WOMEN INFLUENCING
HEALTH, EDUCATION AND RULE OF LAW

WI-HER Gender-Based Violence Quality Assurance Tool
Minimum Care Package Version

Basic structure of the tool:

The Minimum Care Package Version of the Gender-Based Violence (GBV) Quality Assurance Tool should be used to assess facilities in resource-constrained settings or facilities just starting to stand up their services. Evidence-based operational standards for the provision of post-GBV care are organized by different domains of service delivery (e.g., facility readiness and infrastructure, survivor centered clinical care and provider-survivor communication). Verification criteria are listed in a column directly next to these standards and indicate what must be in place for each standard to be considered "achieved".

In the means of verification column, one or more of the following methods is indicated to help assessors know how to collect/verify the information needed to score each criteria:

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

Scoring:
Score verification criteria individually as "YES" or "NO". Mark "YES" if the procedure is performed or the item exists as it is described. Mark "NO" if the procedure is not performed or it is performed incorrectly or if a required item does not exist. Provide justification for any criteria marked "NO" by recording any gaps, issues, or missing items/elements of care in the comments column.

After the assessment is complete, transfer the results and comments from the tool to the Scoring Feedback Form.

1.) Record the number of criteria per standard and the number of criteria met (# of YES's) for each standard.
2.) Indicate whether or not the standard was achieved. For a standard to be achieved, all of the verification criteria listed for that standard must be met.
3.) Calculate a total assessment score as the percent of standards achieved.
4.) Note overall strengths and challenges.

Facility Name:	
County:	
Facility Type:	Hospital (fill in type) _____ Health Center _____ Other (please fill in)_____ Telephone _____
Primary Contact Person at S ite:	Telephone _____ Email _____
Completion Date	
Individuals P resent by N ame and P osition (use back side if more space needed)	Name _____ Position _____ Tel_____ Name _____ Position _____ Tel_____ Name _____ Position _____ Tel_____
Completed by	Name_____ HQ Team member _____
Care Delivery	Is GBV checklist available only at a separate (GBV) clinic or available at all service delivery points? _____Only available at GBV clinic _____Available at GBV clinic and some service delivery points _____Available at all service delivery points
Privacy	How many private rooms are available at the clinic for GBV screening and counselling? _____ # of private rooms

WOMEN INFLUENCING
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Gender-Based Violence (GBV)[1]
QUALITY ASSURANCE TOOL

Top of Form

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS
AVAILABILITY AND APPROPRIATENESS OF SERVICES					
1. GBV services are available, affordable and appropriate	1.1 GBV care is offered during all facility hours by a provider trained in the minimum package of GBV care, **OR** survivors can receive timely services from staff trained in the minimum package of GBV care who are on-call to respond to off-hours cases, **OR** survivors receive help accessing alternate facilities during off-hours	I	☐	☐	
	1.2 The survivor can receive essential care without reporting the assault to the police	I, R[2]	☐	☐	
	1.3 Service fees are eliminated or reduced for GBV survivors, regardless of whether or not the survivor reports the assault to the police	I	☐	☐	

[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 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.

[2] Review intake protocol and/or forms to ensure police report is not required to receive services.

	1.4 Services provided for GBV services are appropriate for the type of GBV in which was reported.	I, R	☐	☐	
				AVAILABILITY AND APPROPRIATENESS OF SERVICES TOTAL SCORE (out of 4)	

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS
FACILITY READINESS AND INFRASTRUCTURE					
2. GBV IEC materials are available and visible in the facility	2.1 Information, education and communication (IEC) materials for survivors (e.g., materials on basic rights, what is GBV, that GBV is unacceptable, what to do in case of GBV, and what resources and services are available) are visible in high-traffic areas in the HF (i.e., lobby and waiting areas, exam/consultation rooms).	D, R	☐	☐	
	2.2 Information pamphlets are available to detail what services are provided for GBV survivors, including up-to date referrals.	D, R	☐	☐	
3. HF has appropriate infrastructure, equipment and commodities in place to provide appropriate	3.1 The rooms/areas where GBV counseling and services are provided are private (survivor cannot be seen or heard from outside), clean and well-ventilated	D	☐	☐	
	3.2 Essential infrastructure, furniture, equipment, supplies, documents, and commodities are available **(SEE BOX BELOW FOR SCORING INSTRUCTIONS)**	D, I, R	☐	☐	
	3.3 Medicines, vaccines, and tests are within validity/expiration date	D, I, R	☐	☐	

GBV care **(SEE DETAILS IN BOX BELOW)**	3.4 Universal precautions for bio-safety and handling bio-hazardous materials are followed[3]	D, I	☐	☐	
	3.5 Essential GBV supplies, commodities, vaccines, tests and equipment **(DETAILS IN BOX BELOW)** are integrated within the HF's essential supply chain to ensure continuous availability	D, I, R	☐	☐	
				FACILITY READINESS AND INFRASTRUCTURE TOTAL SCORE (out of 7)	

ESSENTIAL INFRASTRUCTURE, FURNITURE, EQUIPMENT, SUPPLIES AND COMMODITIES

(CONDUCT DIRECT OBSERVATION TO ASSESS WHETHER THE FOLLOWING ARE AVAILABLE. SCORE 3.2 AS "NO" IF NOT ALL ITEMS ARE PRESENT.)

Infrastructure

□ Private room(s) (survivor cannot be seen or heard from outside) for screening and counseling that is clean, ventilated, and equipment is kept in place

Furniture

□ Chairs for survivor, companion, and provider
□ Table or desk
□ Door, curtain or screen for privacy during examination
□ Examination table with washable or disposable cover
□ Adequate light source and/or angle lamp
□ Lockable cupboard or safe for temporary storage of forensic/medico-legal evidence until it is turned over to law enforcement[4]
□ Lockable medical supply cabinet

Administrative Supplies

□ Job aids in language of provider (e.g., guidelines, algorithm, pictogram, referral flow chart) **(SEE SECTION "HEALTH CARE POLICY AND PROVISION" FOR LIST OF JOB AIDS)**
□ Up-to-date r eferral directory
□ Relevant national guidelines, protocols and policies

[3] Biosafety refers to the containment principles, technologies and practices that are implemented to prevent the unintentional exposure to pathogens and toxins, or their accidental release. For further information, see the WHO Laboratory Biosafety Manual, 2004. Available at: hhttp://www.who.int/csr/resources/publications/biosafety/WHO_CDS_CSR_LYO_2004_11/en/

[4] Forensic evidence includes items such as blood, semen, DNA, hairs, fingerprints, fibers, etc. obtained by scientific methods such as ballistics, blood test, and DNA test and used in court. **Forensic examinations should not be conducted in settings where the legal system is inadequate to investigate or prosecute perpetrators.** They should only be conducted if women wish to follow a legal procedure or may consider following it at a later stage. For further information on how to collect forensic evidence see WHO (2004) Guidelines for medico-legal care for victims of sexual violence. http://apps.who.int/iris/bitstream/10665/42788/1/924154628X.pdf

□ Safety plan template
□ GBV checklist
□ Consent forms
□ GBV reporting forms
□ Medico-legal form/ forensic examination form
□ GBV or post-rape care register

General Clinical Supplies:
□ Blood pressure cuff
□ Stethoscope
□ Clean bed linens and gown for each survivor
□ Sink with soap and/or glycerin-alcohol hand rub for use by clinician before exam and by patient after exam
□ Resuscitation equipment
□ Feminine hygiene supplies (sanitary napkins/pads or clean cloths)
□ Waste basket with cover and disposable liner for non- bio hazardous materials
□ Bio-hazardous waste basket with cover and disposable liner for bio-hazardous materials
□ Needles/syringes and sharps container with cover
□ Instrument care and cleaning supplies (functioning autoclave to sterilize equipment, backup system for sterilization, disinfectants, bleach, detergent, brush)
□ Sterile tray for instruments
□ Blood tubes
□ Sterile urine and blood specimen containers

□ Disposable, powder-free exam gloves
□ Small, medium, and large specula (large specula only to be used on post-pubertal patients)
□ Tongue depressor (for inspection of oral frenulum and injury)
□ Supplies for injury treatment (scissors, sutures, bandages, local anesthetic)

Essential drugs and commodities
□ Rapid test for HIV
□ Pregnancy tests
□ Emergency contraception pills **(TYPES AND DOSAGE ACCORDING TO NATIONAL GUIDELINES OR WHO GUIDANCE)**
□ HIV post-exposure prophylactics as per country protocol **(TYPES AND DOSAGE ACCORDING TO NATIONAL GUIDELINES OR WHO GUIDANCE)**
□ Drugs for treatment of STIs as per country protocol
□ Drugs for pain relief (e.g., paracetamol)
□ Local anesthetic for suturing
□ Broad-spectrum antibiotics for wound care
□ Vaccines (Hepatitis B, Tetanus)

□ Anti-emetics

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS
CASE FINDING OF SURVIVORS OF GBV[5]					
4. The provider conducts observation of survivors of GBV when appropriate using GBV checklist	4.1 Providers are trained to observe for common signs and symptoms for GBV throughout facility **(SEE BOX BELOW THIS SECTION)**.	I, R	☐	☐	
	4.2 If the survivor presents with common signs and symptoms for GBV the provider then refers client to a provider trained in the minimum package of GBV care, who asks about GBV – screening based on suspicion of violence, in a private room.[6] **(SEE STANDARD 5.4 FOR STANDARD SET OF QUESTIONS)**	I, R	☐	☐	
	4.3 The provider conducts screening[7] only if GBV services meet all of the following WHO minimum requirements for screening:	I, R	☐	☐	

[5] In this section, standard 4 refers to screening or asking clients about whether they have experienced GBV and does not apply to clients who voluntarily disclose GBV. However, standard 5 on how to ask about GBV appropriately and standard 6 on assessing risk still apply to clients who voluntarily disclose GBV.

[6] Screening based on suspicion of violence refers to asking clients who present physical, somatic or psychological signs or symptoms of GBV about whether they are experiencing violence or abuse.

[7] In this tool, *screening* refers to systematically asking survivors— regardless of whether or not they report or show symptoms of GBV— about experiences of violence or abuse. This includes screening ONLY certain groups of survivors OR ALL survivors at SPECIFIC entry points (e.g., antenatal care, HIV Testing and Counseling).

	● A protocol or standard operating procedure exists ● GBV checklist is in place and being used ● Facility has ability to provide first-line support[8] ● Providers have received training on how to ask about GBV ● Private setting, confidentiality ensured ● System for referrals in place **If any of these minimum requirements is missing, GBV services are considered inadequate for routine screening or universal screening, survivors shall be referred to a facility that meets the minimum package of care criteria for GBV surviviors.[9]**				
5. Provider asks about GBV in an appropriate manner	5.1 Facility has a standard process to ask about GBV (e.g., job aid, algorithm, etc.) which aligns with national guidelines and GBV checklist. [10]	I, R	☐	☐	
	5.2 Provider never asks about GBV unless the survivor is alone (even if another family member is present, since that person may be the abuser or a relative of the abuser), with the exception of children under the age of 2.	I	☐	☐	
	5.3 Provider does not force survivor to talk about her/his experience, if s/he does not want to or is not ready.	I	☐	☐	
	5.4 Facility uses the GBV checklist *Part 2* as a standard set of simple and direct questions about specific acts of violence to enquire about GBV and documents responses.	I, R	☐	☐	

[8] The WHO defines "first-line support" using the acronym **"LIVES"**: **L**istening, **I**nquiring, **V**alidating, **E**nsuring safety, and **S**upport through referrals. (WHO, 2014, Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook. p. 13 http://apps.who.int/iris/bitstream/10665/136101/1/WHO_RHR_14.26_eng.pdf)

[9] In this tool, *universal screening* is defined as large-scale assessment of whole population groups (i.e., screening **ALL** individuals presenting for clinical services), whereby no selection of population groups is made. Universal screening is not recommended, because there is insufficient evidence that it leads to a decrease in GBV or benefits for health. It also may overwhelm already burdened health systems, and survivors may find repeated inquiry difficult if no action is taken.

[10] See sample job aid in facilitation guide.

	(IF THE SURVIVOR HAS NOT EXPERIENCED GBV, THE PROVIDER STOPS HERE AND DOES NOT ASK THE REMAINING QUESTIONS IN THIS SECTION).				
6. Provider assesses and addresses any risk of immediate violence or harm when GBV is disclosed	6.1 Provider[11] asks simple and direct questions to assess immediate danger to the survivor's life, using the GBV checklist.	I, R	☐	☐	
	6.2 If the survivor responds yes to any of the questions concerning immediate safety, the provider determines it is not safe to return home, and/or the survivor requests shelter, provider offers appropriate referrals to shelter, safe housing, or works with survivor to identify a safe place where s/he can go (e.g., a friend's home or church), the survivor is not obligated to accept.	I, R	☐	☐	
7. Provider supports survivor to develop a safety plan and referral list	7.1 Provider always asks survivor if they would like to develop a safety plan and gives referral information.	I, R	☐	☐	
	7.2 Provider respects wishes of survivor if they are not open to developing a safety plan, and still provides a referral list, and emphasizes care and support for survivor.	I, R	☐	☐	
CASE FINDING OF SURVIVORS OF GBV TOTAL SCORE (out of 11)					

General Signs and Symptoms of GBV[12]

- Ongoing emotional health issues, such as stress, anxiety or depression
- Harmful behaviors such as misuse of alcohol or drugs
- Thoughts, plans or acts of self-harm or (attempted) suicide
- Injuries that are repeated or not well explained
- Repeated sexually transmitted infections
- Unwanted pregnancies
- Unexplained chronic pain or conditions (pelvic pain or sexual problems, gastrointestinal problems, kidney or bladder infections, headaches)
- Repeated health consultations with no clear diagnosis

[11] Here, provider refers to a physician, nurse, midwife, psychologist or social worker who has also been trained in GBV

[12] These signs and symptoms are included to assist the provider to triangulate the occurrence of GBV; however, they may also be indicative of an unrelated cause or health issue. Provider should use subjective discretion and probe further to ascertain whether or not GBV has occurred.

- Partner is intrusive during consultations
- Often misses their own or their children's health-care appointments
- His/her children have emotional and behavioral problems
- Intrusive partner or spouse in consultations

Child and Adolescent-Specific Signs and Symptoms of GBV

- Pregnancy in a child unable to legally consent to sexual activity
- Any STI in a child beyond the perinatal acquisition period
- Pain, sores, bleeding, injury, and discharge from the genitalia 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
- For children under three months, initial assessments may also show:
  - Fever, low body temperature, bulging fontanelle, grunting, breathing rate of more than 60 breaths/minute
- Inappropriate or overly sexualized behaviors
- Restlessness, irritability and aggressive behavior

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS
SURVIVOR CENTERED CLINICAL CARE & PROVIDER-SURVIVOR COMMUNICATION					
8. Provider manages injuries appropriately	8.1 Provider treats serious injuries prior to the medico-legal exam (e.g., treats a broken arm prior to conducting exam)	I	☐	☐	

	8.2 Provider manages genital injuries appropriately (sutures deep vaginal or cervical lacerations or refers to higher-level facility if indicated, particularly in cases of female genital mutilation (FMG))	I	☐	☐	
	8.3 Provider manages minor injuries appropriately, after forensic evidence is collected, including: ● Caring for minor wounds, lacerations or tears ● Providing appropriate bandaging and splinting as needed ● Providing follow up testing as indicated (e.g., X Ray for bone fractures)	I	☐	☐	
9. The provider obtains informed *consent* from the survivor or informed *assent* from survivors who are minors	9.1 Written[13] or verbal informed consent (or informed assent from minors)[14] is obtained and documented prior to medical examination or procedure, according to national guidelines.	I, R	☐	☐	
	9.2 Provider never forces the survivor, including children of any age, to undergo a medico-legal examination against her/his will, unless the examination is necessary for medical treatment.	I	☐	☐	
	9.3 Provider makes it clear to the survivor that s/he can decline any component of the medico-legal examination at any point	I	☐	☐	

[13] For a sample consent form, see p. 56 of PEPFAR's Step by Step Guide to Strengthening Sexual Violence Services in Public Health facilities: http://www.popcouncil.org/uploads/pdfs/2010HIV_PEPFAR_SGBV_Toolkit.pdf

[14] Consent may only be given by individuals who have reached the legal age of consent (this is typically 18 years old but differs per country). Informed assent is the agreement of someone not able to give legal consent to participate in services. Work with children or adults not capable of giving consent requires the consent of the non-offending parent or legal guardian **and** the informed assent of the survivor. For younger children (typically ages 6-11) who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Very young children (ages 0-5) are not sufficiently capable of making decisions about care and treatment. For children in this age range, informed assent should not be sought, but informed consent should be sought from the non-offending parent or legal guardian. If no such person is present, the provider may need to provide consent for the child, in support of actions that support their health and well-being. For more information, see IRC/UNICEF's Caring for Child Survivor Guidelines. http://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf

	9.4 Written or verbal consent is obtained and documented for the release of information to police or other third parties (such as counselors or data management personnel) and limits of confidentiality are explained clearly in cases where mandatory reporting is required	I, R	☐	☐	
	9.5 Written or verbal consent is obtained for HIV counseling and testing	I, R	☐	☐	
	9.6 Provider makes mandated reports to authorities, as required by national guidelines	I	☐	☐	
10. Provider uses appropriate communication techniques to prevent further traumatization of survivor	10.1 Provider demonstrates appropriate communication skills[15], including: ● Listening actively (i.e., provider does not interrupt, rush or pressure the survivor to disclose information, if s/he is reluctant) ● Validating what the survivor says (i.e., verbally acknowledging the importance of what the survivor says) ● Showing kindness, empathy and concern ● Avoiding judgment and blame of survivors ● Using simple language and avoiding complex terms ● Using language and non-verbal communication that is easy for the survivor to understand ● Encouraging the survivor to ask questions	I	☐	☐	
11. Provider ensures survivor is fully	11.1 In cases of sexual assault[16], the survivor is informed about what the medical exam entails, and how the information from the examination may be used	I	☐	☐	

[15] This can be assessed with a provider by asking a question like "What do you think are the most important communication techniques when working with a GBV survivor?"

[16] In this tool, **sexual assault or rape** refers to any completed or attempted unwanted contact between the penis and the vulva (for females) or the penis and the anus including penetration, however slight, contact between the mouth and the penis, vulva, or anus, or penetration of the anal or genital opening of another person by a hand, finger, or other object

informed about her or his rights, what the examination includes, treatment and reporting procedures	11.2 The survivor's decision regarding whether or not to involve the police is respected at all times	I	☐	☐	
	11.3 If mandatory reporting to police is required under national law, provider informs the survivor or caregiver, if survivor is a child, of required procedures	I	☐	☐	
12. If the survivor is a child at the time of the medical examination, special considerations are taken, according to national guidelines	12.1 All actions are taken to ensure that the child's rights to safety and ongoing development are not compromised (e.g., provider does not return child to an abusive home)	I, R	☐	☐	
	12.2 For child survivors, provider uses child-friendly communication techniques, including: ● Reassures the child that s/he did the right thing in reporting the assault, and that s/he is not to blame ● Gives the child the ability to make choices throughout (e.g., asks questions like "Would you like this blanket or that blanket?"). This allows the child to regain control and feel empowered ● Asks one question at a time ● Uses open-ended phrases (e.g., "Tell me more about…?" or "What happened next?") ● Avoids leading questions (e.g., instead of asking "Did s/he touch your genitals?" provider should ask "Where did s/he touch you?") ● Avoids 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?") ● Avoids using the words "why" or "how come" which could confuse or frustrate the child, or come across as blaming the victim (i.e., ask the child's opinion as to why something is so: "What do you think the reason is?")	I, R	☐	☐	

	• Avoids the use of prepositions. Children may not developmentally understand concepts like inside, outside, on, under, etc. • Young children often have no accurate sense of time and should not be questioned with regard to when something may have happened to them				
	12.3 Provider recognizes the child's right to participate in decisions that have implications on her/his life, and that the level of participation should be appropriate to the child's level of maturity and age, as well as local laws	I	☐	☐	
	12.4 Provider permits the child to have a trusted companion present with them during the exam, recognizing that this person may not be the caregiver or parent (since the parent or caregiver may be the perpetrator, or may be protecting the perpetrator)	I	☐	☐	
	12.5 The provider does not use a speculum to examine pre-pubertal girls to avoid pain or serious injury, unless an internal vaginal injury or internal bleeding is suspected, in which case general anesthesia should be administered prior to exam and a child-sized small speculum should be used	I	☐	☐	
13. Survivor privacy and confidentiality are respected and maintained	13.1 Provider does not share any information regarding the survivor or the violent incident with anyone unless strictly necessary for the survivor's care and safety or as required by law	I	☐	☐	
	13.2 Provider allows only authorized people into the consultation or exam (survivor's preferred companion or staff necessary for patient care)	I	☐	☐	
	13.3 There is enough time and a space to undress/dress privately	I	☐	☐	
	13.4 Confidential survivor files and forensic evidence are kept securely	I	☐	☐	
	13.5 Provider discusses safety with the survivor in regards to taking home copies of their forms.	I	☐	☐	
14. Providers observe the following aspects	14.1 Provider takes care to ensure exam is not painful	I	☐	☐	
	14.2 Provider gives pain relief when requested or as necessary	I	☐	☐	

of respectful care to prevent further traumatization of survivor	14.3 Provider never threatens survivor with poor health outcomes or blames poor health outcomes on survivor	I	☐	☐	
	14.4 Provider keeps survivor's body covered with gown or sheet as much as possible throughout exam to avoid potentially unnecessary and traumatic bodily exposure	I	☐	☐	
15. Provider conducts medical examination for genital and non-genital injuries	15.1 Provider documents all injuries in patient's record in as complete and detailed manner as possible, using anatomical diagrams as per national guidelines	I, R	☐	☐	
	15.2 Provider uses speculum only when appropriate (does not use on children (**EXCEPT IN THE CASES MENTIONED ABOVE IN 11.6**), if not indicated, if survivor declines, or if the survivor is more than 20 weeks pregnant and bleeding, as this may cause increased bleeding unless conducted by a provider trained in managing pregnancy complications)	I	☐	☐	
16. For sexual assault survivors, the provider offers emergency contraception	16.1 Emergency contraception (EC) is offered within 5 days (120 hours), according to national guidelines.	I	☐	☐	
	16.2 If the survivor is pregnant due to the assault, she is offered safe abortion, in accordance with Kenyan Law[17]	I	☐	☐	
17. For sexual assault survivors, the provider offers HIV post-exposure prophylaxis	17.1 HCT is offered as per national guidelines	I	☐	☐	
	17.2 If the survivor tests negative for HIV, PEP is provided within 72 hours after the assault, ideally at the initial consultation, in a three-drug regimen as per national guidance.	I, R	☐	☐	
	17.3 If survivor is a child and tests HIV negative, provider prescribes appropriate pediatric PEP dosage according to national guidance	I	☐	☐	
	17.4 If PEP is given, provider counsels on side effects, the importance of adherence and completion of the full course of treatment to ensure PEP is effective at preventing HIV infection	I	☐	☐	

[17] Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other law (Kenya Constitution 2010).

	17.5 If survivor tests positive for HIV, provider offers guidance on how to disclose survivor's HIV status to partner (if survivor agrees to do so) to avoid disclosure-related GBV	I	☐	☐	
18. The provider offers prevention and treatment of other sexually transmitted infections	18.1 The survivor is offered prophylaxis or treatment for STIs, as per national guidelines	I	☐	☐	
	18.2 Tetanus vaccination is provided if assault took place less than 1 month and more than 72 hours ago, and survivor has not had one in past ten years or is uncertain about vaccination status	I	☐	☐	
19. Survivors receive mental health care	19.1 Surviors are offered basic counseling for mental health care including stress reduction exercises and identification of social support	I	☐	☐	
	19.2 Survivors are offered a referral to follow up psychosocial care and/or support groups	I, R	☐	☐	
SURVIVOR CENTERED CLINICAL CARE & PROVIDER-SURVIVOR COMMUNICATION TOTAL SCORE (out of 39)					

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS
FORENSIC EXAMINATION & HANDLING OF EVIDENCE					
20. The provider conducts a medico-legal examination and collects forensic evidence according to national protocol	20.1 Provider takes a detailed medical history (consultation), as appropriate, from the survivor (or from the guardian/trusted companion if survivor is unable to give a history) and conducts a thorough medical exam	I, R	☐	☐	
	20.2 Forensic examination and data collection are not conducted unless the following are in place:	I, R	☐	☐	

	• Provider has received specific training[18] in forensics				
				FORENSIC EXAMINATION & HANDLING OF EVIDENCE TOTAL SCORE (out of 2)	

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS
REFERRAL SYSTEM & FOLLOW UP OF SURVIVORS					
21. The facility has a referral system in place to ensure survivor is connected to all necessary services to promote physical,	21.1 Provider tells the survivor about other available services and makes written referrals (using GBV checklist- referral template) to the following services if relevant (including community-based services):[19] • Police/ law enforcement • Economic strengthening • Community focal point	I, R	☐	☐	

[18] Training can be pre-service or in-service (on-the-job)

[19] This can be assessed by asking the provider a question like "If a GBV survivor needs support beyond what you can offer at your facility, what kind of referrals do you provide"

emotional and psychological well-being	• Legal aid • Support group • Advocacy network • Space shelter • Others (including medical referrals)				
	21.2 If the facility does not have a functioning laboratory, it can provide a referral to a nearby laboratory (for blood and pregnancy tests, etc.)	D, I	☐	☐	
	21.3 The provider offers the survivor a copy of her/his forms, **OR** if the situation is deemed unsafe (or survivor is uncomfortable to take copies), offers to give the referral organization or laboratory a copy of the survivor's forms directly	I	☐	☐	
	21.4 Facility has a list of support services that have been mapped at the local, district and provincial/state levels and referral directory is available for on-site review	I, R	☐	☐	
	21.5 There is a system in place to document referral linkage(s) through confirmation with the referral facility, survivor, referral card system or other method	D, I, R	☐	☐	
	21.6 The facility informs stakeholders (police, community organizations, CHWs/CHVs etc.) about the GBV services that are available at the health facility, where they are provided, and during what hours they are provided	D, I	☐	☐	
	21.7 The facility has a GBV file that is in a locked, and secure location	D	☐	☐	
22. The provider offers the survivor follow-up services	22.1 The provider gives as much up-to-date information as possible and provides all necessary referrals to the survivor on the initial visit in case s/he does not return for follow up	I	☐	☐	
	22.2 The provider offers the option to come back for further support and consults with the survivor on the best method for follow up	I	☐	☐	

	22.3 Care is taken when issuing follow up to protect the survivor's privacy and safety, to ensure the perpetrator is not alerted (as this may increase the risk of further violence)	I	☐	☐	
				REFERRAL SYSTEM & FOLLOW UP OF SURVIVORS TOTAL SCORE (out of 10)	

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS
REPORTING AND INFORMATION SYSTEMS					
23. There are intake or chart forms, or registers that collect relevant information about a survivor's experience of GBV and the post-GBV care s/he received	23.1 The SGBV and GBV registers are completed in reflection of a survivor's experience of GBV and the post-GBV care s/he received.	D, I, R	☐	☐	
24. There is an evaluation system in place to collect and interpret GBV program data	24.1 Provider fills medical records and forms completely, including: ● GBV register – beyond sexual violence ● SGBV register (national register) – sexual violence ● Post rape care form (in triplicate)- where applicable ● P3 form- where applicable	D, I, R	☐	☐	
25. GBV data are compiled according to	25.1 GBV data are disaggregated by sex (male and female)	I, R	☐	☐	
	25.2 GBV data are disaggregated by age using PEPFAR required age groups	I, R	☐	☐	

PEPFAR-required disaggregation	25.3 GBV data are disaggregated by type of service provided: SEXUAL Violence (Post-Rape Care) or PHYSICAL and/or EMOTIONAL Violence and/ or ECONOMIC/ FINANCIAL violence (Other Post-GBV Care)	I, R	☐	☐	
	25.4 GBV data includes the number of people receiving PEP services (related to sexual violence services provided)	I, R	☐	☐	
26. Facility registers record if the survivor has come for GBV services or GBV follow-up care	26.1 There is a space in GBV records or the main/primary facility register to indicate if a survivor has returned for follow-up care, and these records are up to date	I, R	☐	☐	
			REPORTING AND INFORMATION SYSTEMS TOTAL SCORE (out of 7)		

QUALITY ASSURANCE STANDARDS	**VERIFICATION CRITERIA**	**MEANS OF VERIFI-CATION**	**YES**	**NO**	**COMMENTS**
TRAINING AND QUALITY IMPROVEMENT					

27. All providers who deliver GBV care have received training relevant to their roles and responsibilities in the care of survivors	27.1 Providers receive training[20] relevant to their roles and responsibilities. Training must include the following elements:[21] **Survivor Care** ● Survivor intake ● First-line support ● Crisis counseling, empathetic communication, and safety planning **Policies and Procedures** ● National policies, protocols and forms (what is considered a sexual offence, legal obligations of providers such as mandatory reporting of child abuse, submitting medical evidence, etc.) ● Non-discrimination policy to prevent discrimination on the basis of sex, gender, sexual orientation, race, religion, caste, skin color, disability, HIV status, marital status, or any other characteristic ● How to document medical history and complete forms ● Obtaining informed consent ● Maintaining patient confidentiality ● How to ensure the safety of patients, providers and staff **Clinical Care** ● Assessing, documenting, and treating genital and non-genital injuries ● Performing diagnostic tests and prescribing treatments for EC, PEP and STI prophylaxis	I, R[22]	I ☐	☐	

[20] Training can be pre-service or in-service (on-the-job)

[21] Note which elements were missing from trainings.

[22] Providers can be asked to show training certificates, manuals, agendas, attendance sheets, invitation letters, or any notes and other content from the training

	• Examination and treatment of children and adolescents • Providing referrals				
	27.2 The health facility has a training plan in place that ensures all staff providing GBV care receive relevant trainings and refreshers according to a schedule (e.g., every two years) and the training plan is followed.	I, R	☐	☐	
28. The facility has systems in place to ensure quality improvement of GBV care services	28.1 There is an on-site feedback mechanism for survivors to report their level of satisfaction or any grievances with services, or any violation of her/his rights (e.g., regular survivor satisfaction surveys, comment box in the bathroom, etc)	I, R	☐	☐	
	28.2 There is an off-site feedback mechanism for survivors to report their level of satisfaction or any grievances with services, or any violation of her/his rights (e.g. community feedback forum, ombudsman or phone helpline etc)	I, R	☐	☐	
29. The facility uses GBV data and community input to improve quality of care	29.1 Facility is implementing iDARE with clear team members and team leader	I,R	☐	☐	
			TRAINING AND QUALITY IMPROVEMENT TOTAL SCORE (out of 5)		

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFI-CATION	YES	NO	COMMENTS

HEALTH CARE POLICY AND PROVISION					
30. HF has protocols in place to offer standardized post-GBV care according to national law and guidelines	30.1 The following guidelines and documents are available on-site: ● National SGBV Guidelines ● GBV checklist ● Facility guidelines, protocol, flow-chart or job aids that include all of the following: ○ SGBV survivor flowchart ○ GBV checklist ○ GBV register ○ SGBV register ○ Safety plan ○ Referral list ○ PRC form/ register	I, R	☐ ☐ ☐	☐ ☐ ☐	
	30.2 These guidelines and documents are known and utilized by providers	I	☐	☐	
31. HF has a non-discrimination policy to promote equal access for all clients and to prevent discrimination based on sex, gender, sexual orientation, race, religion, caste, skin color, disability, HIV status, marital status, or any other characteristic	31.1 Non-discrimination policy is available on site	I, R	☐	☐	
	31.2 Non-discrimination policy is known and followed by providers and facility staff	I	☐	☐	
			HEALTH CARE POLICY AND PROVISION TOTAL SCORE (out of 4)		

WOMEN INFLUENCING
HEALTH, EDUCATION AND RULE OF LAW

ACHIEVEMENTS OF QUALITY STANDARDS

Facility: _____ Service_____ Date: _____Supervisor/Assessor: _____

AREA	# STANDARDS	# POINTS AVAILABLE*	# OBSERVED	ACHIEVED	
				#	%**
AVAILABILITY AND APPROPRIATENESS OF SERVICES	1	4			
FACILITY READINESS AND INFRASTRUCTURE	2	7			
CASE FINDING OF SURVIVORS OF GBV	4	11			
SURVIVOR CENTERED CLINICAL CARE & PROVIDER-SURVIVOR COMMUNICATION	12	39			
FORENSIC EXAMINATION & HANDLING OF EVIDENCE	1	2			
REFERRAL SYSTEM & FOLLOW UP OF SURVIVORS	2	10			
REPORTING AND INFORMATION SYSTEMS	4	7			
TRAINING AND QUALITY IMPROVEMENT	3	5			
HEALTH CARE POLICY AND PROVISION	2	4			
TOTAL OF POINTS AVAILABLE		88			

** Percent Achieved (%) is # Achieved / # Observed

WOMEN INFLUENCING
HEALTH, EDUCATION AND RULE OF LAW

ACTION PLAN MATRIX

Completed by: _____

Contact number of person who completed action plan _____ Date: _____

Performance Gaps Identified	Intervention / Solution Selected to Fill the Gap	Responsible Person or Body	Internal and External Support Needs	Time Line