



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

# GENDER-BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN

## CBET CURRICULUM

FOR HEALTH CARE PROVIDERS AND SOCIAL WELFARE OFFICERS

MAY 2017



# **GENDER-BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN**

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**MAY 2017**

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# FOREWORD

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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 CBET Curriculum 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 CBET Curriculum 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.

Prof. Muhammad Bakari Kambi  
Chief Medical Officer, MOHCDGEC

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The Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) expresses appreciation to the Government of the United States of America through the USAID/Tanzania and AIDSFree Project for their technical and financial support in reviewing and updating this CBET Curriculum and all the related materials.

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Special gratitude goes to all members of the task force listed below whose work and commitment produced this revised version of the CBET Curriculum.

Last but not least, the ministry extends its special appreciation to the consultants Ignatio Chiyaka, AIDSFree Curriculum Design Specialist, Dr. Mangi J. Ezekiel, AIDSFree Technical Specialist, and Ms. Zuki Mihyo, AIDSFree GBV and HIV Specialist for facilitating the review and updates of this CBET Curriculum.

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# ACRONYMS

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AIDS	acquired immunodeficiency syndrome
BCC	behavior change communication
CBET	competency-based education and training
GBV	gender-based violence
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOHSW	Ministry of Health and Social Welfare
SRHR	sexual and reproductive health and rights
TDHS	Tanzania Demographic and Health Survey
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VAC	violence against children
WHO	World Health Organization



# INTRODUCTION TO THE CURRICULUM

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## Overview

Many studies conducted in Tanzania indicate unacceptably high levels of gender-based violence (GBV) and violence against children (VAC) (NBS 2011). The World Health Organization (WHO 2005) Multi-Country Study and the Tanzania Demographic and Health Survey (TDHS) (NBS 2011) demonstrate the need for the health sector to engage in prevention and response services. The TDHS shows that over 20 percent of Tanzanian women aged 15–49 reported having experienced sexual violence in their lifetime, and nearly 40 percent reported having experienced any physical violence. It also shows that 44 percent of ever-married women have experienced physical or sexual violence from an intimate partner. A nationally representative survey of violence against children (UNICEF 2011) also found that nearly 75 percent of girls and boys had experienced physical violence (either by an adult or intimate partner) by age 18, and that nearly 3 in 10 girls had experienced sexual violence before reaching adulthood (NBS 2011).

Violence against children in particular has a profound impact on emotional, behavioral, and physical health and on social development throughout life. Children who experience violence in childhood are less likely to do well in school and are more likely to engage in risky behavior, such as transactional sex and non-use of condoms, which can leave them exposed to HIV. Exposure to violence, especially at home, is a leading cause of children's leaving home to live on the streets. VAC increases the likelihood that they will live in poverty and inflict similar violence on their own children or partners later in life, as well as the likelihood they will engage in other antisocial behavior that can undermine social and economic development (UNICEF 2011).

VAC is also manifested in early or child marriages. According to the Child Dignity Forum (CDF 2013), the prevalence of early/child marriage is very high in Tanzania, especially in the coastal regions and among the pastoralists. CDF reports that one in every six girls and young women are married before 18 years of age, which makes Tanzania among the countries with highest adolescent pregnancy and birth rates. The study also reveals that about 37 percent of women aged 20–24 were married/in union before age 18. Early or child marriage is perpetuated and reinforced by cultural and religious beliefs, as well as income poverty, which positions girls to be seen as family capital whose early can bring the family wealth and reduce its burden of supporting children.

The negative effects of GBV and VAC go beyond the health consequences to negatively affect family stability, structure, and livelihoods, and ultimately impacting negatively on overall national development by impeding the government's poverty reduction efforts through improved livelihoods. GBV and VAC in Tanzania are perpetuated by, among others, negative cultural beliefs and practices and existing gender norms and social gender inequalities. Victims of GBV and VAC are mostly women and children, but also many key population groups (NACP 2010; NACP 2013; HRW 2013).

The Ministry of Health, Community Development, Gender, Elderly and Children (MOCDGEC) in collaboration with other government and nongovernment stakeholders is making efforts to address these challenges by developing policy and management guidelines for GBV and VAC prevention and response. In 2011, the ministry developed the National Policy Guidelines for Health Sector Prevention and Response and the Medical and Management Guidelines for Prevention and Response to GBV and VAC, with a corresponding training package. It also developed Guidelines for Multisectoral Coordination Working Committees/Groups to facilitate a multisectoral approach (health, social welfare, police, legal, and community) to GBV and VAC prevention and response. The guidelines have been valuable in providing the national framework for integrating GBV and VAC services into health services and providing linkages between health facilities and local communities, as well as social and legal protection systems, medical management, referral for psychosocial care, and monitoring and evaluation systems and tools.

Implementation of the guidelines has had positive results, including an increase of health facilities that provide GBV and VAC services, as well as an increase in the number of GBV and VAC survivors accessing GBV services. There has been a reduction of GBV and VAC in some parts of the country as more survivors are accessing GBV/VAC services and referrals to psychosocial and legal services. The guidelines have facilitated the development of GBV and VAC management tools such as medical and consent forms; GBV data collection sheets, registers, and a national recording system; harmonization of GBV indicators into national health management information system (HMIS) and district health information system (DHIS 2); development of locally assembled sexual assault kits; and inclusion of GBV and VAC competencies in the preservice curricula of clinical assistants, clinical officers, and nurses to ensure GBV is mainstreamed at all levels of the health sector.

Other notable MOHCDGEC achievements include the production of a forensic training manual for health care providers, law enforcement agencies, and social workers, which has created an efficient national chain-of-custody system for forensic samples that allows collected samples from a health facility to proceed to a forensic laboratory for analysis and then to police for legal action. This has helped not only to link GBV survivors to the legal system but also to speed the analysis of forensic samples in the effort to obtain justice for GBV and VAC survivors.

The MOHCDGEC is collaborating with other ministries' activities to combat GBV and VAC—for example, with the Ministry of Home Affairs (MOHA), in developing the police standard operating procedures on the prevention of and response to GBV and VAC; establishing police gender and children's desks, the Police Gender Coordination Group, and "One Stop Centers" for survivors of GBV; and including GBV modules in the preservice curriculum for the police academy. The MOHCDGEC has also worked with the Ministry of Constitutional and Legal Affairs in the development of regulations to implement the Law of the Child Act, a five-year progressive child justice reform strategy to address children's access to justice, as well as the three-year National Plan of Action to Prevent and Respond to Violence against Children (2013–2016).

All these developments have facilitated effective and comprehensive provision of medical and psychosocial care to GBV and VAC survivors by health care providers and social welfare officers trained in appropriate competencies and skills in preventing acts of violence and providing the needed care to survivors of violence and abuse.

Given the magnitude and consequences of GBV and VAC, the National Policy Guidelines and Management for Health Sector Prevention of and Response to GBV were developed to provide guidance on violence prevention and provision of comprehensive, high-quality services for GBV and VAC survivors at all levels of society. One objective of the guidelines is to build the capacity of and train health care providers and social welfare officers to deliver effective GBV and VAC prevention and response services.

## **Purpose of the Curriculum**

The purpose of this curriculum is to prepare health care and social welfare workers to gain a combination of knowledge, attitudes, skills, and wider attributes of GBV and VAC competencies in provision of services at different levels of health and social welfare settings.

Learners using this curriculum are expected to gain a wider understanding of GBV and VAC and adequate abilities to provide medical, psychosocial, and preventive services that demonstrate positive, nonjudgmental attitudes to GBV and VAC survivors as part of ethically sound service provision.

## **Selection Criteria for Participants**

Criteria for selection of participants for the training of this curriculum are as follows:

- Participants must be health care or social welfare workers who are legally practicing in any health or social welfare setting.
- The number of participants in service provider training will be a maximum of 20; and that of facilitators will be minimum of 4 per each training. Participant-to-facilitator ratio, therefore, will be 5:1.
- The training-of-trainers (TOT) participants will be selected from among the health care and social welfare workers of the MOHCDGEC who have a background in training and have had exposure to GBV and VAC knowledge and skills.

## **Training Responsibility**

The MOHCDGEC is responsible for the organization and supervision of the TOT, as well as providing facilitators for service provider training. The ministry will also be responsible for scaling up of training at the national, zonal, and regional levels.

## **Training Duration and Organization**

The duration for the TOT component that encompasses training on GBV and VAC is six days; the training-focused component will last for three days. While the training on only GBV and VAC for service providers will run for six consecutive days, training for TOT participants will

run for a total of nine days (6+3). Both components will include a practicum and assessments. Principal learning outcomes will be covered in four modules, as outlined in the section on module description.

## **Teaching/Learning Methods**

The training course uses a broad range of study methods and approaches. These include lectures, discussion, assignments, clinical exposure, case study, role playing, buzzing, group discussion, small group activity, simulation, and community visits.

## **Teaching/Learning Aids**

The following will be required: projector (LCD set and overhead), presentation slides, charts, models, manuals, computers, white-/chalkboards, flip charts, markers, chalk, and skills laboratory and equipment.

## **Teaching Personnel**

GBV and VAC teaching personnel will consist of two groups. First, in-country experts on GBV and VAC who have teaching and facilitation skills will conduct a TOT workshop. Secondly, the qualified trainers emerging from the TOT will serve as the national-level facilitators responsible for providing GBV and VAC services training to other health and social welfare workers from Tanzanian health and social welfare facilities. The latter are the intended users of this curriculum.

# ASSESSMENT

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## Assessment Philosophy

This is a shortened version of the CBET Curriculum with the following assessment philosophy:

- It enables health care providers and social welfare workers to focus on gaining the core competences and develop the skills needed to provide effective and comprehensive services to people experiencing GBV and VAC.
- It allows health care providers and social welfare workers to engage with others in a “multisectoral approach” to efficient prevention of and response to GBV and VAC.

## Objective of Assessment

The objective of assessment is to measure the achievement of the learning outcomes.

## Principles of Assessment

The assessment will:

- Reflect the goals and objectives of the overall curriculum
- Be designed to assist health care providers and social welfare officers in acquiring core competences in the provision of services to GBV and VAC survivors
- Include practicum and visits.

## Assessment Methods

A pre-test will be given at the beginning of the training to assess the level of GBV and VAC understanding among participants and a post-test will be conducted at the end of the course to assess the learning skills acquired during the training.

## Training Regulations

Period of attendance: Participants will be considered to have completed the GBV and VAC training after attending at least 85 percent of sessions.

## Assessment Conduct and Administration

At the end of the course, a post-test will be administered and conducted under supervision of the facilitators. The lead facilitator will be responsible for ensuring that the post-test is conducted with confidentiality, fairness, and correctness in marking by the team of facilitators.

Participants will be eligible to participate in the end-of-course assessment if they have attended at least 85 percent of the training.

## Module Coding System

The system of coding is uses serial ordinal numbers (e.g., 01 indicates the first module to be taught, while module 04 sessions will be taught last).

# PRINCIPAL LEARNING OUTCOMES

S/N	PRINCIPAL LEARNING OUTCOMES	ASSESSMENT CRITERIA
1	Analyze concepts of sociocultural and economic knowledge in managing GBV and VAC.	<ul style="list-style-type: none"> <li>i. Cultural and social knowledge in relation to GBV and VAC is correctly demonstrated.</li> <li>ii. Poverty and human rights concepts in managing GBV and VAC are correctly explained.</li> <li>iii. HIV and AIDS knowledge and skills in relation to GBV and VAC are correctly described.</li> <li>iv. Poverty, human rights, and HIV knowledge in GBV and VAC are correctly applied in service provision.</li> </ul>
2	Apply medical, psychosocial, and legal knowledge and skills in providing services and organizing safety for the survivors of GBV and VAC in different settings.	<ul style="list-style-type: none"> <li>i. Medical and psychosocial services for survivors of GBV and VAC are correctly described.</li> <li>ii. Safety measures for survivors of GBV and VAC are well organized in different settings.</li> <li>iii. Legal procedures for survivors of GBV and VAC are correctly adhered to in the provision of services.</li> </ul>
3	Apply principles of demography, life skills, and sociocultural and gender issues to prevent GBV and VAC.	<ul style="list-style-type: none"> <li>i. Demography principles and life skills are correctly explained and used in assessing risks and prevention of GBV and VAC.</li> <li>ii. Sociocultural principles in prevention of GBV and VAC are well described.</li> <li>iii. Gender issues in prevention of GBV and VAC are correctly explained.</li> </ul>
4	Use national protocols to manage data in the provision of GBV and VAC services.	<ul style="list-style-type: none"> <li>i. Recording, reporting, and data verification issues relevant to GBV and VAC services are correctly described.</li> </ul>

S/N	PRINCIPAL LEARNING OUTCOMES	ASSESSMENT CRITERIA
		<ul style="list-style-type: none"> <li>ii. Interpretations, decision making, and feedback of data related to GBV and VAC are correctly described</li> <li>iii. Collection of information for client satisfaction, analysis, and feedback mechanism in relation to GBV and VAC services are correctly performed.</li> </ul>

# PRINCIPAL LEARNING OUTCOMES AND ENABLING OUTCOMES

PRINCIPAL LEARNING OUTCOMES	ENABLING OUTCOMES
1.0. Analyze concepts of sociocultural and economic knowledge in managing GBV and VAC	1.1. Explain poverty, human rights, and HIV concepts in managing GBV and VAC 1.2. Integrate concepts of poverty, sexual and reproductive health and rights (SRHR), and HIV into provision of GBV and VAC services
2.0. Apply medical, psychosocial, and medicolegal knowledge and skills in providing services and organizing safety for the survivors of GBV and VAC in different settings	2.1. Employ medical procedures to manage GBV and VAC survivors in health care settings 2.2 Apply medicolegal principles and procedures in management of GBV and VAC survivors 2.3. Integrate principles of psychosocial care and support in management of GBV and VAC survivors
3.0. Apply principles of demography, life skills, and sociocultural and gender issues to prevent GBV and VAC	3.1. Utilize principles of demography in prevention of GBV and VAC 3.2. Utilize principles of life skills in prevention of GBV and VAC 3.3 Analyze gender issues in prevention of GBV and VAC
4.0. Use national protocols to manage data in the provision of GBV and VAC services	4.1. Demonstrate skills for data collection and reporting procedure for GBV and VAC services 4.2. Utilize GBV- and VAC-related data to improve services at the health facility 4.3. Conduct client service satisfaction assessment for GBV and VAC services in health care settings



# ENABLING AND SUB-ENABLING OUTCOMES

PRINCIPAL LEARNING OUTCOMES	ENABLING OUTCOMES
1.1. Explain poverty, human rights, and HIV concepts in provision of GBV and VAC services	1.1.1. Describe concepts of 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, SRHR, and HIV in GBV and VAC services 1.2.2 Describe the linkages between poverty, SRHR, and HIV in GBV and VAC services
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 GBV and VAC survivors
2.2 Apply medicolegal principles and procedures in management of GBV and VAC survivors	2.2.1 Manage forensic sample/evidence from clients of GBV and VAC services 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 4.3. Conduct client service satisfaction assessment for GBV and VAC services in health care settings

<p>2.3. Integrate principles of psychosocial care and support into management of GBV and VAC survivors</p>	<p>2.3.1 Analyze principles of psychosocial care and support to GBV and VAC survivors</p> <p>2.3.2 Use principles of psychosocial care and support to provide social support for GBV and VAC survivors and perpetrators</p>
<p>3.1 Utilize principles of demography and gender issues in prevention of GBV and VAC</p>	<p>3.1.1. Explain levels of GBV and VAC prevention</p> <p>3.1.2. Describe principles and practices in behavior change communication (BCC) for GBV and VAC prevention</p>
<p>3.2. Utilize principles of life skills in prevention of GBV and VAC</p>	<p>3.2.1. Describe life skills in prevention of GBV and VAC</p> <p>3.2.2. Apply life skills in prevention of GBV and VAC</p>
<p>4.1. Demonstrate skills for data collection and reporting procedure for GBV and VAC services</p>	<p>4.1.1. Explain procedures for GBV and VAC data collection</p> <p>4.1.2. Explain procedures for GBV and VAC data reporting</p> <p>4.1.3. Apply techniques for data verification</p>
<p>4.2. Utilize GBV and VAC–related data to improve services at the health facility</p>	<p>4.2.1. Interpret routine data for service improvement</p> <p>4.2.2 Manage and use data for GBV and VAC services for appropriate decision making</p> <p>4.2.3 Provide feedback of improvement for survivors’ consumption</p>
<p>4.3. Conduct client service satisfaction assessment for GBV and VAC services in health care settings</p>	<p>4.3.1 Use information collection techniques for assessment of client satisfaction with GBV and VAC services</p> <p>4.3.2. Analyze client services satisfaction information for improving GBV and VAC services</p> <p>4.3.3. Provide feedback on client service satisfaction for improving GBV and VAC services</p>

## SUB-ENABLING OUTCOMES, RELATED TASKS, ASSESSMENT CRITERIA, METHODS, AND INSTRUMENTS

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
1.1.1. Describe concepts related to gender, gender-based violence, and violence against children	Define terminologies in relation to GBV and VAC (sex, gender, power, consent, violence, child, SRHR, adolescent, GBV, VAC, victim, survivors, perpetrators, and key populations)	Concepts of GBV and VAC correctly described	Pre- and post - knowledge test	Pre- and post-test questions
	Explain types of GBV and VAC			
1.1.2. Describe causes, magnitude, and consequences of GBV and VAC	Distinguish magnitude of GBV and VAC	Causes and contributing factors of GBV and VAC correctly described	Knowledge test	Pre- and post-test questions
	Describe ecological model of GBV and VAC	Ecological model of GBV and VAC well described	Group assignments	Pre- and post-test questions
	Explain causes and contributing factors in GBV and VAC	Causes and contributing factors of GBV and VAC correctly described	Group assignments	Pre- and post-test questions
1.1.3. Discuss public health and human rights concerns	Explain SRHR as applied to GBV and VAC	SRHR as applied to GBV and VAC well explained	Group assignments	Pre- and post-test questions

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
in relation to GBV and VAC	Identify international, regional and national laws and policies, including declarations, related to GBV and VAC	International, regional, and national laws and policies, including declarations, related to GBV and VAC correctly identified		
	Explain human rights issues concerning key populations	Human rights issues concerning key populations well explained		
1.1.4. Describe linkages between poverty, SRHR, and HIV in GBV and VAC– services	Explain influence of poverty, SRHR, and HIV in GBV and VAC services	Influence of poverty and HIV in addressing GBV and VAC correctly described	Knowledge test Oral questions	Pre- and post-test questions
	Explain relationship between poverty SRHR in GBV and VAC services	Linkages between SRHR and HIV in GBV and VAC services correctly described	Knowledge test Oral questions	Pre- and post-test questions
2.1.1. Use medical principles to conduct assessments of GBV and VAC survivors in different health care settings	Register GBV and VAC clients in registers	Registers for GBV and VAC and consent forms filled in appropriately	Knowledge test	Pre- and post-test questions
	Obtain consent from clients			
	Conduct comprehensive history of GBV/VAC survivors	All procedures for taking history followed	Observation of practice	Pre- and post-test questions and/or checklists
	Perform physical examination of GBV/VAC survivors for medical and medicolegal purposes	Physical examination procedure correctly performed		

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
	Conduct investigations and collect evidence for medical and medicolegal purposes while maintaining sample integrity	Investigations and evidence for medical and medicolegal purposes taken according to guidelines and procedures	Knowledge test  Observation of practice	Pre- and post-test questions and/or checklists
	Take forensic samples for DNA testing as evidence for criminal investigation			
	Document the process and data thoroughly	Data and processes documented according to protocol		
2.1.2. Provide preventive and curative therapies to GBV and VAC survivors according to national guidelines	Provide preventive therapies (HIV post-exposure prophylaxis, emergency contraceptive pill, tetanus toxoid vaccine, and prophylaxis for sexually transmitted infections) according to national guidelines	HIV post-exposure prophylaxis provided according to guidelines	Practicum Knowledge test Observation of practice Knowledge test	Pre- and post-test questions and/or checklists
		The emergency contraceptive pill is provided according to guidelines		
2.1.3 Provide appropriate referral to clients of GBV and VAC services	Identify other GBV and VAC partners	Clients of GBV and VAC services appropriately referred	Role play Practicum Knowledge test Observation of practice	Pre- and post-test questions and/or checklists
	Identify type of referral needed			
	Complete referral form			
	Refer the client			
2.2.1 Manage forensic samples/evidence from	Collect samples/evidence for forensic investigation	Samples/evidence for forensic investigation collected	Observation of practice	Pre- and post-test questions and/or

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
clients of GBV and VAC services	Package samples/evidence for forensic investigation (DNA, court of law)	according to procedures Samples/evidence for forensic investigation packaged according to procedures		checklists
	Store samples/evidence	Samples/evidence stored according to procedures	Knowledge test	Pre- and post-test questions and/or checklists
	Transport samples to forensic laboratory for analysis	Samples transported to forensic laboratory for analysis according to procedures		
	Analyze laboratory findings and present to the court of law	Laboratory findings for presentation to the court of law analyzed according to standard operating procedures	Observation of practice	
	Document evidence	Evidence documented according to prescribed procedures	Observation of practice	Pre- and post-test questions and/or checklists
2.2.2 Facilitate chain of custody and documentation of samples/evidence related to GBV and VAC	Analyze elements of chain-of-custody	Elements of chain-of-custody analyzed accordingly	Knowledge test	Pre- and Post-test questions
	Maintain sample integrity and avoid tampering of sample	Sample integrity maintained according to guidelines	Observation of practice	Pre- and post-test questions
	Fill in chain-of-custody forms	Chain-of-custody forms filled accordingly	Observation of practice	Pre- and post-test questions and/or checklists

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
2.2.3 Interpret findings from GBV and VAC survivors before the court of law	Aggregate GBV and VAC assessment findings	GBV and VAC assessment findings aggregated and compiled according to standard operating procedures	Observation of practice	Pre- and post-test questions and/or checklists
	Compile GBV and VAC assessment findings			
	Present GBV and VAC findings before the court of law	GBV and VAC findings presented before the court of law	Observation of practice	Pre- and post-test questions and/or checklists
2.3.1 Analyze principles of psychosocial care and support to GBV and VAC survivors	Explain the concepts of psychosocial care and support to GBV and VAC survivors	Psychosocial care and support to GBV and VAC survivors correctly analyzed	Knowledge test	Pre- and post-test questions
	Differentiate procedures and guides 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			
2.3.2 Use principles of psychosocial care and	Identify psychosocial needs of GBV and VAC survivors	Psychosocial needs of GBV and VAC survivors identified	Knowledge test	Pre- and post-test questions

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
support to provide social support for GBV and VAC survivors	Counsel GBV and VAC survivors	GBV and VAC survivors counseled according to guidelines	Knowledge test	Pre- and post-test questions
			Observation of practice	
	Develop safety plan with GBV and VAC survivors	Safety plan for GBV and VAC survivors developed according to protocol	Observation of practice	Pre- and post-test questions
	Develop social enquiry report for GBV and VAC survivors	Social enquiry report for GBV and VAC survivors developed	Knowledge test	Pre- and post-test questions
			Observation of practice	
	Identify other service providers of GBV and VAC services and prepare inventory	GBV and VAC survivors referred to other related services provided and followed up	Knowledge test	Pre- and post-test questions
	Refer GBV and VAC survivors to related services			
	Follow up on the services provided to GBV and VAC survivors		Observation of practice	

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
3.1.1. Explain levels of GBV and VAC prevention	Define prevention	Levels of GBV and VAC prevention well explained	Knowledge test	Pre- and post-test questions
	Explain primordial prevention of GBV and VAC			
	Explain primary prevention of GBV and VAC			
	Describe secondary prevention of GBV and VAC			
	Explain tertiary prevention of GBV and VAC			
3.1.2. Describe principles and practices in BCC for GBV and VAC prevention	Define BCC	Principles and practices in BCC for GBV and VAC prevention correctly described	Knowledge test	Pre- and post-test questions
	Describe BCC model in prevention of GBV and VAC			
	Use BCC model to change behavior in GBV and VAC prevention			
3.1.3 Describe life skills in prevention of GBV and VAC	Define life skills Identify essential life skills in prevention of GBV and VAC Demonstrate appropriate life skills in prevention of GBV and VAC	Life skills clearly defined Essential life skills to prevent GBV and VAC correctly identified	Group assignment Role play	Pre- and post-test questions
3.1.4 Multisectoral approach to prevention of GBV and VAC	Identify the pillars of a multisectoral approach to prevention of GBV and VAC Identify various stakeholders and their roles in prevention of GBV and VAC	Pillars of multisectoral approach to GBV and VAC as well as stakeholders and roles clearly explained and identified	Presentation Group activity	Pre- and post-test questions

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
	<p>Explain mechanisms of coordination and networking in GBV and VAC prevention</p> <p>Explain referral and feedback mechanisms for GBV and VAC survivors</p>			
4.1.1. Explain procedures for GBV and VAC data collection	Identify relevant tools for GBV and VAC data collection	GBV and VAC relevant data collection tools correctly identified	Oral questions	Pre- and post-test questions
	Describe procedures for data recording in GBV and VAC services			
	Describe proper storage of data collection tools for GBV and VAC services	Proper storage of data collection tools correctly identified		
4.1.2. Explain procedures for GBV and VAC data reporting	Identify relevant tools for GBV and VAC reporting	GBV and VAC reporting tools correctly explained	Oral questions	Pre- and post-test questions
	Describe procedures for report compilation in GBV and VAC services	Procedure for GBV and VAC report compilation correctly outlined		
	Describe procedures for report compilation in GBV and VAC services	Procedure for GBV and VAC report compilation correctly outlined		
	Describe proper storage of reporting tools for GBV and VAC services	Storage facilities for reporting tools correctly elaborated		

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
4.1.3. Apply techniques for data verification	Identify possible sources of error in GBV and VAC reports	Possible sources of errors correctly outlined	Case study	Case study report presentation
	Demonstrate techniques for data verification	Techniques for data verification correctly explained		
4.2.1. Interpret routine data for service improvement	Identify GBV and VAC services indicators	GBV and VAC services indicators identified	Group assignments	Group reports and presentation
	Extract indicators for relevant information and/or analysis	Indicator relevant information for data analysis extracted		
	Interpret data for relevant decision making for improving services	Data for relevant decision making clearly outlined		
4.2.2 Manage and use data for GBV and VAC services for appropriate decision making	Identify gaps for improvement in accordance to the finding	Gaps for improvement identified	Case study	Case study report
	Outline actions for correcting the identified gap	Corrective actions outlined		
	Implement corrective actions	Gaps for improvement identified		
4.2.3 Provide feedback of improvement for survivors consumption	Identify targeted audience for feedback	Targeted group identified	Group assignment	Assignment guideline
	Identify methods for feedback disseminations	Feedback methods identified		

SUB-ENABLING OUTCOMES	RELATED TASKS	ASSESSMENT CRITERIA	ASSESSMENT METHODS	ASSESSMENT INSTRUMENTS
	Disseminate feedback to the relevant targeted group	Dissemination clearly demonstrated		
4.3.1 Use information collection techniques for assessment of client services satisfaction with GBV and VAC services	Identify techniques for information collection	Techniques for information collection identified	Knowledge test	Questions on client exit interview form
	Identify tools for client services satisfaction information collection	Tools used for collecting client services satisfaction information correctly identified		Suggestion box
	Demonstrate skills for collection client services satisfaction information	Skills for collection of client services satisfaction information clearly demonstrated		Provider satisfaction form
4.3.2. Analyze client services satisfaction information for improving GBV and VAC services	Identify gaps in provision of GBV and VAC services using evidence-based information	Gaps correctly identified in GBV and VAC services	Case study	Case study report presentation
	Prepare report for sharing experiences and lessons learnt	Report for sharing experiences and lessons learned correctly prepared		
	Establish improvement plan for GBV and VAC services			
4.3.3. Provide feedback on client services satisfaction for improving GBV and VAC services	Identify targeted audience for feedback	Targeted group identified	Group assignment	Assignment guideline
	Identify methods for feedback disseminations	Feedback methods identified		
	Disseminate feedback to the relevant targeted group	Dissemination clearly demonstrated		

## Module Code: 01

# Module Name: Introduction to Gender-Based Violence and Violence Against Children

### Sub-Enabling Outcomes

- Describe concepts related to gender, gender-based violence, and violence against children
- Describe causes, magnitude, and consequences of GBV and VAC
- Discuss public health and human rights concerns in relation to GBV and VAC
- Describe the linkages between poverty, SRHR, and HIV in GBV and VAC services.

### Teaching/Learning Context

This module will be realized through lecture discussion, group discussion, brainstorming, buzzing, questions and answers, and workplace learning in the classroom.

### Teaching/Learning Materials

In this module the following learning and teaching materials will be used: whiteboard/blackboard, flip charts, chalk, marker pens, overhead projector, multimedia projector, laptop or desktop computer, television and DVD, textbooks, charts, Facilitator's Guide, Participant's Manual, job aids

### Module Assessment

- Pre- and post-knowledge test
- Group assignment and oral questions
- Daily and end of course evaluations.

### Module Sessions

Session 1.1: Introduction to GBV and VAC

Session 1.2: Sexual and Reproductive Health Rights and GBV/VAC under National Laws and Policies

#### Session 1.1: Introduction to GBV and VAC

- 1.1.1. Define terminologies in relation to gender-based violence and violence against children (sex, gender, power, consent, violence, child, SRHR, adolescent, GBV, VAC, victim, survivors, perpetrators, and key populations)
- 1.1.2. Explain types of GBV and VAC
- 1.1.3. Distinguish the magnitude of GBV and VAC

- 1.1.4. Describe ecological model of GBV and VAC
- 1.1.5. Explain causes and contributing factors of GBV and VAC

## **Session 1.2: Sexual and Reproductive Health Rights and GBV/VAC under National Laws and Policies**

- 1.2.1. Identify national laws and policies related to GBV and VAC
- 1.2.2. Explain sexual and reproductive health rights as applied to GBV and VAC
- 1.2.3. Explain human rights issues facing key populations
- 1.2.4. Explain the influence of poverty, SRHR, and HIV in GBV and VAC services
- 1.2.5. Explain the relationship between poverty and SRHR in GBV and VAC services
- 1.2.6. Explain roles and recommendations for preventing and responding to violence against key population groups

## Module Code: 02

# Module Name: Management of GBV and VAC Survivors

### Sub-Enabling Outcomes

- Use principles of interpersonal communication skills in managing GBV and VAC survivors
- Communicate effectively with children and adolescents who have experienced abuse and violence
- Identify personal strengths, weaknesses, and values in provision of care and support to child and adolescent survivors of GBV and VAC
- Identify positive attitudes in service provision for GBV and VAC survivors
- Explain strategies for improving attitudes towards GBV and VAC survivors
- Screen for GBV and VAC survivors
- Obtain consent from the client
- Conduct comprehensive history from GBV and VAC survivors.

### Teaching/Learning Context

This module will be realized through lecture discussion, group discussion, brainstorming, role play, demonstrations, case studies, simulation (workplace learning; for example, crime scenes) buzzing, questions and answers and audio-visual methods.

### Teaching/Learning Materials

In this module the following learning/teaching material will be used: whiteboard/blackboard; flip charts; chalk; marker pens; overhead projector; computer; videos/CDs; national GBV, sexually transmitted infections, and HIV guidelines and other relevant guidelines; models; charts; trainer's and participants' manuals; assessment tools; and monitoring and evaluation tools.

### Module Assessment

- Pre- and post-knowledge test
- Group assignment and oral questions
- Daily and end-of-course evaluation.

## Module Sessions

2.1: Interpersonal Communication, Values, and Attitudes of Health Care Providers

2.2: Principles and Procedures for Management of GBV and VAC Survivors

2.3: Physical Examination and Treatment of Survivors

2.4: Forensic Sample/Evidence Management

2.5: Approaches in the Provision of Psychosocial Care and Support

### **Session 2.1: Interpersonal Communication, Values, and Attitudes of Health Care Providers**

2.1.1 Principles of Interpersonal Communication Skills for Provision of Services to GBV and VAC Survivors

2.1.2 Self-Awareness

2.1.3 Values and Attitudes in Provision of Services to GBV and VAC Survivors

### **Session 2.2: Principles and Procedures for Management of GBV and VAC Survivors**

2.2.1 Basic Principles for Providing Care to GBV and VAC Survivors

2.2.2 Screening for GBV and VAC Clients

2.2.3 Obtaining Consent from the Client

### **Session 2.3: Physical Examination and Treatment of Survivors**

2.3.1 Physical Examination of GBV/VAC Survivors for Medical and Medicolegal Purposes

2.3.2 Physical Examination of Children and Adolescent Survivors

2.3.3 Providing Post-Trauma Medical Treatments

2.3.4 Providing Preventive Therapies (HIV Post-Exposure Prophylaxis, Emergency Contraceptive Pill, Tetanus Toxoid, and Sexually Transmitted Infections)

### **Session 2.4: Forensic Sample/Evidence Management**

2.4.1 Introduction to Forensic Evidence

2.4.2 Clinical Procedures for Collecting and Handling Specimens as Forensic Evidence

### **Session 2.5: Psychosocial Care and Support**

2.5.1 Definition of Psychosocial Care and Support

2.5.2 Basic Psychosocial Needs

2.5.3 Providing Trauma Counseling to GBV and VAC Survivors

## Module Code: 03

## Module Name: Prevention of GBV and VAC

### Sub-Enabling Outcomes

- Explain levels of GBV and VAC prevention
- Define the term behavior change communication (BCC)
- Describe BCC model in prevention of GBV and VAC
- Explain challenges of BCC
- Use BCC model to change behavior in GBV and VAC prevention
- Define life skills
- Identify essential life skills in prevention of GBV and VAC
- Demonstrate appropriate life skills in prevention of GBV and VAC
- Identify the pillars of a multisectoral approach to prevention of GBV and VAC
- Identify various stakeholders and their roles in prevention of GBV and VAC
- Explain mechanisms of coordination and networking in GBV and VAC prevention
- Explain referral and feedback mechanisms for GBV and VAC survivors.

### Teaching/Learning Context

This module will be realized through lecture discussion, group discussion, brainstorming, buzzing, questions and answers, and workplace learning in the classroom and wards.

### Teaching/Learning Materials

In this module the following learning and teaching materials will be used: whiteboard/blackboard, flipcharts, chalk, laptops or desktop computers, overhead projector, marker pens, pens, textbooks, charts, trainer's guide, participant's manual, and job aids.

### Module Assessment

- Pre- and post-knowledge test
- Group assignment and oral questions
- Daily and end-of-course evaluation.

### Module Sessions

3.1: Prevention and BCC for GBV and VAC

3.2: Life Skills in the Prevention of GBV and VAC

3.3: Multisectoral Approach to Prevention of GBV and VAC

### **Session 3.1: Prevention and BCC for GBV and VAC**

- 3.1.1. Levels of GBV and VAC Prevention
- 3.1.2. Definitions of Behavior Change Communication
- 3.1.3. Stages of Behavior Change and Approach
- 3.1.4. Use of BCC in Changing Community Behavior in Relation to GBV and VAC

### **Session 3.2: Life Skills in the Prevention of GBV and VAC**

- 3.2.1. Define Life Skills for Prevention of GBV and VAC
- 3.2.2. Identify Essential Categories of Life Skills in Prevention of GBV and VAC
- 3.2.3. Demonstrate Appropriate Life Skills in Prevention of GBV and VAC

### **Session 3.3: Multisectoral Approach to Prevention of GBV and VAC**

- 3.3.1. Multisectoral Approach in Prevention of GBV and VAC
- 3.3.2. Coordination and Networking in GBV and VAC
- 3.3.3. Referral and Feedback Mechanisms for GBV and VAC Survivors

## Module Code: 04

# Module Name: Management of Data for GBV and VAC Services

### Sub-Enabling Outcomes

- Identify relevant tools for GBV and VAC data collection
- Describe procedures for data collection in GBV and VAC services
- Describe procedures for data auditing and cleaning in GBV and VAC services
- Describe proper storage of data collection tools for GBV and VAC services
- 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
- Describe procedure for GBV and VAC data dissemination and use
- Describe the GBV and VAC component of the RMNCAH (Reproductive, Maternal, Newborn, Child and Adolescent Health) integrated supportive supervision tool
- Describe procedures for supportive supervision.

### Teaching/Learning Context

This module will be realized through lecture discussion, demonstrations, role plays, group discussion, brainstorming, questions and answers, and case studies.

### Teaching/Learning Materials

In this module the following learning and teaching materials will be used: flip charts, marker pens, whiteboard/blackboard, chalk, LCD projector, computer, participants' and trainer's manuals, and data recording and reporting tools.

### Module Assessment

- Pre- and post-knowledge test
- Group assignment and oral questions
- Daily and end-of-course evaluation

### Module Sessions

4.1: Data Collection and Reporting

4.2: Explain Procedures for GBV and VAC Data Reporting

4.3: Supportive Supervision

#### 4.4: Using Data for Decision Making

### **4.1: Data Collection and Reporting**

- 4.1.1 Identify Relevant Tools for GBV and VAC Data Collection
- 4.1.2 Describe Procedures for Data Collection in GBV and VAC Services
- 4.1.3 Describe Procedures for Data Auditing and Cleaning in GBV and VAC Services
- 4.1.4 Describe Proper Storage of Data Collection Tools for GBV and VAC Services

### **4.2: Explain Procedures for GBV and VAC Data Reporting**

- 4.2.1 Identify Relevant Tools for GBV and VAC Reporting
- 4.2.2 Describe Procedures for Report Compilation in GBV and VAC Services
- 4.2.3 Describe Proper Storage of Reporting Tools for GBV and VAC Services

### **4.3: Supportive Supervision**

- 4.3.1 Describe the GBV and VAC Component of the RMNCAH Integrated Supportive Supervision Tool
- 4.3.2 Describe Procedures for Supportive Supervision

### **4.4: Using Data for Decision Making**

- 4.4.1 Interpret Routine Data for Service Improvement
- 4.4.2 Describe Procedures for GBV and VAC Data Dissemination and Use
- 4.4.3 Reporting Procedures for Data in GBV and VAC Activities
- 4.4.4 Indicators Used in GBV and VAC Services

## REFERENCES

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- Ashford, Lori, and Charlotte Feldman-Jabobs. 2010. *The Crucial Role of Health Services in Responding to Gender-Based Violence*. Washington, DC: Population Reference Bureau and BRIDGE Project/U.S. Agency for International Development.
- Bloom, Shelah S. 2008. *Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*. Chapel Hill, NC: MEASURE Evaluation.
- Bott, S., A. Guedes, M. C. Claramunt, and A. Guezmes. 2004. *Improving the Health Sector Response to Gender-Based Violence: a Resource Manual for Health Care Professionals in Developing Countries*. New York: International Planned Parenthood Federation/Western Hemisphere Region.
- Christofides, Nicola, Rachel Jewkes, June Lopez, and Elizabeth Dartnall. 2006. "Facility Checklist." In *How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault*. Cape Town, South Africa: Sexual Violence Research Initiative/Medical Research Council.
- East, Central, and Southern African Health Community (ECSA-HC). 2011. *Guidelines for the Clinical Management of Child Sexual Abuse*. Arusha: ECSA-HC.
- Garcia-Moreno, Claudia, and Charlotte Watts. 2011. "Violence against Women: An Urgent Public Health Priority." *WHO Bulletin* 89:2. doi: 10.2471/BLT.10.085217.
- Garcia-Moreno, Claudia, Henrica A. F. M. Jansen, Mary Ellsberg, Lori Heise, and Charlotte H. Watts. 2006. "Prevalence of Intimate Partner Violence: Findings from the WHO Multi-Country Study on Women's Health and Domestic Violence." *The Lancet* 368: 1260–69.
- Guedes, Alessandra, Sarah Bott, Anna Guezmes, and Judith F. Helzner. 2002. Gender-Based Violence, Human Rights, and the Health Sector: Lessons from Latin America. *Health and Human Rights* 6(1): 177–94.
- Inter-Agency Standing Committee (IASC) Sub-Working Group on Gender in Humanitarian Action. 2010. *Caring for Survivors of Sexual Violence in Emergency Training Pack: General and Psychosocial Modules, Participant Manual*. New York: UNICEF. Available from <http://www.gbvims.com/learn-more/additional-resources/>
- International Planned Parenthood Federation (IPPF). 2002. "The Link between Gender-Based Violence and Sexual & Reproductive Health." *International Planned Parenthood Federation Newsletter*. New York: IPPF.
- Jina, R., J. Ruxana, R. Jewkes, S. P. Munjana, J. D. Mariscal, E. Dartnall, and Y. Gebrehiwot for the FIGO Working Group. 2010. "Report of the FIGO Working Group on Sexual Violence/HIV: Guidelines for the Management of Female Survivors of Sexual Assault." *International Journal of Gynaecology and Obstetrics* 109(2): 85–92.
- Johnson, C. F. 2004. "Sexual and Reproductive Health: A Matter of Life and Death." *Lancet* 368: 1595–607.

Keesbury, Jill, and Ian Askew. 2010. *Comprehensive Responses to Gender-Based Violence in Low-Resource Settings: Lessons Learnt from Implementation*. Lusaka, Zambia: Population Council. [www.popcouncil.org/pdfs/2010RH\\_CompRespGBV.pdf](http://www.popcouncil.org/pdfs/2010RH_CompRespGBV.pdf).

Keesbury, Jill, Ian Askew, Monica Wanjiru, Grace Chiyaba, Kate Wilson, and Felly Nkweto. 2011. "Comprehensive Responses to Sexual Violence in East and Southern Africa: Lessons Learned from Implementation." Policy Brief. Lusaka, Zambia: Population Council. [http://www.popcouncil.org/uploads/pdfs/2011RH\\_SGBVPolicyBriefPhase1.pdf](http://www.popcouncil.org/uploads/pdfs/2011RH_SGBVPolicyBriefPhase1.pdf).

Laisser, Rose Mwaja. 2011. "Prevention of Intimate Partner Violence—Community and Healthcare Workers' Perceptions in Urban Tanzania." Doctoral thesis. Umea: Umea University.

Lemoyne, Roger. *Violence against Children and International Human Rights Law and Standards*. UNICEF/HQ05-1931. New York: United Nations.

Ministry of Health and Social Welfare (MOHSW), Tanzania. 2011. *National Policy Guideline for the Health Sector Prevention and Response to GBV*. MOHSW: Dar es Salaam.

———. 2011. *National Management Guidelines for the Health Sector Response to and Prevention of Gender-Based Violence*. Dar es Salaam: MOHSW.

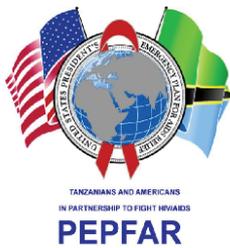
Ministry of Health and Social Welfare (MOHSW), Tanzania, and AMREF. 2011. *Management of Gender-Based Violence and Violence against Children: A Draft National Training Manual for Health Care Providers*. Dar es Salaam: MOHSW.

Ministry of Health and Social Welfare (MOHSW)/National AIDS Control Programme (NACP), Tanzania. 2010. *National Guideline for the Management of HIV and AIDS Data Quality*. Dar es Salaam: MOHSW/NACP.





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