



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN

GENDER-BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN

ASSESSMENT TOOLKIT

FOR HEALTH CARE PROVIDERS AND SOCIAL WELFARE OFFICERS

MAY 2017

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OFFICERS**

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FOREWORD

Gender-based violence (GBV) has gained international recognition as a grave social and human rights concern. In Tanzania, GBV and violence against children (VAC) have become major problems due to negative cultural beliefs and practices, existing gender norms, and economic, social, and gender inequalities. Victims of GBV and VAC can be any age and sex, including women, men, girls, and boys. GBV includes but is not restricted to sexual acts. GBV and VAC are related to socially defined norms of gender and sexual identity and can be carried out by intimate partners, family members, community members, people of authority, and others. These acts can take place at home, in public, or in health care settings.

The World Health Organization's 2005 Multi-Country Study (WHO 2005) and the 2010 Tanzania Demographic and Health Survey (TDHS) (NBS 2011a) provided evidence for the need to engage the health sector in GBV prevention and response services. The TDHS found that over 20 percent of Tanzanian women aged 15–49 years reported having experienced sexual violence in their lifetime; nearly 40 percent reported having experienced physical violence. The survey also indicates that 44 percent of ever-married women had experienced physical or sexual violence from an intimate partner in their lifetime. A nationally representative survey of violence against children (UNICEF 2011) also found that 75 percent of girls and boys had experienced physical violence (from a relative, authority figure, or intimate partner) by the age of 18 years and nearly 3 in 10 girls had experienced sexual violence before reaching adulthood (NBS 2011b).

The Tanzania Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) revised this *Assessment Toolkit* to provide updated guidance to trainers of health care providers and social welfare officers on the provision of effective and comprehensive services to GBV and VAC survivors. The revision was based on the GBV and VAC Competency-Based Education and Training, which was also revised in 2016. The rationale for the revision was to align the Training Package with newly documented evidence (WHO/ILO 2009; WHO 2014) and several advancements made on provision of quality GBV and VAC services since 2011 when the original Tanzania GBV and VAC Training Package was produced. The entire GBV and VAC training package has been updated in line with the newly documented evidence, which includes the HIV post-exposure prophylaxis (PEP) regimen (WHO 2014), World Health Organization Clinical and Policy Guidelines (WHO 2013), and guidance on responding to intimate partner violence and sexual violence against women (WHO 2013), as well as the National New PEP Guidelines (NACP 2015).

Much progress has been made in Tanzania in GBV and VAC prevention and response. Advances include, among others, development and implementation of national policy, management, and clinical guidelines; increased number of health facilities that provide post GBV and VAC services to survivors; increased number of survivors who are accessing health, social welfare, and legal services; and reduced incidences of GBV and VAC in some areas of

the country. These guidelines have provided the framework and guidance for integrating GBV services into health services, linking health facilities and local communities, developing social and legal protection systems, improving medical management, referral for psychosocial care, development of monitoring and evaluation (M&E) indicators and tools, as well as guidelines for multisectoral coordination (health, social welfare, police, legal, and community) of GBV and VAC prevention and response efforts.

Despite these achievements, challenges remain, including the lack of, or limited access to, health, psychosocial, and legal services; shortage of trained medical professionals; shortage of shelters for survivors; limited clinical mentorship; limited onsite sensitization on integrating GBV and VAC in health service provision; and limited number of health care providers and social welfare officers knowledgeable about comprehensive GBV and VAC services. The MOHCDGEC is taking the necessary measures to address these challenges because effective and comprehensive medical and psychosocial care for survivors require health care providers and social welfare officers to have appropriate competencies and skills in preventing acts of violence and providing the needed care to GBV and VAC survivors.

It is my hope that the use of this *Assessment Toolkit* will provide guidance, effective facilitation and learning modalities, knowledge, and skills required for GBV and VAC service trainers. The ultimate goal of this guide is to facilitate the creation of a pool of qualified health care providers and social welfare officers with competencies in providing quality comprehensive services to GBV and VAC survivors.

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ACRONYMS

BCC	behavior change communication
GBV	gender-based violence
HIV	human immunodeficiency virus
M&E	monitoring and evaluation
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
OSPE	Objective Structured Practical Examination
PEP	HIV post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SOP	standard operating procedures
SRHR	sexual and reproductive health and rights
VAC	violence against children
WHO	World Health Organization

INTRODUCTION TO THE GBV AND VAC ASSESSMENT TOOLKIT

This *GBV and VAC Assessment Toolkit* is part of the GBV and VAC training package for health care workers and social welfare officers. GBV and VAC trainers are expected to use this toolkit in combination with the GBV and VAC Competency Based Education and Training curriculum; GBV and VAC Training Module Slides; *GBV and VAC Training Facilitator's Guide*; *GBV and VAC Participant's Manual*; and the GBV and VAC job aids.

Structure of the Toolkit

The toolkit is divided into two sections:

1. Assessment Plan

This section outlines the assessment plan for each of the Competency-Based Education and Training curriculum modules, including the enabling and sub-enabling outcomes, competencies, and assessment tasks.

Assessments will be conducted **formatively** through the use of pre- and post-tests at the beginning and end of a module or on a **summative** basis, which will be conducted at the end of training in the form of Objective Structured Practical Examination (OSPE) tests.

2. Assessment Tests

This section contains the pre- and post-assessment tests for each OSPE module and scenario. It is expected that participants will complete these by the end of the GBV and VAC training.

How to Use This Toolkit

The pre- and post-tests should be completed at the beginning and end of each module. Facilitators or the training coordinator should ensure that copies of the pre- and post-tests are available for each participant. The facilitators or training coordinator will also be responsible for collecting and marking the tests. The pre- and post-test scores will be compared to evaluate any changes in participant knowledge and skills following completion of the training.

The OSPE tests are meant to measure participant knowledge of the broader GBV and VAC Competency-Based Education and Training curriculum. It is expected that health care workers and social welfare officers will be able to deliver high-quality services to GBV and VAC survivors. The OSPE tests measure the level of participant skills in this regard. Participants are expected to pass the OSPE tests with a score of at least 60 percent.

Preparing OSPE Stations and Conducting OSPE Tests

Following the delivery of all training modules, facilitators will prepare and set up the OSPE testing stations. The participant will encounter expert patients at each testing station. A different scenario will be presented at each station. The participant will be expected to read and understand the case while the expert patient plays the role of the GBV/VAC survivor.

The participant is expected to assess the survivor using a variety of methods and appropriate interventions. The assessor will use the standard operating procedures (SOPs) and criteria set for every scenario to assess the participant and provide the appropriate score.

ASSESSMENT PLAN

1.0 INTRODUCTION

This *GBV and VAC Assessment Toolkit* for health workers and social welfare officers was prepared and reviewed by the MOHCDGEC and comprises four modules. Trainers will assess participant learning outcomes as outlined in the GBV and VAC curriculum. Assessment will be based on a participant's ability to demonstrate the application of **skills** and **knowledge** as outlined in the GBV and VAC curriculum at routine and non-routine levels, both under supervision and autonomously.

2.0 ENABLING AND SUB-ENABLING OUTCOMES

2.1 Introduction to GBV and VAC

ENABLING OUTCOMES	SUB-ENABLING OUTCOMES
1.1. Explain poverty, human rights, and HIV concepts in managing GBV and VAC.	1.1.1. Describe concepts related to gender, gender-based violence, and violence against children.
	1.1.2. Describe causes, magnitude, and consequences of GBV and VAC.
	1.1.3. Discuss public health and human rights concerns in relation to GBV and VAC services.
1.2. Integrate concepts of poverty, SRHR, and HIV into provision of GBV and VAC services.	1.2.1 Describe concepts of poverty, gender, sexual and reproductive health and rights (SRHR), and HIV in GBV- and VAC-related services.
	1.2.2 Describe the linkages between poverty, SRHR, and HIV in GBV- and VAC-related services.
	1.2.3. Use principles of interpersonal communication skills to mitigate GBV and VAC.

2.2 Management of GBV and VAC Survivors

ENABLING OUTCOMES	SUB-ENABLING OUTCOMES
2.1 Employ medical procedures to manage GBV and VAC survivors in health care settings.	2.1.1 Use principles of interpersonal communication skills in managing GBV and VAC survivors.
	2.1.2 Use medical principles to conduct assessments of GBV and VAC survivors in different health care settings.
	2.1.3 Provide preventive and curative therapies to GBV and VAC survivors according to national guidelines.
	2.1.4 Provide appropriate referral to survivors of GBV and VAC.
2.2 Apply medicolegal principles and procedures in management of GBV and VAC survivors.	2.2.1 Manage forensic samples/evidence from GBV and VAC survivors.
	2.2.2 Facilitate chain of custody and documentation of sample/evidence related to GBV and VAC.
	2.2.3 Interpret findings from GBV and VAC survivors before the court of law.

ENABLING OUTCOMES	SUB-ENABLING OUTCOMES
2.3 Integrate principles of psychosocial care and support in management of GBV and VAC survivors.	2.3.1 Analyze principles of psychosocial care and support to GBV and VAC survivors.
	2.3.2 Use principles of psychosocial care and support to provide social support for GBV and VAC survivors and perpetrators.

2.3 Prevention of GBV and VAC

ENABLING OUTCOMES	SUB-ENABLING OUTCOMES
3.1 Utilize principles of demography and gender issues in prevention of GBV and VAC.	3.1.1 Explain levels of GBV and VAC prevention.
	3.1.2 Describe principles and practices in behavior change communication (BCC) for GBV and VAC prevention.
3.2 Utilize principles of life skills in prevention of GBV and VAC.	3.2.1 Describe life skills in the prevention of GBV and VAC.
	3.2.2 Apply life skills in the prevention of GBV and VAC.

2.4 Management of Data for GBV and VAC Services

ENABLING OUTCOMES	SUB-ENABLING OUTCOMES
4.1 Demonstrate skills for data collection and reporting procedure for GBV and VAC services.	4.1.1 Explain procedures for GBV and VAC data collection.
	4.1.2 Explain procedures for GBV and VAC data reporting.
	4.1.3 Apply techniques for data verification.
4.2 Utilize GBV and VAC related data to improve services at the health facility.	4.2.1 Interpret routine data for service improvement.
	4.2.2 Manage and use data for GBV and VAC services for appropriate decision making.
	4.2.3 Provide feedback for improvement for survivor consumption.
4.3 Assess survivor service satisfaction with GBV and VAC services in health care settings.	4.3.1 Use information collection techniques to assess survivor service satisfaction for GBV and VAC services.
	4.3.2 Analyze survivor service satisfaction information for improving GBV and VAC services.
	4.3.3 Provide feedback on survivor service satisfaction for improving GBV and VAC services.

3.0 MODULE COMPETENCIES TO BE ASSESSED

3.1 Introduction to GBV and VAC

SATISFACTORY/ NOT SATISFACTORY	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT (FA) OR SUMMATIVE ASSESSMENT (SA))	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
	1. Sub-Enabling Outcome:						
	1.1.1. Describe concepts related to gender, gender-based violence, and violence against children.						
	<i>Tasks:</i>						
	Define terminologies in relation to GBV and VAC: sex, gender, power, consent, violence, GBV, VAC, SRHR, child, adolescent, victim, survivor, perpetrator, and key population.	√				√	
	Explain types of GBV and VAC.			√			√
	2. Sub-Enabling Outcome:						
	1.1.2 Describe causes, magnitude, and consequences of GBV and VAC.						
	<i>Tasks:</i>						
	Distinguish magnitude of GBV and VAC.					√	√
	Describe ecological model of GBV and VAC.			√			√
	Explain causes of and contributing factors to GBV and VAC.			√		√	
	3. Sub-Enabling Outcome:						
	1.1.3 Discuss public health and human rights concerns in relation to GBV and VAC.						
						√	√

SATISFACTORY/ NOT SATISFACTORY	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT (FA) OR SUMMATIVE ASSESSMENT (SA))	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
	<i>Tasks:</i>						
	Explain sexual and reproductive health and rights (SRHR) as applied to GBV and VAC.			√			
	Identify international, regional, and national laws and policies, including declarations, related to GBV and VAC.	√				√	
	Explain human rights issues concerning key populations.	√				√	
4.	Sub-Enabling Outcome:			√		√	
	1.1.4 Describe the linkages between poverty, SRHR, and HIV in GBV- and VAC-related services.						
	<i>Tasks:</i>						
	Explain the influence of poverty, SRHR, and HIV on GBV- and VAC-related services.	√				√	
	Explain the relationship between poverty and SRHR in GBV and VAC services.	√					
	Conduct comprehensive history for a GBV/ VAC survivor.						
	Perform physical examination of a GBV/ VAC survivor for medical and medico-legal purposes.						
	Conduct investigation and take evidence for medical and medico-legal purposes while maintaining sample integrity.						
	Take samples for DNA testing as evidence for a criminal investigation.						
	Document the process and data collected thoroughly.						
	Conduct comprehensive history for a GBV/ VAC survivor.						
	Perform physical examination of a GBV/ VAC survivor for medical and medico-legal purposes.						

SATISFACTORY/ NOT SATISFACTORY	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK			TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT (FA) OR SUMMATIVE ASSESSMENT (SA))		
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
	5. Sub-Enabling Outcome:			√			√
	2.1.1 Use medical principles to conduct assessments of the GBV and VAC survivors in different health care settings.						
	<i>Tasks:</i>						
	Register GBV and VAC survivors in the registers.			√			√
	Obtain consent from the survivor.			√			√
	Conduct comprehensive history for a GBV/ VAC survivor.				√		
	Perform physical examination of a GBV/ VAC survivor for medical and medico-legal purposes.						
	Conduct investigation and take evidence for medical and medico-legal purposes while maintaining sample integrity.						
	Take samples for DNA testing as evidence for a criminal investigation.						
	Document the process and data collected thoroughly.						

3.2. Management of GBV and VAC Survivors

Sub-Enabling Outcome:							
2.1.2 Provide preventive and curative therapies to GBV and VAC survivors according to national guidelines.							
1.	<i>Task:</i>						
	Provide preventive therapy (PEP, emergency contraception, tetanus toxoid, sexually transmitted infection preventative therapy)	√		√		√	√
Sub-Enabling Outcome:							
2.1.3 Provide appropriate referral to other services for GBV and VAC survivors.							
<i>Tasks:</i>							
2.	Identify other partners of GBV and VAC survivors.			√			√
	Identify type of referral needed.			√			√
	Complete referral form.			√			√
	Refer the survivor.	√		√			
Sub-Enabling Outcome:							
2.2.1 Manage forensic sample/evidence from GBV and VAC survivors.							
<i>Tasks:</i>							
	Collect sample/evidence for forensic investigation.	√					√
3.	Package sample/evidence for forensic investigation (DNA, court of law).						
	Store sample/ evidence.			√			√
	Transport sample to forensic laboratory for analysis.						
	Analyze laboratory findings and present to the court of law.			√			√
	Document evidence.	√		√			

S/N	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT OR SUMMATIVE ASSESSMENT)	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
	Sub-Enabling Outcome: 2.2.2 Facilitate chain of custody and documentation of sample/evidence related to GBV and VAC						
	<i>Tasks:</i>						
	Analyze the elements of chain of custody.			√		√	
	Maintain sample integrity and avoid tampering of the sample.			√		√	
	Fill out chain of custody forms.			√		√	
	Sub-Enabling Outcome: Interpret findings from GBV and VAC survivors before a court of law.						
	<i>Tasks:</i>						
	Aggregate GBV and VAC assessment findings.						
	Compile GBV and VAC assessment findings.						
	Present GBV and VAC findings before the court of law.						
4.	Sub-Enabling Outcome: 2.3.1 Analyze principles of psychosocial care and support to GBV and VAC survivors.						
	<i>Tasks:</i>						
	Explain the concepts of psychosocial care and support to GBV and VAC survivors.						
	Differentiate procedures and guidelines for counseling GBV and VAC survivors.						
	Identify limitations of psychosocial care and support to GBV and VAC survivors.						
	Identify elements of psychosocial care and support to GBV and VAC survivors.						

S/N	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT OR SUMMATIVE ASSESSMENT)	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA

Sub-Enabling Outcome:

2.3.2 Use principles of psychosocial care and support to provide social support for GBV and VAC survivors and perpetrators.

Tasks:

Refer GBV and VAC survivor to other related services.

Follow up the services provided to GBV and VAC survivors.

3.3 Prevention of GBV and VAC

S/N	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT OR SUMMATIVE ASSESSMENT)	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
1.	Sub-Enabling Outcome:						
	3.1.1 Explain levels of GBV and VAC prevention.						
	<i>Tasks:</i>						
	Define prevention.			√		√	
	Explain primordial prevention of GBV and VAC.	√				√	
	Explain primary prevention of GBV and VAC.			√			√
	Describe secondary prevention of GBV and VAC.			√		√	
	Explain tertiary prevention in GBV and VAC prevention.						
	Sub-Enabling Outcome:			√		√	
	3.1.2 Describe principles and practices in behavior change communication (BCC) for GBV and VAC prevention.						
	<i>Tasks:</i>						
	Define BCC.			√			√
	Describe the BCC model in prevention of GBV and VAC.			√		√	
	Use the BCC model to change behavior in GBV and VAC prevention.			√			√

S/N	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT OR SUMMATIVE ASSESSMENT)	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
	Sub-Enabling Outcome:						
	3.2.1 Describe life skills in prevention of GBV and VAC.						
	<i>Tasks:</i>						
	Define life skills.	√				√	
	Identify essential life skills in prevention of GBV and VAC.			√			√
	Demonstrate appropriate life skills in prevention of GBV and VAC.						
	Sub-Enabling Outcome:						
	3.2.2 Facilitate chain of custody and documentation of sample/evidence related to GBV and VAC.						
	<i>Tasks:</i>						
	Analyze the elements of chain of custody.		√				√
	Maintain sample integrity and avoid tampering of sample.	√				√	
	Fill out chain of custody forms.			√			√

3.4 Management of Data for GBV and VAC Services

S/N	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT OR SUMMATIVE ASSESSMENT)	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
1.	Sub-Enabling Outcome:						
	4.1.1 Explain procedures for GBV and VAC data collection.						
	<i>Tasks:</i>						
	Identify relevant tools for GBV and VAC data collection.			√		√	
	Describe procedures for data recording in GBV and VAC services.			√		√	
	Describe proper storage of data collection tools for GBV and VAC services.			√		√	
3.	Sub-Enabling Outcome:						
	4.1.2 Explain procedures for GBV and VAC data reporting.						
	<i>Tasks:</i>						
	Identify relevant tools for GBV and VAC reporting.			√		√	
	Describe procedures for report compilation in GBV and VAC services.						
	Describe proper storage of reporting tools for GBV and VAC services.						

S/N	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT OR SUMMATIVE ASSESSMENT)	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
4.	Sub-Enabling Outcome:						
	4.1.3 Apply techniques for data verification.						
	<i>Tasks:</i>						
	Identify possible source of errors in GBV and VAC reports.			√		√	
	Demonstrate techniques for data verification.		√			√	
	Sub-Enabling Outcome:						
	4.2.1 Interpret routine data for service improvement.						
	<i>Tasks:</i>						
	Identify GBV- and VAC-related indicators.	√				√	
	Extract indicator for relevant information and analysis.	√				√	
	Interpret data to inform decision-making for improving services.				√		√
	Sub-Enabling Outcome:						
	4.2.2 Manage and use data for GBV and VAC services for appropriate decision making.						
	<i>Tasks:</i>						
	Identify data gaps for improvement in accordance with the finding.	√				√	
	Outline actions for correcting the identified gap.	√				√	
	Implement corrective actions.			√			
	Sub-Enabling Outcome:						
	4.2.3 Provide feedback on survivor service satisfaction for improving GBV and VAC services.						
	<i>Tasks:</i>						

S/N	SUB-ENABLING OUTCOMES AND ASSOCIATED TASKS	LEVEL OF COMPETENCE OF ASSESSMENT TASK				TIMING OF ASSESSMENT TASKS (FORMATIVE ASSESSMENT OR SUMMATIVE ASSESSMENT)	
		Knowledge	Skills	Understanding	Wider attributes	FA	SA
	Identify targeted audience for feedback.			√		√	
	Identify methods for feedback dissemination.				√		√
	Disseminate feedback to the relevant targeted group.				√	√	
	Sub-Enabling Outcome:						
	4.3.1 Use information collection techniques to assess client services satisfaction with GBV and VAC services.						
	<i>Tasks:</i>						
	Identify techniques for information collection.		√				√
	Identify tools used for client services satisfaction information collection.			√		√	
	Demonstrate skills for collection of client services satisfaction information.				√	√	
	Sub-Enabling Outcome:						
	4.3.2 Analyze client services satisfaction information to improve GBV and VAC services.						
	<i>Tasks:</i>						
	Identify gaps in provision of GBV and VAC services using evidence-based information.	√				√	
	Prepare report for sharing experiences and lessons learned.	√				√	
	Establish improvement plan for GBV and VAC services.	√				√	

4.0 ASSESSMENT INSTRUCTIONS AND RUBRIC

Duration, Number of Questions, Marks Distribution, and Sections

1. Assessment will be conducted using four methods. The pre- and post-tests, training assignments, microteaching, and OSPE will follow the completion of training modules.
2. Each assessment is assigned a different percentage of points that will contribute to the final score:
 - a. Pre- and post-tests: 20%
 - b. Training assignments: 10%
 - c. Microteaching: 30%
 - d. OSPE: 40%
3. The duration for the pre- and post-tests will be 10 to 20 minutes each. Microteaching and OSPE will take 2 hours.
4. OSPE tests will contain five questions each. Candidates will be required to answer all five questions. The number of questions in the pre- and post-tests will vary depending on the size of the module. These assignments will be integral to the module sessions.

ASSESSMENT TESTS

5.0 PRE- AND POST-TEST QUESTIONS

Module 1: Pre/Post Test

Participant Identification Number _____

Time: 30 minutes

1.1.1

a) Define the following terms.

i) Gender

ii) Sex

iii) Violence

iv) Gender-based violence

b) List any four gender roles performed by men and women in a home setting.

Men

Women

c) Who is most affected by GBV in the Tanzanian setting?

d) List the most common perpetrators of child sexual assault:

1.1.2

a) What is the magnitude of GBV in Tanzania?

b) Which two regions have the highest GBV prevalence in Tanzania?

c) List types of GBV that you are aware of:

1.1.3

a) What are any three known causal factors associated with GBV in Tanzania?

b) Define the term sexual and reproductive health and rights (SRHR) in relation to GBV and VAC:

c) List some of the Tanzanian national laws that may condone VAC:

1.1.4

- a) List some of social and economic consequences that survivors may experience as a result of GBV and VAC.

1.1.5

Mark true (T) or false (F) for the following statements that describe the link between poverty, GBV, VAC, and HIV.

- a. Lack of financial means to meet one's needs
- b. Inability to take care of children's needs
- c. Women and children being subject to their financial supporters
- d. Men's inability to handle family matters

Module 1: Pre/Post Test Answers

1.1.1

a) Define the following terms:

- i) **Gender:** A socially constructed concept of the roles, norms, and expectations associated with being a female or a male.
- ii) **Sex:** Physical/biological differences between males and females.
- iii) **Violence:** The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (WHO 2002).
- iv) **Gender-based violence:** Violence that is directed against a person on the basis of gender or sex. It is essentially abuse of power and includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty.

b) Gender roles performed by men and women in a Tanzanian home setting:

Men	Women
Building the dwelling	Cooking for the family
Helping his wife during pregnancy	Taking care of children/hygiene
Carrying heavy loads	Taking under five-year-old children to well-baby clinics
Cleaning the house	
Decision making	

c) The most affected by GBV:

- i. Women
- ii. Children

d) Perpetrators of child sexual assault:

- i. People they know and trust (but are not family members). For example, family friends, babysitters, childcare providers, neighbors.
- ii. Family members. For example, fathers, brothers, uncles, cousins.
- iii. Strangers to the child.

1.1.2

a) Magnitude of GBV in Tanzania?

30%–60% of women (Tanzania Demographic Health Survey, 2010)

b) Two regions ranking highest in GBV in Tanzania?

In Mara and Dodoma the prevalence is 70+%.

c) List types of GBV that you are aware of:

Physical

Sexual

Psychological

Emotional

(Saltzman et al. 2002)

1.1.3

a) Factors associated with GBV in Tanzania?

i) Poverty

When an individual is poor s/he is likely to be a victim of abuse since s/he has to depend on someone else for his/her survival. The person s/he depends on may perpetrate different types of abuse.

ii) Cultural norms

The traditional cultures of some tribes condone abuse/violence against women; for example, female genital mutilation/cutting in the Mara and Rombo regions.

iii) Gender inequality

In many societies, males are considered superior to females. This can result in power imbalances and in some cases can lead to GBV.

iv) Low education

Low education of women, similar to poverty, makes them prone to becoming victims of GBV because they may not have the financial power to do things without depending on men.

b) SRHR means:

The right of men and women to be informed about and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility that are not illegal; and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

- c) Tanzanian national laws that may condone VAC:
- i) Law No 13 of 1971 allows females 14 years of age to get married with parental permission (URT, 1971)
 - ii) Penal code of 2002 regarding "sexual offence special provision act" also provides a chapter similar to the above (URT, 2002).

1.1.4

- a) Social and economic consequences that survivors may experience as a result of GBV and VAC:
- i) Contracting sexually transmitted infections including HIV, which is costly to manage
 - ii) Becoming infertile
 - iii) Incurring expenses for health, legal, police, and other services
 - iv) Being segregated by peers
 - v) Becoming ineligible for marriage in some cultures
 - vi) Becoming pregnant
 - vii) Negative impact on the welfare and education of children.

1.1.5

The following are the mechanisms by which poverty contributes to GBV, VAC, and the increase of the HIV infection among vulnerable population groups. Mark true (T) or false (F) against the following statements.

- Lack of financial means to meet one's needs (T)
- Inability to take care of children's needs (T)
- Subjecting oneself to a financial supporter (T)
- Men's' inability to handle family matters (T)

Module 2: Pre/Post Test

Participant Identification Number _____

Time: 10 minutes

Circle the option that provides the correct ending to the statement provided.

- 1.** Interpersonal communication is a process by which:
 - a. People exchange information through verbal language.
 - b. People exchange information, feelings, and meaning through verbal and nonverbal messages.
 - c. People exchange feelings through nonverbal language.
 - d. One person communicates with many people through television and radio.

- 2.** Self-awareness is important because it:
 - a. is a good behavior.
 - b. provides the basis for respecting the immediate supervisor.
 - c. is knowledge of own strengths and weaknesses which helps in providing good service.
 - d. reduces frustration at work.

- 3.** Values are beliefs and opinions that a person stands for, and values determine:
 - a. The manner people value other people regardless of their race, gender, tribe or any other differences.
 - b. People's health and wealth.
 - c. Level of education and types of employment.
 - d. Life skills and change in behavior communication.

- 4.** A safety plan for GBV and VAC survivors is important to:
 - a. Ensure safety for GBV and VAC survivors and their families.
 - b. Ensure adequate care and protection of GBV or VAC survivor.
 - c. Implement wishes of perpetrators.
 - d. Make GBV or VAC survivors self-reliant.

- 5.** The following are basic principles for providing care to GBV and VAC
 - a. Ensure safety
 - b. Ensure nondiscrimination
 - c. Identify the perpetrators
 - d. Ensure confidentiality

- 6.** The following screening method is recommended for GBV and VAC in Tanzania:
 - a. Selective screening
 - b. Routine screening

- c. Mass screening
 - d. Individual screening
- 7.** Preventive medical treatment for a rape survivor:
- a. HIV PEP
 - a. Emergency contraceptives
 - b. Physical examination
 - c. Counselling
- 8.** The following are assessed in a mental status examination
- a. Appearance
 - b. Behavior
 - c. Head to toe
 - d. Mood
- 9.** These are important when collecting forensic evidence
- a. Consent
 - b. Privacy
 - c. Pictograms
 - d. All of the above
- 10.** The following are basic psychosocial needs for a GBV survivor
- a. Shelter
 - b. Food
 - a. Safety and Security
 - b. All of the above

Module 2: Pre/Post Test Answers

- 1. B
- 2. C
- 3. A
- 4. B
- 5. A,B, and D
- 6. A
- 7. A, B
- 8. A,B, and D
- 9. D
- 10. D

Module 3: Pre/Post Test

Participant Identification Number _____

Time: 20 minutes

1. GBV and VAC can be prevented by (*circle all correct answers*)
 - a. Helping communities organize GBV committees to reduce harmful traditional practices, behaviors, and customs.
 - b. Educating parents to increase their knowledge and understanding of children's growth and development and teach them about managing homes and families.
 - c. Increasing parents' skills in coping with the stresses of caring for children with special needs.
 - d. Conducting life skills training that helps children and young adults learn interpersonal communication skills.
 - e. Solving GBV and VAC cases using the traditional system and not the criminal justice system.
2. Behavior change communication (BCC) is a process that motivates people to:
 - a. Improve the living conditions of all people in society.
 - b. Adopt and sustain healthy behaviors and lifestyles to improve people's health and well-being, including eliminating GBV and VAC.
 - c. Change the manner in which women change the behaviors of men and other people in society.
3. Please circle the sentence or sentences below that you think are not BCC methods:
 - a. Interpersonal communication is the preferred choice for targeted interventions as it involves a sustained contact and communication with the target population.
 - b. Advocating for promotion of multicultural and interpersonal communication skills development.
 - c. Using mass media to support interpersonal communication efforts and create an enabling environment.
 - d. Conducting community-based campaigns on using mobile phones to address GBV and VAC.
4. The following are BCC challenges except:
 - a. Living in small towns
 - b. Culture
 - c. Behaviors
 - d. Social norms
 - e. Poverty
 - f. Beliefs

5. These are examples of primary prevention:
 - a. Sensitize and advocate for raising community awareness of various aspects of GBV
 - b. Screening patients/clients to detect forms of GBV.
 - c. Provision of shelter and legal support
 - d. Advocate for gender equality

Module 3: Pre/Post Test Answers

1. a, b, c, d
2. B
3. b, d
4. a, e
5. a

Module 4: Pre/Post Test

Participant Identification Number _____

Time: 10 minutes

1. Which one is NOT a tool used for GBV and VAC data collection?
(circle all correct answers):
 - a. Tally sheet
 - b. Consent Form
 - c. Tanzania Police Force Medical Examination Report (PF3)
 - d. The national policy guidelines for health sector prevention and response to GBV and VAC

2. Describe the procedure for supportive supervision:

3. Procedures for proper storage of data collection tools include
(circle all correct answers):
 - a. Storing empty tools in a dry safe place
 - b. Keeping empty tools easily accessible
 - c. Locking filled data collection tools in a safe place
 - d. Keeping a folder of filled tools on a desk

4. Describe the flow of data from the facility level to national level:

Module 4: Pre/Post Test Answers

1. d
2. The supportive supervision tool can be used at all levels of GBV and VAC service provision by any supervisor, including the community. Every supportive supervision should conclude with a report showing action points and timelines.
3. a, b,c
4. Data flows from the health facilities to district councils and then up to the regional and national levels of the MOHCDGEC/RCHS. The national level compiles quarterly and annual reports which are disseminated back down through the various levels.

6.0 OBJECTIVE STRUCTURED PRACTICAL EXAMINATION SCENARIOS

6.1 Preparing OSPE Assessment Stations

Following the delivery of all training modules, Facilitators will prepare the OSPE stations. Participants will encounter a GBV/VAC scenario at each station where they will interact with the expert patient who will play the role of the GBV/VAC survivor.

6.2 Conducting OSPE

The participant is expected to assess the “survivor” using the methods learned during the training and should respond with the appropriate intervention for the scenario.

The assessor will use the SOPs and criteria set for every scenario to assess and score the participants.

OSPE Station No: 1

SCENARIO: Obtaining Consent from a GBV/VAC Survivor

Mrs. G, aged 25 years, reported to you after she was raped by a stranger earlier today. You want to collect forensic evidence in addition to basic service provision.

TASK

Obtain consent from Mrs. G.

OSPE Station No: 2

SCENARIO: Referring a GBV/VAC Survivor

You attend to Mrs. D, who gives a history that includes many years of abuse by her husband. Following a thorough history taking and screening, you note that she is in need of further case management.

TASK

Apply the skills needed to refer Mrs. D to additional case management services.

OSPE Station No: 3

SCENARIO: Obtaining a Forensic Sample

Ms. W, aged 19 years, has been sexually abused by her boss. She has already consented to a physical exam.

TASK

Obtain a forensic specimen from her genitalia.

OSPE Station No: 4

SCENARIO: Provision of Emergency Contraceptives

Miss Z, aged 12 years, has just finished standard seven. Miss Z's aunt brought her to your center after she was raped.

TASK

Give Miss Z emergency contraceptive.

OSPE Station No: 5

SCENARIO: Developing a Safety Plan with a GBV/VAC Survivor

You are attending to Mrs. K, who has been abused by her partner for a long time. She is worried for her life and her children.

TASK

Demonstrate how you will develop a safety plan for Mrs. K.

OSPE Station No: 6

SCENARIO: Provision of Post-Exposure Prophylaxis (PEP) within 72 Hours of an Assault

Ms. S, aged 17, was assaulted 24 hours ago by a classmate at boarding school.

TASK

Discuss the option for PEP provision with Ms. S.

OSPE Station No: 7

SCENARIO: Counseling a GBV/VAC Survivor

Mr. H, age 22, was sexually abused (sodomy) by a close relative in his home two days ago.

TASK

Deliver trauma counseling to Mr. H.

OSPE Station No: 8

SCENARIO: Filling in a GBV Medical Form

Ms. R, aged 45 years, presented at your center with a sustained leg fracture and a high level of stress.

TASK

Please take your time to fill in a GBV medical form for this client.

6.3 Assessment/Scoring Criteria for OSPE Scenarios

Instructions for Rating Participants

For each scenario above, rate the participant on a scale of 1 to 5. Where:

- 1 = Poor score
- 2 = Weak score
- 3 = Average score
- 4 = Good score
- 5 = Excellent score

Criteria are indicated for each scenario. Rate the participant's performance according to the above scale by recording the score in the appropriate column. Add the scores together to obtain the total score and calculate the percentage score by using the total possible points as the denominator and the total obtained points as the numerator.

SCENARIO NO 1: Obtaining Consent from a GBV/VAC Survivor

STEP	CRITERIA	POOR 1	WEAK 2	AVERAGE 3	GOOD 4	EXCELLENT 5
1	Introduces himself/ herself and explains the importance of informed consent to the client.					
2	Informs the survivor and his/her family on the rights that correspond to GBV.					
3	Explains the procedures for gathering forensic evidence and that any evidence gathered may be used in court.					
4	Strives to make sure the survivor understands the information given.					
5	Allows the survivor to ask any questions.					
6	Clarifies clients' issues regarding consent					
7	Helps/guides client where to write signature on consent agreement					
TOTAL SCORE						

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

SCENARIO NO 2: Referring a GBV/VAC Survivor

STEP	CRITERIA	Poor 1	Weak 2	Average 3	Good 4	Excellent 5
1	Introduces himself/herself and explains the need for the procedure.					
2	Identifies the list of all possible needs of survivors that may require referral in terms of security and protection needs.					
3	Identifies the list of all possible needs of survivors that may require referral in terms of legal needs.					
4	Identifies the list of all possible needs of survivors that may require referral in terms of psychological needs.					
5	Identifies the list of all possible needs of survivors that may require referral in terms of medical needs.					
6	Identifies the cause for which the survivor needs to be referred.					
7	Is observed be aware of the directory of other services for a survivor, its location and contact details of the place or person offering the service.					
8	Explains to the survivor the importance of referral and where the service is available in the survivor's setting.					
9	Obtains verbal consent from the survivor for the particular referral and where the service is available.					
10	Provides the required referral and arrange for follow-up.					
TOTAL SCORE						

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

SCENARIO NO 3: Obtaining a Forensic Sample

STEP	CRITERIA	POOR 1	WEAK 2	AVERAGE 3	GOOD 4	EXCELLENT 5
1	Considers the safety and privacy of the survivor on his/her position for taking the specimen.					
2	Asks survivor to assume the position.					
3	Avoids contamination by wearing gloves.					
4	Takes the specimen at the right site.					
5	Label's the specimen correctly.					
6	Ensures proper specimen handling, packing, and storage (e.g., fluids refrigerated).					
7	Documents collection in the survivor's file					
8	Keeps records on specimens confidential.					
9	Assists client to return to normal position.					
10	Thanks the survivor at the end of procedure.					
TOTAL SCORE						

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

SCENARIO NO 4: Provision of Emergency Contraceptives

STEP	CRITERIA	POOR 1	WEAK 2	AVERAGE 3	GOOD 4	EXCELLENT 5
1	Introduces self and establishes rapport with the survivor.					
2	Considers the safety and privacy of the survivor.					
3	Asks survivor for a brief explanation on his/her health needs and problems.					
4	Shows sensitivity, understanding, and willingness to listen to the concerns of the survivor.					
5	Takes detailed statements from the survivor.					
6	Uses polite and familiar language.					
7	Informs the survivor of the necessity for emergency contraceptives after an experience of sexual violence.					
8	Asks the survivor about her last normal menstrual period and current contraceptive use.					
9	Asks client's permission to perform a pregnancy test.					
10	Offers emergency contraceptive counseling for an informed decision on choice of the available contraceptives on site.					
11	Provides the contraceptives of choice to a non-pregnant client.					
12	Schedules the next visit (six weeks after the sexual violence event) to perform another pregnancy test.					
13	Keeps survivor's information confidential.					
14	Thanks the survivor at the end of reception and initial management.					
TOTAL SCORE						

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

SCENARIO NO 5: Developing a Safety Plan with a GBV/VAC Survivor

STEP	CRITERIA	POOR	WEAK	AVERAGE	GOOD	EXCELLENT
		1	2	3	4	5
1	Introduces self and establishes rapport.					
2	Considers the safety and privacy of the survivor.					
3	Asks the survivor for a brief explanation of his/her health needs and medical problems.					
4	Shows sensitivity, understanding and willingness to listen to the concerns of the survivor.					
5	Takes detailed statements from the survivor.					
6	Uses polite and familiar language to explain elements of safety in relationships					
7	Informs survivor about places to avoid when abuse starts (such as kitchen, etc.)					
8	Informs the survivor about where to turn for help.					
9	Informs survivor about keeping important phone numbers/documents in one place and where to hide them.					
10	Informs the survivor how to keep the children safe when abuse starts.					
11	Informs the survivor to let someone know about the abuse so that it can be recorded.					
12	Informs survivor about how to leave in an emergency (e.g., packing an emergency bag, plans for transport, clothes and documents).					
13	Informs the survivor about safety when a relationship is over (e.g., changes in contact details, informing new employer, etc.)					
TOTAL SCORE						

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

SCENARIO NO 6: Provision of Post-Exposure Prophylaxis (PEP) within 72 Hours of an Assault

STEP	CRITERIA	POOR 1	WEAK 2	AVERAGE 3	GOOD 4	EXCELLENT 5
1	Introduces self and establishes rapport.					
2	Considers the safety and privacy of the survivor on the position for taking the specimen.					
3	Counsels the survivor and recommends HIV testing.					
4	Asks for consent to conduct HIV test.					
5	Informs further about pre-HIV test counseling after consent is made.					
6	Guides client through the test to be performed.					
7	Provides information about PEP to the client.					
8	Provides follow-up dates after 3 months					
9	Counsels client on how to stay HIV-negative.					
10	Thanks the survivor at the end of the session.					
TOTAL SCORE						50

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

SCENARIO NO 7: Counseling a GBV/VAC Survivor

STEP	CRITERIA	POOR	WEAK	AVERAGE	GOOD	EXCELLENT
		1	2	3	4	5
1	Introduces himself/ herself, greets survivor and ensures confidentiality.					
2	Encourages survivor to tell his/her story.					
3	Focuses on the survivor's emotions.					
4	Focuses on the survivor's strengths, interests, and goals.					
5	Focuses on positive coping strategies for the survivor.					
6	Focuses on the survivor's confidence, self-worth, and self-esteem.					
7	Plans for the survivor's way forward, and return for follow-up.					
8	Focuses on referrals.					
TOTAL SCORE						

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

SCENARIO NO 8: Filling in a GBV Medical Form and GBV Register

STEP	CRITERIA	POOR 1	WEAK 2	AVERAGE 3	GOOD 4	EXCELLENT 5
1	Fills in the registration number.					
2	Fills in the residence.					
3	Fills in age as per documented survivors' file/case note.					
4	Fills in the survivor's contact address.					
5	Fills in the facility name and district.					
6	Fills in type of violence as per documented survivor's file/case notes.					
7	Fills in type of treatment as per documented survivor's file/case notes.					
8	Keeps the GBV medical form and GBV register safe and confidential.					
TOTAL SCORE						

Participant Score: _____

Total Possible Points: _____

Percentage Score: _____

REMARKS BY ASSESSOR: _____

ASSESSOR'S SIGNATURE: _____

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