Field Testing a Quality Assurance Tool for Assessing the Quality of Post-Gender-Based Violence (GBV) Care Services in Clinical Settings in South Africa

Field Tested Version of the Post-GBV Quality Assurance Tool South Africa

saMRC advancinglife

Background

The South African National Strategic Plan (NSP) on Gender-Based Violence and Femicide (GBVF) recognizes the need to provide quality GBV services and center the response around "the experience of women most marginalized by poverty, race, age, disability, sexual orientation, gender identity, and nationality". [1, 2]. Providing quality post-GBV services requires service delivery and quality assurance (QA) processes that monitor and evaluate the quality of post-GBV service delivery.

Originally, WHO, and Jhpiego developed a foundational post-GBV service QA tool to assess the availability, accessibility and quality of existing GBV services and provide services with standardized benchmarks against which to measure success and plan service improvements. This foundational post-GBV QA tool was initially developed through a collaboration with the Mozambique Ministry of Health and Jhpiego, and further refined and tested in partnership with Ministries of Health in Uganda and Nigeria.

However, the foundational GBV QA tool had not been used or adapted for South Africa. In addition, the existing tool did not consider the experience of "most marginalized" people, including people with disabilities, LGBTQI+ people or children/adolescents. Hence, through the facilitation of consultative meetings and field testing, the SAMRC adapted the GBV QA tool for the South African context, with a particular focus on marginalized people. This document shares the final field-tested version of the post-GBV QA tool for South Africa. The tool has been tested in Thuthuzela Care Centres (TCC), crisis centres, public health care (PHC) and mobile clinics. It is mainly designed to assess and support service development in TCC and crisis centres, and some items do not apply to other clinics. This is highlighted in the different components of the tool.

The final field-tested version of the post-GBV QA tool for South Africa consists of four components:

1. Facility Checklist
2. Main GBV QA Questionaire
3. Disability Awareness Checklist
4. Patient Record Form Review

The tool can be used for internal and external quality assurance processes or continuous quality improvement, permitting follow-up assessments by management and staff working within the facility. Using the tool enables assessments to be performed in a standardized and unbiased manner that complements sites' and governments' self-assessments and motivates service delivery sites to align their services with national and international standards.

Application of the tool requires training of facilitators.

1. Interim Steering Committee. NATIONAL STRATEGIC PLAN ON GENDER-BASED VIOLENCE & FEMICIDE: HUMAN DIGNITY AND HEALING, SAFETY, FREEDOM & EQUALITY IN OUR LIFETIME. 2020 [cited 2020 2 March 2020]; Available from: https://www.justice.gov.za/vg/gbv/NSP-GBVF-FINAL-DOC-04-05.pdf.

2. South African Department of Women Youth and Persons with Disabilities, National Strategic Plan on Gender-based Violence and Femicide Strategic Plan 2020-2030. 2020: Pretoria.

Field Tested Version of the Post-GBV Quality Assurance Tool South Africa

Name of Facility _____

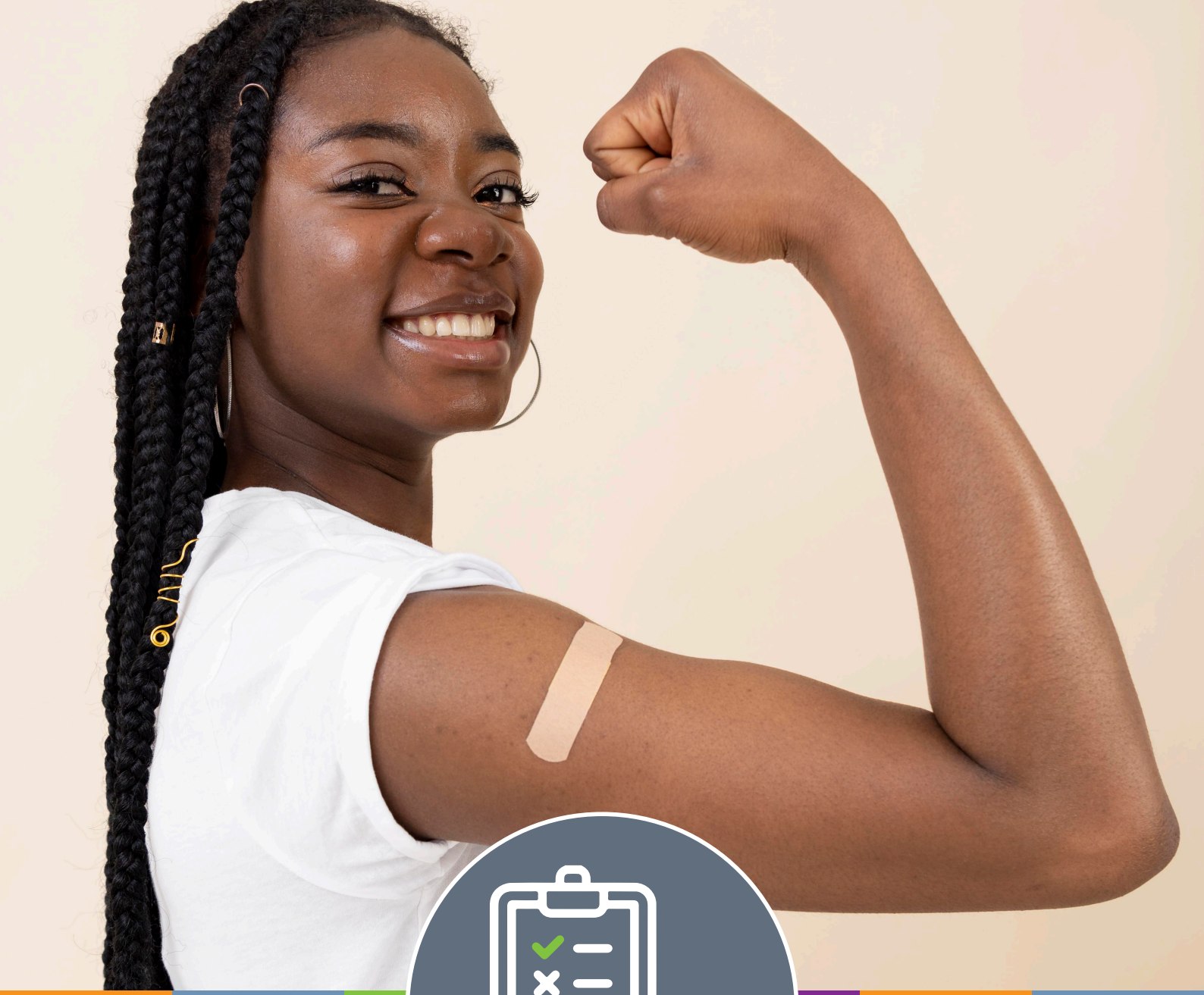
Date _____

Name of Service Advisor Completing This Form _____

Job Title of Person Completing This Form _____

Type of Facility: TCC / Crisis | PHC Clinic | Mobile Clinic

Type of TCC/Crisis center (e.g. NGO, Public Hospital, clinic, etc.) _____



Facility Checklist

Facility Checklist

Infrastructure

Item	Present	Absent
Examination/Procedure room:		
• Private examination/procedure room (patient cannot be seen or heard from outside)		
• Examination room has adequate light source		
• Examination room at least one of: basin with running water and hand soap and/or 70% alcohol hand rub		
Counselling room:		
• Private counselling room (patient cannot be seen or heard from outside) separate from examination/procedure rooms		
Waiting areas:		
• Access to a waiting area for family members or companions		
• Child-friendly waiting space with toys for children		
• Private space for patient to rest/recuperate		
Toilet:		
• A least one working toilet with a working door and a way to indicate that it is occupied		
• Separate toilets for perpetrators and complainants		
• Each toilet has a basin with running water and hand soap and/or 70% alcohol hand rub		
• At least one toilet is available for socially safe use by trans/nonbinary people: no gender designation on door OR marked for use by all		
• A least one toilet has all of the following: a rail to assist with transfers to and from wheelchair, space under basin for wheelchair users, lever taps on the basin and toilet for those with limited hand/arm mobility		
Utilities:		
• Water: running water that has not been interrupted for the past three months		
• Hot water is available for patients to wash after exam (preferably shower, warm bucket acceptable)		
• Facility has not had a power outage of more than 30 minutes in the last 3 months during open hours (attached to a hospital and unaffected by loadshedding, working generator with adequate supply of diesel, or other working electrical backup plan)		
Security:		
• Security guard or armed response service		
• Monitored CCTV		
• Panic buttons accessible to staff that are routinely checked once a month		

Telecommunications

Item	Present	Absent
• Working phone (landline or cellular) for incoming and outgoing calls with no service interruptions in the last 3 months		
• At least one phoneline available for patients to call is covered 24/7		
• Clinic has a cell phone that can respond to WhatsApp and/or Please Call Me messages from patients		

Furniture & Equipment

Item	Present	Absent
Examination room has:		
• Chairs for patient and provider		
• Table or desk		
• Angle lamp or torch/flashlight for pelvic exam; this light source is available during loadshedding		
• Door, curtain, or screen for visual privacy during examination		
• Examination table		
• Examination table has stirrups available		
• Clock or timepiece to document start and end times of exams		
Counselling room has:		
• Chairs for patient and provider		
• Table or desk		
• Door, curtain, or screen		
Waiting area has:		
• Seating for at least 3 people; seats are not broken		
• At least one seat has no arms OR is at least double width to accommodate physically large patients		
• A space for a wheelchair user to wait without being in the flow of foot traffic		
• Child friendly items (for example: books, toys, dolls, colouring, or art supplies)		

Secure Storage

Item	Present	Absent
Facility has:		
• Lockable storage area for patient paper files		
• Lockable medical supply cabinet or lockable room where medical supplies are kept		
• Lockable refrigerator for medication		
• Locked storage area for medico/legal evidence that does not require cold storage		
• Lockable freezer for evidence that does require cold storage		

Linens / clothing

Item	Present	Absent
• Clean linen or disposable covers for all exam tables and/or beds		
• Linen savers/absorptive pads exams beds		
• Pillow with pillowcase or disposable covers for all exam tables and/or beds		
• Clean gowns or disposable covers for patients		
• Access to laundry service (mark as YES if all disposable)		
• New or disposable undergarments in various sizes for patients whose underwear is taken in evidence		
• Clean outer clothing in various sizes for adult patients whose clothing is taken in evidence		

General Clinical Supplies

Item	Present	Absent
Reusable clinical supplies/instruments:		
Blood pressure machine with different-sized cuffs		
ENT scope		
Stethoscope		
Thermometer		
Scissors		
Cheatle forceps for removal of debris/objects		
Colposcope		
Speculum or adequate supply of disposables		
Instrument care and cleaning supplies (functioning autoclave to sterilize equipment, backup system for sterilization, disinfectants, bleach, detergent, brush) OR facility uses disposables		
Sterile tray for instruments OR all instruments that must be sterile are disposable		

Item	Present	Absent
Emergency trolly		
All patient exam/procedure areas have soap dispenser and paper towel holder OR hand sanitizer		
Puncture resistant and clearly labelled SHARPS disposal containers in all rooms where disposable sharps are used		
Bins for potentially infectious waste with YELLOW bags		
Bins for general waste with BLACK or DARK GREEN bags		
Consumables supplies		
Disposable, powder-free exam gloves		
Needles and syringes		
Blood tubes		
Sterile or clean urine containers		
Tongue depressors (for inspection of oral frenulum and injury)		
Sutures		
Bandages		
Feminine hygiene supplies (sanitary napkins/pads or clean cloths)		
Nappies		
Simple food for patients (to prevent medication being taken on empty stomach)		
Potable water, either safe from the tap or bottled/filtered		

Essential drugs and commodities

Item	Present	Absent
HIV test kits		
Pregnancy tests		
Emergency contraception pills (Levonorgestrel oral)		
HIV POST-exposure prophylactics (PEP) available: and minimum Tenofovir (TDF) and Lamivudine (3TC) OR Dolutegravir (DTG) for general use.		
HIV PRE-exposure prophylaxis (PrEP) can be dispensed OR facility can do a warm referral for PrEP		
Drugs for STI prophylaxis: Ceftriaxone, Azithromycin, OR Metronidazole		
Drugs for pain relief (at least one of: paracetamol OR ibuprofen/other NSAID)		
Broad-spectrum antibiotics for wound care		
Tetanus Vaccine		
Hepatitis B Vaccine		
Anti-emetics (for nausea)		
Tranquilizers/sedatives OR ability to obtain them for severely distressed patients (only to be used in exceptional cases and for no longer than a 48-hour period).		
Local anaesthetic for suturing		

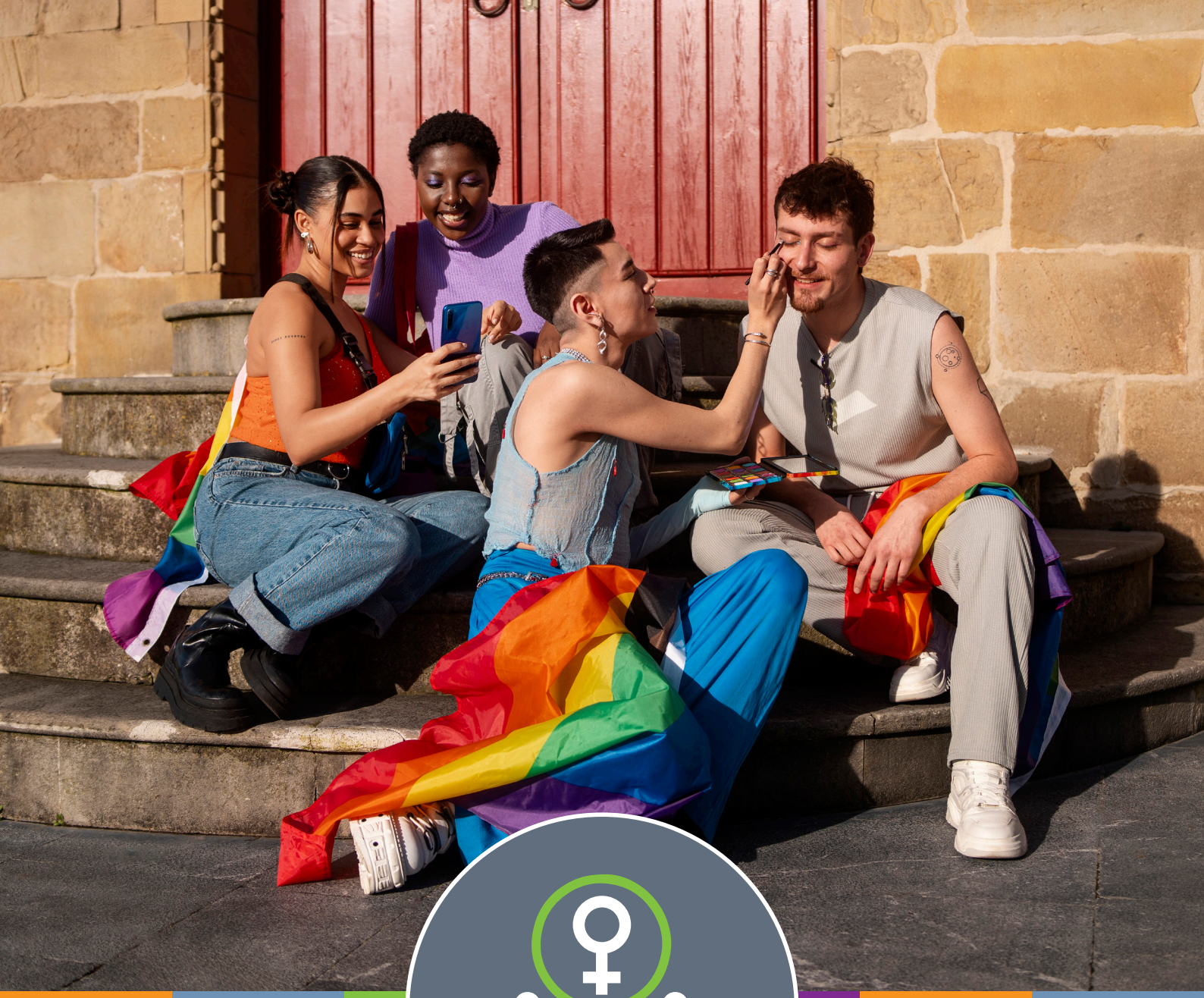
Medicolegal Supplies

Only for TCC and Crisis Centers

Item	Present	Absent
Evidence collection kits are available on site OR withing the last 3 months, the police has never failed to bring evidence collection kits within 2 hours of request		
J88s are available on site		
Copies of Form 22 is available onsite		

Administrative Supplies

Item	Present	Absent
Job aids for providers are displayed in all exam, procedure, and counselling rooms		
Relevant national guidelines, protocols and policies are available		
Patient intake form/patient assessment forms		
GBV or post-rape care register		
Consent forms for GBV examination and care		
Consent form for GBV exam is available in simplified format for people with intellectual disabilities AND available in Braille or audio format for the blind		
Consent forms for HIV testing		
Consent form for HIV testing is available in simplified format for people with intellectual disabilities		
AND available in Braille or audio format for the blind		
IEC materials are displayed/available to patients in at least one African language		
Referral directory is available for all staff to consult		
Referral directory includes free or low-cost legal services		
Referral directory includes disability services or organisations		
Referral directory includes LGBTQIA+ services or organisations		
Referral directory includes sex worker services or organisations		
List of referral services is displayed in waiting area in clear view of patients		
List of referral services is displayed in at least one other area used by patients (exam room, counselling room, restroom)		
List of referral services is available for patients to take home, but patients are not required to take it if they feel this is unsafe.		
Referral list is available in simplified format for people with intellectual disabilities AND available in Braille or audio format for the blind		



Main GBV QA Questionnaire

Gender-Based Violence (GBV)[1] Quality Assurance Questionnaire

Basic structure of the Questionnaire

The Gender-Based Violence (GBV) Quality Assurance (QA) Tool offers health care providers, facilities, and program planners a straightforward way to start, strengthen or expand post-GBV health services through the use of 28 evidence-based standards. It was developed by Jhpiego, the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), with reviews and input from gender/GBV partners at the President's Emergency Plan for AIDS Relief (PEPFAR), an array of international organizations, GBV health providers and ministries of health. The Tool was originally developed by Jhpiego Mozambique with providers and program planners, and has been adapted, piloted and refined in several low and middle-income countries including South Africa. This the main GBV QA Questionnaire for the adapted South African version of the tool.

Please read the full background and instructions in the Facilitation Guide prior to using this questionnaire and use the job aids provided at the end of this tool.

There are 10 sections with 28 standards in this questionnaire. The standards are organized by different aspects of service delivery (e.g., facility readiness, clinical care, etc.). Each standard has several elements with key questions for the facilitator. Verification criteria are listed in a column directly next to these standards and in the Job Aid. Thy indicate what must be in place for each standard to be considered "achieved". Verification criteria that are marked with a **+** symbol are considered to be aspirational/ambitious measures of high quality care that need to be available in TCC and crisis centers. A minimum care version of the tool does not include these aspirational standards. Facilities in more resource-constrained settings or facilities just starting to develop their services should be assessed using the minimum care version of the questionnaire.

Many of the standards in the questionnaire can be verified by doing a facility tour PRIOR to beginning the conversation while filling in the facility checklist. The full version of the questionnaire takes approximately 2-3 hours to implement, with the all components of the tool taking 4-6 hours. The service advisor should familiarize her/himself with the whole tool prior to the assessment to identify the standards that can be answered by observation during this facility tour.

The first step to starting the conversation should be to ask the team two questions and record their answers:
1. What are your facility's greatest strengths?
2. What are you most proud of regarding this facility's provision of post-GBV care?

Means of Verification:

In the Means of Verification column, one or more of the following methods is suggested to help assessors know how to collect/verify the information needed to score each criterion. It may not be possible to use all

1 Gender-based violence is any form of violence against an individual based on that person's biological sex, gender identity or expression, or perceived adherence to socially-defined expectations of what it means to be a man or woman, boy or girl. The most common forms are sexual assault, intimate partner violence against women and child abuse, but GBV also includes physical and psychological abuse, threats, coercion, arbitrary deprivation of liberty, and economic deprivation, whether occurring in public or private life. GBV is rooted in gender-related power differences, including social, economic and political inequalities. It is characterized by the use and abuse of physical, emotional, or financial power and control. GBV takes on many forms and can occur across childhood, adolescence, reproductive years, and old age.

the suggested methods for each verification criterion. The service advisors should use their best judgment:

- **D:** Direct observation of physical facilities and administrative or clinic processes. This does not include the observation of provider/patient interactions or exams, due to concerns around privacy and ethics.
- **I:** Interview providers[2] or facility managers (the assessor asks questions and probes when necessary to determine if the procedure is performed or the item exists as described in the standards).
- **R:** Review of clinical and administrative records, guidelines, protocols and documents.

In each visit the service advisor (facilitator) needs to work with the facility manager and other types of individuals within this facility to ask for verification. At a minimum, assessors will need to ask a team of at least two sources for corroboration, whenever possible. Specific instructions are included in the accompanying Facilitation Guide, which includes icons that specify whom to interview:

Some standards may be difficult to assess and ask questions. For these standards, prompts with suggested language are included in italic font. Some standards have supplemental information, or refer to another standard in the tool. For these standards, (INSTRUCTIONS ARE INCLUDED IN BOLD CAPS AND PARENTHESES).

Scoring Instructions:

- Do not leave any verification criteria blank on the tool. Mark each criterion individually as **"YES"** or **"NO"**. Mark **"YES"** if the procedure, documentation, item, etc. exist as described. Mark **"NO"** if the procedure, documentation, item, etc. do not exist as described.
- Provide a short justification for any criteria marked **"NO"** by recording any gaps, issues, or missing items/ elements of care in the comments column.
- Some verification criteria may not be applicable. If so, the option to mark **"N/A"** will be clearly indicated directly below the standard category description **(IN BOLD CAPITAL LETTERS AND PARENTHESES.)** For these, write **"N/A"** in the comments box and include an explanation of why the verification criterion was not applicable.

3. After the assessment, transfer the information collected in this document onto the Scoring Feedback Form. Take care when transferring information from the tool to the Scoring Feedback Form to ensure no data or comments are lost.

- On the Scoring Feedback Form, score the standard as **"YES"** if **all** of its verification criteria are met; for the full version of the tool, this includes achieving all of the blue plus (**+**) "aspirational" criteria in addition to the standard criteria.
- Score the standard as a **"NO"** if **any** of its verification criteria are not met, and write in the comments column what item was missing or not performed.
- Verification criteria marked **"N/A"** are not factored into the score. (If **all** the other verification criteria in that standard are met except the one marked **"N/A"**, score the standard as a **"YES"**. If any of the other criteria in that standard are not met, score the standard as a **"NO"**. Do not count a standard as achieved if all the criteria are **"N/A"**.) **(EXAMPLES OF SCORED STANDARDS ARE IN THE FACILITATION GUIDE.)**
- Do not give a partial score (e.g. 0.75) if only **some** of the verification criteria are met, to avoid confusion or calculation errors. These should be marked as a **"NO"**.
- Count the number of standards scored as **"YES."** Enter this into the "# of Standards Achieved" row.
- Take the "# of Standards Achieved", divide by 28 (or the total number of standards minus any that were scored as **"N/A"**) and multiply by 100 to get the "% of Standards Achieved". This is the final assessment result; record it on the Scoring Feedback Form.

4. Record overall strengths and challenges at the bottom of the Scoring Feedback Form.

2 "Provider" refers to a physician, nurse, midwife, psychologist or social worker unless otherwise specified

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
I. AVAILABILITY AND APPROPRIATENESS OF SERVICES				
1. Facility offers GBV services that are accessible, available, affordable and appropriate	1.1 Does this facility offer essential GBV care[3] 24 hours a day OR help patients to access alternative facilities that provide essential care during off-hours?			
	1.2 Does this facility offer GBV care without requiring GBV patients to report to the police (except in cases of mandatory reporting required for children or people with certain disabilities)?			
	1.3 How does this facility maintain patient privacy during triage/intake process? (Response should cover strategies to ensure private intake: eg keeping doors closed, no unauthorized persons in examination room, documents are kept in covered folders)			
	1.4 Are there any services GBV patients must pay for? (all basic legal, health services and emergency medication - e.g. PEP, antibiotics, tetanus should be free to service users)			
	1.5 Does the facilities eliminates support costs for people with disabilities? Prompt: Who would pay a the sign language interpreter or assistant needed for some people with disabilities? Is there a way to arrange transport for people with mobility impairments?			
	1.6 Does the facility prioritize patients who have experienced sexual assault to ensure they receive care and support as soon as possible? Prompt: (If there is triage by urgency of cases: are sexual assault survivors moved to the front of the queue?)			
	1.7 Has this facility completed a formal disability audit or the Disability Accessibility Checklist within the last 24 months? Note: This should be at least one of the following Assessment of accesssibility of health care facilities for persons with disabilties (DOH) Disability Awearness Checklist attached to this tool or Another formal check supplied by a disability services organisation (Specify which: _____) Verify: Score of the checklist and/or the assessment results and the list of planed actions to improve accessibility			

3 Essential GBV care includes first-line support, defined by the WHO as (basic empathetic counseling using LIVES: Listening, Inquiring, Validating, Enhancing safety, and Support through referrals. WHO, 2014, as well as), HIV and STI post-exposure prophylaxis, and emergency contraception, and referrals, as needed.

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	1.8 Does this facility have a complaint box and/or externally operated hotline where enables patients or community members can provide feedback? How often is this feedback reviewed and acted on? Note: Feedback system must exist and received feedback be reviewed by management at least quarterly.			
	1.9 Does this facility display IEC materials welcoming and affirming LGBTQI patients?			
II. FACILITY READINESS AND INFRASTRUCTURE				
2. Facility has visible GBV information, education and communication (IEC) materials	2.1 Does the facility have visible IEC materials for patients related to GBV in high-traffic areas (e.g., lobby, waiting areas, consultation rooms, restrooms.)?			
	2.2 Are these IEC material available in accessible formats? Prompt: And the IEC materials available with simplified with pictures and simple language suitable for illiterate people, those with intellectual disability and the Deaf - Are the IEC materials available in audio or Braille format for the blind			
3. Facility has appropriate infrastructure, equipment and commodities in place to provide appropriate GBV care (SEE DETAILS IN BOX 1)	3.1 Does the facility offers GBV services in a location that is part of —or next to— a health facility (not in a stand-alone location)?			
	3.2 Are the facility signs inside and outside this facility discreet? (e.g., instead of "Rape Center" signs could say "Wellness Center" or "One-Stop Center" to increase the safety and privacy of patients and providers)			
	3.3 Are the facility's rooms/areas where GBV counseling and clinical services are provided private (patient cannot be seen or heard from outside), clean and comfortable?			
	3.4 Does the facility have a room where the patient can rest and/or recuperate that is private, quiet, clean and comfortable?			
	3.5 Does the facility have all essential infrastructure, furniture, equipment, supplies, documents, and commodities available (AUTOMATIC UPDATE FROM FACILITY CHECKLIST)			
	3.6 How do you check that your medicines, vaccines and tests etc. are not expired? What do you do with any that are expired? Note: Check should be at least quarterly and there must be a safe disposal practice.			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	3.7 Does the facility integrate essential GBV response supplies into the facility's essential supply chain ? Should Include at minimum: pregnancy tests, ECs, HIV rapid test, PEP, antibiotics, tetanus and Hep B vaccines, analgesics			
	3.8 When did you last have a stock out of essential supplies? What do you do if there is a stock out? Facility has not had a stock-out of essential GBV supplies, vaccines, tests or medicines (DETAILS IN BOX 1) in the past 3 months, and there is a system in place for emergency orders			
III. IDENTIFICATION OF PATIENTS WHO HAVE EXPERIENCED IPV or SV[4]				
4. Facility has an appropriate system in place for providers to identify patients who have experienced GBV	4.1 What do you do If a patient presents with signs or symptoms of IPV or SV? If patient presents with common signs and symptoms for IPV or SV (SEE SIGNS AND SYMPTOMS IN BOX 2), the provider conducts clinical inquiry (asks about IPV or SV based on suspicion of violence)8 (SEE STANDARD 5 FOR QUESTIONS)			
	4.2 How does this facility's policy cater for enquiry of IPV and SV? Facility's policy is to conduct routine enquiry about IPV or SV ONLY IF services meet all of the following WHO minimum requirements for routine enquiry: A protocol or standing operating procedure exists for asking about and responding to GBV Providers have received training on how to ask about IPV or SV and provision of first-line support (i.e. LIVES) Private setting, confidentiality ensured A system for referrals or linkages to other services within this facility is in place If any of these minimum requirements is missing providers do not conduct routine enquiry (IF THE SITE DOES NOT CONDUCT ROUTINE ENQUIRY, MARK "N/A" IN THE COMMENTS SECTION AND DO NOT SCORE THIS CRITERION)			

4 While there are many forms of GBV, this tool offers guidance on how to ask about the most common forms of GBV: **IPV and SV**. The WHO outlines three main approaches to ask about **IPV** that are supported by the evidence:
Clinical enquiry is a type of case identification where a provider asks about experiences of violence among patients who either disclose they have experienced violence, or patients who show signs and symptoms of IPV. **This should be done no matter what the condition of GBV services in order to provide appropriate and timely care.**
Routine enquiry is a type of case identification where a provider asks about experiences of violence when assessing clinical conditions associated with intimate partner violence.(e.g. asking all ANC patients or all HIV patients). **This should only be done in settings that meet minimum standards as per WHO guidelines, described in 4.2. To enquire and then offer no services/ poor quality services could re-traumatize the survivor and create a lack of trust in services, and is not recommended.**
Universal screening is a type of case identification where a provider asks about experiences of violence among all patients in all settings (patients are asked no matter what service they receive). **Universal screening is not recommended.** There is insufficient evidence that it leads to a decrease in IPV or health benefits, and it also may overwhelm already over-burdened health systems.

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
Box 2. GENERAL SIGNS AND SYMPTOMS OF IPV[5] Bruising, fractures, abrasions, and/or traumatic injury, particularly if repeated over time, and/or with vague or implausible explanations Unexplained chronic gastrointestinal symptoms such as irritable bowel syndrome and chronic pain Unexplained reproductive tract symptoms, such as pelvic pain, sexual dysfunction Adverse reproductive outcomes, such as multiple unintended pregnancies and/or terminations, delayed pregnancy care, or adverse birth outcomes Unexplained genital or anal injury, such as pain, sores, bleeding or discharge from the genitalia or anus Unexplained genitourinary symptoms, such as pain during urination, frequent bladder or kidney infections Repeated vaginal or anal bleeding and sexually transmitted infections Other unexplained chronic pain Problems with the central nervous system – e.g., headaches, cognitive problems, hearing loss Repeated health consultations with no clear diagnosis Intrusive partner or spouse who insists on being present in consultations Symptoms of depression, anxiety, PTSD, sleep disorders Suicidal thoughts and/or behaviors, or other self-harm Alcohol and other substance abuse Child and Adolescent-Specific Signs and Symptoms of SV Pregnancy in a child unable to legally consent to sexual intercourse Any STI in a child beyond the perinatal acquisition period Pain, sores, bleeding, injury, and discharge from the genitalia or anus of a prepubescent child Disclosure of sexual violence or exploitation by a child Anal complaints (e.g., fissures, pain, bleeding) Recurrent vulvo-vaginitis and other gynecological disorders Bedwetting and fecal soiling beyond the usual age Inappropriate or overly sexualized behaviors Restlessness, irritability and aggressive behavior Symptoms of depression, anxiety, PTSD, sleep disorders Suicidal thoughts and/or behaviours, or other self-harm Alcohol and other substance abuse			
5. Provider asks about IPV or SV in an appropriate manner	5.1 When does the staff ask about IPV or SV? Provider only asks about IPV or SV If the patient is alone AND in a private consultation room (patient cannot be seen or heard from outside). NB: If the patient requires a professional interpreter for language or sign-language support, or needs other communication assistance for a disability, that professional may also be present, but should NOT be a regular or day-to-day caregiver for the patient (as a caregiver may be an abuser)			

5 These signs and symptoms are included to assist the provider to triangulate the occurrence of IPV or SV; however, they may also indicate an unrelated cause or health issue. If IPV or SV is suspected, the provider should use subjective discretion and probe further to ascertain whether or not IPV/SV has occurred.

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	5.2 How does the staff bring up the topic of IPV or SV with a patient? Score yes if provider brings up topic of GBV carefully by making some general statements about GBV before asking patient directly about their situation AND can provide example statements			
	5.3 If a patient states says they do not want to talk about their experience of IPV or SV, how do you respond? Score yes if does not force the issue but affirms that they are concerned about patient's well being and available as a resource if patient wishes to talk at a different time			
	5.4 If a patient comes in and tells you that they have experienced IPV or SV, what would you tell them about your role and next steps? Score yes if the staff/provider would explain that they will ask the patient detailed questions to assess their safety and to make sure they get the right treatment and support. If physical exam is warranted, provider explains what will happen before beginning the exam.			
	5.5 Could you give me some examples of the questions you ask a patient in order to understand what kind of violence is being disclosed, if any? Score yes if provider asks simple and direct questions about specific acts of violence to enquire about IPV or SV and avoids introducing potentially loaded language like "rape" "abuse" "violence." See examples in manual.			
6. Provider assesses and addresses any risk of immediate violence or harm when IPV or SV is disclosed (i.e., safety planning)	6.1 How does the staff determine if the patient is in immediate danger and/or if it is safe for the patient to go home? Score YES if provider asks simple and direct questions to assess immediate danger to the patient's life OR immediate risk to safety of a child or intellectually disabled person. See examples for 6.1 in manual.			
	6.2 When and how does the staff provide assist with finding shelter? Score yes: If patient is in immediate danger per 6.1 above, or if the patient requests shelter, the provider offers appropriate referrals to shelter or safe housing, or works with the patient to identify a safe place where they can go (e.g., a friend's home, church, etc.)			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	6.3 If a patient is at risk of further violence at home, would you help them make a safety plan? Could you give me some examples of the questions you would ask a patient to help them make a safety plan? Score YES if would help with a plan and can name 2-3 good questions OR has a job aide with a list of suggested questions.			
IV. PATIENT-CENTERED CLINICAL CARE AND COMMUNICATION				
7. Provider obtains and maintains informed consent from adult patients and informed assent from patients who are minors	7.1 Please tell me about your informed consent procedures. Possible prompts: At what points do you ask for consent? What is the process for someone under 18? Score as yes If provider mentions ALL of the following: IC take place BEFORE exam/procedure Provider explains what will happen Provider explains how information will be used & what will happen to the rape kit if collected Written IC from adults and / verbal assent from minors Provider obtains separate consent for HIV testing			
	7.2 What adaptations or accommodations, if any, do you have available to support people with disabilities giving consent? Score yes if mention at least 2 of the following: Braille Pre-recorded audio Version with simplified language including pictures Large font			
	7.3 How do you get informed consent or assent from minors? Score YES if provider obtains direct verbal permission from minor patients, uses simple language, checks for understanding, tells the minor patient how to say they are distressed or in pain from the exam, tells them if they have the right to stop the exam			
	7.4 How do you get informed consent or assent from patients with intellectual disabilities? Score YES if provider has appropriate consent document or job aids to explain exams and procedures to the patient, uses simple language, checks for understanding, tells the patient how to say they are distressed or in pain from the exam, tells them if they have the right to stop the exam			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	7.5 Are there any conditions in which you might force a patient to undergo an examination if they did not want to? Score yes if Provider never forces the patient, including children of any age, to undergo an examination against their will, unless the examination is necessary for immediate medical treatment (e.g., if a patient may have life-threatening internal bleeding)			
	7.6 After the patient signs the consent or assent document, what if anything do you do to make sure you have on-going or continuing consent from the patient? Prompt if needed: When might you check that the patient is still fine to continue? Score yes if Provider tells the patient that they can decline any component of the examination or counseling session at any point AND checks in with patient at each stage of the examination or if they see an increase in patient's distress			
	7.7 Under what circumstances do you involve or not involve the police in a case? Score yes if Provider ALWAYS respects the patient's decision about whether to involve the police/make a report unless Form 22 is required (i.e. patient is a minor or has a severe psychiatric impairment or severe intellectual disability).			
	7.8 What do you do if the involvement of police or completion of Form 22 is mandatory? Prompt if needed: At what point in your encounter with a patient would you initiate a mandatory report and how? Score yes if provider informs the patient and/or the patient's guardian about required procedures, patient rights, and possible outcomes of police involvement or formal reporting as early in the discussion as possible. Before reporting, provide acute clinical care and ensures the patients safety has been secured. All decisions are guided by the least harmful course of action that takes into account the best interests of the patient and their right to protection. If available, a social worker should be involved.			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
8. Provider manages injuries appropriately	**Ask: How do you manage visible or suspected injuries?** Use response to score 8.1 to 8.6, prompt if needed. **8.1 Provider assesses and documents vital signs** Prompt if needed: What would you do first to assess the patient?			
	8.2 Provider ensures patient is medically stabilized and serious injuries and treated immediately. Prompt if needed: What is your first priority if you suspect a serious injury? Score yes also if patient is transported to casualty for treatment of serious injuries.			
	8.3 Provider takes a detailed medical history, as appropriate, from the patient (or from guardian/ trusted companion if patient is unable to give a history and has consented to a companion being present, or the patient is a minor) Prompt if needed: What would you ask the patient or a proxy?			
	8.4 Provider manages genital and anal injuries appropriately Score yes if a primary care facility refers to casualty for vaginal or anal injuries requiring sutures Prompt if needed: What would you do if the patient has a vaginal or anal laceration?			
	8.5 Minor injuries are treated AFTER forensic evidence is collected if patient has agreed to completion of J88, otherwise as part of exam Prompt if needed: If the patient's injuries are minor, would you complete a J88 before or after managing the injury?			
	8.6 Minor injuries are handled appropriately on-site Prompt if need: What kind of injury treatment can you provide in this facility? Score yes if facility can: Care for minor wounds, lacerations or tears Provide appropriate bandaging and splinting as needed Suture minor wounds Refer for x-rays, scans and/or physio			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
9. Provider demonstrates knowledge of appropriate communication techniques to prevent further traumatization of patient	**9.1 What are some of the most important communication techniques to use with all patients who need GBV care?** (SCORE AS "YES" IF PROVIDER MENTIONS 3 OR MORE OF THE EXAMPLES from guide under 9.1)			
	9.2 Could you describe some helpful and supportive ways to talk to transgender, non-binary, and gender non-conforming patients before and during an exam? (SCORE AS "YES" IF PROVIDER MENTIONS 3 OR MORE OF THE EXAMPLES from guide under 9.2)			
10. If patient is a child, provider takes special considerations.	**10.1 Do you have a social worker or other child advocate available to be present with child patients through medico-legal processes and interactions with police?**			
	10.2 Would a child patient have an opporunity to speak to counsellor before and medical or legal history taking?			
	10.3 What would you do if you suspect a child patient is being abused at home or that it is too dangerous for the child to go home? Score yes if provider or a social worker works to identify alternative shelter or appropriate course of action for child			
	10.4 Could you name some of the most important child-friendly communication techniques to use with child patients? (SCORE AS "YES" IF PROVIDER MENTIONS THREE OR MORE OF THE EXAMPLES IN FACILITATION GUIDE)			
	10.5 Who can accompany a minor during an exam and how do you decide who to allow, if anyone? Score yes if: Provider permits child to have a trusted companion present during the exam, recognizing the companion may or may not be the caregiver or parent AND if provider asks older teens privately who (if anyone) they want to have with them			
	10.6 Would you ever use a speculum with an girl who has not been through puberty? If you feel an internal vaginal exam is medically required to assess injury to a child, what would you do? Score yes if never uses a speculum on a pre-pubescent girl, and refers to a facility that can administer general anesthesia and use child-sized speculum			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
11. Provider respects and maintains patient privacy and confidentiality	**11.1 With whom would share and details or information about an individual patient's case?** Provider does not share any information regarding the patient or the violent incident(s) with anyone who is not directly involved in the patient's care, and information is given to law enforcement only with patient's consent Trauma debriefing for providers omits identifying patient details unless taking place in a fully confidential setting			
	11.2 Who is allowed to be present during a consultation or exam with a patient? Provider allows only authorized people into the consultation or exam (e.g., authorized people could be patient's preferred companion, personal assistant, sign language Interpreters or staff involved in the patient's care)			
	11.3 What do you do if a patient needs to remove clothing for a physical exam or get dressed afterwards? Provider gives patient adequate time, space, and privacy in order to undress and dress for exams			
	11.4 Where do you store patient records, J88s, and physical evidence collected in a rape kit? Facility keeps patient files, medico-legal forms, GBV register, forensic evidence and any other documents with identifying information about the patient securely in a locked cupboard, locker or locked room			
	11.5 Is there a written policy that describes who can access patient files, medico-legal forms, and forensic evidence? Facility has a written policy in place to govern who can access patient files, medico-legal forms, and forensic evidence			
12. Provider observes the following aspects of respectful care to prevent further traumatization of patient	**12.1 What might you do to ensure a physical exam is not painful for the patient?** Provider takes care to minimize pain during exam			
	12.2 Are you able to provide analgesics? Under what circumstances and when would you give analgesics to a patient? Provider gives pain relief medication when requested, if patient is visibly in pain, or as otherwise necessary			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	12.3 How do you help the patient preserve their modesty during a physical exam? Provider keeps patient's body covered with gown or sheet as much as possible throughout exam, so as to avoid unnecessary or traumatic bodily exposure			
	12.4 Can a patient choose the gender of the provider they wish to see? What do you do if no provider of the preferred gender is available? Facility offers patient the choice of the gender of the provider to conduct the examination. If provider of preferred gender is not available, facility offers the patient to have a staff member of the preferred gedner present in the examination room			
	12.5 Are you able to offer any food or fluids to a patient? Under what circumstances do you offer food or fluids? Facility offers inpatients and those staying in the on-site shelter/safe room simple food and fluids (to be given after medico-legal exam if patient has consented to one) Facility also offers potable water and simple food as necessary to accompany tablets the patient needs to take on site.			
13. Provider conducts medical examination for genital and non-genital injuries	**13.1 Please describe the general process you use for conducting a medico-legal exam?** **If provider doesn't do medico-legal exams, please describe how you would examine a patient who has experienced IPV and or SV?** See 13.1 on Job aid			
	13.2 When would you use a speculum? Probe: Are there any conditions under which speculum use would be inappropriate? see 13.2 on Job aid			
	13.3 What, if any, discharge instructions would you provide to a patient who you know or suspect has been strangled? Mark yes if patient is instructed to seek additional care if experiencing any new onset of: difficulty breathing, voice changes, or signs of respiratory distress up to 72 hours after the assault, as this may be related to possible swelling in the tissue surrounding the trachea			
	13.4 What would you do if a patient is experiencing heavy or prolonged anal bleeding? Mark yes if would use anoscope for anal exam OR refer higher level facility or casualty			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
14. For provider offers emergency contraception when clinically indicated	**14.1 Are you able to offer emergency contraception (EC)? Under what circumstances do you offer it to a patient?** Provider offers oral emergency contraception (EC) to all patients of potential reproductive age with an intact uterus within 5 days (120 hours) of the assault if the assault involved or may have involved penile-vaginal penetration			
	14.2 What information or instructions would you provide to a patient who declines ECs? Mark yes: If patient declines EC, provider gives information that EC is less effective as time passes, and emphasizes the importance of returning for follow-up pregnancy testing and monitoring			
15. Provider offers HIV counseling, testing and HIV post-exposure prophylaxis (PEP) within 72 hours to sexual assault survivors	**15.1 Do you offer HIV counseling and testing at this facility?** Mark yes if facility offer HCT to patients reporting penetrative sexual assault OR on request of any patient			
	15.2 Do you provide post-exposure prophylaxis? What factors would you discuss with the patient to decide if PEP is indicated? See job aid			
	15.3 If providing PEP, do you give the entire 28 days of medication?			
	15.4 If a patient with unknown serostatus refuses an HIV test and the assault occurred within previous 72 hours, would you still provide PEP? Mark yes if provider still offers PEP per 15.2 above and encourages patient to return for HIV counseling and testing[6]			
	15.5 Are you able to provide paediatric doses of PEP when indicated?			
	15.6 What counseling or instructions do you provide to patients who receive PEP? Mark yes if provider counsels on side effects, the importance of adherence, and the importance of completing the full course of treatment Provider should also provide instructions on what to do if medication is lost or cannot be completed			

6 "In emergency situations where HIV testing and counseling is not readily available but the potential HIV risk is high, or if the exposed person refuses initial testing, post-exposure prophylaxis should be initiated and HIV testing and counseling undertaken as soon as possible." (WHO 2014, Guidelines on Post-Exposure Prophylaxis for HIV, p.18 http://apps.who.int/iris/bitstream/10665/145719/1/9789241508193_eng.pdf)

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	15.7 Do you have a tracking and follow-up system in place for ensuring and documenting that patients complete PEP regimens?			
	15.8 If a patient tests positive what counselling would you offer regarding possible disclosure of their status? Mark yes if would: discuss with the person whether they are interested in disclosing status to partner or family members, provider assesses for IPV or other safety concerns, and offers tailored guidance on how to disclose patient's HIV status to avoid disclosure-related violence, without pressuring patient to disclose			
16. Provider offers relevant medications and/or vaccinations for prevention and treatment of other sexually transmitted infections	**16.1 Under what circumstances would you offer prophylaxis or treatment for sexually transmitted infections (STIs)?** Mark yes if treatment offered after sexual assault involving penile penetration OR clinical signs/ symptoms/test results indicate likely STI infection			
	16.2 Under what circumstances would you offer tetanus vaccination? Mark yes if patient has not had one in past ten years, or is uncertain about vaccination status			
	16.3 Under what circumstances would you offer Hepatitis B vaccination? Offer if the patient is not already immune vaccinated or vaccination status unknown			
17. Providers offer mental health care to patients	**17.1 Do you offer any GBV related counselling? (if yes) Have the providers who do this counseling been trained on basic active listening, empathy, reassurance, and identification of social support?**			
	17.2 Do the staf who provide GBV counseling discuss options for follow-up counselling with each patient?			
	17.3 Have all the staff providing post GBV counselling received specific training on gender-based violence, for examples LIVES or another programme?			
	17.4 Are you able to give patients referrals for long-term mental health care and/or support groups?			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
+ V. FORENSIC EXAMINATION AND HANDLING OF EVIDENCE[7] (IF FACILITY HAS NO FORENSIC SYSTEM IN PLACE, MARK "N/A" IN THE COMMENTS SECTION AND DO NOT SCORE THIS SECTION)				
+ 18. Provider conducts a medico-legal examination and collects forensic evidence according to protocol	+ 18.1 Do you offer medico-legal exams services for GBV patients? Have all providers who provide medico-legal exams received specific training performing such exams and completing a J88? Did that training involve hands-on preceptorship or directly observed patient interactions during or after the coursework?			
	+ 18.2 Are the providers who do medicolegal exams trained in taking a detailed forensic history from the patient or guardian?			
	+ 18.3 When would you collect physical evidence for someone reporting sexual assault? When would you do a medicolegal exam for someone experiencing IPV? Yes if physical evidence collection within 5 days of sexual assault AND documentation of injuries for IPV (or SV) at any time if in alignment with need to document injuries based on report of violence n			
+ 19. Provider collects, stores and/ or transports forensic evidence securely	**+ 19.1 Have the staff conducting medicolegal exams received any training on the role of medicolegal evidence in prosecution OR training in how to testify in court?**			
	+ 19.2 Do you have access to rape kits from the police? Do you have a protocol to collect and store physical evidence if a survivor isn't sure she wants to open a case or would you use a rape kit in that instance? Mark yes if can access rape kits AND collect physical evidence from survivors who are unsure about filing charges			
	+ 19.3 Have providers doing medicolegal exams been trained in common patterns of bruising, laceration and abrasion that are commonly observed in GBV[8]?			

7 Forensics is a new area for many countries, and some may lack the systems, policies, infrastructure and training to conduct forensic examination and evidence collection. **Carrying out a full forensic exam requires specialized skills and certification, including performing a sufficient number of examinations under supervision.** However, all providers, trained or not, can document basic forensic evidence such as injuries in a comprehensive and detailed manner that can be useful for criminal prosecution. The standards in this section pertain to forensic examination beyond documentation of basic evidence, and only to facilities where providers have received training in forensics. The standards in this section are therefore all considered aspirational and are marked with a + symbol.

8 Refer to table of common assaultive injury patterns in WHO 2003, Guidelines for medico-legal care for patients of sexual violence. p.51-52 (http://apps.who.int/iris/bitstream/10665/42788/1/924154628X.pdf)

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	+ 19.4 What is your next step if the pattern of injuries you observe does not match the medical or forensic history given by the patient? Mark yes if answer indicates non-judgmental questions to clarify provider's understanding			
	+ 19.5 What if your protocol for using gloves during the collection of forensic evidence? Yes if Provider wears clean gloves throughout the evidence collection process and changes gloves frequently when examining different body areas and between patients to avoid contamination			
	+ 19.6 What would you do if you needed to collect samples from the sample anatomical site for both forensics and medical testing? Yes if collect forensic samples first to increase likelyhood of preserving biological evidence			
	+ 19.7 Do you have a written policy or SOP on maintaining the chain of custody for physical evidence?			
	+ 19.8 Does your system for managing the chain of custody account for the need to minimize the number of people who handle forensic evidence?			
	+ 19.9 Are staff who must testify in court given training, coaching, or other capacity development to support their role as witness?			
VI. REFERRAL SYSTEM AND FOLLOW UP OF PATIENTS				
20. Facility has a referral system in place to ensure patient is connected to all necessary services	**20.1 If a GBV patient needs support beyond what you can offer at your facility, what kind of referrals do you provide?** Mark yes can refer to at minimum one service for each of the following if not provided on-site Police reporting Emergency shelter for women experiencing IPV Free or low cost legal assistance Long-term psychosocial support (individual counseling, support group, cognitive behavior therapy, etc.) Child protection services or crisis lines Safe termination of pregnancy (TOP) and support accessing TOP after 12 weeks when indicated Follow-up medical care that can't be offered on-site Rehabilitation services such as physio-, speech-, and occupational therapy			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	20.2 Does your referral list include organizations serving populations at increased risk of GBV, specifically Services for people with disabilities Services for LGBTQI+ people Services for sex workers Economic empowerment/Livelihood services			
	20.3 Does this facility meet regularly with departments or service teams within the referral system to discuss case management or share data?			
	20.4 Can this facility refer patients for any necessary laboratory testing that cannot be done on-site? Are you able to follow-up with patients about those test results?			
	20.5 Under what circumstances are you able to document whether a patient uses a referral and get feedback from the referral service? Mark yes if can get feedback from affiliated hospital and HIV care services			
	20.7 May we see a copy of your referral list or directory? Mark yes if Facility has a list of support services that have been mapped at the local, district and provincial levels, and this referral directory is available for on-site review.			
	20.8 How often and how do you update your referral directory? Mark yes if Facility updates the referral directory at least once per year by calling phone numbers and/or visiting locations, adding newly-available resources, and deleting resources that no longer exist			
21. Provider offers the patient follow-up services	**21.1 What referrals and other discharge information do you provide to patients at an initial visit for post-GBV care?** Provider gives as much information as possible and provides all necessary referrals to the patient on the initial visit, in case the patient does not return for follow-up.			
	21.2 How do you follow-up with patients? Facility has a system in place to follow up with patients			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
	21.3 What follow-up services are available at this facility for GBV patients? Mark yes if includes, as indicated: PEP completion, repeat HIV testing, repeat pregnancy testing, repeat STI testing, additional doses of Hep B vaccine, trauma counseling and support			
	21.4 What contact information do you collect from patients to facilitate follow-up? How do you ensure that you can contact patients without jeopardizing their safety? Mark yes if collects contact details from each patient, discusses safety and confidentiality for on-going patient contact, and records patient preference			
	21.5 Can this facility place phone calls to patients' cell phones regarding follow-up? Can you send SMS or WhatsApp messages to patients? Mark yes if can do at least one			
	21.6 Is there someone or a team on staff at this facility who help coordinate each patient's care, treatment, follow-up and linkages with referral services?			
	21.7 At what time points do you follow up with GBV patients? Mark yes if 1, 3 and 6 months minimum			
	21.8 What strategies to you use to encourage and support patients to attend follow-up appointments? Mark yes if strategies including issuing appointment cards (if safe for patient to take), phone/SMS/ WhatsApp reminders (assuming patient consents to this) May also include email (with patient consent), transportation assistance, home visits, personal accompaniment to services			

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
VII. TRAINING AND QUALITY IMPROVEMENT				
22. All providers who deliver GBV care have received training relevant to their roles and responsibilities in the care of patients	**22.1 How are staff members' training needs and desires assessed and addressed? Do all staff involved in GBV care have an individualized training or capacity development plan?** Mark yes if plans are tailored to identified gaps and expressed desires to upskill			
	22.2 Have any staff members here received any specialised training in working with any of the following populations in the last 2 years: children and adolescents, patients with disabilities, LGBTQI patients, or sex workers? Mark yes if at least one key pop training in last 2 years			
23. Facility has systems in place to ensure continuous quality improvement of post-GBV care services	**23.1 Does the facility's supervision plan include direct observation of at least one patient-provider interaction per year for each provider offering GBV care?**			
	23.2 Do providers here receive verbal or written feedback from a supervisor after each directly observed patient-provider interaction? Mark NO if no feedback or if no directly observed patient-provider interactions.			
	23.3 Does this facility have any feedback mechanisms for patients to anonymously report their level of satisfaction or any grievances with services, including any violation of their rights? (e.g., regular patient satisfaction surveys, community feedback forum, suggestion box, ombudsman or phone helpline)			
	23.4 Please tell me about ongoing capacity-building or capacity development for staff involved in GBV care? Do all staff involved in GBV care have access to these activites? How often does capacity building take place. Mark yes if capacity development provided to all staff involved in post-GBV care on at least an annual basis See examples in job aid.			
	+ 23.5 Does this service have mechanisms in place to support and promote self-care[9] for providers who experience secondary trauma as a result of providing post-violence care? If you have used these, did you feel they were helpful? Yes if system for managing secondary trauma exists, and is reported as at least somewhat/sometimes helpful			

9 Self care refers to activities performed independently by an individual to promote and maintain personal well-being throughout life. This could include meditation, self-reflection, exercise, yoga, psychotherapy, etc.

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
VIII. HEALTH CARE POLICY AND PROVISION				
24. Facility has protocols in place to offer standardized post-GBV care according to national and/or WHO guidelines	**24.1 Facility has the following guidelines and documents available on-site for review:** National GBV Guidelines Algorithms, flow-charts and/or job aids that include the following: Post-GBV counseling Post-GBV clinical care including: PEP dosage and provision, EC dosage and provision, STI diagnostic testing criteria, prophylaxis and treatment Mandatory reporting requirements (if in existence) + GBV clinical care of infants, children and adolescents Referral directory + Forensic evidence collection and medical examination + Chain of custody protocol for storage and transfer of evidence			
	24.2 Which guidelines or job aids do you and colleagues in this facility consult to help manage GBV cases? Yes if mention 3-4 of the above			
IX. OUTREACH				
+ 25. Facility integrates GBV awareness raising and referrals into other health programs and outreach activities	+ 25.1 Does this facility do any work with other services to help integrate GBV Identification and care into their programs (e.g., HIV, antenatal care, family planning counseling, etc.)			
	+ 25.2 Does this facility have a community liaison to raise awareness of GBV and the services that are available here AND/OR does this facility conduct outreach in local communities to raise awareness about GBV and available services?			
X. REPORTING AND INFORMATION SYSTEMS				
26. Facility has intake forms, chart forms, or registers that collect information about a patient's experience of GBV and the post-GBV care they received	**26.1 Facility has intake forms, chart forms, or registers that collect information about a patient's experience of GBV and the post-GBV care they received (chart review)** (SEE CHART REVIEW TOOL TO DOCUMENT WHETHER OR NOT DATA ELEMENTS ARE PRESENT – BOLDED ELEMENTS IN CHART REVIEW TOOL ARE CONSIDERED BASIC REQUIREMENTS)			
	26.2 Can you link you GBV service data[10] are linked to HIV and/or other health services data for individual patients			

10 Any personal, confidential patient information and any assault-specific details that could reveal the identity of the patient must be omitted before data are shared.

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	YES	NO	COMMENTS
27. Providers are trained and supported on proper data collection procedures, and charts and forms are filled In completely with all relevant Information	**27.1 Have all staff who complete forms or enter data been trained in how to use this facility's systems?**			
	27.2 Provider fills medical records and forms completely with all relevant information (SEE CHART REVIEW TOOL FOR SCORING INSTRUCTIONS)			
	27.3 Does this facility have a quality control or quality assurance system to check for adherence to proper data collection methods? (e.g., supervisor periodically reviews a sample of charts to assess quality and consistency)			
28. GBV programme data are appropriately aggregated, reviewed and used for decision-making	**28.1 Does this facility have a system in place to collate and summarize/aggregate GBV data (types of violence, sex of patients, age of patients, disability status, services utilized, etc.)**			
	28.2 Does this facility disaggregate GBV data by age?			
	28.3 Does this facility disaggregate GBV data by types of violence experienced and whether the perpetrator was an intimate partner or non-partner?			
	28.4 Does this facility's GBV data include the number of sexual assault survivors who received PEP at this facility within the 72 hour window?			
	28.5 Does this facility's GBV data include the number of people who completed the PEP regimen?			
	28.6 Does this facility's GBV data include note patient's key population classification if any (e.g., men who have sex with men, transgender persons, sex workers, persons who injects drugs, or prisoners) or other vulnerable population at risk (e.g., persons with disabilities)			
	28.7 Are data reports for GBV statistics (with no personal identifying information of patients) are available for sharing with management team, referral partners and other appropriate, relevant stakeholders, when safe and prudent to do so			
	28.8 Are GBV data reviewed at least annually AND used to inform improvement plans, including changes or updates to the services offered, approaches used, and commodities procured			

Disability Awareness Checklist

Disability Awareness Checklist for Primary Health Care Services

(standard fixed clinic)
NOTE: This tool is intended for use in conjunction with the South African version of the post-GBV-QA Tool **AND ALSO** as a stand-alone tool for use by any healthcare facility.
Please contact Prof Jill Hanass-Hancock for further information or technical assistance.

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Layout and design by SAMRC Corporate and Marketing Communications

Images: www.freepik.com

The image shows four people from Africa who have different disabilities. The people look happy and are greeting each other in a health care setting.

The following checklist provides you with guidance to help make your health services more accessible and disability inclusive.
Instructions:

- Take key measurements before you use the DAC and then follow the two-stage process
- Stage 1: Please answer Yes / No / Not sure depending on your examination of the current arrangement of your facility for all questions. Use a smart phone (for angles) and tape measure for any measurements.
- Stage 2: For elements that you rate as "No" or "Not sure," decide if you can influence change. If "Yes" please tick the last column "Things I can change/influence" if you feel that you can influence or change these aspects in your facility. You may add your ideas about possible action points.
- Space is provided to make notes and write down your ideas about things you can improve in your facility.

We recommend that you use the findings of this DAC tool to create an action plan with at least 3-5 actions that your facility can take to improve access for patients/clients with disabilities over the next 12 months. We also recommend that you revisit this checklist every 12 months to help monitor your progress and plan for further activities as you, your facility and your staff become better at welcoming and serving patients/clients with disabilities.

Table 1 Key Measurements of the Facilities

Take the following key measurements before you begin filling in the DAC

Item	Measurement	Unit of Measure
1.1 Distance from the nearest public transportation pick-up/drop off point to the facility entrance.		(KM or m)
1.2 Degree of slope of ramp (if any) measure multiple		(Degrees)
1.3 Usable width of main facility entrance door (measure at the narrowest point, accounting for security gate, furniture, or other barriers)		(CM)
1.4 Usable width of doorways to examination rooms (measure at the narrowest point, accounting for security gate, furniture, or other barriers) measure multiple		(CM)
1.5 Usable width of toilet door width for the wheelchair accessible toilet (put 0 if no accessible toilet)		(CM)
1.6 Width of other facility doors that patients use e.g office, pharmacy (measure at the narrowest point, accounting for security gate, furniture, or other barriers)		(CM)
Usable width of corridors (measure at the narrowest point, accounting for security gate, furniture, or other barriers) measure multiple		(CM)
Height of reception desk as it faces patients (if two different heights note both)		(CM)

Table 2 UNIVERSAL DESIGN and ACCESSIBILITY

Does your healthcare facility have the following elements to support universal accessibility?	Yes	No	Not sure	Things I can change/ influence
Entrance to services				
2.1 Public Transport access for wheelchairs (intact tared pavement) not further than 1 km from the entrance door to clinic/facility				
2.2 Clearly signed parking space/s (width 3.5m) for people with disabilities with access pathway to the front door				Not for mobile
2.3 Ramps to access your building/s with 1:12 slope (5-degrees or less and no lip on door) OR building level with the ground (no stair(s) at entrance and no lip on entrance doors)				Not for mobile
2.4 Ramps and steps with railings and color contrast (with every step using color contrast)				Not for mobile
2.5 Doors into your facility that open easily with one hand and can accommodate a wheelchair (at least 82cm wide at the narrowest point including the security gate)				Not for mobile
2.6 Doors into your facility that use color contrast to distinguish door from walls for people with visual impairments (and if glass safety stickers)				

Does your healthcare facility have the following elements to support universal accessibility?	Yes	No	Not sure	Things I can change/ influence
Reception, corridors and waiting rooms				
2.7 Reception desk at a suitable height for wheelchair users (82cm)				Not for mobile
2.8 Reception area is accommodating different disabilities (e.g. wheelchair can navigate, stimulus-free rest room for neurodiverse persons, facility map/info with QR code)				
2.9 Corridors that are wide enough to fit wheelchairs without moving furniture, rubbish bins, stored items or any other objects (160cm)				Not for mobile
2.10 Wheelchair-accessible toilet/s with wide doors (82cm) and wash basin/s (wheelchair user or children can reach it)				Not for mobile
2.11 Railings along the corridors, ramps, and outside areas				Not for mobile
2.12 Directions in key areas use tactile and visual indicators/cues (E.g. entrance, reception, lifts, signposts, waiting rooms)				Not for mobile
2.13 Emergency evacuation routes that are wheelchair accessible				Not for mobile
2.14 Emergency evacuation routes that are signed with pictures and use tactile cues				Not for mobile
2.15 Emergency evacuation routes with warning lights for the Deaf				Not for mobile
2.16 Non-slip corridor/s and room floors				Not for mobile
2.17 Functional lifts are available if examination rooms are on upper floors (lifts are wheelchair accessible, and use tactile and/or audio cues) OR all service rooms are on the entrance level				
Examination rooms				
2.18 Doorways (space before a door) to examination rooms that are wide enough to allow a wheelchair to turn around (160cm)				
2.19 The examination table is height adjustable to suit the height of a person in a wheelchair and for easy and safe transfer				
2.20 Doors that are wide enough for wheelchair access (82cm)				
2.21 Doors to examination rooms that use color contrast to distinguish door from walls for people with visual impairments (and if glass safety stickers)				

Table 3 REASONABLE ACCOMMODATION OF PEOPLE WITH DISABILITIES

Does your healthcare facility have the following elements to accommodate the needs of people with disabilities?	Yes	No	Not sure	Things I can change/ influence
Information and communication				
3.1 Sign language interpretation for the Deaf is available when requested				
3.2 Health information is available in Braille, Braille readable format, text speech compatible format, OR in audio recorded format				
3.3 Simplified health information (including pictures) is available for people with intellectual disabilities and those who are Deaf or hard of hearing				
3.4 Informed consent forms are available and accessible to visually impaired/blind persons (large print, Braille, text speech compatible format or audio)				
3.5 Informed consent forms are accessible to the Deaf and people with intellectual disabilities using pictures				
3.6 Medication boxes with Braille signage or 2D barcode are used at medication dispensing points				
3.7 Information about more convenient dispensary options is accessible and available to people with disabilities. (e.g. Central Chronic Medicines Dispensing and Distribution (CCMDD)				
Assistance and support				
3.9 Assistance to fill in forms and documents (paper or electronic) is available if needed				
3.10 Functional assistive devices for temporary use (wheelchairs, crutches, walkers, buggies) are available if required				
3.11 An accessible and available system for people with disabilities to lodge a complaint or make a suggestion is available				
3.12 Guide dogs and other disability-related supports are accepted in the facility AND there is a protocol on how to accommodate these dogs				
3.13 People with disabilities are included in routine patient satisfaction surveys, which are accessible				
3.14 There is clear signage indicating that people with disabilities will be moved to the front of the queue if required				

Table 4 CAPACITY OF FACILITY STAFF TO IDENTIFY AND SUPPORT PEOPLE WITH DISABILITIES

Have the staff at the facility received any of the following?	Yes	No	Not sure	Things I can change/ influence
4.1 Training on disability etiquette or awareness training for ALL categories of staff (including training on accessibility)				
4.2 Training on supporting emergency evacuation for people with disabilities of any type of staff (at least one on duty)				
4.3 Training on basic sign language interpretation and Braille signage for any type of staff (at least one on duty)				
4.4 Training on the interrelationship between disability and sexual and reproductive health and rights (SRHR) for healthcare workers and psychosocial support staff				
4.5 Training on gender-based violence (GBV) and disability-related violence (e.g. name-calling, taking away of assistive devices) for healthcare workers and psychosocial support staff				
4.6 Training on how to screen for and identify disability (E.g., mental, intellectual, physical, hearing and visual) for healthcare workers				
4.7 A service protocols or guidelines incorporated specific guidance on addressing the needs of people with disability?				
4.8 Any promotional and educational materials that take accessibility into consideration				

A				
Does the facility have the following to support appropriate linkage to disability and rehabilitation services?	**Yes**	**No**	**Not sure**	**Things I can change/ influence**
5.1 Intake forms that capture disability status and needed accommodations				
5.2 Screening tools to identify impairments for children and adults (E.g. physical, psychosocial, visual, hearing, intellectual, neurological)				
5.3 Routine data summaries include people with disabilities served by the facility				
5.4 Referral initiation and follow up monitoring tool				
5.5 An annually updated referral pathway (or care) to disability services providing assistive devices				
5.6 An annually updated referral and follow-up system for repairing assistive devices				
5.7 An annually updated referral pathway to rehabilitation services (E.g. Occupational Therapy, Speech Therapy, Audiology, Physiotherapy, Podiatry and Psychology)				

A				
Does the facility have the following to support appropriate linkage to disability and rehabilitation services?	**Yes**	**No**	**Not sure**	**Things I can change/ influence**
5.8 An annually updated referral pathway to mental healthcare providers/services accessible to people with disabilities				
5.9 An annually updated directory of organizations for people with disabilities is available at the facility for ease of access to additional support services				
5.10 Linkage and active collaboration with organizations for people with disabilities				
5.11 Linkage with a rehabilitation outreach programme that visits the facility at least every 6 months as applicable				
5.12 Linkage and referral to Home-Based or Community-Based Rehabilitation programmes in the area as applicable				

Notes and ideas:

Patient Record Review Form

GBV QA tool Patient Record Review

Facility Name:

Shaded elements are only for TCC and Crisis centres

Element	Data element present on Intake Form/GBV Form? (Y/N)	Is the information complete? (mark yes only if data element is prompted by form)				Is information ever recorded on ad hoc basis? Other notes and observations may also be recorded here
		Record #1? (Y/N)	Record #2? (Y/N)	Record #3? (Y/N)	Record #4? (Y/N)	
Forms are clearly printed and legible (assess on blank form)						
Legal name of patient (per ID doc)						
Name the patient wishes to be called (regardless of name on ID)						
Age of patient						
Patient date of birth						
Patient address						
Patient phone number						
Sex of patient						
Gender identity of patient (regardless of legal sex designation)						
Disability/ies of the patient						
If the patient has a disability, accommodation needs are noted						
Key population designation(s) of patient (record voluntary disclosure only)						
Vital signs						
Sex of perpetrator(s)						
Age of perpetrator(s) NOTE: does not need to be precise age (i.e., "older")						
Number of perpetrators (need not be exact if multiple)						
Relationship of the perpetrator(s) to the patient (can be "unknown")						
Date of incident						
Time of incident						
Date of consultation						

Element	Data element present on Intake Form/GBV Form? (Y/N)	Is the information complete? (mark yes only if data element is prompted by form)				Is information ever recorded on ad hoc basis? Other notes and observations may also be recorded here
		Record #1? (Y/N)	Record #2? (Y/N)	Record #3? (Y/N)	Record #4? (Y/N)	
Time of consultation						
Type of assault/violence						
Description of incident						
For penetrative sexual assault: Bodily location(s) of penetration is documented as vaginal and/or anal and/or oral)						
For penetrative sexual assault: Type(s) of penetration is documented as: penile and/or digital and/or object _____						
For incidents involving penile penetrative acts condoms use is recorded for all perpetrators and entry points _____						
History of consensual vaginal, oral and/or anal intercourse within 5 days of assault (if DNA samples collected) _____						
Documentation of injuries on J88 (if medicolegal) or detailed description in chart notes						
HIV status						
If Known HIV Positive: Currently on ART?						
If not known positive: HTS offered?						
If not known positive: HTS provided or refused?						
If HTS provided: HTS result						
If the HTS result is positive: Referred for ART? (Checked on follow-up visit)						
If the HTS result is negative: PEP offered						
If PEP offered: accepted or refused						

Element	Data element present on Intake Form/GBV Form? (Y/N)	Is the information complete? (mark yes only if data element is prompted by form)				Is information ever recorded on ad hoc basis? Other notes and observations may also be recorded here
		Record #1? (Y/N)	Record #2? (Y/N)	Record #3? (Y/N)	Record #4? (Y/N)	
If PEP accepted: PEP started and noted on chart notes (MUST note whether first dose taken on site)						
If PEP accepted: PEP completed and noted on follow up visit. (If patient is a lost to follow-up, follow-up contacts noted on the chart note)						
PrEP offered/PrEP referral offered						
PrEP started						
EC indicated						
EC offered						
EC accepted (MUST note if dose taken on site)						
Antibiotics (indicated, offered, given)						
Tetanus vaccination (indicated, offered, given) Hep B vaccination (indicated, offered, given) Antiemetics (indicated, offered, given)						
Other medication prescribed or dispensed (e.g. analgesics, antifungal, topical)						
Forensic evidence collected						
Pre-existing injuries						
Previous experience of violence (SV, PV, EV)						
Currently pregnant (patients with a uterus only)						
Psycho-social (list of referred services)						
Legal Services (info about contact to NPA)						
Police (info about contact person)						
Shelter (info about referral)						
Child Protection (info about referral)						

Element	Data element present on Intake Form/GBV Form? (Y/N)	Is the information complete? (mark yes only if data element is prompted by form)				Is information ever recorded on ad hoc basis? Other notes and observations may also be recorded here
		Record #1? (Y/N)	Record #2? (Y/N)	Record #3? (Y/N)	Record #4? (Y/N)	
Referred from (includes walk-in) [check form for name of data element]						
Whether the patient has returned for follow-up GBV care, and what services were received during the follow up visit						
Safety planning indicated						
Safety planning conducted (where indicated)						
Other						
Record review score (Required items)						
Record review score (All items)						

Job Aids For GBV QA Tool Facilitators

Job Aid /Reference Sheet for GBV QA Tool Facilitators

Background Info for questions 4.1 and 4.2

IDENTIFICATION OF PATIENTS WHO HAVE EXPERIENCED IPV or SV

While there are many forms of GBV, this tool offers guidance on how to ask about the most common forms of GBV: IPV and SV. The WHO outlines three main approaches to ask about IPV that are supported by the evidence:

- Clinical enquiry is a type of case identification where a provider asks about experiences of violence among patients who either disclose they have experienced violence, or patients who show signs and symptoms of IPV. This should be done no matter what the condition of GBV services in order to provide appropriate and timely care.
- Routine enquiry is a type of case identification where a provider asks about experiences of violence when assessing clinical conditions associated with intimate partner violence.(e.g. asking all ANC patients or all HIV patients). This should only be done in settings meeting minimum standards per WHO guidelines, described in 4.2. Enquiring and then offering no services/ poor quality services could re-traumatize the survivor and create a lack of trust in services, and it is not recommended.
- Universal screening is a type of case identification where a provider asks about experiences of violence among all patients in all settings (patients are asked no matter what service they receive). Universal screening is not recommended. There is insufficient evidence that it leads to a decrease in IPV or health benefits, and it also may overwhelm already over-burdened health systems.

GENERAL SIGNS AND SYMPTOMS OF IPV[1]

- Bruising, fractures, abrasions, and/or traumatic injury, particularly if repeated over time and/or with vague or implausible explanations
- Unexplained chronic gastrointestinal symptoms such as irritable bowel syndrome and chronic pain
- Unexplained reproductive tract symptoms, such as pelvic pain, sexual dysfunction
- Adverse reproductive outcomes, such as multiple unintended pregnancies and/or terminations, delayed pregnancy care, or adverse birth outcomes
- Unexplained genital or anal injury, such as pain, sores, bleeding or discharge from the genitalia or anus
- Unexplained genitourinary symptoms, such as pain during urination, frequent bladder or kidney infections
- Repeated vaginal or anal bleeding and sexually transmitted infections
- Other unexplained chronic pain
- Problems with the central nervous system – e.g., headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner or spouse who insists on being present in consultations
- Symptoms of depression, anxiety, PTSD, sleep disorders
- Suicidal thoughts and/or behaviours, or other self-harm
- Alcohol and other substance abuse

1 These signs and symptoms are included to assist the provider to triangulate the occurrence of IPV or SV; however, they may also indicate an unrelated cause or health issue. If IPV or SV is suspected, the provider should use subjective discretion and probe further to ascertain whether or not IPV/SV has occurred.

Child and Adolescent-Specific Signs and Symptoms of SV

- Pregnancy in a child unable to legally consent to sexual intercourse
- Any STI in a child beyond the perinatal acquisition period
- Pain, sores, bleeding, injury, and discharge from the genitalia or anus of a prepubescent child
- Disclosure of sexual violence or exploitation by a child
- Anal complaints (e.g., fissures, pain, bleeding)
- Recurrent vulvovaginitis and other gynecological disorders
- Bedwetting and faecal soiling beyond the usual age
- Inappropriate or overly sexualized behaviors
- Restlessness, irritability and aggressive behaviour
- Symptoms of depression, anxiety, PTSD, sleep disorders
- Suicidal thoughts and/or behaviours, or other self-harm
- Alcohol and other substance abuse

Info for 5.2

Examples of good strategies for bringing up IPV or SV

- We often see people experiencing problems in their relationships that can negatively affect their health and wellbeing
- I like to ask patients about any experiences with violence or abuse to help them receive the most appropriate healthcare and support
- Violence that happens at home is often not talked about and is something that many people experience. I am a safe person to talk to if violence at home, or anywhere else, is happening to you or someone you care about
- (For patients with disabilities): People with disabilities may experience violence from family members or caregivers, which may include refusing to help them with activities of daily living or taking away devices they use for assistance. I would like to help if something like this is happening to you.

Info for 5.2

Examples of probes about experiences of violence

- In the past 6 months, have you been hit, slapped, punched, kicked or strangled?
- In the past 6 months, has anyone forced you to have sex against your will?
- Has anyone forced you to have any sexual contact you did not want?
- Has anyone ever threatened to hurt you or physically harm you in some way?

THE FOLLOWING QUESTIONS ARE FOR SURVIVORS OF IPV, NOT FOR CHILD SURVIVORS OF SV

- Does that person(s) try to control you, for instance, not letting you have money or leave the house?
- Does your spouse or partner or anyone else bully or insult you?
- Has your spouse or partner or anyone else threatened to kill you?
- Do you feel afraid of this person?

Info for 6.1

Example questions for risk of lethality in IPV

- Has the physical violence happened more often, or has it gotten worse over the past 6 months?
- Have they ever used a weapon or threatened you with a weapon?
- Have they ever tried to strangle you?
- Do you believe they could kill you?
- Have they ever beaten you while you were pregnant?
- Are they violently and constantly jealous of you?
- Have they ever threatened to kill you?
- Have you ever been injured seriously or been hospitalized because of the violence?
- Is there a gun in your home? Does the perpetrator have access to a gun?

Info for 6.3

Questions to help a patient make a safety plan

- If you needed to leave your home in a hurry, where could you go?
- (If the patient has children) Would you go alone or take your children with you?
- How will you (and the children) get to a safe place?
- What documents, keys, money, clothes, phone, telephone numbers or other things would you take with you when you leave?
- Can you put these essential items in a safe place or leave them with someone you trust outside of your home, just in case?
- Do you have access to money if you need to leave in an emergency?
- Is there a neighbour you can tell to call the police or bring assistance if they hear sounds of violence coming from your home?

Info for 7.3

Score YES if the provider

- obtains direct verbal permission from minor patients
- uses simple language
- checks for understanding
- tells the minor patient how to say they are distressed or in pain from the exam
- tells them if they have the right to stop the exam

Info for 7.4

Score YES if the provider

- has appropriate consent documents or job aids to explain exams and procedures to the patient
- uses simple language
- checks for understanding
- tells the patient how to say they are distressed or in pain from the exam
- tells them if they have the right to stop the exam

Info for 9.1

9.1 What are some of the most important communication techniques to use with all patients?

Score yes if the provider mentions 3 or more of the below (or substantially similar)

- Listen actively (e.g., do not interrupt, rush or pressure the patient to disclose information if they are reluctant)
- Establish what the patients need to be able to communicate with you (e.g. need for sign language, picture material, Braille)
- Validate what the patient says (i.e., verbally acknowledge the importance of what the patient says)
- Show kindness, compassion and concern
- Avoid judgment or blame
- Speak in the language of the patient or bring in a translator
- Use simple language and avoid complex terms
- Use language and non-verbal communication that is easy for the patient to understand
- Encourage the patient to ask questions

Info for 9.2

9.2 Could you describe some helpful and supportive ways to talk to transgender, non-binary, and gender non-conforming patients before and during an exam?

(SCORE AS "YES" IF PROVIDER MENTIONS 3 OR MORE OF THE EXAMPLES)

- Provider never assumes any patient's gender identity and remains open to / creates space for disclosures
- Provider asks patients what name they would like to be called and uses that name
- If speaking English or Afrikaans, provider also asks about pronouns
- If speaking English or Afrikaans Provider introduces include by including their pronouns
- Provider specifically asks the patient what words or terms they want the provider to use to talk about their chest/breast area, their genital area, and their anal area during the exam, and then uses those words in talking to the patient.
- Provider explains the medical need to touch or examine sensitive areas of the body before doing so and give patient space to decline to proceed
- Provider refrains from any comments about the patient's anatomy in relationship to their gender identity
- Provider asks about use of hormone replacement therapy only as medically relevant
- Provider enquires about a patient's history of gender affirming surgery ONLY if medically relevant to the exam
- Provider helps ensure that all staff in this facility use the correct name for each patient, and correct pronouns if speaking in a language with gendered pronoun (i.e. English, Afrikaans)
- Provider ensures that medically notes and medico-legal forms are completed with non-stigmatizing language

Info for 10.4

10.4 Could you name some of the most important child-friendly communication techniques to use with child patients?

(SCORE AS "YES" IF PROVIDER MENTIONS THREE OR MORE OF THE EXAMPLES BELOW. READ ALOUD 2-3 OF THE EXAMPLES FOR CLARIFICATION)

- Reassure the child that they did the right thing in reporting the assault, and that they are not to blame
- Give the child the ability to make choices throughout (e.g., ask questions like "Would you like this blanket or that blanket?"). This allows the child to regain control and feel empowered
- Ask one question at a time
- Avoid asking leading questions (e.g., instead of asking "Did they touch your genitals?" provider should ask "Where did they touch you?")
- Avoid asking multiple-choice or yes/no questions, which can be confusing and lead the child to give inaccurate responses (e.g., instead of asking "Was the person who did this a stranger, classmate, neighbor or family member?" the provider could ask "Who is the person who did this?")
- Avoid asking young children (e.g. under age 10) when something may have happened to them, since they may not have an accurate sense of time

Info for 13.1

13.1 Please describe the general process you use for conducting a medico-legal exam?

If provider doesn't do medico-legal exams, please describe how you would examine a patient who has experienced IPV and or SV?

- Begin with examination for genital non-genital injuries
- identifies injuries and observes any abrasions or bruising
- checks for strangulation marks
- check for petechiae[2] on the scalp, behind ears, in the mouth
- checks in the sclera of eyes

2 Small red or purple spots caused by bleeding into the skin

- assess for possible concussion
- assesses for vaginal, and/or anal injuries only as indicated by the history of the incident or presenting signs/symptoms
- all injuries are accurately on the J88 form

Info for 13.2

13.2 When would you use a speculum?

Probe: Are there any conditions under which speculum use would be inappropriate?

EXAMPLES OF INAPPROPRIATE CONDITIONS FOR SPECULUM USE:

- On children unless an internal vaginal injury or internal bleeding is suspected
- If not clinically indicated
- If the patient declines
- If the provider has not been trained on how to use a speculum
- If the patient is more than 20 weeks pregnant and bleeding (as this may cause increased bleeding unless exam is conducted by a provider trained in managing pregnancy complications)

Info for 15.2

15.2 Do you provide post-exposure prophylaxis? What factors would you discuss with the patient to decide if PEP is indicated?

Score Yes if PEP is offered to a patient who tests negative for HIV and the assault occurred within the past 72 hours, after considering at least two of the following:

- Whether the assault involved penetration (oral, vaginal, anal)
- Whether the assault involved other potential exposure to body fluis that can transmit HIV
- HIV status of perpetrator(s) if known
- Number of perpetrators
- Whether patient is already taking PrEP

Info for 22.2

22.1 Examples of possible provider training elements

- Patient intake
- Disability etiquette and accessibility
- Care for LGBTQI+ patients of all genders who have experienced GBV
- Care for sex workers who have experienced GBV
- Obtaining informed consent and assent for post-violence care
- First-line support through LIVES (Listening, Inquiring, Validating, Enhancing safety, and Support through referrals).
- Maintaining patient privacy and confidentiality
- How to ensure the safety of patients, providers and staff
- How to document relevant medical history and complete forms
- Assessing, documenting, and treating genital and non-genital injuries
- Preventing the re-experiencing of trauma during examination
- Performing diagnostic tests and prescribing treatments for EC, PEP and STI prophylaxis for adults and children
- HIV testing and counseling
- Examination and treatment of children and adolescents
- Mandated reporting and other policies regarding children and adolescents
- Providing referrals
- National forms, policies and protocols, including mandatory reporting if applicable
- Types, root causes and consequences of GBV including signs/symptoms of post-traumatic stress disorder (PTSD)

- Addressing provider attitudes and values
- Prevention of secondary trauma to providers
- Addressing stigma and non-discrimination
- How to ask in a sensitive and non-judgmental way about IPV
- When to ask about violence
- Basic mental health counselling
- + Long-term, comprehensive mental health care according to national or WHO guidelines.
- + Collecting, sealing and securing forensic evidence and maintaining chain of custody
- + Examination and treatment of key populations (e.g., sex workers, men who have sex with men, transgender persons, people who inject drugs, prisoners)
- + Providing follow-up care (e.g., linkages to ART if the patient is HIV positive, or to economic empowerment programmes, etc.)
- + Forensic examination and documentation of findings with traumagrams
- + Testifying in court

Info for 23.4

23.4 Please tell me about ongoing capacity-building or capacity development for staff involved in GBV care? Do all staff involved in GBV care have access to these activities? How often does capacity building take place?

Examples:

- Mock interviews to simulate patient interactions and receive feedback regarding patient communication and safety,
- Peer-led case review sessions,
- Monthly supervision meetings to discuss challenging cases, address any secondary trauma experienced by providers, and receive mentored feedback on the spectrum of GBV services provided.
- Off site retreats to engage in trauma debriefing