THE BENJAMIN MKAPA HOSPITAL

PROTOCOL FRO MANAGEMENT OF GENDER BASED VIOLENCE AND VIOLENCE AGAIST CHILDREN FOR SERVICE PROVIDERS.

May, 2022

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FOREWORD

Benjamin Mkapa Hospital have integrated provision of quality Gender Based Violence and Violence Against Children services in order to provide services to the survivors acquired with the violated circumstance who visit at the facility. This was initiated through Training of the providers on management and respond to Gender Based Violence and Violence Against Children; BMH prepared internal directory for referral and linkage of the survivors; created Information Education and Communication materials for educating and making awareness to the clients who visit at BMH regarding GBV and VAC services available at inside and outside the facility.

Survivors need proper care and support. Health care providers are often the first contacts to the survivors, making it essential for them to be able to recognize signs of GBV and VAC even if not voluntarily reported by the survivor. In that regard the BMH prepared this protocol to enable Health care providers, Social Welfare officers and other service providers to safely and appropriately respond to GBV and VAC issues. This Protocol is a result of consultative reviews of existing guidelines, and resource packages referenced in GBV and VAC intervention to improve RMNCAH.This protocol will be the tool for providers on administering quality care for GBV and VAC survivors at BMH.

This BMH Protocol aim at directing service providers on how to identify the GBV and VAC survivors, provide management, collect forensic evidence do referral and linkage inside and outside the facility, provision of psychosocial care and follow up services of the survivors

I would like to take this opportunity to request all Directors, Assistant Directors, Heads of departments, Unit, Clinics, Incharges and staff to support GBV and VAC intervention according to the protocol. GBV and VAC is multi sectorial issue and require diversity efforts to be tackled and implemented.

Sincerely,

Dr. Alphonce B. Chandika
Executive Director for Benjamin Mkapa Hospital

ACKNOWLEDGEMENT

Registered appreciation is pronounced to Dr. Alphonce Chandika, the Executive Director of Benjamin Mkapa Hospital for exceptional initiatives against GBV and VAC including financially supporting the building capacity of the providers to manage clients acquired with GBV & VAC. Also taking initial initiatives to support preparation of the BMH protocol on preparing special arrangement and pass way on responding and managing to survivors acquired with GBV & VAC.

Other appreciation goes to Sr. Hindu Ibrahim, the National Trainer for GBV & VAC/Coordinator of GBV & VAC at BMH (Assistant Director for Research and Innovation at BMH), Sr. Sheila Mnenegwa (Director for Nursing Services), Awadhi Mohamed (Assistant Director for Social Welfare Services) and Dr. Sylvia S Jumbe (Coordinator of Training and Outreach Services) for their tireless for establishment of GBV and VAC services, since the initial building capacity to providers until drafting of this protocol. Other thanks go to BMH GBV and VAC Team for their efforts in identifying and managing survivors together in participating in the preparation this document. Also other appreciation goes to WHO for their technical and financial support in participating in the final preparation of this document

This protocol is an essential tool to guide health care providers in the provision of quality services to GBV and VAC survivors at BMH. The protocol serves to ensure survivors of GBV, regardless of their age, background or ethnicity, are cared for in an effective, professional and ethical manner upon their arrival at BMH

The document is structured to capture the key cycle where the survivors ought to pass through when accessing medical attention. Sections covered include; identifying GBV/VAC, taking a medical history, maintaining confidentiality and privacy, and collecting medical legal evidence.

This protocol will strengthen the capacity of healthcare providers to respond appropriately to GBV and VAC cases hence improve the overall quality of care at BMH. We also hope that the health care providers using this document will be more self – driven, effective and efficient in handling GBV and VAC cases. With the effective and timely implementation in all departments, we are confident that this protocol will contribute to reducing morbidity and mortality while supporting women's, men's and children's rights and gender equality across Tanzania.

Sincerely,

Monica Kessy
Director of Training Research and Clinical Innovation

LIST OF PARTICIPANTS INVOLVED IN PREPARING THIS PROTOCOL

SN	Full name	Designation / title	Directorate / Department/Unit/Place
1.	Dr. Alphonce Chandika	Executive Director	Benjamin Mkapa Hospital
2.	Dr. Kessy Shija	Director of Medical Services	Directorate of Medical Services
3.	Sheilla P. Mnenegwa	Director of Nursing Services	Directorate of Nursing Services
4.	Johnstone Rugaimukamu	Head of Nursing Services	Directorate of Nursing Services
5.	Awadh Mohamed	Assistant Director for Social Welfare Services	Department of Social Welfare Services
6.	Hindu Ibrahim	Assistant Director of Research and Innovation	Directorate of Training and Research
7.	Henry Mwansasu	Radiographer In charge	Directorate of Clinical Support Services
8.	Dr. Sylvia Jumbe	Coordinator of Outreach Services and Training	Directorate of Training and Research
9.	Dr. Andrew Nyangi	Medical specialist	Department Obstetrics and Gynecology
10.	Dr. Mwanaid Kachenje	Medical doctor	Department of Emergency Medicine
11.	Dr. Ignatia Cheleo	Medical doctor	Department of Obstetrics and Gynecology
12.	Flora S. Njiku	Nursing officer - In charge	Department of Obstetrics and Gynecology
13.	Dr. Agapith Kimaro	Medical doctor	Care and Treatment Clinic (CTC)
14.	Farida Mbura	Laboratory scientist	Blood bank
15.	Jenitha E. Chenche	Social Welfare Officer	Department of Social Welfare Services
16.	Magreth E. Mukurasi	Social Welfare Officer	Department of Social Welfare Services
17.	Notgera Ngaponda	Program Officer- Program of Gender and Adolescent	Ministry of Health - DRMCH
18.	Safina Yuma	Coordinator-Program of Cervical Cancer	Ministry of Health -DRMCH
19.	Mary Kessi	National Profession Officer- Violence and Injury Prevention	World Health Organization

ABBREVIATION AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BMH	Benjamin Mkapa Hospital
CBC	Complete Blood Count
CTC	Care and Treatment Clinic
DNA	Deoxyribonucleic Acid
DNS	Director of Nursing Services
DTR	Director of Training and Research
DRMCH	Department of Reproductive Maternal and Child Health
EC	Emergency contraceptive
EMD	Emergency Medicine Department
GBV	Gender Based Violence
HB	Hemoglobin
HBSAg	Hepatitis B surface antigen
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
HVS	High Vaginal Swab
LAB	Laboratory
MoH	Ministry of Health
NBS	National Bureau of Statistic
NB	Nota Bene
PEP	Post Exposure Prophylaxis
PF3	Police Form Number 3

TT	Tetanus Toxoid
RCH	Reproductive and Child Health
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
RTI	Reproductive tract infection
STI	Sexually Transmitted Infection
SWO	Social Welfare Officer
TD	Tetanus Diphtheria
TDHS	Tanzania Demographic and Heath Survey
UNICEF	United Nations International Children's Emergency Fund
UV LIGHT	Ultraviolet Light
VAC	Violence against Children
VAWC	Violence Against Women and Children
VCT	Voluntary Counseling and Testing
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization
UPT	Urine for Pregnancy Test

DEFINITION OF TERMS

Child

A male or female person below age of 18 years according to the child Act 2009, and the UN Convention on the rights of the child

Consent

Act of making an informed choice freely and voluntarily

Confidentiality

The principle and practice of keeping sensitive information private unless the owner or custodian of the data gives explicit consent for it to be shared with others.

Dignity

Itis the right of a person to be valued and respected for their own sake.

Forensic evidence:

Evidence collected during medical examination using scientific methods which can be used in court to link or delink the suspect to the crime.

Gender Based Violence (GBV)

Harmful act directed against a person on the basis of gender or sex

Non – discrimination

An integral part of the principle of equality that ensure no one is denied their rights because of factors such as race, color, sex, language, religion, political or other opinion.

Survivor

A person (a child or an adult male or female) who has been physically, sexually or psychologically violated because of his/ her age, sex or gender.

Violence Against Children (VAC)

Deliberate behavior done by people against children that is likely to cause physical or psychological harm

Perpetrator

A person, group or institution that directly inflicts, support or condones violence or other forms of abuse against a person or group of people.

Key population

Groups of individuals who are at higher risk of acquiring and transmitting HIV

Adolescent

A person in transition period from childhood to adulthood that range between 10-19 years

Equity

The quality of being fair and impartial; this ensure everyone in the community has access to the same opportunities and outcomes.

Equality

It is the state of being equal, especially in status rights and opportunities.

1.0 MAGNITUDE OF GBV AND VAC IN TANZANIA

Many studies conducted in Tanzania indicate unacceptably high levels of gender-based violence (GBV) and violence against children (VAC) (NBS 2011b). The World Health Organization (WHO 2005) multi country study and the Tanzania Demographic and Health Survey (TDHS) (NBS 2011a) demonstrate the need for the health sector to engage in prevention and response services. The TDHS 2015/16 shows that 17 percent of Tanzanian women aged 15–49 have experienced sexual violence in their lifetime, and 40 percent reported having experienced physical violence. It also shows that 50 percent of ever-married women had experienced physical, sexual, or emotional violence from an intimate partner. A nationally representative survey of violence against children (UNICEF 2011) also found that nearly 75 percent of female and male children 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. (Barker et al., 2017)

Violence against children in particular has a profound impact on emotional, behavioral, and physical health and 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 sexually transmitted infections (STIs), including HIV, as well as teenage pregnancy. Exposure to violence, especially at home, is a leading cause of children leaving home to live on the streets. Violence against children increases the likelihood that they will live in poverty and inflict similar violence on their children or partners later in life, as well as the likelihood that they will engage in other antisocial behavior that can undermine social and economic development (UNICEF 2011). (Barker et al., 2017)

According to Tanzania National Health Demographic survey report of 2010 the magnitude of GBV and VAC is 44% whereby Mara is a leading region with the magnitude of 72% followed by Dodoma 71% and whereby Unguja has the lowest magnitude of 8%.

2.0 GBV AND VAC PROTOCOL

2.1 Objective of the protocol

The overall objective of the protocol is to improve the quality of care offered to GBV and VAC – survivors at BMH

This protocol aims to be most useful for:

- Health care providers and Social Welfare Officers: The protocol intends to offer detailed guidance and practical tools for the management of GBV and VAC survivors.
- Health managers: The protocol gives an overview of the basic package of care to GBV and VAC – survivors.

2.2 Guiding principles for providing care to GBV and VAC survivors

The providers are required to follow these principles during providing care to GBV and VAC survivors

- **Principle 1:** The right to safety
- **Principle 2:** The right to confidentiality
- **Principle 3:** Obtain Consent
- **Principle 4:** Non-discrimination
- **Principle 5:** Respect Wishes, Rights and Dignity of the survivor

2.3 Why this Protocol?

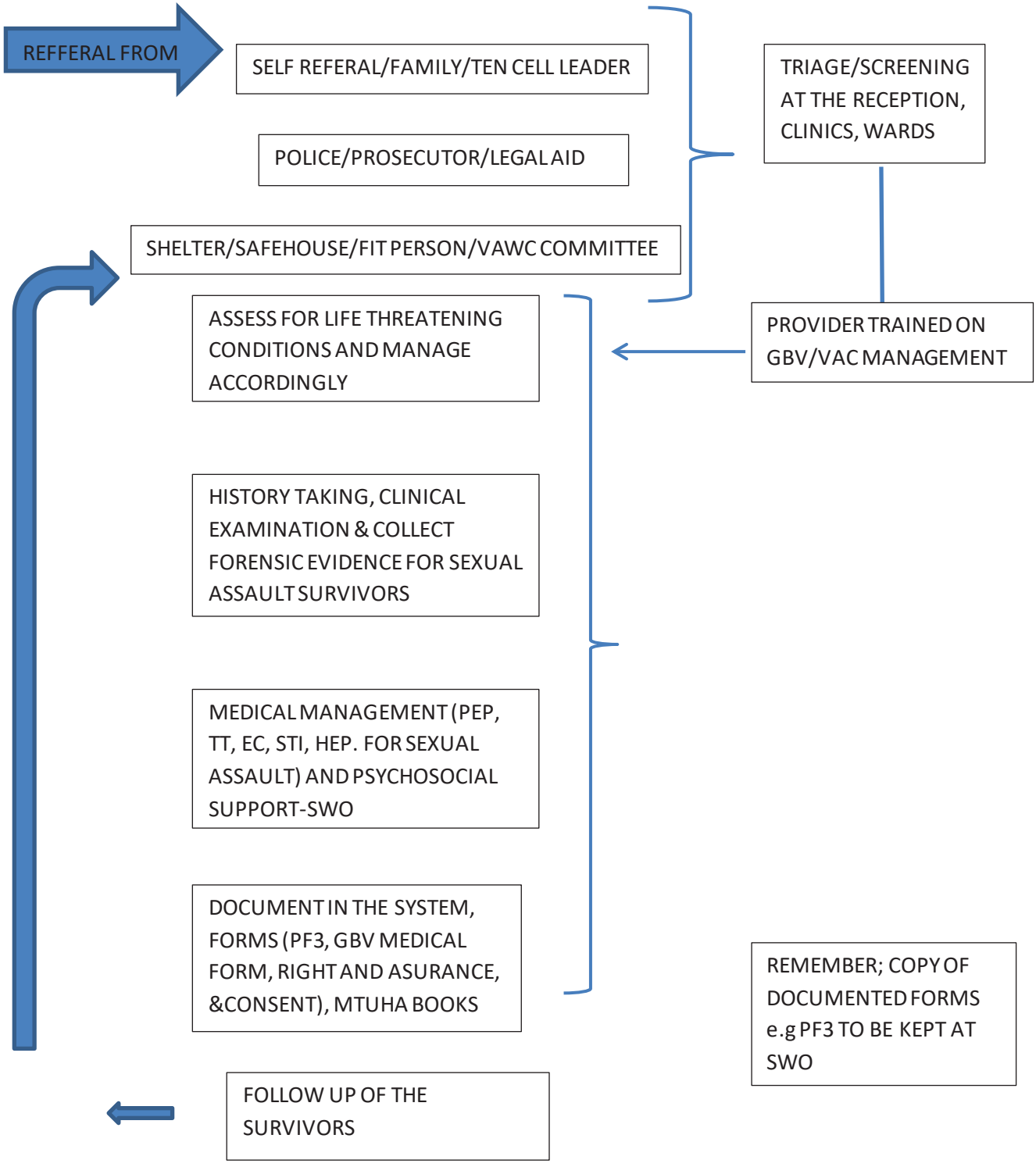
During interview, various internal and external stakeholders found that BMH receive several GBV and VAC survivors. The hospital is lacking basic requirements to handle these survivors. Significant deficits observed includes; lack of standard operating procedures, workflow to guide providers in service provision to survivors and lack of specialized knowledge and skills to respond to GBV and VAC survivors among Health Care Providers.

Other deficient include lack of a GBV and VAC One Stop Center which is the dedicated unit responsible for handling survivors and It was also noted that the service provided at the hospital is not coordinated across different departments and not survivor-centered.

The assessment also showed weak communication and coordination between the stakeholders offering GBV and VAC services, resulting in problems during referral system within and outside BMH. This necessitated the facility to build capacity to service providers on how to manage the survivors. This training involved other stakeholders such as Police from Dodoma City who will aid in the referral and linkage of the GBV and VAC survivors.

In addition, the BMH came into idea of establishing this protocol which will guide the workflow of GBV and VAC services within the hospital on how to handle the survivors. So, we hope that this protocol will guide health care providers at BMH in managing GBV and VAC survivors.

3.0 FLOW CHART FOR SURVIVORS OF GBV AND VAC



NB: Absence of **PF3** should not hinder or delay treatment. Treatment should be given first then followed by finding and filling of the PF3 Form in case if the PF3 form is not early presented**.**

Forensic Evidence should be collected and handled to Police for DNA analysis, in case of the simple forensic analysis to support PF3 Documentation, then high vaginal, buccal or rectal swab analysis needs to be done in case of sexual assault.

GBV and VAC survivors need to be treated as an emergency. Delay in getting health services might lead to health impacts such as HIV, unexpected pregnancy due to delay in getting preventive treatment or even death when the client is in severe critical condition such as bleeding.

Failure of the survivor to manage cost of services should not delay treatment in order to save life. Assess the socio-economic status of the survivor and consult SWO to verify and decide whether exemption is needed...

4.0 IDENTIFICATION OF SURVIVORS

- **Referral or order from specific authority**: from police, ten cell/village/street/ward leaders, religious leaders, neighbor, good Samaritan, relative, VAWC committee
- **Physical observation (Screening)**: level of consciousness, clothes, appearance, visible bruises, wounds
- **Verbal and non-verbal communication (Screening)**: mute, avoids eye contact, agitated, crying, unkempt
- **Other**: self-seeking, during clinical assessment, during management, internal linkage

5.0 MANAGEMENT APPROARCH TO GBV AND VAC SURVIVORS.

The services to survivors should be provided in a quiet environment and intergrated within the health facility, that is in the different clinic and wards, privacy and confidentility need to be taken into account.

In case of Violence against Children, repeated interviews should be minimized to the child. However, Social welfare officer must be present. The guardian, father, mother,

care giver, should be there only if the survivor suggests or request for the best interest of the child.

For adults survivor they may or may not request the relative to be present during the history taking and examination, wishes of the client need to be respected. If another staff member need to be present for support, then the request from the survivor need to be considered.

5.1 HISTORY TAKING

Guide for taking history from survivor.

- Introduce yourself to the survivor and explain your role/ build rapport
- Understand the relationship between the escort and survivor.
- Reassure the survivor that any information given or found during examination will be kept confidential.
- Avoid any distractions or interruptions while you are taking the history
- Provide relevant information on the GBV incident and the need for medical legal documentation.
- Use a calm tone of voice and maintain eye contact if culturally appropriate.
- Let the survivor tell her/his story the way she/he wants to.
- Avoid questions that suggest blame or judgment, such as: “What were you doing there alone?”
- Have the survivor sign the consent form if the situation dictates, otherwise the survivor may wish to sign later during the course of treatment. If the survivor is below 18 years of age guardian/parent should sign the consent on behalf of survivor but the child should be informed.

Explain to the survivor the importance of understanding exactly what happened in order to check for possible injuries and to assess the risk of HIV, STIs and pregnancy, so that the survivor may be as open as possible despite the trauma she/he may be feeling in talking about the encounter.

Note that the survivor may wish to get medical services only and opt not to pursue legal readiness —**RESPECT THAT!**

5.1.1 Steps to ensure comprehensiveness of history taking

5.1.2 General information

- Ask and document name, address, sex and age of the survivor.
- Document the date and time of the examination and names and function of any staff or support person (someone the survivor may request) present during the interview and examination.

5.1.3 Description of the incident

- Ask the survivor to describe what happened.
- Find information on the scene where the assault took place, use of violence or weapons, use of condoms and penetration with fingers or objects (in case of sexual assault)

5.2 Sexual history (males and females)

- Obtain history of prior sexual encounters, as well as whether or not they were consensual.
- Find out if the survivor has a sexual partner (or partners).
- Determine the last time the survivor had sexual intercourse with the partner prior to the incident.
- Determine if the survivor had STIs before and if she/he was treated.
- Determine the survivor's HIV status.
- Determine pregnancy status (for female survivor).

5.3 Gynecological history (females)

- Inquire if the survivor has attained menarche and date of the first day of her last menstrual period.
- Determine if the survivor uses contraception; if so, the type, how long used, and her compliance, when relevant.

5.4 Mental health history (males and females)

- Obtain a mental health history include previous and current psychiatric diagnoses prior hospitalization, substance abuse and family history of mental illness.

5.5 Past medical and surgical history (males and females)

- Ask about possible medical conditions, previous and current medications, allergies, vaccinations and previous surgery.

5.6 PHYSICAL EXAMINATION

- **Obtain informed consent from the survivor/guardian**
- Collect specimens as the physical examination is being conducted.
- Collect clothes for forensic examination and put them in a paper sheet/bag when sexual and physical violence has occurred.
- Conduct the examination under natural light, if possible to see injuries better use special lamps, such as a Wood's lamp or UV light, if available.
- Record all findings in a GBV Medical Form

5.6.1 Head-to-toe examination

❖ Pay special attention to the face, upper limbs, neck, breasts, thighs, and perineum when sexual violence is involved.

- Take vital signs: blood pressure, pulse rate, temperature, measure height and weight.
- Examine the head and neck for wounds, bruises, abrasions, swelling, bleeding, limited movements, tenderness and other injuries
- Examine the mouth and throat for wounds, dental damage, mucosal damage or hemorrhage, swelling, and other injuries.
- Examine the trunk, upper and lower limbs for swelling, abrasions, and any sign of other injuries.

Note the Extent of body injury if seen and collect any forensic specimens as you examine the survivor

5.6.2 Mental Status Assessment

- Check for survivor's appearance upon entering the office for the interview (whether relaxed or nervous), changes in posture and motor activity.
- Check for speech tone, hallucinations, delusions, suicidal thoughts and mood change. Ask the survivor if she/he knows people surrounding him/her

5.6.3 Genital and anal examination

For women

Examine the outer genitalia, pubic hair, labia majora and minora, urethral meatus, introitus, and perineum. Look for swelling, mucosal injuries, bruises, lacerations, bleeding, discharges or other injuries. Collect pubic hair (band any other pieces of physical evidence that may be seen in the genitalia.

Examine the hymen, vagina, posterior fornix and cervix and look for swelling, mucosal injuries, bruises, lacerations, bleeding, or other injuries. Do digital and speculum examinations if hymen is not intact. High vaginal swab should be taken during speculum examination.

Examine the anus for redness, swelling, bleeding, discharge mucosal lacerations or fissures, scarring, sphincter tone or tenderness. Rectal swab should be taken during anal examination.

Document findings observed such as wounds, giving the location, size, and type (bruise, stab wound, incised wound, or laceration).

The other swabs are oral swabs for secretory factors in cases where oral sex is implicated and skin swabs when a suspicious seminal stain is present on the skin.

For Female Children

- -Do not carry out a digital nor speculum vaginal examination if the hymen is intact.
- -Speculum examination for children should be done only if the child has internal bleeding from a penetrating vaginal injury and should be done under general anesthesia.
- -Examine the anus while the child in the supine or lateral position.
- -Avoid the knee-chest position, as assailants often use it. Look for bruises, tears or discharge. Record the position of any anal fissures or tears. Do not carry out a digital examination to assess anal sphincter tone.
- -Reflex anal dilatation (opening of the anus on lateral traction on the buttocks) can be indicative of anal penetration, but also of constipation.

For men

- Examine the outer genitalia (pubic hair, penis shaft, frenulum, glans, urethral meatus, and scrotum) and look for swelling, mucosal injuries, bruises, lacerations, bleeding, or other injuries.
- Obtain pubic hair and any other pieces of physical evidence that may be seen in the genitalia and examine the anus for redness, swelling, bleeding, discharge, mucosal lacerations or fissures, scarring, sphincter tone and tenderness; look for foreign materials. Rectal swab should be taken during anal examination. Document findings such as wounds, giving the location, size, and type (bruise, stab wound, incised wound, or laceration).

For Male Children (boys)

- The survivor should not be placed on his knee-chest as this may be the position in which he was violated.
- Consider a digital rectal examination only if medically indicated, as the invasive examination may mimic the abuse. However, do not carry out a digital examination to assess anal sphincter tone.
- Record the position of any anal fissures or tears. Reflex anal dilatation (opening of the anus on lateral traction on the buttocks) can be indicative of anal penetration, but also of constipation

5.7 INVESTIGATIONS

- Obtain Urine or Serum pregnancy test before providing emergency contraceptive
- Test for syphilis, hepatitis B and C and Human Immunodeficiency Virus
- Obtain Serum Chemistry, liver function tests, renal function tests and CBC for patients who will receive HIV Post Exposure Prophylaxis
- Test for HIV before provision of post exposure prophylaxis if the client is not psychological fit and ready to test then give starter pack for HIV for three days while counsel the client to test.
- Follow HIV testing for patient who receive Post Exposure Prophylaxis at 4 weeks discharge from CTC follow up if HIV negative after completion of PEP

- Collect pubic hair, nail clipping, semen and foreign bodies for DNA sample as well as two samples of High Vaginal Swab (HVS) and Rectal Swab. For high vaginal swab and rectal swab, one sample should be dried before packing in the envelopes/rape kit and entrust to Police in order to go to the Government Chemist for analysis and the other sample should go to the Laboratory for sperm analysis.

NOTE: The survivor of physical and sexual violence should be insisted not to bath or remove the clothes before handling the forensic evidence to the responsible provider. Also if there is physical evidence such as soiled clothes, weapons etc. should be dried, packed and appropriately labeled before handling to Police.

If suspect/ perpetrator she/he should be screened for STIs and HIV as well as obtain DNA sample for forensic evidence in case of sexual assault

5.8 PREVENTIVE TREATMENTS

- Provide PEP within 72 hours after the survivor/perpetrator was sexually assaulted (Consult CTC). (MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY, 2019)
- Provide emergency contraceptives pills within 120 hours following an unprotected act of sexual intercourse (Consult RCHs). (*The United Republic of Tanzania Ministry of Health and Social Welfare National Family Planning Guidelines and Standards*, 2013)

- Provide Tetanus Diphtheria (Td) Toxoid prophylaxis should be given if there are any breaks in skin or mucosa, unless the survivor has been fully vaccinated (Consult RCHs)(Survival Program, 2019)
- A presumptive treatment for STIs/RTIs should be provided in accordance with the National Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI) guidelines to all victims of sexual assault among GBV and VAC survivors as well as perpetrator.(*The United Republic of Tanzania Ministry of Health, Community Development, Gender, Elderly and Children National Guidelines for Management of Sexually Transmitted and Reproductive Tract Infections Second Edition, Noveber 2018 National AIDS Control Program*, 2018)

- Psychosocial Support

    - Trauma counseling to the survivor.
    - Risk Assessment and Rehabilitation.
    - Counseling with other family members
    - Support structure (Fit family, safe house
    - Home visits for follow up

ANNEX

ANNEX 1: GBV and VAC Medical Form

General Information	Name of Health Facility
Full Name(s)	Survivor Registration No
Date of Birth (MM/DD/YEAR) ...../...../.....	Marital Status(tick √) Single [ ] Married [ ] Divorced [ ]
Sex □ Male □ Female	Residence
Witness(es)	Contact (s)
Occupation	
Description Of Incidence	
Date of Assault MM DD YEAR ...../...../.....	Time of Assault HOURS MIN AM PM [ ][ ]:[ ][ ] [ ] [ ]
Place of Assault	Number of Assailant(s)
Alleged Assailants □ Unknown □ Known (indicate relationship with victim)	Type of Assault □ Sexual □ Physical □ Psychological
Presenting symptoms/complaints	Circumstances of incidence (penetration, how/where, and what was used?)
Did the assailant use a condom? □ No □ Yes	Did the survivor have a bath? □ No □ Yes
Did the survivor vomited after assault? □ No □ Yes	Did the survivor go to toilet? □ No □ Yes
Is The Incident Reported to Police? □ No □ Yes (Indicate the name Of station)	
Obs/Gyn History	
LNMP (Last Normal Mensural Period) ...../...../.....	Gravida [ ] Parity [ ]
History of sexual intercourse prior this incidence? □ No □ Yes	History of Pregnancy □ No □ Yes □ Don't know

History of contraception □ No □ Yes (indicate the type(s))	Last sexual consensual intercourse MM DD YEAR ...../...../.....
History of current sexual relationship □ No □ Yes	HIV status □ Positive □ Negative □ Unknown
Examination	Date ...../...../..... Time [ ] [ ]:[ ] [ ] AM PM
Mental health state (comment(s)) □ Normal □ In shock □ Tearful □ Depressed	Anxious □ Confused □ Hyper arousal □ Coma □ Other(s)…… ……..
Physical Examination	
Comment on general condition of the survivor	□ BP_____mmHg □ Pulse Rate_____beat/min □ Resp Rate_____cycles/min □ Temp_____◦C
Did the survivor change0 clothes □ No □ Yes (where were the worn clothes taken?)……..	State of the clothes □ Stains □ Tears □ Color
Any visible obvious injuries □ No □ Yes (if yes comment)……	
Genital-Anal Examination	
Describe in details the physical state of the following structure(s):	
External genitalia	Cervix
Vaginal/hymen	Digital rectal examination
Other orifices (oral cavity, tongue, palate)	

Type of GBV/VAC Encountered	
Physical [ ] Sexual [ ] emotional [ ] Physical and sexual [ ]	
Emergency Treatment Given	
Stitching Surgery □ No □ Yes (comments)	Emergency contraception □ No □ Yes (indicate which drugs)
PEP □ No □ Yes	STI preventive treatment □ No □ Yes
Comment on any other medication/treatment/management given to the survivor:	
Laboratory Investigation	**Comments**
Urine-Pregnancy Test	
Microscopy	
Other(s)	
Vaginal Swab-Sperm	
Culture and sensitivity	
Blood	
DNA	
VDRL	
Hepatitis B surface antigen	
Full blood picture	
Hemoglobin (HB)	
X matching	
Blood chemistry	
Serological test for HIV	
Anal Swab	
Other(s)……..	
Survivor Referred To…	
□ Police Station □ VCT Clinic □ HIV Clinic □ Other (s) (specify)…….…..	
Remarks	
Name and signature of examining doctor Name: _____ Signature_____	Date ____/____/_____

Name and signature of examining nurse Name: _____ Signature_____	Date ____/____/_____
END	

ANNEX 2: Consent Form

1/1

Wizara ya Afya na Ustawi wa Jamii
Fomu ya Ridhaa ya Huduma za Afya

Kituo……Kata……Wilaya……Mkoa……

Mimi…… ninakubali kwa hiari yangu kituo cha huduma za afya kilichotajwa hapo juu kunipa huduma zifuatazo:

	Ndiyo	Hapana
Kunipima mwili ikiwa ni pamoja na kunipima sehemu za siri kama itaonekana ni muhimu		
Kuchukua sampuli za ushahidi wa kimahakama kama vile majimaji, mavazi, nywele, sampuli kutokana na kusugua au kukata kucha, sampuli za damu na picha		
Kutoa ushahidi na taarifa kuhusu matibabu yangu kwa polisi na mahakama. Taarifa hizi zitakuwa ni zile tu zinazotokana na kupimwa na kutibiwa kwangu sasa na baadaye kuhusiana na tukio hili		

Saini……

Shahidi: Jina……cheo/uhusiano……Sahihi……

Mzazi/Mlezi:……Sahihi……

Tarehe……

Ministry of Health and Social Walfare
Consent Form

Name of Facility:……Ward……District……Mkoa……

I……I authorize the named health facility to:

	Yes	No
Conduct amedical examination, including pelvic Examination		
Collect evidence, such as body fluid samples, colection of clothig, hair combings, scrapings or cutting of finger nails, blood samples, and photographs.		
Provided evidence and medical information to the police and law courts concerning my case, this information will be limited to the results of this examination and any relevant follow-up care provide.		

Signature:……

Witness……Title……Signature……

Parent/Guardian:……Signature……

Time……Date……

ANNEX 3: Screening Tool

Handout 2.2.2: Abuse Assessment Screening Tool

Questions	Responses	
	Yes	No
1. Have you ever been emotionally or physically hurt by anyone in your lifetime?		
2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? If yes, by whom? (Relationship, not a name) _____ Total number of times _____		
3. Within the last year has anyone forced you to have sexual activities? If yes, by whom? (Relationship, not a name) _____ Total number of times _____		
4. Are you afraid of anyone of the people you mentioned above? If yes, who? _____		
5. Please tell me any complementary information regarding the violence you have been subjected to. Is there something that you would like to tell me? _____ _____ _____		

ANNEX 4: Police Form Number 3 (PF3)

TANZANIA POLICE FORCE

MEDICAL EXAMINATION REPORT

PART I: REQUEST FOR MEDICAL EXAMINATION

(To be completed by Police Officer requesting Medical Examination)

CASE FILE NO: _____

POLICE STATION_____

TO: THE MEDICAL PRACTITIONER

Dear Sir/Madam,

I have the honour to request Medical Examination of _____ (Male/Female) Age_____ who is sent to hospital/health center/dispensary on this _____ day of _____ 20_____. Please furnish me with brief examination results and/or findings of the nature and extent of bodily injuries sustained by the person named herein above.

Date and details of the alleged offence:

_____

_____

Name, Signature of Requesting Officer and Stamp

N.B: The investigating officer should sign for all specimens or items collected and sealed by the Medical Practitioner.

PART II: MEDICAL DETAILS OF THE ALLEGED CASE

(To be completed by Medical Practitioner carrying out examination)

Personal/Patient/File No.: _____ Date____/____/_____ Time_____

GENERAL INFORMATION:

(i) Nature of complaints

_____

(ii) Estimated age of the person_____ Gender_____

(iii) General physical/mental examination (e.g., general appearance, bruises, bites, use of drugs, alcohol and demeanor)

_____

_____

(iv) General Medical History (including details relevant to the offence)

_____

_____

(v) Condition and appearance of clothes including inner garments (e.g. presence of tears, blood stains, fluid)

_____

_____

(vi) Name of the guardian and relationship with the person examined (for a minor or mental case)

PART III: ASSAULT, ACCIDENT AND OTHER CASES

(To be completed by Medical Practitioner)

(i) Approximate age of injuries (e.g. hours, days or weeks)
_____ (ii) Treatment (if any received prior to examination)
_____

(iii) Description of site, situation, shape and depth of injuries sustained

_____

(iv) Type of weapon or object used

_____

(v) Immediate degree of the clinical result of the injury sustained (e.g. whether injury amounts to "harm", "grievous harm" or "maim"*)

_____

(vi) Details of specimens collected

_____

Comments:

_____

_____

*Definitions:

"Harm" means any bodily hurt disease or disorder whether permanent or temporary.

"Grievous harm" means any harm which amounts to maim or dangerous harm, or seriously or permanently injures health, or which is likely so to injure health or which extends to permanent disfigurement or to any permanent or serious injury to any external or internal organ, member or sense.

"Maim" means the destruction or permanent disabling of any external or internal organ, member or sense.

PART IV: SEXUAL ASSAULT CASES

(To be completed by Medical Practitioner after Part II & III)

A: (i) Nature of complaints

_____

_____

(ii) Estimated age of person examined _____

B: FEMALE

(i) Describe the physical state of and any injuries to genitalia with special reference to labia majora, labia minora, vagina, cervix, anus and establish evidence of penetration

_____

_____

(ii) Note the presence of venereal infections or any discharge, blood from genitalia/anus

_____

_____

(iii) Details of specimen or smears collected including pubic hairs, and blood

_____

_____

C: MALE

(i) Describe the physical state of and any injuries to genitalia including anus and establish penetration in case of anal intercourse

_____

_____

(ii) Note the presence of venereal infections or any discharge around anus and penis

_____

_____

(iii) Details of specimen or smears collected including pubic hairs and blood

_____

_____

MEDICAL PRACTITIONER'S REMARKS:

Name and signature of Medical Practitioner:

Name_____ Qualifications_____

Registration Number_____

Signature_____

Date___/_____/_____

Official Stamp _____

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