

A PRACTICAL GUIDE

Getting it Right!

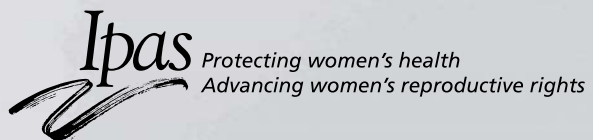
to evaluating and improving
health services for women
victims and survivors of
sexual violence

Erika Troncoso

Deborah L. Billings

Olivia Ortiz

Cuautli Suárez



Mission

Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive health choices.

Key words

Sexual violence, rape, health care

Suggested citation:

Troncoso, Erika, Deborah L. Billings, Olivia Ortiz, and Cuautli Suárez. 2006. *Getting It Right! A practical guide to evaluating and improving health services for women victims and survivors of sexual violence*. Chapel Hill, NC, Ipas.

Also available in Spanish:

Troncoso, Erika, Deborah L. Billings, Olivia Ortiz, y Cuautli Suárez. 2006. *¡Ver y atender! Guía práctica para conocer cómo funcionan los servicios de salud para mujeres víctimas y sobrevivientes de violencia sexual*. Chapel Hill, NC, Ipas.

Acknowledgements

This guide was developed with the support of individuals who contributed their time, experience, commitment and knowledge. The authors would like to offer special thanks to the Ipas country teams in Latin America that collaborated on this project: in Bolivia, Eliana del Pozo, Malena Morales and Hugo Arévalo; in Brazil, Leila Adesse, Jefferson Drezett, Andrea Barreto, Edlaine de Campos Gomes and Marcelo Natividade; in Mexico, Raffaella Schiavon, Claudia Moreno and Rosanne Rushing; in Nicaragua, Marta María Blandón, Karen Padilla, Cecilia Medal and María Teresa Ochoa Espinoza; and finally, at Ipas North Carolina, Virginia Chambers and Christopher Bross.

We would also like to express our gratitude to all those individuals who were interviewed as part of this project, as well as to the hospital staff who so generously allowed us to conduct the necessary tests to finish the project and the development of this guide.

This project was made possible through the generous support of the United Nations Population Fund (UNFPA), Project RLA5G103.

Mexico, D.F., June 2008.

Ipas

P.O. Box 5027, Chapel Hill, NC 27514 USA

Tel. 800.334.8446 • Fax 919.929.0258 • Email: ipas@ipas.org

www.ipas.org

Available for download at: www.ipas.org/publications/Getting_It_Right_A_Practical_Guide_to_Evaluating_and_Improving_Health_Services_for_Women_Victims_and_Survivors_of_Sexual_Violence.aspx

Translator: Lisette Silva

Editors: Will Alexander and Rebecca Giguere

Graphic designer: Jesús García.

This publication may be reproduced in whole or in part, without permission, provided the material is distributed free of charge and the source is acknowledged. To request additional copies, please contact: ipas@ipas.org

Abbreviations and acronyms	4
Introduction	5
Practical guide	8
Components of health care provided to women VSSV	14
Policy and legal components.....	15
Health services component	25
Organizational component	54
Results analysis and reflections.....	57
Help us improve: Please evaluate this guide!.....	61
Available resources and references	63
Annexes	
Logical framework of the regional project	66
Adaptation of the list of medications and equipment recommended by the World Health Organization (WHO) for providing health care to VSSV	68

EC	Emergency contraception
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
NGO/CSO	Nongovernmental organization/civil society organization
PAHO	Pan American Health Organization
STI	Sexually transmitted infections
SV	Sexual violence
UNFPA	United Nations Population Fund
VSSV	Victims and survivors of sexual violence
WHO	World Health Organization

It is estimated that between one and 12 percent of women worldwide have been forced to have sex or to engage in sexual acts unwillingly at some point in their lifetime, while 29 to 69 percent of women have suffered physical or sexual violence perpetrated by their partners.¹ Recent acknowledgement of the gravity of this type of aggression, as well as actions taken to strengthen gender policies, have enabled health services to play an important role in meeting women's needs. Victims of violence have always sought health care,² however, sexual violence has only recently been identified as a public-health problem. Quality care for victims of sexual violence is a human right. As such, victims must receive dignified treatment at health facilities, and providers require adequate training to be able to offer high-quality services that meet women's full range of needs.

In response to this situation, Ipas has implemented a strategy to improve the quality of care offered at health facilities to women victims and survivors of sexual violence (VSSV) by developing a model of comprehensive care. This model improves health services and describes ways to create partnerships with legal, social and counseling services. Each of these components focuses on the needs of women who have been raped.^{3,4} Our model (see Figure 1 below) was developed based on lessons learned, best practices and a global literature review.

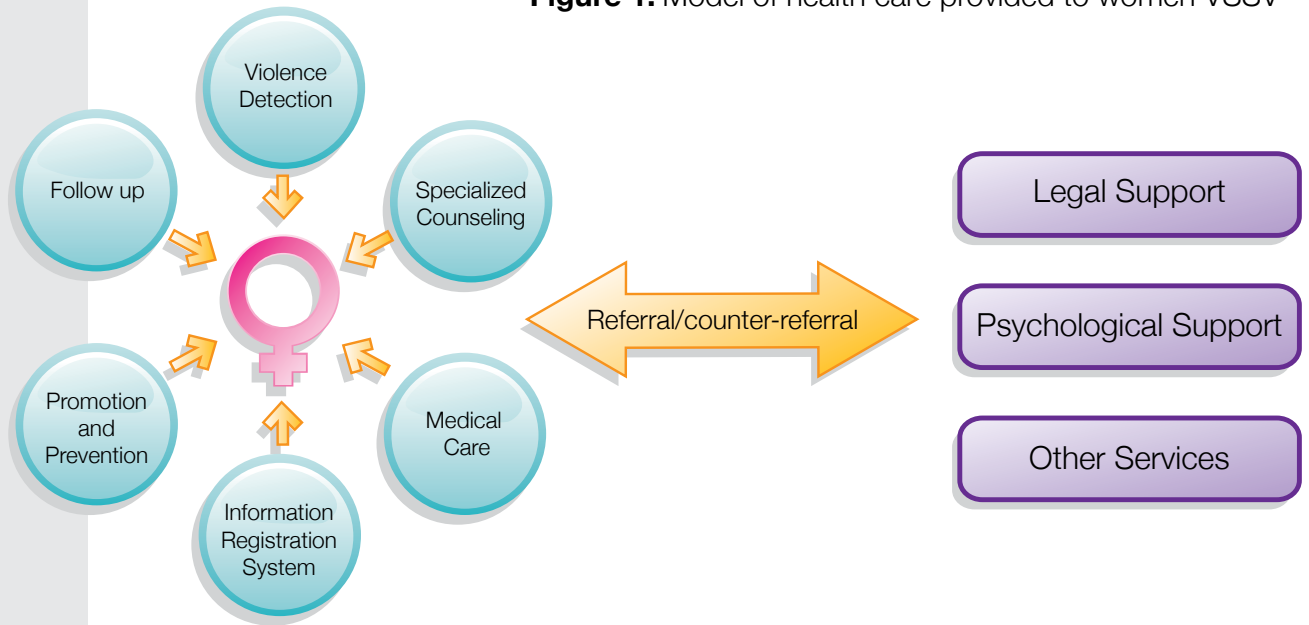
1 Estimates on the number of victims of violence often vary depending on the methodology used to measure them. For more information, please consult the documents on sexual violence developed by the World Health Organization and other agencies of the United Nations. The annex at the end of this document contains a list of available resources with their corresponding Internet links.

2 There is an open dialogue on the use of the term "victim of sexual violence," which presupposes a victimization of the individual. In this document, however, the authors chose to use this term due to its connotations in legal and policy frameworks. Additionally, unless otherwise specified, the term "women victims of sexual violence" will include adolescent females as well, as adult women.


3 This guide focuses on the needs of adolescent and adult women. For more details, see the following section.

4 While the term "sexual violence" is used throughout this guide, the logical framework and instruments focus primarily on short and medium-range health care provided to women who have been victims of rape.

Figure 1: Model of health care provided to women VSSV



Medical care	Specialized counseling
<ul style="list-style-type: none"> • legal abortion • prenatal care • treatment of wounds and injuries • emergency contraception • pregnancy tests • diagnostic tests, chemoprophylaxis and treatment of sexually transmitted infections (STI) and human immunodeficiency virus (HIV) • collection and analysis of legal samples 	<ul style="list-style-type: none"> • risk assessment and safety plan • crisis management • information on legal options and clinical care



A logical framework was developed based on the model shown above. The framework includes operational definitions, objectives and indicators that measure the status of health services provided to women VSSV (see Annex 1). This framework was the basis for developing this guide, which contains a series of five instruments or tools that will help the user understand how health-care services provided to women VSSV function. These instruments resulted from tests conducted in 2005 and 2006 by Ipas country teams in Bolivia, Brazil, Nicaragua and Mexico.

The instruments in this guide focus on three essential aspects of health care provided to women VSSV:

- policy and legal frameworks
- health services
- multisectoral work strategies

It includes instruments or tools that teach the user about:

- policies and laws currently in force
- services offered to women VSSV
- providers' experiences
- women's perceptions of the quality of care
- mechanisms used to coordinate actions to facilitate multisectoral work

The authors recommend using this guide as a starting point to learn how health services function. It may also serve as a reference on what health facilities are able to offer and could integrate into their health-care programs. It is important to make any necessary modifications to the guide to fit the context of each facility.

Purpose

Public health services for women VSSV are not yet available in every region of the world. In many cases these services are new and require ongoing improvement and evaluation, which must be based on legal and policy frameworks, as well as recommendations made by health-services directors, presenting women and other stakeholders. This guide offers an opportunity to identify areas for improvement and to learn from the practices that have proven to be beneficial in different contexts. In addition, thoughtful application of the instruments included in this guide will allow for more reflection on this matter, which may lead to improved practices and to the delivery of improved services for women.

The guide is also useful for disseminating successful practices among health facilities. We caution users from using the data or results in ways that can make health-care providers feel unqualified for their jobs, as this can generate resistance to new services and, ultimately, could be counterproductive. Users should be aware that sexual violence has only recently been systematically integrated as a public health problem into health programs in many countries.

In short, every site can benefit from the instruments included in this guide.

These instruments will allow sites to:

- get to know the legal and policy frameworks that protect women VSSV and that guide the provision of health services;
- become familiar with the arguments used to support legislative and policy changes that can strengthen and support the provision of health services;
- understand how services are provided in health facilities;
- identify staff and infrastructure needs;
- encourage and value the work of staff serving women VSSV;
- know which areas can be improved at each site;
- understand the challenges and identify the needs of facilities serving women VSSV;
- participate in advocacy and lobbying processes to seek financial resources through ministries of health or other authorities.

Basis for developing this guide

This guide is based on a health-care model that prioritizes meeting women's needs in legal, social or health settings, which should be linked by a woman-centered referral system.

This guide was developed based on experiences across Latin America and other regions, through organizations such as the International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR), the United Nations Population Fund (UNFPA), the Pan American Health Organization (PAHO), and Ipas Brazil, together with the Program of Support to Sexuality and Reproductive Health Projects (Prosare) and the Medical Research Council in South Africa.⁵ Ipas offices in Latin America (Bolivia, Brazil, Nicaragua and Mexico) tested each instrument — designed based on previous revisions of indicators — and offered suggestions for creating a guide that reflects the actual needs of women VSSV in health-care settings in different contexts.

What is included

This guide is designed to answer three basic questions:

- What do current legal and policy frameworks relevant to the treatment of women VSSV state?
- Who is providing services, what kinds of services are they providing and how do health services for women VSSV operate?
- What strategies are being used to integrate actions intended to improve health services for women VSSV?

⁵ The list of resources at the end of this guide includes citations and, in most cases, website links for accessing these documents.

What is not included

The instruments in this guide do not replace national or global strategies to measure the magnitude of sexual violence, nor do they measure the incidence of violence perpetrated against women. Toward these ends, some countries have conducted national surveys inquiring about different aspects of this phenomenon. These strategies usually seek information on intimate-partner violence, sexual abuse and child abuse, while the instruments in this guide aim to map the services provided to women VSSV only.⁶ Mapping services will allow facilities to determine whether they comply with the minimum indicators for providing care to women VSSV and serves as a starting point to reflect on how to improve services and how to identify accomplishments and progress.

This guide is intended for health facilities that need to measure the quality of care they provide to both adult and adolescent female victims. Treatment of child sexual abuse requires strategies to meet the specific needs of children. It is important to review the current legislation in different countries to become familiar with the legal limitations based on age, which could affect the services younger women receive. Furthermore, since the guide focuses on the services offered to women, different tools are needed to learn about services for the male VSSV population.

This guide focuses on learning how health services function, especially services in the public sector. The current judicial regulations must be considered in settings where health services provided to women are subject to reporting (for example, where legal abortion services depend on a determination of rape or sexual violence). For this reason, the guide includes a section aimed at identifying the links between legal and health sectors. These sectors must work together to meet women's needs and ensure women's right to comprehensive health care. In addition, another aspect to consider is the work that nongovernmental organizations (NGOs) carry out with women, especially with women who do not immediately report the crime and seek help years after suffering acts of violence.

⁶ See the list of additional references at the end of this guide to learn about other documents that address issues of incidence and experiences of gender-based violence.

Target audiences

This guide is intended for facilities that provide health services to women VSSV, including potentially every health facility that aims to measure the quality of services it provides to this specific population.

It will also be useful to nongovernmental organizations (NGOs) that want to determine which services are provided to women VSSV and which women VSSV have access to health services. Globally, civil-society organizations have played an important role in various aspects of service provision to women VSSV. They have provided care to neglected and marginalized populations, and they have brought government authorities' attention to the need for public health systems that are sensitive to women's needs.

How to use this guide

This document describes three basic elements of health care and includes several instruments, which together provide reliable information on how health facilities operate to treat women VSSV. The instruments included in this guide may be modified to emphasize a specific instrument, adapt it to the local context or even omit it. Each instrument should be reviewed and adjusted before initiating the information search and may be modified according to the different options women have when seeking health care after being raped. The instruments can assist in identifying both health-care workers involved in treating women VSSV and their respective responsibilities, whether in emergency or ambulatory settings.


In order to utilize this guide in the best way possible, we suggest reviewing the World Health Organization's (WHO) ethical and safety recommendations, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women*.⁷ Although these recommendations do not directly address sexual violence, they offer important insight that may be applied to research and evaluation on this topic.

Suggestions for the work team

To carry out the tasks proposed in this guide, we recommend forming a multidisciplinary team, assigning point persons to each explicit component and determining deadlines to complete each task.

With adequate staff and resources, the team could include an individual knowledgeable about legal issues and who can work on legislative issues and another individual who is knowledgeable about the internal dynamics of the health facility or who has the support of the facility's staff. When interviewing women, the person in charge must have sufficient experience in ethical research to avoid creating discomfort and even danger to the women who agree to participate. Interviews must be conducted in safe settings, by qualified staff and in spaces that allow visual and auditory confidentiality; additionally, the woman must be reassured that the care she receives at this facility will not depend on whether or not she participates in the interviews.

⁷ World Health Organization (2001). *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. WHO/FCH/GWH/01.1 Available at: <http://www.who.int/gender/violence/en/prioridadmuj.pdf>. The annexed list of resources includes other documents available.



The person in charge of the research team at health facilities could dedicate resources to implement the instruments in this guide and ask his or her team to become involved. In addition, we highly recommend paying special attention to the data entry. Ipas's website (www.ipas.org/publications) offers data forms that will allow for data management in Excel. We also recommend ensuring interviewers' collaboration when conducting the analysis whenever possible; this will prevent missing information and ensure that the analysis draws from the work team's experience.

Finally, when giving feedback to the facilities, it is very useful to designate one or more individuals with good communication skills to transmit the results in a compelling, easily understood manner.

Components of health care
provided to women VSSV

I. Policy and legal	II. Health facility	III. Organizational
Objective	Objective	Objective
Become familiar with and able to analyze the legal and policy frameworks in force to provide services to women VSSV	Know what health services are provided to women VSSV, by whom and how	Identify mechanisms and strategies for inter-institutional work
Instrument	Instrument	Instrument
I.1 Review of norms, protocols and procedures for health services provided to women VSSV.	II.1 Identification and description of the health facility II.2 Self-administered questionnaire for staff providing health services to women VSSV II.3a Self-administered questionnaire for women VSSV II.3b Guide to interviewing women VSSV	III.1 Guide to identify strategies for inter-institutional work

I. Policy and legal components

Legal framework for providing services to women VSSV

The health care to which women VSSV are entitled is sometimes determined by norms and procedures and not exclusively by issues linked to violence. Thus, in some contexts institutional requirements must be met for women to receive health care and have access to services, such as legal abortion, or to receive appropriate care. For example, in settings where abortion services are only legal in cases of rape, a medical examiner may need to take forensic samples for the procedure to be considered valid.

Why conduct an analysis of the current legislation and policies?

It is important to consider the characteristics of the norms, protocols and procedures that govern health care provided to women VSSV. Users will want to become familiar with these norms, protocols and procedures to better meet the needs of women VSSV, including those that describe:

- sexual violence (SV), defined as a public health problem and a violation of human rights;
- health-care providers' responsibilities with respect to the care offered to women VSSV;
- policies that explicitly recognize that women should receive help to face the legal, psychological and medical consequences of sexual violence and all possible physical consequences (pregnancy, STIs, HIV and others).

Likewise, one should consider that health care provided to women VSSV is a core part of the recommendations of international conferences ratified by many countries, such as the International Conference on Population and Development (ICPD) held in Cairo (1994), the Fourth World Conference on Women (Beijing, 1995), as well as the recommendations of the Convention for the Elimination of All Forms of Discrimination against Women (1997).

Who should conduct the analysis of current legislation and policies?

We recommend that the analysis of the current legislation be carried out by an individual with sufficient experience with laws, policies and norms. The person conducting the analysis should also be familiar with the technical terms used and should be able explain them in a relevant and appropriate manner to people working in health-care facilities.

The person or persons conducting the analysis ideally will be part of the multidisciplinary team. If several people are using this guide simultaneously, we suggest developing mechanisms for sharing information to enhance analysis and not duplicate the work from team to team.

Where to obtain information

The legislation in force and the extent to which it is enforced may depend on specific contexts; thus, it is recommended that the person in charge of working with this instrument be familiar with the diversity that may exist. This instrument is intended for conducting an analysis, beginning with the general legal framework and ultimately analyzing specific health-care protocols of ministries of health. The depth of this analysis, however, will depend on the objectives established in each case.

Different types of documents can be included, such as:

- the national constitution
- the country's general health law or a similar instrument
- national or state penal codes
- health policies
- protocols for providing health care to women VSSV

What to do with the information

Legislative and policy analysis may be useful for several purposes:

- as a basis for negotiating with political powers to demand changes in the current legislation;
- to support requests that health facilities adjust their service delivery in accordance with the legislation;
- to justify responding to the needs of existing programs, while taking women's needs into account;
- to ensure that health-care staff are aware of the benefits and limitations of the laws or policies in force.

Review of norms, protocols and procedures for providing health care to women VSSV

Note: This instrument is a guide and should be adapted to the specific needs of each project and context. Additional lines should be incorporated as needed. A page on Ipas’s website, <http://www.ipas.org/Publications/VSSVdatasheet.aspx>, contains an Excel file where data can be entered to facilitate organization.

IDENTIFICATION

Country:
State/department/province:
Date developed:
Conducted by:

1. In your country, which of the following types of documents address the topic of sexual violence?

Check all that apply:

- Laws ()
- Policies ()
- Health-care protocols ()
- Other () (specify) _____

2. Which of the following documents exist to guide health care provided to women VSSV at the hospital level in your country? Check all that apply:

- Laws ()
- Policies ()
- Health-care protocols ()
- Other () (specify) _____

3. Identify by name each of the existing documents (laws, policies, protocols, etc.). If possible, annex a copy of these documents, or indicate the website where each document can be accessed, if applicable.

4. Which of the documents cited are compulsory for the health sector and public ministries? Indicate what is applicable for each document.

5. Do existing documents define SV as a public health problem and a violation of human rights? Please indicate what is applicable for each document.

6. Do existing documents explicitly acknowledge that women should receive help to face the legal, psychological and medical consequences of violence and all its possible physical consequences, including unwanted pregnancies, incomplete abortions, STIs, including HIV/AIDS?

7. Check existing documents to determine whether the following elements of services are defined as the responsibility of health-care providers. Indicate "yes" or "no" as applicable. Be sure to complete all of the columns.

Name	Emergency contraception		Pregnancy			STIs			HIV			Collecting samples for legal evidence
	Offer info	Deliver	Abortion	Adoption	Prenatal care	Provide information	Diagnostic test	Prophylaxis	Offer info	Diagnostic test	Prophylaxis	

9. Check existing documents to determine whether the following elements of services are the responsibilities of legal entities. Check ✓
all that apply:

Name	Emergency contraception		Information in case of pregnancy			Information on STIs	Information on HIV	Collecting samples for legal evidence
	Offer information	Deliver	Legal abortion	Adoption	Prenatal care			

10. In existing laws, policies and protocols, what other elements or aspects are the responsibilities of legal entities?

11. Does the country's constitution include language that could support measures in favor of victims' rights? If the text is brief, please transcribe it below; otherwise, indicate its citation.

12. Does existing legislation require reporting the act of violence for the woman to receive health care at the facility? Check the appropriate answer:

Yes () No ()

13. Based on existing legislation, what role does the health facility play in reporting cases of women VSSV to legal entities?

II. Health services component: What is done, how and by whom?

This section is fundamental for learning how health services provided to women VSSV function. It is divided into three parts.

What is done?

- Instrument II.1
 - Identification and description of the health facility

Who does it?

- Instrument II.2
 - Self-administered questionnaire for health-care providers

How is it done?

- Instrument II.3a
 - Self-administered questionnaire for women VSSV
- Instrument II.3b
 - Guide for interviewing the women

II.1 What is done? The health facility

Why it is important to complete the instrument

This instrument will provide a general overview of the health facility and the work carried out with women VSSV; in addition, it serves as a starting point to evaluate the services.

How to fill out the instrument

Before completing this questionnaire, we recommend completing the section on policy and legal components in force and making any necessary adaptations to this and subsequent instruments. Likewise, we recommend securing any necessary authorizations so that the person responsible for completing the questionnaire can have access to the facility. This is especially important when civil-society organizations take the lead on data collection.

Where to obtain the information

Completing the questionnaire may require the collaboration of several individuals within the health facility, some of whom may have a clear vision of how services are provided there, such as the director or head of the facility, the administrator or a close collaborator, and the person in charge of providing services to women.

Who should complete the instrument?

There are several possibilities for completing the questionnaire. It may be filled out by a range of people, from a collaborator who is linked to the health facility to an outside individual who has experience with the topic of VSSV. In either case, it is recommended that the person(s) in charge secure appropriate authorization to enable him/her to carry out the work without setbacks and with easy access to those who can provide the necessary information in the shortest time possible.

For this to happen, it must be made clear to the health facility and the staff involved in this task that this assessment can provide valuable information for the facility, as well as benefit both clients and providers.

Instrument composition

The instrument is divided into 11 parts; each one is essential for learning about specific aspects of the health care provided.

- **Identification sheet:** The questions on this sheet collect information about the health facility: what it is like, where it is located, its size, the population it serves and how this population accesses the facility.
- **Case log:** This section examines how cases are recorded, if such a log is kept. The case log is fundamental for assessing the magnitude of the problem and describing how services function.
- **Service-delivery area:** This section identifies the existing physical characteristics that ensure comfort and confidentiality during patient-provider interaction. The instrument includes a basic list, which can be expanded according to Annex 2.

- **Medications and clinical equipment:** This checklist depends on the characteristics of the health facility, especially the level of care. The instrument includes a basic list, which can be expanded according to Annex 2.
- **Informational material:** to find out whether individuals presenting at the health facility are exposed to materials (posters, brochures, inserts, etc.) that can provide them with information about self-care, emergency contraception and other subjects.
- **Care:** to clarify what types of services are offered and, if they are not offered, whether the facility has a referral system.
- **Collecting proof and legal evidence:** to learn more about the facility's system for gathering forensic evidence; whether it has the necessary equipment and adequate number of qualified personnel.
- **Detection and prevention of gender-based violence:** to determine the main characteristics of actions taken on this matter.
- **Support groups and staff rotation:** to determine whether the facility has support groups for staff that works with women VSSV, and to learn about staff rotation.
- **Additional comments on services provided:** The person completing this section may add comments on components of care that were not considered in previous sections, but are important for health care provided to women VSSV.
- **Contact information for interviews**

Estimated time for completing the questionnaire

Depending on how centralized the facility's information is, it could take one or several days to complete this instrument. It is important to dedicate all the time necessary to complete it, as it is the starting point for the next section, which involves conducting interviews with providers in order to become more familiar with aspects of health-care for women VSSV and to prepare for interviews with the women.

Identification and description of the health facility

1. Name of the facility:

2. Level of care. Check the appropriate answer:

- Primary ()
 Secondary ()
 Tertiary ()
 Other () (specify) _____

3. Number of ambulatory ob-gyn clinics:

_____ clinics

4. Describe physical access to the facility and distance from legal entities, such as police stations, where women might have to report the rape:

5. Number of beds:

_____ beds

6. Hospital's catchment area:

_____ persons

7. Hospital's areas of care:

8. Number and type of staff:

	Ob-gyn	Other services	Total
Physicians			
Nurses			
Social workers			
Psychologists			
Other (specify)			

9. Is there a specific service or program to treat gender-based violence? How long has it been in place?

Check ✓ the appropriate answer:

Yes ()

No ()

If yes, how long has it been in place?

10. What staff is part of the team that treats women who have been raped? Check ✓ the appropriate answer:

Nurses ()

Physicians ()

Psychologists ()

Social workers ()

Other () (specify) _____

11. Is there a fee for the service provided to women VSSV? Check ✓ the appropriate answer:

Yes ()

No ()

If yes, what is the fee? What services does it include?

Case log

12. Are there forms for recording cases of women treated for sexual violence? Check ✓ the appropriate answer:

Yes ()

No ()

If yes, which of the following types of forms are used?

Single sheet ()

Identification within the clinical history ()

Exclusive log in psychological care ()

Other () (specify) _____

13. How is the information collected with these forms used? To whom is it channeled?

14. Note the number of adolescent (10-17 years old)⁸ VSSV treated in the past six months:

_____ adolescents

15. How many adult women VSSV treated in the past six months?

_____ women 18 years of age or older

16. Notes and comments:

Service-delivery area

17. Describe the physical characteristics of the area of treatment for women VSSV, such as: location within the facility, size, adequate or inadequate lighting (natural or artificial), hours of operation, etc.

18. Note whether the area where women VSSV⁹ are treated has the necessary equipment to provide adequate service. Check the appropriate answer:

Access to gowns to cover up	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
Private bathroom	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
Equipment for physical exam ¹⁰	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
Auditory privacy	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
Visual privacy	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
Door, screen or curtain	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)
Chair(s)	Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)

19. Is there a specific area for treating women VSSV? Check the appropriate answer:
Yes () No ()

8 Age-group limits should be defined at the time of administering this questionnaire. For the pilot test, adolescents between the ages of 10 and 17 were considered.

9 This is a minimal list. It can be expanded to cover other aspects considered important within this context.

10 Equipment that should be available includes an examination table, stethoscope and a blood-pressure cuff. We recommend reviewing what equipment should be available according to the facility's directions.

Medications and clinical equipment

20. Indicate whether the following medications are available and, if so, whether there is an adequate supply to satisfy demand.¹¹

Element of the service or name of the medication or equipment	Available	
	Yes	No
A. Analgesics and anesthetics Note the names and indicate whether they are available.		
B. Emergency contraception. Note the names and indicate whether they are available.		
C. Legal abortion Indicate the procedure or medication used		
Manual vacuum aspiration (MVA)		
Sharp curettage (SC)		
Misoprostol		
Mifepristone		
Methotrexate		
D. STI		
Diagnostic tests Note the names and indicate whether they are available.		
Prophylaxis Note the names and indicate whether they are available.		
E. HIV		
Diagnostic tests Note the names and indicate whether they are available.		
Prophylaxis Note the names and indicate whether they are available.		
F. Prevention of other illnesses Note the illnesses and medication, and indicate whether they are available.		
Illness	Medication	

¹¹ Annex 2 provides an adapted list of medications and equipment recommended by the World Health Organization for treatment of women VSSV.

Informational Material

21. Is information, education and communication (IEC) material available on the following topics?

	Type of material				By who are they developed or endorsed?
	On-site	Brochures	Posters	Other, specify	
Legal abortion					
Emergency contraception					
Centers for legal advice					
Self-diagnostic questionnaire on violence ¹²					
Human rights					
Sexual and reproductive rights					
Contraceptive methods					
Promotion of the care unit for women VSSV					
Gender-based violence					
Other (specify)					

¹² There are self-administered questionnaires that increase awareness among women regarding domestic violence and gender-based violence; the questionnaires include simple questions to allow women to reflect on their personal experience. A Spanish-language example is included on the website of the National Center of Gender Equity and Reproductive Health of the Mexican Health Secretariat: <http://www.generoysexualidadreproductiva.gob.mx>

Care

22. Which of the following services does this facility offer to women VSSV, including both female adolescents and women older than 18 years of age? It is important to note whether the service is offered to both age groups or only to one, and if the service is unavailable, indicate where patients are referred.

Services offered at the facility or, if not available, referral sites	Adolescents (10-17 years old) ¹³		Adults (18 years or older)		Where are they referred?
	Yes	No	Yes	No	
Emotional/psychological support during the consultation					
Medium/long-term psychological support					
Emergency contraception					
Pregnancy as a result of sexual violence					
Legal abortion					
Adoption					
Prenatal care					
STI (specify infection)					
Diagnosis					
Prophylaxis					
Treatment					
Forensic evidence					
Analysis					
Preservation					
Collection					
HIV					
Diagnosis					
Prophylaxis					
Treatment					

¹³ Age groups should be defined at the time of conducting the evaluation. Both adolescent and adult groups were used in the pilot test.

23. If the facility offers legal abortion services, what procedure is performed according to the weeks of gestation?

Weeks of gestation	Procedure

Collecting forensic specimens and legal evidence

24. Does this facility have procedures for collecting forensic specimens and legal evidence? Check the appropriate answer:

Yes () No ()

If yes, what are those procedures?

If no, to what other services are women referred for collection of evidence?

25. Does this facility have the ability to preserve forensic specimens and legal evidence? Check the appropriate answer:

Yes () No ()

If yes, what abilities are available?

If no, how is the evidence preserved?

Detection and prevention of gender-based violence

26. Does the facility have a strategy for detecting gender-based violence at the time of the consultation?

Check ✓ the appropriate answer:

Yes () No ()

If yes

- What are the questions asked?
- Are these questions part of a protocol or do they depend on each provider?
- Where is the information recorded?

27. If it is determined that the patient is a victim of violence, how does the staff proceed?

28. Do they develop activities that promote the prevention of gender-based violence and sexual violence? Check ✓ the appropriate answer:

Yes () No ()

If yes, describe the activities.

29. Are there cases of women who seek prenatal care for a pregnancy that is the result of rape? Check

✓ the appropriate answer:

Yes () No ()

If yes, what protocol is followed/actions are taken/care is given?

Support groups and staff rotation

30. Are there support groups for staff that treat women VSSV? Check ✓ the appropriate answer:
Yes () No ()

If yes, what activities are included?

If not, why not?

31. Is there rotation of the team that treats women VSSV to prevent physical and emotional stress among health-care team members? Check ✓ the appropriate answer:
Yes () No ()

Additional comments on services provided to women VSSV

32. Who helped you to complete this instrument?

33. Additional comments on services offered:

II.2 Who does it? Providers' experience

Why is it important to interview providers?

Learning about health-care experiences is a way to find out how the services function directly from people in charge of providing the services and, potentially, a way to make recommendations to improve services.

Completing the instrument

This instrument is designed to be self-administered by staff that treats women VSSV, including:

- the director of the unit or of the ob-gyn ward
- attending physicians
- nurses
- psychologists
- social workers
- administrative staff responsible for making decisions about care provided to women VSSV

Key staff for the self-administered interview must be identified in the first section of the instrument.

How to administer it

After identifying the interviewees who will complete the instrument, it is recommended that the people responsible for organizing the information review the answers carefully to ensure that all the questions were answered, which will benefit the analysis later on. We suggest complementing the results of the self-administered instrument with a short interview to be conducted after the completed instrument is reviewed to clarify answers that may be unclear or confusing.

In addition, if staff and time are available to conduct a more complex data analysis, one should consider conducting in-depth interviews with providers to determine in greater detail their experiences offering health services to women VSSV.

Instrument II.2

Self-administered questionnaire for staff providing health services to women VSSV

IDENTIFICATION SHEET

Title:

Professional training:

Time working at this facility:

1. How frequently do you see women victims or survivors of sexual violence (VSSV)? Give an estimate:

_____ times per day, or _____ times per month or _____ times per year

Important: If you have not treated any women in this condition in the past six months, please return this questionnaire to the person who gave it to you.

2. Of the following options, how do women VSSV usually arrive at this facility seeking care? Check the answer that applies:

Through the emergency room ()

Through outpatient services ()

Referred by police authorities ()

Referred by legal authorities ()

Other () (specify) _____

3. Does the facility have norms or protocols to guide care provided to women VSSV? Check the appropriate answer:

Yes () No ()

If yes:

Does their implementation support or limit your work treating women VSSV?

How have they been implemented?

Are norms or protocols reviewed periodically?

Do staff members keep abreast of those reviews?

If no:

Do you think the implementation of a norm or protocol could facilitate your job?

Why or why not?

4. How would you rate the quality of care offered at this facility to women VSSV?

5. How would you describe your personal professional experience treating women VSSV?

6. Note facility and staff limitations in offering adequate care to women VSSV, in terms of:

Staff:

Infrastructure:

Equipment:

Other (specify):

Staff training

7. Do you think you have the necessary knowledge and tools to adequately treat women VSSV? Check the appropriate answer and explain:

Yes () No ()

8. Have you received training on treating women VSSV? Check the appropriate answer:

Yes () No ()

If yes, where did you receive training? Was it sufficient?

If no, in what areas would you like to receive training?

Collecting specimens

9. Does this facility have procedures for gathering forensic specimens and legal evidence? Check the appropriate answer:

Yes () No ()

If yes, what are those procedures?

If no, where are women referred to for gathering specimens?

10. Does this facility have the capability to preserve forensic specimens and legal evidence? Check the appropriate answer:

Yes () No ()

If yes, what equipment or supplies are used?

If not, how are specimens preserved?

11. According to this facility's health-care protocol, who is responsible for collecting forensic specimens and legal evidence?

12. What is your role in the process of collecting forensic specimens and legal evidence?

Support groups for staff that works with women VSSV and staff rotation

13. Are there support groups for staff that work with VSSV? Check the appropriate answer:

Yes () No ()

If yes, what activities are carried out? Do you belong to or participate in that group?

If not, do you think the quality of care could improve if such a group were created?

14. Is there rotation of the staff that treats women VSSV to prevent physical and emotional stress?

Detection and prevention of gender-based violence

15. Does this facility have a strategy for identifying cases of violence at the time of the visit? Check the appropriate answer:

Yes () No ()

What are the questions asked? To whom do they apply (women, men, ob-gyn ward)? Are those questions part of a protocol? Where is the information recorded? If the patient is identified as a victim of violence, what is the next step?

16. Do you promote prevention of gender-based violence and sexual violence at your facility? Check the appropriate answer:

Yes () No ()

If yes, please describe how you promote violence prevention.

17. Do you carry out any other activities (besides visits to this facility) to prevent/identify gender-based violence? Check the appropriate answer:

Yes () No ()

If yes, please describe the activity:

18. Are there cases of women who seek prenatal care for a pregnancy that was the result of rape?
Check the appropriate answer:

Yes () No ()

If yes, how are such cases handled?

19. What role does a woman who is victim of sexual violence play during her visit(s)? What choices are made available to her?

Closing

20. Do you have any suggestions that could improve the care provided to women VSSV at this facility?

Specific questions for the director or head of the facility

What role should be played by staff treating women VSSV?

Are there support groups for staff that works with women VSSV? Check ✓ the appropriate answer:

Yes () No ()

If yes, what type of activities do they carry out?
If not, why not?

Specific questions for psychologists

Are you familiar with any methods for psychological assessment and psychosocial support to women VSSV? Check ✓ the appropriate answer:

Yes () No ()

If yes, describe the methods that you are familiar with and note whether this psychological assessment is recognized by legal authorities:

What follow-up activities are carried out with women VSSV?

II.3 How is it done? Assessment from the perspective of women VSSV

Why is it important to know women's opinions?

Clearly, one of the most difficult aspects of determining how health services for women VSSV function is collecting first-hand information from clients. Interviews with women are not an exception; there are multiple obstacles, ranging from the barriers the women create to avoid being interviewed, to finding the most appropriate moment to conduct the interviews.

Based on these considerations, we have designed two instruments to gather women's opinions regarding the services they receive. The first is a self-administered questionnaire; the second is a brief interview. It is important to emphasize that in both cases patients' confidentiality and safety must be ensured above all else. Before administering either instrument, it is essential to obtain the woman's informed consent, which may be given orally, to ensure her privacy and confidentiality.

Ethical considerations

In some cases, carrying out interviews of this nature requires previous approval from the ethics committee of the appropriate facility. This point must be kept in mind from the initial planning stages of the activity to avoid delays in administering the instruments and setbacks in carrying out the project.

Regardless of the procedures carried out in the facility, we reiterate the need to ensure at all times the confidentiality and safety of the women who will be interviewed; likewise, the interviewers should have the necessary knowledge, experience and sensitivity to avoid re-victimizing the women during the interviews.

How to gather these opinions

Instrument II.3a Self-administered questionnaire for women: We suggest that this self-administered questionnaire be given to all women presenting at the facility while they wait to be discharged. Since it is a written questionnaire, it can only be completed by women who are literate; women who are illiterate should be offered another option, such as an oral interview or a simplified version of the questionnaire that can be read to the woman by someone accompanying her.

Instrument II.3b Guide for interviewing the women: The questionnaire will be administered to women who agree to be interviewed. We suggest considering one of two ways to invite them.

- The first is to have the health-care staff extend the invitation; if the woman agrees to be interviewed, she should be provided with the interviewer's contact information so that she can contact the interviewer directly.
- The second is to place posters inviting the women to participate; the interviewer's (or point person's) contact information must be clearly visible on the posters.

It is important to stress that at no point should women be forced to participate.

Informed consent

The participating women must have expressed their agreement to participate in the study. Their informed consent is essential and must include several key elements, in addition to any other elements that may be requested by the ethics committee; including:

- confirmation that study participation will not affect the care they receive at the facility;
- reassurance that the information they provide will be kept confidential;
- reassurance that no names need to be given during the interview;
- the benefits of participating in the study, including their contribution to improve health services provided to women in cases of rape and other problems.

- the possibility of ending the interview at any time if the woman feels uncomfortable or threatened;
- the accuracy of some of the information is not important; the purpose of this exercise is to learn more about the women's experience at the health facility;
- if there is a recorder available, request the women's authorization before recording the interview.

Duration

When a health facility decides to conduct an evaluation of its own work using this section, it should consider several factors, such as the time needed to administer the questionnaires and how the evaluation will affect service delivery, depending on the caseload of patients presenting at the facility. Some strategies that could work would be to define the timeframe to initiate and complete the evaluation — for example, on weekends in a given month.

Instrument II.3a

Self-administered questionnaire for women at health facilities

To help improve our services, we would like to request your collaboration in answering a few questions. We highly value your willingness to share your experience. Your answers will be kept strictly confidential and they will not affect the care you receive at this facility.

For each question, please mark an “x” or ✓ in the parentheses next to the option you deem most appropriate. Do not worry if you cannot remember the exact answer to a particular question; if you wish, you may skip that question and return to it after completing the questionnaire.

The questionnaire is anonymous. If you agree to participate, you do not have to write down your name on the questionnaire. Thanks in advance for your collaboration.

NAME OF THE HEALTH FACILITY WHERE YOU WERE TREATED:

1. Please, indicate with whom you had contact during your stay at the facility. Check ✓ all that apply:

- Receptionist ()
- Nurse ()
- Physician ()
- Social worker ()
- Psychologist ()
- Counselor ()
- Other () specify _____

2. How did you find the facility? Check ✓ all that apply:

- On my own initiative ()
- Referred here by another facility ()
- Referred here by a legal counseling center ()
- Referred here by a nongovernmental organization ()
- Other () (specify) _____

3. With respect to the staff that initially assisted you at the facility, we would like to know whether:

The **receptionist**:

- was concerned about you Yes () No () Other () _____
- believed what you told her/him Yes () No () Other () _____
- understood your feelings Yes () No () Other () _____
- had time to assist you Yes () No () Other () _____
- had the information needed to clarify your doubts Yes () No () Other () _____
- explained what she was doing Yes () No () Other () _____
- treated you with respect Yes () No () Other () _____

Other comments: _____

The **nurse(s)**:

were concerned about you Yes () No () Other () _____
believed what you told them Yes () No () Other () _____
understood your feelings Yes () No () Other () _____
had time to assist you Yes () No () Other () _____
had the information needed to
clarify your doubts Yes () No () Other () _____
explained what they were doing Yes () No () Other () _____
treated you with respect Yes () No () Other () _____
Other comments: _____

The **physician(s)**

were concerned about you Yes () No () Other () _____
believed what you told them Yes () No () Other () _____
understood your feelings Yes () No () Other () _____
had time to assist you Yes () No () Other () _____
had the information needed to
clarify your doubts Yes () No () Other () _____
explained what they were doing Yes () No () Other () _____
treated you with respect Yes () No () Other () _____
Other comments: _____

The **psychologist**:

was concerned about you Yes () No () Other () _____
believed what you told him/her Yes () No () Other () _____
understood your feelings Yes () No () Other () _____
had time to assist you Yes () No () Other () _____
had the information needed to
clarify your doubts Yes () No () Other () _____
explained what she/he was doing Yes () No () Other () _____
treated you with respect Yes () No () Other () _____
Other comments: _____

The **social worker(s)**:

were concerned about you Yes () No () Other () _____
believed what you told them Yes () No () Other () _____
understood your feelings Yes () No () Other () _____
had time to assist you Yes () No () Other () _____
had the information needed to
clarify your doubts Yes () No () Other () _____
explained what they were doing Yes () No () Other () _____
treated you with respect Yes () No () Other () _____
Other comments: _____

4. Who was the **person that helped you the most** during your stay at this facility? Check the most appropriate answer:

Nurse () Physician () Psychologist or counselor ()
Receptionist () Social worker () Other (specify) _____

5. With how many people (total) did you have contact at the facility?

_____ people

6. On what topics did you receive **information**? Check the appropriate answer:

Emergency contraception Yes () No ()
Legal abortion Yes () No ()
Medications for HIV/AIDS prevention Yes () No ()
Medications for STI prevention Yes () No ()
Referral for legal support Yes () No ()
Referral for emotional support Yes () No ()

7. For which of the following did you receive **care or basic services**? Check all that apply:

Wound care Yes () No ()
Emotional-psychological support Yes () No ()
Legal abortion Yes () No ()
Emergency contraception Yes () No ()
Medications for HIV/AIDS prevention Yes () No ()
Medications for STI prevention Yes () No ()
Medications for Hepatitis B prevention Yes () No ()
Medications for infection prevention Yes () No ()
Collection of specimens for legal evidence Yes () No ()

8. Without taking into account the health-care provider, please indicate your experience at the facility.

Check the appropriate answer:

Did they tell you that rape is a violation of your human rights? Yes () No ()
Did they confirm that you are entitled to receive medical and psychological care? Yes () No ()
Did they explain to you that you were not responsible for being raped? Yes () No ()
Did they listen to you without criticizing you? Yes () No ()

9. Have you had to pay for any of the services? Check the appropriate answer:

Yes () How much? _____ No ()

10. How old are you?

_____ years old

Thank you for completing this questionnaire. We would like to reiterate our appreciation for your support and courage. Your help is invaluable in improving the services we provide to women victims and survivors of violence.

Guide for interviewing women VSSV

Note: Do not forget to obtain the woman's informed consent. The previous section offers recommendations on the elements that should be included in the informed consent. Remember to have materials available to note the answers or equipment to record the interview.

1. How long ago were you treated at this facility?
2. How much time elapsed from the moment you were raped to the moment you sought care at a health facility or at this particular facility?
It is important to know clearly at what point the woman received care and how much time elapsed between the rape and the moment she sought care.
3. How did you arrive at the health facility? Were you referred here by another facility?
4. Which staff members assisted you?
Note whether she was assisted by the receptionist, nurse, physician, social worker, psychologist, counselor or someone else.
5. In general, how would you rate the type of care you received from the staff (excellent, good, fair, poor)?
Ask this for each of the staff members that assisted her, according to her answer to the previous question.
6. Do you believe that the staff members who assisted you were concerned about providing you with the best care possible?
Ask this for each of the staff members that assisted her, according to her answer to question number 4.
7. Do you believe that the staff members who assisted you spent enough time with you or that they were in a hurry?
Ask this for each of the staff members that assisted her, according to her answer to question number 4.
8. Do you believe that the staff members who assisted you had the information needed to clarify all your doubts?
Ask this for each of the staff members that assisted her, according to her answer to question number 4.
9. Do you believe that they treated you with respect?
Ask this for each of the staff members that assisted her, according to her answer to question number 4.
10. Of those staff members with whom you had contact at the facility, who helped you the most during your stay there? Why?
11. What information were you given at the facility?
Wait for the woman to respond spontaneously. Then, based on her answer, find out if she received information on each of the following topics: emergency contraception, legal abortion, medications for HIV prevention, medications for STI prevention, referral for legal support, and referral for emotional support.

12. What treatment did you receive?

Wait for the woman to respond spontaneously. Then, based on her answer, find out if she received information on each of the following topics: wound care, emotional-psychological support, legal abortion, emergency contraception, medications for HIV prevention, medications for STI prevention, medications for infection prevention and collecting evidence/samples.

13. At any point, were you referred to another facility? If yes, where were you referred?

14. At any point, did you have to make a decision about the services you received? If yes, what decisions did you have to make?

15. Did you have to pay for any of the services, medications or materials during your stay at the health facility?

16. How old are you?

17. Would you like to add anything else?

Thank the woman for her collaboration support and courage. Mention that her help is invaluable in this process to improve the services we provide to women victims and survivors of violence.

III. Organizational component

The final component these instruments address is the identification of work strategies and mechanisms that link the various professionals who dedicate their efforts to improve health services provided to women VSSV. This instrument will help to identify the activities that are carried out and how they are rated.

Who should complete this instrument?

This questionnaire should be completed by individuals in charge of projects whose target population are women VSSV and who, at the same time, aim to facilitate communication among the health sector, the legal sector and the community.

Instrument III.1

Work strategies

1. Complete the following chart by indicating the work strategies that each sector used throughout the project. Also, list the strategies used to link the sectors. Please use as much space as necessary (you may use the back of this sheet or additional sheets).

Health sector	Legal sector	Community sector

Strategies for linking sectors

Strategies for linking sectors

Below is a basic framework for conducting a results analysis. We suggest:

- Drawing from the experience of the individuals involved; only they know their jobs and can make relevant recommendations to improve the current situation. This also applies to the women VSSV who were treated; they can offer suggestions to improve services;
- Encouraging reflection to propose work strategies to improve current practices and value those that are successful;
- Identifying the changes needed, if any. Also, determining actions that can be taken to improve the care women VSSV receive.

Policy and legal components

Instrument I.1

The following questions encourage analysis of the current legislation; in addition to these questions, you should also reflect on others relevant to your specific context:

- What role does case reporting play in the delivery of health services to women VSSV?
- To what extent do current national, state and municipal policies support each other?
- Are there contradictions within the legal and policy frameworks?
- What are the main gaps in the legislation?
- Is it necessary to change the laws?
- Is it necessary to support the diffusion of laws?
- Is it necessary to clarify legal terms for health workers?
- Do health facilities have protocols to guide providers' work?
- How effective are these protocols in meeting women's needs?

In addition, it is crucial to determine whether the laws should be changed in order to ensure that women are offered the best options and the tools to face their problems, if feasible for the facility.

Service component

Instrument II.1

- **Identification sheet:** What is the estimated caseload of women VSSV seen at the facility during a given period? Does the facility have the capacity to see more patients?
- **Case log:** Is the case log of women VSSV accurate? If there is under-reporting, what measures could be taken to avoid this? What are the implications of this under-reporting? If there is a log, what steps could improve it? Is the log considered to be part of the administrative decisionmaking process?
- **Service-delivery area:** Are service-delivery areas in good condition? If not, is it possible to improve them? Do those areas offer confidentiality? If they should be adapted, what is needed? Does the facility have the necessary budget?
- **Clinical equipment and medications:** Are clinical equipment and medications necessary to treat women VSSV available? If not, what can be done to improve this situation? If the equipment and medications are available, are they being used and are their stocks and expiration dates being monitored when applicable?
- **Informational material:** Are existing materials available? What other topics could these materials cover? Are there adequate stocks of these materials?
- **Summary chart of services offered:** Could services offered to women VSSV be expanded? If the facility cannot offer services to women VSSV, is it able to make the necessary referrals?
- **Collecting forensic specimens and legal evidence:** Is there a way to improve the current situation?
- **Support groups and staff rotation:** Will it be necessary to have support groups in the future? If so, who should participate in these groups? What is required to have such a team?

Instrument II.2

For the analysis of this section, we suggest considering a few qualitative indicators, including:

- Are interviewees interested in providing information about their work with women VSSV?
- Do interviewees have enough time to carefully complete the questionnaire and participate in the complementary follow-up interview?
- Do providers have adequate information about their legal obligations as public-service providers?

Other questions to encourage reflection may include:

- Do providers know how women find the facility?
- Are providers familiar with the norms or protocols regarding treatment of women VSSV? If not, how can providers' knowledge be enhanced? Would this be useful for their work?
- How do providers evaluate their experiences providing health services to women VSSV and the quality of the services they offer?
- Do providers need more training? In what areas?
- How could collection of forensic specimens be improved?
- What recommendations could be made to improve detection and prevention of gender-based violence?
- How are support groups and staff rotation functioning? Are there options to prevent staff burnout? What options could the health facility offer?

Instruments II.3a and II.3b

The analysis should consider and value the experience of each woman presenting at the health facility; this fact should be taken into account by all staff involved in service delivery.

The questionnaire will help identify the health workers that are most active at the time of providing care, as well as the types of information women receive. When facing a situation that involves a significant amount of emotional stress, such as rape, individuals may forget certain aspects of required health care; however, they may remember others capable of illustrating the actions that should be taken.

We suggest verifying whether the women are completing the questionnaires or agreeing to be interviewed. If they are not, the staff should look into the reasons why the women are not supporting this process and how women could be encouraged to participate, while always respecting their decision.

The information compiled in these questionnaires should allow those who are in contact with the women to see the importance of their role during service provision. It is also important to know whether the women are receiving basic information and care. In any case, this information may help identify both the weaknesses and strengths of health services provided to women VSSV.

Organizational component

Instrument III.1

This instrument constitutes a starting point to enable teams to reflect on the work mechanisms they are using. It is important that this activity be carried out as a team in order to encourage discussion among its members, with the ultimate objective of improving services provided to women who seek care.

Guide Evaluation Questionnaire

We would like to ask you a few questions, with the objective of improving this guide. We thank you in advance for your answers, which will help us improve health services for women victims or survivors of sexual violence (VSSV). You are also welcome to adapt them according to your needs.

Please send your comments to research@ipas.org with the words “Sexual Violence toolkit” or “Getting it right” in the subject line.

1. How would you rate the guide’s value for helping you to learn how health services provided to women VSSV function? Check all that apply and briefly explain why.

a. It is useful/ it contains interesting information: Yes () No ()
Why?

b. It is necessary for my job: Yes () No ()
Why?

c. It supports my job: Yes () No ()
Why?

d. Other (specify):
Why?

Help us improve: Please evaluate this guide!

2. Describe your impressions once you are thoroughly familiar with this guide:

3. Which of the following two phrases do you think best describes this guide?

- Easy to understand ()
Difficult to understand ()
In either case, why?

4. Does this guide contain sufficient information to make decisions to evaluate health services offered to women VSSV?

- Yes, it is sufficient. ()
It is sufficient, but I would like
to discuss it with someone else. ()
It is not sufficient. ()
Other () (specify): _____

5. What elements would you add to those included in this guide?

6. What elements would you omit from this guide?

7. Additional comments:

- B**ender D.E., D Ewbank. (1994). "The focus group - a tool for health research: Issues in design and analysis". *Health Transition Review*; 4 (1) 63-80.
- B**ott S, A Guedes, MC Claramunt, A Guezmes. (2004). *Improving the Health Sector Response to Gender-Based Violence. A Resource Manual for Health Care Professionals in Developing Countries*. New York: IPPF.
- C**ARE. (1999). *Embracing Participation in Development: Worldwide Experience from CARE's Reproductive Health Programs with a Step by Step Field Guide to Participatory Tools and Techniques*.
- C**enters for Disease Control. (2000). *Building data systems for monitoring and responding to violence against women: Recommendations from a workshop*. MMWR 2000 Oct 27; 49(RR11): 118. www.cdc.gov/mmwr/PDF/RR/RR4911.pdf.
- C**hristofides N, R Jewkes, J Lopez, L Dartnall. (2006). *How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault – A Guide*. <http://www.svri.org/analysis.pdf>.
- C**hristofides NJ, RK Jewkes, N Webster, L Penn-Kekana, N Abrahams, LJ Martin. (2005). "Other patients are really in need of medical attention"- the quality of health services for rape survivors in South Africa. *Bulletin World Health Organization* Jul; 83(7): 495-502. <http://www.who.int/bulletin/volumes/83/7/495.pdf>.
- C**laramunt, MC, M Vega-Cortés. (2003). *Situation Analysis of Medico-Legal and Health Services for Victims of Sexual Violence in Central America. Subregional Report: Belize, Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua*. Pan American Health Organization. <http://www.paho.org/English/AD/GE/gph14eng.pdf>.
- E**llsberg M, L Heise. (2005). *Researching Violence against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization, PATH. http://www.path.org/files/GBV_rvaw_complete.pdf.
- F**aúndes A, J Andalaft. (2002). "Sexual violence against women. The role of gynecology and obstetrics societies in Brazil". *Int J Gynaecol Obstet* ; 78(Suppl 1):67-73.
- G**arcía-Moreno C. (2002). "Dilemmas and opportunities for an appropriate health-service response to violence against women". *Lancet* ; 359(9316):1509-14
- G**oergen R. *Cost effective and easy to handle methods for program design and evaluation in sexual and reproductive health programs for youths GTZ Reproductive Health Project Dar es Salaam*. <http://www.afronets.org/pubview.php/47>.
- G**uedes A. (2004). *Addressing Gender-Based Violence from the Reproductive Health/ HIV Sector: A Literature Review and Analysis*. Washington, DC: Poptech.

- I**pas Brazil, Prosare. (2006). *Modelo de guia de avaliação dos serviços de referência para atendimento a vítimas de violência sexual da região norte*. <http://www.svri.org/en/bra.htm>.
- I**nternational Planned Parenthood Federation, Western Hemisphere Region, Inc. (2000). *Manual for Evaluating Quality of Care from a Gender Perspective*. New York: IPPF/WHR.
- J**ennings P, S Swiss. (2001). Health and human Rights: Women and sexual violence: Supporting local efforts to document human-rights violations in armed conflict. *Lancet* 357(9252): 302-3.
- L**laguno S, O Ortiz (2006). *Guía CRP Conceptos, Referencias, Procedimientos*. Ipas, Inmujeres: Mexico. <http://www.svri.org/en/mex.htm>.
- L**lorens M, S Medina (2002). "Las Proveedoras Necesitan Apoyo y Capacitación Continua" *¡Basta!* Marzo 2002
- S**andra L. Martin, Siobhan K. Young, Deborah L. Billings, and C. Christopher Bross. (2007). Health care-based interventions for women who have experienced sexual violence: A review of the literature. *Trauma, Violence & Abuse*. 8: 3-18.
- M**orrison A, M Ellsberg, S Bott. (2004). *Addressing Gender-based Violence in the Latin American and Caribbean Region: A Critical Review of Interventions*. World Bank
- S**exual Violence Research Initiative. (2006). *Sexual Violence Research Agenda*. <http://www.svri.org/en/agenda.pdf>.
- T**hompson MP, KC Basile, MF Hertz, D Sitterle. (2006). *A Compendium of Assessment Tools*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. http://www.cdc.gov/ncipc/dvp/Compendium/Measuring_IPV_Victimization_and_Perpetration.htm
- U**nited Nations. (2006). *In-Depth Study on All Forms of Violence against Women. Report of the Secretary General*. <http://www.un.org/womenwatch/daw/vaw/>
- U**nited Nations High Commissioner for Refugees (UNHCR) (2002). *How to Guide - Reproductive health in refugee situations - Monitoring and evaluation of sexual gender violence programmes*. Ngara, Tanzania: UNHCR . <http://www.unhcr.org/publ/PUBL/3bc6bd476.pdf>
- U**nited Nations Population Fund. (2001). *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*. New York: UNFPA http://www.unfpa.org/upload/lib_pub_file/99_filename_genderbased.pdf

- World Bank.** (2004). *Seguimiento y evaluación: instrumentos, métodos y enfoques*. World Bank, Washington DC. [http://lnweb18.worldbank.org/oed/oeddoelib.nsf/DocUNIDViewForJavaSearch/722775D995F926AA85256BBF0064F019/\\$file/ME_Spanish.pdf](http://lnweb18.worldbank.org/oed/oeddoelib.nsf/DocUNIDViewForJavaSearch/722775D995F926AA85256BBF0064F019/$file/ME_Spanish.pdf)
- World Health Organization (WHO).** (2001). *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women*. WHO/FCH/GWH/01.1. Geneva: WHO. <http://www.who.int/gender/violence/en/prioridadmuj.pdf>
- World Health Organization (WHO).** (2003). *Guidelines for Medico-legal care of victims of sexual violence*. Geneva: WHO. <http://whqlibdoc.who.int/publications/2004/924154628X.pdf>
- World Health Organization (WHO).** (2003). *World report on violence and health*. Geneva: WHO. http://www.who.int/violence_injury_prevention/violence/world_report/en/
- World Health Organization (WHO).** (2006). *WHO Multi-country Study on Women's Health and Domestic Violence against Women*. Geneva: WHO. http://www.who.int/gender/violence/who_multicountry_study/summary_report/en/index.html

Annex 1

After a detailed review conducted by local experts on gender-based violence¹⁴, a consensus was reached on the logical framework that guided the development of the data-collection instruments. This logical framework draws on the experience of participating countries with the objective of offering health facilities tested instruments. These instruments will allow health facilities to learn how more about how the services they provide to women VSSV function. Besides this experience, the instruments build on the indicators used in previous evaluations, especially those conducted in the United States (Martin et al., 2007).

GOAL	OPERATIONAL DEFINITIONS	
Contribute to reducing sexual violence experienced by women and adolescents* and the consequences of sexual violence	Reduction of sexual violence and its consequences refers to: 1) Improving and strengthening services for women and adolescent VSSV 2) Increasing awareness that SV constitutes a public health problem, a problem of gender inequity/inequality and a violation of human rights	
PURPOSE	OPERATIONAL DEFINITIONS	
Contribute to improving access to comprehensive services for women and adolescent VSSV	Essential components of comprehensive services related to meeting the health-care needs of women VSSV refers to: emotional-psychological support, emergency contraception, prophylaxis for HIV/STI, the option of a legal abortion, medical-legal support, and referral and counter-referral when needed. Sexual violence is focused on rape.	
OBJECTIVES	INDICATORS	ACTIVITIES
1. Contribute to the permanent capacity** of public-sector facilities to offer comprehensive services to women and adolescent VSSV.	1. Number and percentage of facilities in a single institution that have integrated elements of services to provide comprehensive care to women VSSV	1. Generate an exhaustive list of facilities (by level of care and geographic area) at institutions of interest.
	2. Number of women and adolescent women VSSV treated at the facility/institution	2. Review records at facilities of interest; interview key professionals in the health sector.
	3. Women VSSV' perspectives on the quality of care	3. Interview women VSSV clients who have received health-care services.
	4. Perspectives of providers at key facilities on the quality of care provided to women VSSV	4. Interview providers at key facilities.
	5. There are norms, protocols and procedures for care provided to women VSSV, which contain the following characteristics (quality indicators): - SV is defined as a public health problem and as a violation of human rights; - there are clear indications regarding providers' responsibilities with respect to the care offered to women VSSV; - it is recognized explicitly that women should receive help to face the legal, psychological and medical consequences of sexual violence and all its possible physical consequences, including pregnancy, STIs and HIV.	5. Review norms, protocols and procedures based on the list of key components that are considered quality indicators.

OBJECTIVES	INDICATORS	ACTIVITIES
<p>2. Strengthening links between the health and legal sectors and community-based resources to promote a comprehensive health-care approach (see definition above) with respect to women and adolescent VSSV.</p>	<p>1. Improve providers' knowledge of referral options within the health sector, as well as referrals to the legal sector and within the community.</p>	<p>1 & 2. Interview health professionals; administer a brief questionnaire to providers, before and after workshops.</p> <p>1 & 2. Interview community-based organizations, women/adolescent organizations/projects and NGOs that work on health issues (including HIV/AIDS) to determine whether they are aware of comprehensive services for women VSSV and whether they know the components of comprehensive care.</p>
	<p>2. Improve providers' knowledge of resource directories relevant to services provided to VSSV in the health and legal sectors and within the communities.</p>	<p>1 & 2. Interview health professionals; administer a brief questionnaire to providers before and after workshops.</p> <p>1 & 2. Interview community-based organizations, women/adolescent organizations/projects and NGOs that work on health issues (including HIV/AIDS) to determine whether they are aware of comprehensive services for women VSSV and whether they know the components of comprehensive care.</p>
	<p>3. Identify key mechanisms to improve communication and coordination among key actors in different sectors.</p>	<p>3. Create a matrix that indicates the mechanisms with which you have worked and your level of success.</p>

14 Members of the InterCambios group. For more information, contact Mary Ellsberg at mellsberg@path-dc.org.

* "Adolescents" refers to women between the ages of 10 and 17, due to the legal implications of being a "minor." "Women" refers to those 18 years old or older.

** "Permanent ability" refers to support for establishing comprehensive care protocols and materials and methods for ongoing training of health-care professionals.

Annex 2

Emergency contraception

Estrogen Fertilan
Eugynon
Femenal 4 4
Levonorgestrel Levonelle
Microgynon 30
Microval
Neogynon
Noral
Nordette
Nordiol
Norgeston
NorLevo
Ovidon
Ovral
Ovran Tetragynon
Ovrette
Plan B
Postinor-2
Preven
Vikela

Other medications and general supplies

Analgesics
Cotton
Sterilized equipment (speculum)
Gauze
Gloves
Syringes and sterile needles
Sterile vaginal lubricant
Pregnancy tests
Saline solution
Tetanus and hepatitis B vaccines

Sexually transmitted infections

Azithromycin
Penicillin benzathine
Cefixime
Ceftriaxone
Ciprofloxacin
Doxycycline
Metronidazol
Tetracycline



P.O. Box 27514, Chapel Hill, NC 27516 USA

Tel. 800.334.8446 Fax 919.929.0258

email: ipas@ipas.org

www.ipas.org