person 6:	(Male /Female/ NA/ NK)		(Recruiter/ Kidnapper/ 'Seller'/ Buyer/ Transporter/ Harbourer/ Receiver/ Exploiter)	From To

TRANSPORTATION

21.0. Case movement by place/country, timeframe and exploitation

City/Country of Departure	City/Country of Arrival	Means of transport (Bus/ Car/ Air/ Train/ Boat/ Foot/ Other) Select all that apply	Date (mm/yyyy)	Traveled with other victims/ migrants? (Yes/ No/ NA/ NK)	Traveled with own docs? (Yes/ No/ NA/ NK)	Forged Docs? (Yes/ No/ NA/ NK)	Exit and/or entry visa obtained for travel? (Yes/ No/ NA/ NK) Please specify which type	If applicable, was the border crossed at an official entry point? (Yes/ No/ NA/ NK)	Exploited (Yes/ No/ NA/ NK) Please specify which type

EXPLOITATION

- 22.0. Was there exploitation? (If YES, proceed to 23.0) (Yes/ No).
 22.1. If NO, was there a real and substantial threat of exploitation, although actual exploitation never took place? (Yes/ No/ NA/ NK).
 22.2. If YES to question 22.1, please explain the situation:
 22.3. If YES to question 22.1, please give the country of intended destination where the exploitation was likely to occur:

- 23.0. If exploited, which type(s) of exploitation did the individual experience last? (X more than one if necessary)

- | | |
|-------------------------------|--------------------------|
| Sexual exploitation | <input type="checkbox"/> |
| Forced labour | <input type="checkbox"/> |
| Low level criminal activities | <input type="checkbox"/> |
| Forced military service | <input type="checkbox"/> |
| Forced marriage | <input type="checkbox"/> |
| Organ removal | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If OTHER, please specify:

- 24.0. Please state the last country where exploitation took place:

- 25.0. How was the individual freed?

(Self/ NGO intervention/ Family intervention/ Law enforcement intervention/ Friend/ Client/ Other/ NA/ NK)

26.0. If Sexual Exploitation-

- 26.1.0. Did the individual have to pay a debt to his/her exploiters? (Yes/ No)

- 26.1.1. If YES, please specify - Total amount? (Equivalent in USD)
 - Amount per month? (Equivalent in USD)

- 26.1.2. What was the debt for?

- 26.2.0. How many customers did the individual have to serve per day on average? (Estimate)

- 26.3.0. What was the average charge per client? (Estimate in USD)

- 26.3.1. Of this sum, was the individual allowed to keep a sum for her/himself per day: (Yes/ No/ NA/ NK)

- 26.3.2. If YES, please specify in USD and percentage total earnings per day:

- 26.4.0. Was the individual able to remit money home? (Yes/ No/ NA/ NK)

- 26.4.1. If YES, how much (In USD):

- 26.5.0. Who were the individual's clients?

- 26.5.1. Background: (National/ Foreign/ Both/ NA/ NK)

- 26.5.2. Occupation: (Civilians/ Military/ Police/ Tourists/ Other/ NA/ NK)

- 26.5.2.1. If OTHER, please specify:

- 26.5.3. Main age groups: (Below 18/ 18-29/ 30 and above/ All age groups)

- 26.6.0. Type of working location:

(Bars and/or nightclubs/ Cars/ Escort or call-girl agencies/ Hotels/ Motels/ Private houses-apartments/ Sauna massage parlors/ Streets/ Other/ NA/ NK)

- 26.6.1. If OTHER, please specify:

- 26.7.0. How many days per week was the individual required to work?

- 26.8.0. What were the average hours worked per day?

- 26.9.0. Were other persons in the same situation as the individual? (Yes/ No/ NA/ NK)

- 26.9.1. If YES, how many:

- 26.9.2. What was their sex? (M/ F/ Both/ NK)

- 26.9.3. What were their approximate ages: (Below 18/ 18-29/ 30 and above/ All age groups)

- 26.9.4. What were their nationalities?

- 26.10.0. Additional Remarks (Please state):
-

27.0. If Forced Labour-

27.1.0. Did the individual have to pay a debt to her/his exploiters? (Yes/ No)

27.1.1. Please specify - Total amount? (Equivalent in USD)
- Amount per month? (Equivalent in USD)

27.1.2. What was the debt for?

27.2.0. What type of work was undertaken?

(Agricultural work/ Begging/ Child care/ Construction/ Domestic work/ Factory work/ Fishing/ Mining/ Restaurants and hotel work/ Small street commerce/ Trade/ Transport sector/ Other/ NA/ NK)

27.2.1. If OTHER, please specify:

27.2.2. If FACTORY WORK, please specify manufacturing sector:

27.3.0. How many days per week was the individual required to work?

27.4.0. What were the average hours worked per day?

27.5.0. How much did the individual earn on average per day (estimate in USD)?

27.5.1. Of this sum, was the individual allowed to keep a sum for her/himself per day: (Yes/ No/ NA/ NK)

27.5.1.1. If YES, please specify in USD and percentage total earnings per day:

27.6.0. Was the individual able to remit money home? (Yes/ No/ NA/ NK)

27.6.1. If YES, how much (In USD):

27.7.0. Were other persons in the same situation as the individual? (Yes/ No/ NA/ NK)

27.7.1. If YES, how many:

27.7.2. What was their sex? (M/F/Both/ NK)

27.7.3. What were their approximate ages: (Below 18/ 18-29/ 30 and above/ All age groups)

27.7.4. What were their nationalities? Please specify:

27.8.0. Additional Remarks (Please state):

28.0. If Low Level Criminal Activities-

28.1.0. Did the individual have to pay a debt to her/ his exploiters? (Yes/ No)

28.1.1. If YES, please specify - Total amount? (Equivalent in USD)
- Amount per month? (Equivalent in USD)

28.1.2. What was the debt for?

28.2.0. What type of illegal activities was the individual forced to engaged in?

(Bag snatching/ Burglary/ Pick pocketing/ Robbery/ Trade of counterfeit goods/ Trade of illegal substances/ Other/ NA/ NK)

28.2.1. If OTHER, please specify:

28.3.0. How many days per week was the individual required to work?

28.4.0. What were the average hours worked per day?

28.5.0. How much did the individual earn per day (Estimate in USD)?

28.5.1. Of this sum, was the individual allowed to keep a sum for her/himself per day: (Yes/ No/ NA/ NK)

28.5.1.1. If YES, please specify in USD and percentage total earnings per day:

28.6.0. Was the individual able to remit money home? (Yes/ No/ NA/ NK)

28.6.1. If YES, how much (In USD):

28.7.0. Were other persons in the same situation as the individual? (Yes/ No/ NA/ NK)

28.7.1. If YES, how many:

28.7.2. What was their sex? (M/ F/ Both/ NK)

28.7.3. What were their approximate ages: (Below 18/ 18-29/ 30 and above/ All age groups)

28.7.4. What were their nationalities? Please specify:

28.8.0. Additional Remarks (Please state):

29.0. If Forced Military Service-

29.1.0. In what type of military unit/ militia was the individual engaged in? (Regular/ Irregular/ NA/ NK)

29.2.0. What was the name of the armed group? Please Specify:

29.3.0. What type of activity did the individual perform? (De-mining/ Front line combat/ Support staff/ Other/ NA/ NK)

29.3.1. If OTHER, please specify:

29.4.0. Were other persons in the same situation as the individual? (Yes/ No/ NA/ NK)

29.4.1. If YES how many:

29.4.2. What was their sex? (M/ F/ Both/ NK)

29.4.3. What were their approximate ages: (Below 18/ 18-29/ 30 and above/ All age groups)

29.4.3.1. If under 18, were there persons in the same situation under 15 years of age? (Yes/ No/ NA/ NK)

29.5.0. Additional Remarks (Please state):

30.0. If Forced Marriage-

30.1.0. What are the reasons for forced marriage? (Select all that apply) (Custom/ Debt/ Dispute settlement/ Poverty/ Other/ NA/ NK)

30.1.1. If OTHER, please specify:

30.2.0. Did the individual know the spouse before the wedding? (Yes/ No/ NA/ NK)

30.2.1. If YES, how?

30.3.0. What is the spouse's nationality?

30.4.0. What is the spouse's occupation?

30.5.0. Was a bride price, dowry or dower paid? (Yes - bride price/ Yes - dowry/ Yes - dower/ No/ NA/ NK)

30.5.1. If YES to bride price, how much in USD and/or which material goods?

30.5.2. If YES to bride price, which individual(s) received the bride price?

30.6.0. Additional Remarks (Please state):

31.0. If Organ or Body Part Removal-

31.1.0. Did the individual have to pay a debt to her/his exploiters? (Yes/ No)

31.1.1. If YES, please specify: Total amount? (Equivalent in USD)

31.1.2. What was the debt for?

31.2.0. Which body parts were removed?

Kidney:

Cornea:

Other:

If OTHER, please specify:

31.3.0. Where was the operation performed? (Hospital/ Private clinic/ Private house/ Other/ NA/ NK)

31.3.1 If OTHER, please specify:

31.4.0. In which country was the operation performed?

31.5.0. If sale of organ, how much was offered or actually paid for the removed organ? (Calculate in USD)

31.6.0. If applicable, to whom was the money paid? (Self/ Family member/ Friend/ Criminal organizer(s))

- 31.7.0. Were other persons in the same situation as the victim? (Yes/ No)
 - 31.7.1. If YES, how many:
 - 31.7.2. What was their sex? (M/ F/ Both/ NK)
 - 31.7.3. What were their approximate ages: (Below 18/ 18-29/ 30 and above/ All age groups)
 - 31.7.4. What were their nationalities? Please specify:

31.8.0. Additional Remarks (Please state):

RE-TRAFFICKING

- 32.0. Has the individual ever been a victim of trafficking before this occasion? (Yes/ No/ NA/ NK)
 - 32.1. If YES, to which country(ies) was s/he trafficked to on the previous occasion - please specify:
 - 32.2. If YES, what type of trafficking? (In-country/ Transnational/ Both)
 - 32.3. If YES, what type of exploitation did the individual experience on the previous occasion? (X all that are applicable)

- Sexual exploitation
- Labour exploitation
- Low level criminal activities
- Forced military service
- Forced marriage
- Organ removal
- Other

If OTHER, please specify:

33.0 Interview data/remarks:

SPECIAL NEEDS AND SECURITY RISK ASSESMENT OF THE VICTIM OF TRAFFICKING

-Special needs of the VICTIM during travel and reception-

- 34.0. Does the individual have any psychological condition that would create risks during her/his travel, initial reception or possible admission into a rehabilitation center? (Yes/ No/ NA/ NK)
 - 34.1 If YES, please specify all that are appropriate:
 - (Alcoholism/ Drug addiction/ Inability or refusal to understand the need for security measures/ Violent tendencies or episodes/ Other)
 - 34.1.1. If OTHER, please specify:
- 35.0. Does the individual have any physical condition that would create special needs during her/his travel, initial reception or possible admission into a rehabilitation center? (Yes/ No/ NA/ NK)
 - 35.1. If YES, please specify:
- 36.0. Is the family expected to be at the arrival point? (Yes/ No/ NA/ NK)
- 37.0. Is there an agency in the place/country of origin which will provide reception and reintegration assistance? (Yes/ No/ NA/ NK)
 - 37.1. If YES, will they require pre-arrival information about reintegration needs of the returning individual? (Yes/ No/ NA/ NK)
 - 37.2. If YES, please provide information which is at a minimum based on the following questions: 64.0 to 72.0 (see reintegration assessment section)

-Risks associated with persons implicated in the trafficking process-

- 38.0. Are there any indications that the trafficker(s) knows of the current residence of the individual? (Yes/ No/ NA/ NK)
- 39.0. Are there any indications that the trafficker(s) is/are aware that the individual is being assisted by IOM? (Yes/ No/ NA/ NK)
- 40.0. Has there been any contact between the trafficker(s) and the individual since the time of her/his rescue/escape in the place/country of destination? (Yes/ No/ NA/ NK)
- 41.0. Are there any indications of on-going contact between the individual and the trafficker(s) in the place/ country of destination that would increase the risk factors associated with her/his return and reintegration? (Yes/ No/ NA/ NK)
- 42.0. Are there any indications of on-going contact between the individual and the trafficker(s) in the place/ country of origin that would increase the risk factors associated with her/his return and reintegration? (Yes/ No/ NA/ NK)
- 43.0. Are there any indications that the trafficker(s) knows the location of the individual's family or other closely related persons? (Yes/ No/ NA/ NK)
- 43.1. If YES, has there been any contact with the individual's family or other closely related persons since the time of her/his rescue or escape? (Yes/ No/ NA/ NK)
- 44.0. Are any of the individual's family members implicated in the trafficking process? (Yes/ No/ NA/ NK)
- 45.0. Are any of the individual's other closely related persons or friends implicated in the trafficking process? (Yes/ No/ NA/ NK)

-Risks associated with contact with LAW ENFORCEMENT AGENCIES-

- 46.0. Has there been contact with any law enforcement agency in the (last) place/ country of destination? (Yes/ No/ NA/ NK)
- 47.0. Has the individual co-operated with any of these law enforcement agencies? (Yes/ No/ NA/ NK)
- 47.1. If YES, how? (Intelligence/ Evidence/ NA/ NK)
- 47.2. If YES, are the trafficker(s) aware of this fact? (Yes/ No/ NA/ NK)
- 47.3. If YES, is there witness/ victim protection in place? (Yes/ No/ NA/ NK)
- 48.0. Have the police taken or do they plan to take any action against the trafficker(s) in the destination place/country, based upon the intelligence or evidence provided by the individual? (Action taken/ Action planned/ No/ NA/ NK)
- 49.0. Have the police taken or do they plan to take any action against the traffickers in the receiving place/country based upon the intelligence or evidence provided by the individual? (Action taken/ Action planned/ No/ NA/ NK)
- 50.0. Has a criminal case been opened or disclosure made to any suspect of the existence of the complaint and the investigation:
- 50.1. In destination place/ country? (Yes/ No/ NA/ NK/ Other)
- 50.1.1. If OTHER, please specify:
- 50.2. In receiving place/ country? (Yes/ No/ NA/ NK/ Other)
- 50.2.1. If OTHER, please specify:
- 51.0. Have any suspects been arrested to date? (Yes/ No/ NA/ NK)
- 51.1. If SO, are they in custody? (Yes/ No/ NA/ NK)
- 51.2. If ON BAIL, are their current whereabouts known? (Yes/ No/ NA/ NK)
- 51.2.1. If YES, please specify:
- 52.0. Are any of the known suspects still at liberty? (Yes/ No/ NA/ NK)
- 52.1. If YES, are their current whereabouts known? (Yes/ No/ NA/ NK)
- 53.0. Are any of the suspects based in the receiving place/ country? (Yes/ No/ NA/ NK)

THE DEFINITION OF 'HIGH-RISK' CASES:

A "High-Risk" case is one where there are clear indications that:

- The individual has already cooperated with law enforcement agencies and provided information or evidence; and/or
- The trafficker either knows or believes that the individual has cooperated with the police.

54.0. Based on the above assessment, is the individual a high risk case? (Yes/ No/ NA/ NK)

ASSISTANCE: GENERAL

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55.0. What are the types of assistance given to the VoT and/or her/his family members? Select more than one if necessary

55.1. Pre-departure assistance:

55.1.1. VoT (Yes/ No)

55.1.2. Family members (Yes/ No)

55.2. Travel assistance

55.2.1. VoT (Yes/ No)

55.2.2. Family members (Yes/ No)

55.3. Reception assistance:

55.3.1. VoT (Yes/ No)

55.3.2. Family members (Yes/ No)

55.4. Reintegration assistance:

55.4.1. VoT (Yes/ No)

55.4.2. Family members (Yes/ No)

55.5. Resettlement assistance:

55.5.1. VoT (Yes/ No)

55.5.2. Family members (Yes/ No)

55.6. Other-please specify:

55.6.1. VoT (Yes/ No)

55.6.2. Family members (Yes/ No)

PRE-DEPARTURE ASSISTANCE

.....

56.0. Will pre-departure assistance be provided? (Yes/ No)

56.1. If YES, please specify below:

	<u>Mark if given</u>	<u>Provided by:</u>	<u>Project Code(s)</u>
Temporary safe accommodation		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Securing of temporary travel documents		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Facilitation of visa		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Travel arrangements		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Disbursement of a travel grant		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Disbursement of a re-installation grant		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Other		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
If OTHER, please specify:			

56.2.0. If YES to temporary safe accommodation, please specify: (IOM facilities/ NGO shelter/ Police assistance/ Other)

56.2.1. If OTHER, please specify:

57.0. Will (long term) pre-departure assistance be provided? (Yes/No)

57.1. If YES, please specify below:

	<u>Mark if given</u>	<u>Provided by:</u>	<u>Project Code(s)</u>
Vocational training		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Self-employment		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Grant scheme		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Micro-credit		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Job referral/ subsidized employment		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Family support		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Housing		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Shelter		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Education		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Social welfare benefits/ allowances		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Legal counseling		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Medical assistance		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Psychological assistance		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Other		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
If OTHER, please specify			

58.0. Interview data/ remarks:

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TRANSFER ASSISTANCE

59.0. Will transfer assistance be provided to departure point? (Yes/No)

59.1. If YES, please specify below:

	<u>Mark if given</u>	<u>Provided by:</u>	<u>Project Code(s)</u>
Operational escort		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Police escort		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Medical escort		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Overnight accommodation		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Special security measures		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

IOM Mission in

Individual ID:

Unaccompanied minor requiring escort		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Other		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
If OTHER, please specify			

60.0 Will transit assistance be provided? (Yes/No)

60.1. If YES, please specify below:

	<u>Mark if given</u>	<u>Provided by:</u>	<u>Project Code(s)</u>
IOM standard		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Custom clearance		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Police escort		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Medical escort		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Medical care		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Special security measures		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Unaccompanied minor requiring escort		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Overnight		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Border crossing		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Legal assistance		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Other:		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
If OTHER, please specify			

RECEPTION ASSISTANCE

61.0. Will reception assistance be provided? (Yes/No)

61.1. If YES, please specify below:

	<u>Mark if given</u>	<u>Provided by:</u>	<u>Project Code(s)</u>
Border crossing		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Custom clearance		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Overnight accommodation		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Transfer to final destination		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Medical care		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Other		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
If OTHER, please specify			

62.0. Will next day assistance be provided? (Yes/ No)

62.1. If YES, please specify below

	<u>Mark if given</u>	<u>Provided by:</u>	<u>Project Code(s)</u>
Medical care:		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Reception center:		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Onward transfer to final destination:		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Other:		(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
If OTHER, please specify:			

63.0. Will the individual be accompanied when traveling to her/his place of origin to be reunified with his/her family?

(Assistance police/ Partner-agency/ VoT will travel alone/ Other)

63.1. If OTHER, please specify type and given by whom:

REINTEGRATION

Reintegration Assessment

64.0. Does the individual have any medical condition or problems that may require further attention during reintegration?

(Yes/ No/ NA/ NK)

64.1. If YES, please specify:

65.0. Does the individual have a safe place to stay in the receiving place/ country? (Yes/ No/ NA/ NK)

65.1. If YES, please specify: (Family/ Friends/ Partner/ Hotel/ Shelter/ No place/ Other)

70.1.1. If OTHER, please specify:

65.2. If YES, is this place of stay permanent or temporary? (Permanent/ Temporary/ NA/ NK)

66.0. Does the individual have any means of supporting her/himself? (Yes/ No/ NA/ NK)

66.1. If YES, please specify: (Has family support/ Is self-sufficient/ Other)

66.1.1. If OTHER, please specify:

67.0. What does the individual wish to do upon her/his return (give multiple options)? (Return to school/ Return to her/his previous employment/ Find any other job at home/ Find a job abroad/ Travel abroad/ Undecided/ Other/ NA/ NK)

67.1. If OTHER, please specify:

68.0. Is the individual prepared to start (or return to) education or employment soon? (Yes/ No/ NA/ NK)

68.1. If NO, why: (Medical reasons/ No interest / Time to think about options/ Too traumatized/ Security reasons/ Other)

73.1.1. If OTHER, please specify:

68.2. If YES, does the individual need to receive assistance for this activity? (Yes/ No/ NA/ NK)

73.2.1. If YES, please specify the type of required assistance:

69.0. (NOTE: if necessary please conduct the security risk assessment again.) Is the individual concerned about her/his security situation? (Yes/ No/ NA/ NK)

70.0. Are the individual's family aware of the exploitation s/he has experienced? (Yes/ No/ NA/ NK)

70.1. Are they likely to react negatively to the individual? (Yes/ No/ NA/ NK)

70.1.1. If YES, please specify:

71.0. Are there any other factors that could affect the possibility of family and/or community reintegration? (Yes/ No/ NA/ NK)

71.1. If YES, please specify:

72.0. Is reintegration assistance suggested/ requested? (Yes/ No/ NA/ NK)

72.1. If NO, why: (Has family support/ Is self-sufficient/ Is afraid to be identified/ Is not interested/ Is not eligible/ Other/ NA/ NK)

72.1.1. If OTHER, please specify:

73.0. Interview data/ Remarks:

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Reintegration Assistance

74.0 Will housing assistance be provided? (Yes/ No/ NA/ NK)

74.1. If YES, please specify below:

	<u>For how long</u>	<u>Provided by</u>	<u>Project Code</u>
Housing allowance:	(Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Half way house:	(Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Shelter:	(Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	
Medical rehabilitation center:	(Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

75.0. Will vocational training be provided? (Yes/ No/ NA/ NK)

<u>For how long</u>	<u>Provided by</u>	<u>Project Code</u>
_____ (Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

75.1. If YES, please specify: (Computer classes/ Foreign language/ Professional training/ Other)

75.1.1. If OTHER, please specify:

76.0. Will the individual take part in a micro-enterprise or income generating project? (Yes/ No/ NA/ NK)

<u>For how long</u>	<u>Provided by</u>	<u>Project Code</u>
_____ (Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

76.1. If YES, what kind of business project will be developed: (Agro business/ Manufacturing/ Trade or Shop/ Service sector/ Other)

76.1.1. If OTHER, please specify:

77.0. Will legal assistance be provided? (Yes/ No/ NA/ NK)

<u>For how long</u>	<u>Provided by</u>	<u>Project Code</u>
_____ (Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

77.1. If YES, please specify: (Civil/ Penal/ Other)

77.1.1. If OTHER, please specify:

78.0. Will medical assistance be provided? (Yes/ No/ NA/ NK)

<u>For how long</u>	<u>Provided by</u>	<u>Project Code</u>
_____ (Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

79.0. Will financial help be provided? (Yes/ No/ NA/ NK)

<u>For how long</u>	<u>Provided by</u>	<u>Project Code</u>
_____ (Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

79.1. If YES, please specify: (Reinstallation grant/ Family and dependent support grant/ Educational grant/ Wage support/ Other)

79.1.1. If OTHER, please specify:

80.0. Will educational support be provided? (Yes/ No/ NA/ NK)

<u>For how long</u>	<u>Provided by</u>	<u>Project Code</u>
_____ (Day(s)/ Month(s))	(IOM direct support/ IOM financed support through an NGO/ NGO support/ IOM financed support through government/ Government support/ Other)	

80.1. If YES, please specify the educational level of reinsertion or the educational level to be commenced: (University/ Technical school/ High School/ Secondary education/ Primary school or elementary school/ Tutoring/ Other)

80.1.1. If OTHER, please specify:

81.0. Will the individual benefit from other community-based assistance? (Yes/ No/ NA/NK)

81.1. If YES, please specify (give multiple options if necessary): (Financial assistance/ Housing/ Medical assistance/ Micro-enterprise/ Legal assistance/ Vocational training/ Other)

81.1.1. If OTHER, please specify:

82.0. Interview data/ Remarks:

MONITORING REINTEGRATION

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83.0. Was the reintegration process monitored? (Yes/ No/ NA/ NK)

83.1. If YES, by whom: (IOM/ NGO/ Other)

83.1.1. If OTHER, please specify:

83.2. For how many months was the case monitored during the reintegration process? (State in months)

84.0. What was the occupational situation of the individual at the time of the last monitoring report? (Employed/ Irregularly employed Hospital in-patient/ Maternity leave/ Rehabilitation centre in-patient/ Student/ Unemployed/ Other/ NA/ NK)

84.1. If OTHER, please specify:

84.2. If EMPLOYED, where: (Public sector/ Private sector/ Self-employed/ Other)

85.0. With whom was s/he living at the time of the last monitoring report? (Family/ Friends/ Relatives/ Alone/ Partner/ Other)

85.1. If OTHER, please specify:

86.0. What was the individual's perception of her/his family economic status at the time of the last monitoring report?

(Well-off/ Standard/ Poor/ Very poor/ Other/ NA/ NK)

86.1. If OTHER, please specify:

87.0. Has the reintegration assistance failed during its lifetime? (Yes/ No/ NA/ NK)

87.1. If YES, why: Please specify all that apply (A better opportunity came up/ Beneficiary has disappeared/ Contacts were broken/ Did not grant sustainability/ Failure with job provider/ Lack of beneficiary's interest/ Lack of funds/ Lack of IOM follow-up/ Reintegration plan was badly structured/ Other)

87.1.1. If OTHER, please specify:

88.0. Has the individual been approached by law enforcement (or approached law enforcement him/herself) since her/his return?

(Yes/ No/ NA/ NK)

89.0. Have any charges been pressed against the returnee? (Yes/ No/ NA/ NK)

89.1. If YES, please specify:

89.2. If YES, has the returnee been convicted? (Yes/ No/ NA/ NK)

89.2.1. If YES, what was the sentence?

89.2.1.1. If prison sentence, time in months:

89.2.1.2. If fine, amount in USD:

90.0. Has the individual pursued a civil claim in the civil courts? (Yes/ No/ NA/ NK)

90.1. If YES, please specify:

90.2. If YES, was any financial settlement awarded: (Yes/ No/ NA/ NK)

90.3. If YES, how much: (Total in USD)

91.0. Has a criminal investigation occurred in the country of origin? (Yes/ No/ NA/ NK)

91.1. If YES, did it result in a prosecution? (Yes/ No/ NA/ NK)

91.2. If YES, was there a conviction? (Yes/ No/ NA/ NK)

91.2.1. If YES, what was the sentence?

91.2.1.1. If prison sentence, time in months:

91.2.1.2. If fine, amount in USD:

92.0. If YES to 91.0, has the individual collaborated with the criminal justice system during the criminal investigation?

(Yes/ No/ NA/ NK)

92.1. If YES, please specify: (Giving of evidence/ Witness during the trial/ Other)

92.1.1. If OTHER, please specify:

93.0. Interview data/ Remarks: