

Gender-Based Violence

QUALITY ASSURANCE TOOL— MINIMUM CARE VERSION

*Standards for the provision of high quality
post-violence care in health facilities*



Gender-Based Violence (GBV)¹

QUALITY ASSURANCE TOOL- MINIMUM CARE VERSION

Name of Facility _____ Date _____

Name of Person Completing This Form _____

Title of Person Completing This Form _____

Basic structure of the tool

This Gender-Based Violence (GBV) Quality Assurance Tool Minimum Care Version lists 24 evidence-based standards for the provision of high quality post-GBV care in health facilities. The tool was developed by Jhpiego and the U.S. Centers for Disease Control and Prevention (CDC) with reviews of resources and input from gender/GBV partners at the President's Emergency Plan for AIDS Relief (PEPFAR), World Health Organization (WHO), an array of international organizations, GBV health providers and ministries of health. **Please read the full background and instructions in the Facilitation Guide prior to using this tool.**

The standards are organized by different aspects of service delivery (e.g., facility readiness, clinical care, etc.). 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". Facilities in more resource-constrained settings or facilities just starting to develop their services should be assessed using the minimum care version of the tool. The full version should be used to assess the quality of care in well-resourced, designated post-GBV care facilities, such as One Stop Centers where key post-GBV care is offered in one location. It can be found on <http://www.jhpiego.org/gender>

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.

Means of Verification: **D:** Direct observation, **I:** Interview providers or facility managers, **R:** Review of records, guidelines, documents, etc.

Many of the standards in the tool can be verified by doing a facility tour PRIOR to beginning the conversation. The minimum care version of the tool takes approximately 2-3 hours to implement. The assessor should familiarize her/himself with the whole tool prior to the assessment to identify the standards that can be answered by observation during the 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 the suggested methods for each verification criterion. The assessor should use her/his best judgement:

- **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 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.

Means of Verification: **D:** Direct observation, **I:** Interview providers or facility managers, **R:** Review of records, guidelines, documents, etc.

Each verification criterion lists whom to ask about achievement of these standards. Most verification criteria list multiple types of individuals within the 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:



DOCTOR/NURSE/MIDWIFE/HEALTH WORKER



SOCIAL WORKER/COUNSELOR/PSYCHOLOGIST



FACILITY MANAGER/GBV SERVICES SUPERVISOR



POLICE²

Some standards may be difficult to discuss. 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:








1. 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.
2. Provide a short justification for any criteria marked **"NO"** by recording any gaps, issues, or missing items/elements of care in the comments column.
3. 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.
4. 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.
5. On the Scoring Feedback Form, score the standard as **"YES"** if **all** of its verification criteria are met;

² Police may not be present in all facilities. Assessors should not reach out to police outside of facilities; however, police can serve as sources of verification where readily available on-site.

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6. 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.
7. 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.)**
8. 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"**.
9. Count the number of standards scored as **"YES."** Enter this into the **"# of Standards Achieved"** row.
10. Take the **"# of Standards Achieved"**, divide by 24 (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.
11. Record overall strengths and challenges at the bottom of the Scoring Feedback Form.

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
I. AVAILABILITY AND APPROPRIATENESS OF SERVICES					
1. Facility offers GBV services that are accessible, available, affordable and appropriate	1.1 Facility offers essential GBV care ³ 24 hours a day OR facility helps patients to access alternative facilities that provide essential care during off-hours	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	1.2 Facility offers GBV care without requiring GBV patients to report to the police	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	1.3 Facility keeps medico-legal forms on site (e.g., patients do not have to go to the police station to obtain forms) (ASK TO SEE THE FORM)	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	1.4 Facility maintains patient privacy during triage/intake process	I, D 	<input type="checkbox"/>	<input type="checkbox"/>	
	1.5 Facility eliminates or reduces fees for GBV patients Prompt: Are there any services GBV patients must pay for?	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	1.6 Facility prioritizes patients who have experienced sexual assault to ensure they receive care and support as soon as possible	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	1.7 Facility ensures all patients have equal access to care, regardless of sex, gender identity, sexual orientation, marital status, age, disability, race, religion, ethnicity, etc. Prompt: Have you ever heard of any patient being turned away from the facility due to the ethnic group	I 	<input type="checkbox"/>	<input type="checkbox"/>	

³ Essential GBV care includes first line support, defined by the WHO as (basic empathetic counseling using **LIVES**: **L**istening, **I**nquiring, **V**alidating, **E**nsuring safety, and **S**upport through referrals. WHO, 2014, as well as), HIV and STI post-exposure prophylaxis, and emergency contraception, and referrals, as needed.

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	they were from, because they were unmarried, because they were male, or for any other reason?				
II. FACILITY READINESS AND INFRASTRUCTURE					
2. Facility has visible GBV information, education and communication (IEC) materials	2.1 Facility has visible IEC materials for patients (e.g., posters and/or pamphlets on what to do in case of GBV, GBV laws and rights, and available services) in high-traffic areas (i.e., lobby, waiting areas, consultation rooms, restrooms, etc.)	D, R	<input type="checkbox"/>	<input type="checkbox"/>	
3. Facility has appropriate infrastructure, equipment and commodities in place to provide appropriate GBV care (SEE DETAILS IN BOX 1)	3.1 Facility offers GBV services in a location that is part of—or next to—a health facility (not in a stand-alone location)	D	<input type="checkbox"/>	<input type="checkbox"/>	
	3.2 Facility ensures that signs inside and outside the facility are 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	D	<input type="checkbox"/>	<input type="checkbox"/>	
	3.3 Facility’s rooms/areas where GBV counseling and clinical services are provided are private (patient cannot be seen or heard from outside), clean and comfortable	D	<input type="checkbox"/>	<input type="checkbox"/>	
	3.4 Facility has all essential infrastructure, furniture, equipment, supplies, documents, and commodities available (SEE BOX 1 BELOW THIS SECTION TO SCORE THIS STANDARD. IF ANY ESSENTIAL ITEM IS MISSING, MARK THIS STANDARD AS A NO)	D, I 	<input type="checkbox"/>	<input type="checkbox"/>	
	3.5 Facility has a system in place to check on a quarterly basis whether medicines, vaccines, and tests are within validity/expiration date, and safely discard those that have expired	D, I 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	3.6 Facility integrates essential GBV supplies, commodities, vaccines, tests and equipment (DETAILS IN BOX 1) within the facility's essential supply chain	D, I  	<input type="checkbox"/>	<input type="checkbox"/>	
<p>BOX 1: ESSENTIAL INFRASTRUCTURE, FURNITURE, EQUIPMENT, SUPPLIES AND COMMODITIES  </p> <p>(CONDUCT DIRECT OBSERVATION AND INTERVIEW A PROVIDER OR FACILITY MANAGER TO ASSESS WHETHER THE FOLLOWING ARE AVAILABLE.)</p> <p>Infrastructure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Private consultation/examination room (patient cannot be seen or heard from outside) that is clean and comfortable <input type="checkbox"/> Toilet or latrine that can be locked from the inside <input type="checkbox"/> Water <p>Furniture</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chairs for patient, companion, and provider <input type="checkbox"/> Table or desk <input type="checkbox"/> Door, curtain or screen for visual privacy during examination <input type="checkbox"/> Examination table <input type="checkbox"/> Washable or disposable cover for examination table <input type="checkbox"/> Adequate light source in examination room <input type="checkbox"/> Angle lamp or torch/flashlight for pelvic exam <input type="checkbox"/> Lockable cabinet, room or other unit for secure storage of patient paper files; OR a password protected computer for electronic files <input type="checkbox"/> Lockable medical supply cabinet or lockable room where medical supplies are kept <p>Administrative Supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job aids in language of provider (e.g., algorithm, referral flow chart) (SEE SECTION "HEALTH CARE POLICY AND PROVISION" FOR LIST OF JOB AIDS) <input type="checkbox"/> Relevant national guidelines, protocols and policies <input type="checkbox"/> Patient intake form/patient assessment form <input type="checkbox"/> Medico-legal form/forensic examination form <input type="checkbox"/> GBV or post-rape care register 					

Means of Verification: **D:** Direct observation, **I:** Interview providers or facility managers, **R:** Review of records, guidelines, documents, etc.

QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
<input type="checkbox"/> Consent form or standardized questions the provider uses to obtain verbal or written, informed consent for GBV examination and care ⁴ <input type="checkbox"/> Consent form or standardized questions the provider uses to obtain verbal or written, informed consent for HIV testing <input type="checkbox"/> Referral directory General Clinical Supplies: <input type="checkbox"/> Blood pressure cuff <input type="checkbox"/> Stethoscope <input type="checkbox"/> Clean bed linens and gown for each patient <input type="checkbox"/> Sink with hand soap and/or glycerine-alcohol handrub for use by clinician before exam and by patient after exam <input type="checkbox"/> Resuscitation equipment (if the health facility where GBV services are located has this equipment, this is sufficient) <input type="checkbox"/> Feminine hygiene supplies (sanitary napkins/pads or clean cloths) <input type="checkbox"/> Waste basket with cover and disposable liner for non-biohazardous materials <input type="checkbox"/> Biohazardous waste basket with cover and disposable liner for biohazardous materials <input type="checkbox"/> Needles/syringes and sharps container with cover <input type="checkbox"/> Instrument care and cleaning supplies (functioning autoclave to sterilize equipment, backup system for sterilization, disinfectants, bleach, detergent, brush) <input type="checkbox"/> Sterile tray for instruments <input type="checkbox"/> Blood tubes <input type="checkbox"/> Sterile or clean urine containers <input type="checkbox"/> Disposable, powder-free exam gloves <input type="checkbox"/> Speculum <input type="checkbox"/> Tongue depressor (for inspection of oral frenulum and injury) <input type="checkbox"/> Scissors <input type="checkbox"/> Sutures <input type="checkbox"/> Bandages <input type="checkbox"/> Clock (to document examination start and end time) Essential drugs and commodities <input type="checkbox"/> HIV test kit					

⁴ Providers must always obtain informed consent prior to any procedure or service. For GBV services, written consent is ideal, however, verbal consent is adequate if a consent form is not available.

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
<input type="checkbox"/> Pregnancy tests <input type="checkbox"/> Emergency contraception pills or IUCD (TYPES AND DOSAGE ACCORDING TO NATIONAL GUIDELINES OR WHO GUIDANCE) <input type="checkbox"/> HIV post-exposure prophylactics as per country protocol (TYPES AND DOSAGE ACCORDING TO NATIONAL GUIDELINES OR WHO GUIDANCE) <input type="checkbox"/> Drugs for treatment of STIs as per country protocol <input type="checkbox"/> Drugs for pain relief (e.g., paracetamol) <input type="checkbox"/> Local anesthetic for suturing <input type="checkbox"/> Broad-spectrum antibiotics for wound care <input type="checkbox"/> Tetanus Vaccine					
III. IDENTIFICATION OF PATIENTS WHO HAVE EXPERIENCED IPV or SV ⁵					
4. Facility has an appropriate system in place for providers to identify patients who have experienced GBV	4.1 If patient presents with common signs and symptoms for IPV or SV (SEE SIGNS AND SYMPTOMS IN BOX 2), the provider asks about IPV or SV (based on suspicion of violence) ⁸ (SEE STANDARD 5 FOR QUESTIONS)	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	4.2 Facility has a standard process to ask about IPV or SV (e.g., job aid, algorithm, etc.) which aligns with	I, R 			

⁵ 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:


Asking questions about IPV to patients who either disclose they have experienced violence, or patients who show signs and symptoms of IPV. This is sometimes called “active case identification.” **This should be done no matter what the condition of IPV services in order to provide appropriate and timely care.**

Routine enquiry for all patients in a particular setting (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 4.3. 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 of 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.

This tool also includes guidance on how to ask about SV committed by a non-intimate partner (e.g. against a child). These questions are drawn from the CDC Violence Against Children Survey screening tool 2017.

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	national guidelines, or if no national guidelines are available, aligns with WHO guidelines ⁶				
	<p>4.3 Facility's policy is to conduct routine clinical enquiry about IPV or SV ONLY IF services meet all of the following WHO minimum requirements for routine enquiry:</p> <ul style="list-style-type: none"> • A protocol or standing operating procedure exists for providing post-GBV services • A questionnaire, with standard questions where providers can document responses, exists • Providers offer first-line support • Providers have received training on how to ask about IPV or SV • Private setting, confidentiality ensured • A system for referrals or linkages to other services within the facility is in place <p>If any of these minimum requirements is missing, or GBV services are considered inadequate, providers do not conduct routine enquiry or universal screening</p>	<p>I, R</p> 	<input type="checkbox"/>	<input type="checkbox"/>	



BOX 2. GENERAL SIGNS AND SYMPTOMS OF IPV⁷

- 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




⁶ See sample job aid in facilitation guide.

⁷ 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, provider should use subjective discretion and probe further to ascertain whether or not IPV/SV has occurred.


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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
<ul style="list-style-type: none"> • 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 <p>Child and Adolescent-Specific Signs and Symptoms of SV</p> <ul style="list-style-type: none"> • 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 					
5. Provider asks about IPV or SV in an appropriate manner	5.1 Provider never asks about IPV or SV unless the patient is alone (even if another family member is present, since that person may be the abuser, or a relative of the abuser) AND in a private consultation room (patient cannot be seen or heard from outside)	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	5.2 Provider brings up topic of GBV carefully by making some general statements about GBV before asking patient directly about her/his situation Prompt: How would you first bring up the topic of IPV or SV with a patient? Probe: Would you ask any of the following questions?	I 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<ul style="list-style-type: none"> 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 				
	5.3 Provider does not require patient to talk about her/his experience of IPV or SV if s/he does not want to Prompt: If a patient states that s/he does not want to talk about her/his experience of IPV or SV, do you still encourage them to?	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	5.4 Provider explains that s/he will ask the patient detailed questions to assess his or her safety and to make sure s/he gets the right treatment and support Prompt: If a patient comes in and tells you that s/he has experienced IPV or SV, would you explain what you are going to do and ask? How would you explain it?	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	5.5 Provider asks simple and direct questions about specific acts of violence to enquire about IPV or SV and documents responses Prompt: 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? (IF PROVIDER GIVES A RESPONSE SIMILAR TO THREE OR MORE OF THE QUESTIONS BELOW, MARK THIS	I 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<p>VERIFICATION CRITERIA AS "YES". READ ALOUD 2-3 EXAMPLES BELOW FOR CLARIFICATION)</p> <ul style="list-style-type: none"> • In the past 6 months, have you been hit, slapped, punched, kicked or choked? • 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? <p>THE FOLLOWING QUESTIONS ARE FOR SURVIVORS OF IPV, NOT FOR CHILD SURVIVORS OF SV</p> <ul style="list-style-type: none"> • 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? 				
6. Provider assesses and addresses any risk of immediate violence or harm when IPV or SV is disclosed (i.e., safety planning)	<p>6.1 Provider⁸ asks simple and direct questions to assess immediate danger to the patient's life</p> <p>Prompt: Could you give me some examples of the questions you ask a patient to assess for immediate danger, if any?</p> <p>(IF PROVIDER GIVES A RESPONSE SIMILAR TO THREE OR MORE OF THE QUESTIONS BELOW, MARK THIS VERIFICATION CRITERIA AS "YES". READ ALOUD 2-3 EXAMPLES BELOW FOR CLARIFICATION)</p>	<p>I</p> 	<input type="checkbox"/>	<input type="checkbox"/>	

⁸ "Provider" refers to a physician, nurse, midwife, psychologist or social worker unless otherwise specified

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<ul style="list-style-type: none"> Has the physical violence happened more often, or has it gotten worse over the past 6 months? Has s/he ever used a weapon or threatened you with a weapon? Has s/he ever tried to strangle you? Do you believe s/he could kill you? Has s/he ever beaten you while you were pregnant? Is s/he violently and constantly jealous of you? 				
	6.2 If patient responds "yes" to 3 of the questions above concerning immediate danger, 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 s/he can go (e.g., a friend's home, church, etc.)	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	6.3 Provider helps patient to make a safety plan Prompt: Could you give me some examples of the questions you ask a patient to help them make a safety plan, if any? (IF PROVIDER GIVES A RESPONSE SIMILAR TO THREE OR MORE OF THE QUESTIONS BELOW, MARK THIS VERIFICATION CRITERIA AS "YES". READ ALOUD 2-3 EXAMPLES BELOW FOR CLARIFICATION) <ul style="list-style-type: none"> If you needed to leave your home in a hurry, where could you go? Would you go alone or take your children with you? (If the patient has children) How will you get there? What documents, keys, money, clothes, phone, telephone numbers or other things would you take with you when you leave? 	I 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<ul style="list-style-type: none"> 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 neighbor you can tell to call the police or bring assistance if they hear sounds of violence coming from your home? 				
IV. PATIENT-CENTERED CLINICAL CARE AND COMMUNICATION					
7. Provider obtains informed consent from adult patients and informed assent from patients who are minors	7.1 Provider obtains written ⁹ or verbal informed consent (or informed assent from minors), ¹⁰ including explaining to the patient what the medico-legal exam entails and how resulting information may be used, prior to medical examination or procedure	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	7.2 Provider obtains written or verbal consent for HIV counseling and testing	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	7.3 Provider follows national or facility guidelines for obtaining informed assent from children and adolescents if patient is under age of majority	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	7.4 Provider never forces the patient, including children of any age, to undergo an examination against her/his will, unless the examination is necessary for medical treatment (e.g., if a patient may have life-threatening internal bleeding)	I 	<input type="checkbox"/>	<input type="checkbox"/>	

⁹ 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

¹⁰ "Consent" may only be given by individuals who have reached the legal age of consent (this is typically 18 years old). "Informed assent" is the agreement of someone not able to give legal consent to participate in services. See the Facilitation Guide p. 18 for guidance on what age patients should be asked for consent vs. informed assent.


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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	Prompt: Are there any conditions in which you might force a patient to undergo an examination if they did not want to?				
	7.5 Provider makes it clear to the patient that s/he can decline any component of the examination or counseling session at any point, and seeks verbal consent at each stage of the examination	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	7.6 Provider respects the patient's decision about whether to involve the police at all times, if in accordance with national law. Prompt: If the patient does not want to involve the police, are there any reasons why you would force them to?	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	7.7 If police involvement is legally mandated (e.g. for a minor), provider informs the patient or guardian about required procedures, patient rights, and possible outcomes of police involvement.as early in the discussion as possible (IF THERE ARE NO GUIDELINES OR LAWS MANDATING REPORTING, MARK "N/A" IN THE COMMENTS SECTION AND DO NOT SCORE THIS CRITERION)	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	7.8 After the child's safety has been secured and acute clinical care has been provided, if required by law, provider makes any mandated reports to authorities. This decision is guided by the least harmful course of action that takes into account the best interests of the child and his/her right to protection. Prompt: Have you ever reported abuse of the child to the authorities, and under what circumstances?	I 	<input type="checkbox"/>	<input type="checkbox"/>	




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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
8. Provider manages injuries appropriately	8.1 Provider assesses and documents vital signs	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	8.2 Provider ensures patient is medically stabilized and treats serious injuries immediately	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	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)	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	8.4 Provider manages genital and anal injuries appropriately (e.g., sutures deep vaginal, cervical, or anal lacerations or refers to higher-level facility if indicated, particularly in cases of female genital mutilation)	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	8.5 Provider manages minor injuries appropriately, including: <ul style="list-style-type: none"> • 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 	<input type="checkbox"/>	<input type="checkbox"/>	







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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
9. Provider demonstrates knowledge of appropriate communication techniques to prevent further traumatization of patient	<p>9.1 Provider demonstrates knowledge of empathetic and appropriate communication skills to use with all patients</p> <p>Prompt: Could you name some of the most important communication techniques to use with all patients? (SCORE AS "YES" IF PROVIDER MENTIONS THREE OR MORE OF THE EXAMPLES BELOW. READ ALOUD 2-3 OF THE EXAMPLES FOR CLARIFICATION)</p> <ul style="list-style-type: none"> • Listen actively (e.g., do not interrupt, rush or pressure the patient to disclose information if s/he is reluctant) • 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 	I 	<input type="checkbox"/>	<input type="checkbox"/>	








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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
10. If patient is a child, provider takes special considerations, according to national guidelines	10.1 Provider offers compassionate, supportive counseling prior to history taking	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	10.2 If provider suspects home environment is abusive or dangerous, provider works to identify alternative shelter or appropriate course of action for child	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>10.3 For child patients, provider uses child-friendly communication techniques. Prompt: 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)</p> <ul style="list-style-type: none"> • Reassure the child that s/he did the right thing in reporting the assault, and that s/he is 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 s/he touch your genitals?" provider should ask "Where did s/he 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?") 	I 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<ul style="list-style-type: none"> 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 				
	10.4 Provider permits child to have a trusted companion present during the exam, recognizing the companion may or may not be the caregiver or parent	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	10.5 To avoid pain or serious injury, provider does not use a speculum to examine pre-pubertal girls, unless an internal vaginal injury or internal bleeding is suspected— in which case general anesthesia is administered prior to exam and a child-sized, small speculum is used	I 	<input type="checkbox"/>	<input type="checkbox"/>	
11. Provider respects and maintains patient privacy and confidentiality	11.1 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	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	11.2 Provider allows only authorized people into the consultation or exam (e.g., authorized people could be patient's preferred companion or staff involved in the patient's care)	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	11.3 Provider gives patient adequate time, space, and privacy in order to undress and dress for exams	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	11.4 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, according to national guidelines and facility protocols	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
12. Provider observes the following aspects of respectful care to prevent further traumatization of patient	12.1 Provider takes care to minimize pain during exam	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	12.2 Provider gives pain relief medication when requested or as necessary	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	12.3 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	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	12.4 Facility offers patient the choice of the sex of the provider to conduct the examination. If provider of preferred sex is not available, facility offers the patient to have a staff member of the same sex present in the examination room	I 	<input type="checkbox"/>	<input type="checkbox"/>	
13. Provider conducts medical examination for genital and non-genital injuries	13.1 Provider documents findings from medical examination and treatment in patient's record in as complete and detailed manner as possible including document injuries on a body map/ pictogram/ traumagram, and observation and documentation of any petechiae ¹¹ on the scalp, behind ears, in the mouth, and in the sclera of eyes (SEE CHART REVIEW TOOL IN THE FACILITATION GUIDE TO SCORE THIS STANDARD)	I, R  	<input type="checkbox"/>	<input type="checkbox"/>	
	13.2 Provider uses speculum only when appropriate and only if the provider has been trained on its proper use. Prompt: When would you use a speculum?	I 	<input type="checkbox"/>	<input type="checkbox"/>	

¹¹ Small red or purple spots caused by bleeding into the skin








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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<p>Probe: Are there any conditions under which speculum use would be inappropriate?</p> <p>EXAMPLES OF INAPPROPRIATE CONDITIONS FOR SPECULUM USE:</p> <ul style="list-style-type: none"> • On children unless an internal vaginal injury or internal bleeding is suspected • If not clinically indicated • If the patient declines • If 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) 				
14. For female sexual assault survivors, provider offers emergency contraception	14.1 Provider offers oral emergency contraception (EC) within 5 days (120 hours) of the assault, according to national guidelines	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>14.2 If oral EC is not available, and if it is appropriate, a trained provider offers to insert a copper-bearing intrauterine device (IUCD) only if the patient is seeking ongoing pregnancy prevention</p> <p>Prompt: If oral emergency contraception is not available, would you offer to insert an IUCD?</p> <p>Probe 1: (ASK IF THE PROVIDER RESPONDS YES TO PROMPT) Have you been trained to insert an IUCD?</p> <p>Probe 2: (ASK IF THE PROVIDER RESPONDS YES TO PROMPT) Would you confirm first with the patient if she is seeking ongoing pregnancy prevention before inserting an IUCD?</p>	I 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	14.3 If IUCD is selected, a provider trained in IUCD insertion inserts it within 120 hours (5 days) of sexual assault	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	14.4 If patient declines EC, provider gives information that EC is less effective as time passes, and emphasizes the importance of returning back to the facility for follow-up pregnancy testing and monitoring	I 	<input type="checkbox"/>	<input type="checkbox"/>	
15. Provider offers HIV counseling, testing and HIV post-exposure prophylaxis (PEP) within 72 hours to sexual assault survivors	15.1 For sexual assault survivors, provider offers HIV counseling and testing as per national guidelines	I  	<input type="checkbox"/>	<input type="checkbox"/>	
	15.2 If the patient tests negative for HIV and the assault occurred within the past 72 hours, provider discusses the various risk factors for HIV infection with the patient to determine the patient's need for PEP Prompt: If the patient tests negative for HIV, would you discuss the risk of infection further? What would you ask about? (SCORE THIS STANDARD AS A "YES" IF PROVIDER MENTIONS 2 OR MORE OF THE EXAMPLES BELOW ON HIV RISK FACTORS) <ul style="list-style-type: none"> The nature of the assault (which orifices were penetrated, whether or not there was anal or genital injury, etc.) The HIV status of perpetrator(s) if known Number of perpetrators The HIV prevalence in the geographic area 	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	15.3 If patient tests negative for HIV AND the sexual assault occurred within previous 72 hours, provider offers full 28 day dosage of PEP in a two or three-drug regimen, or in accordance with national guidance (i.e.	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	provider gives the full dosage so patient does not have to return for another visit)				
	15.4 If patient is a child and tests HIV negative, provider prescribes appropriate pediatric PEP dosage according to national guidance	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	15.5 If PEP is given, provider counsels on side effects, the importance of adherence, and the importance of completing the full course of treatment to ensure PEP effectively reduces the risk for HIV infection	I  	<input type="checkbox"/>	<input type="checkbox"/>	
	15.6 If patient tests positive for HIV and is interested in disclosing status to partner or family members, provider assesses for IPV and offers tailored guidance on how to disclose patient's HIV status to avoid disclosure-related violence, without pressuring patient to disclose Prompt: If a patient tests positive and wants to disclose this to her or his partner, what would you say and do, if anything?	I  	<input type="checkbox"/>	<input type="checkbox"/>	
	15.7 If patient refuses an HIV test and serostatus is unknown, and assault occurred within previous 72 hours, provider still offers PEP and encourages patient to return for HIV counseling and testing ¹²	I  	<input type="checkbox"/>	<input type="checkbox"/>	

¹² "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?ua=1&ua=1)



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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
16. Provider offers relevant medications and/or vaccinations for prevention and treatment of other sexually transmitted infections	16.1 Provider offers prophylaxis or treatment for sexually transmitted infections (STIs), and the choice of drugs and regimens follows national guidelines	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	16.2 Provider gives tetanus vaccination if patient has not had one in past ten years, or is uncertain about vaccination status	I 	<input type="checkbox"/>	<input type="checkbox"/>	
17. Providers offer mental health care to patients	17.1 Provider offers basic counseling including active listening, empathy, reassurance, and identification of social support	I  	<input type="checkbox"/>	<input type="checkbox"/>	
V. REFERRAL SYSTEM AND FOLLOW UP OF PATIENTS					
18. Facility has a referral system in place to ensure patient is connected to all necessary services	<p>18.1 Provider tells the patient about other available services and makes written referrals to the following services if relevant and wanted by the patient (including community-based services):</p> <p>Prompt: If a GBV patient needs support beyond what you can offer at your facility, what kind of referrals do you provide?</p> <p>Examples may include:</p> <ul style="list-style-type: none"> • Police/law enforcement • Emergency Shelter • Legal counsel • Long-term psychosocial support (individual counseling, support group, cognitive behavior therapy, etc.) • Child protection services (if necessary or when required by law) • Economic empowerment/Livelihood services • Safe abortion services in cases of rape or incest (in accordance with relevant laws in the country) • Follow-up medical care (if necessary or indicated) 	I, R    	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	18.2 If facility does not have a functioning laboratory, provider offers a referral to a nearby laboratory (for blood and pregnancy tests, etc.) (IF FACILITY DOES HAVE A LABORATORY, MARK "N/A" IN THE COMMENTS AND DO NOT SCORE THIS CRITERION)	D, I 	<input type="checkbox"/>	<input type="checkbox"/>	
	18.3 Facility has a system in place to document referral linkage(s) through confirmation with the referral facility, patient, referral card system or other method	D, I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	18.4 Facility informs stakeholders (police, community organizations, etc.) about the GBV services that are available at the facility, and during what hours they are provided. Facility makes clear that all survivors are welcome, and that seeking GBV care does not mean the survivor will have to pursue a legal case	D, I 	<input type="checkbox"/>	<input type="checkbox"/>	
19. Provider offers the patient follow-up services	19.1 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	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	19.2 Facility has a system in place to follow up with patients	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	19.3 Provider or follow up team monitors the patient's clinical condition and treatment including HIV and pregnancy test results, and provides counseling and support over time	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	19.4 Provider asks patient if s/he consents to follow up by phone or SMS text message, and documents a number where patient can be safely and privately contacted	I 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	19.5 Facility offers providers a budget, phone credit or mobile phone credit (airtime) to make follow-up phone calls or SMS text messages to patients who consent to being contacted this way	I 	<input type="checkbox"/>	<input type="checkbox"/>	
VI. TRAINING AND QUALITY IMPROVEMENT					
20. All providers who deliver GBV care have received training relevant to their roles and responsibilities in the care of patients	<p>20.1 Providers receive training¹³ (ideally facility-based, on-site) relevant to their roles and responsibilities. Training should include most of the following elements:¹⁴</p> <ul style="list-style-type: none"> • Patient intake • Obtaining informed consent and assent for post-violence care • First-line support through LIVES (Listening, Inquiring, Validating, Ensuring 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 	I, R ¹⁵ 	<input type="checkbox"/>	<input type="checkbox"/>	

¹³ Training can be pre-service or in-service (on-the-job)




¹⁴ Note which elements were missing from trainings

¹⁵ Providers can be asked to show training certificates, manuals, agendas, attendance sheets, invitation letters, or any notes and content from the training






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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<ul style="list-style-type: none"> 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 Routine enquiry if facilities meet minimum requirements listed in Standard 4 Basic mental health counselling 				
21. Facility has systems in place to ensure continuous quality improvement of post-GBV care services	21.1 Facility has a supervision plan in place that results in the direct observation of at least one patient-provider interaction per year for each provider offering GBV care	I 	<input type="checkbox"/>	<input type="checkbox"/>	
	21.2 Providers receive verbal or written feedback from a supervisor after each directly observed patient-provider interaction	I 	<input type="checkbox"/>	<input type="checkbox"/>	




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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	21.3 Facility has at least one feedback mechanism for patients to anonymously report their level of satisfaction or any grievances with services, including any violation of her/his rights (e.g., regular patient satisfaction surveys, community feedback forum, suggestion box, ombudsman or phone helpline)	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	21.4 Facility ensures that all staff providing GBV care achieve and expand competencies via an ongoing capacity-building plan with short, targeted skill-builders, regular team meetings, and other activities, and are supported on a personal level in this work Examples: <ul style="list-style-type: none">• 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.	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
VII. HEALTH CARE POLICY AND PROVISION					
22. Facility has protocols in place to offer standardized post-GBV care according to national or WHO guidelines	22.1 Facility has the following guidelines and documents available on-site for review: <ul style="list-style-type: none">• National GBV Guidelines (if in existence)• Algorithms, flow-charts and/or job aids that include the following:<ul style="list-style-type: none">▪ Post-GBV counseling	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	



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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<ul style="list-style-type: none">Post-GBV clinical care including: PEP dosage and provision, EC dosage and provision, STI diagnostic testing criteria, prophylaxis and treatmentMandatory reporting requirements (if in existence)				
	22.2 Providers know of and utilize these guidelines and documents	I   	<input type="checkbox"/>	<input type="checkbox"/>	
VIII. REPORTING AND INFORMATION SYSTEMS					
23. Facility has intake forms, chart forms, or registers that collect information about a patient's experience of GBV and the post-GBV care s/he received	23.1 Provider collects and documents the following information about a patient's experience of GBV and the post-GBV care s/he received, if available: <ul style="list-style-type: none">Sex of the patient and perpetrator(s)Age of the patient and perpetrator(s) (if known)Number of perpetratorsRelationship of the perpetrator(s) to the patientTime and date of assault/violenceTime and date of consultationType of assault/violenceDescription of incidentFor sexual assault, location(s) of penetration (vaginal, oral, anal)For sexual assault, type of penetration (with penis, finger, object or mouth)For sexual assault where penetration occurred, whether or not a condom was usedPregnancy risk assessmentHIV and STI risk assessmentHistory of consensual intercourse within 5 days of assault (if DNA samples collected)	D, I, R  	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	<ul style="list-style-type: none"> • Documentation of the patient's injuries on a detailed diagram • Medications administered, offered, accepted and/or declined including PEP • Whether forensic evidence was collected or not • Current GBV signs and symptoms • Relevant medical history (e.g., pre-existing injuries, previous sexual or physical assault, if patient is currently pregnant, if HIV status is known, if patient has experienced female genital mutilation) • Vital signs • Referrals offered • Whether safety planning discussion took place • From where a patient was referred (if anywhere) • Whether the patient has returned for follow-up GBV care, and what services were received during the follow up visit 				
	23.2 Provider fills medical records and forms completely with all relevant information (SEE CHART REVIEW TOOL FOR SCORING INSTRUCTIONS)	R 	<input type="checkbox"/>	<input type="checkbox"/>	
24. GBV data are compiled and analyzed to understand trends, improve health services and systems	24.1 GBV data are disaggregated by sex (male and female)	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	24.2 GBV data are disaggregated by age (0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-49, 50-59, 60+)	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	

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QUALITY ASSURANCE STANDARDS	VERIFICATION CRITERIA	MEANS OF VERIFICATION	YES	NO	COMMENTS
	24.3 GBV data are disaggregated by types of violence experienced and whether the perpetrator was an intimate partner or non-partner: <ul style="list-style-type: none"> sexual violence by a partner or non-partner physical violence by a partner or non-partner emotional violence by a partner or non-partner 	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	
	24.4 GBV data includes the number of sexual assault survivors who received PEP at the facility within the 72 hour window	I, R 	<input type="checkbox"/>	<input type="checkbox"/>	

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Gender-Based Violence Quality Assurance Tool – MINIMUM CARE VERSION

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Download the tool, facilitation guide, minimum care version and French translations at:
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