

## NEEDS ASSESSMENT CHECKLIST FOR CLINICAL MANAGEMENT OF SURVIVORS OF SEXUAL VIOLENCE

### INSTRUCTIONS:

**Purpose of checklist:** This checklist is designed to gather information on the extent to which health care facilities in Haiti have **integrated** attention to sexual violence within their services in order to understand what the health sector in this community needs to improve the health care response to survivors of sexual violence **at the community level**.

**This checklist tool is designed to assess needs, not to evaluate the quality of care provided by individual health facilities.**

**Definitions of sexual violence:** As defined by the World Health Organization (WHO), sexual violence includes a broad range of penetrative and non-penetrative experiences, and many different types of coercion. However, this data collection focuses on any type of coerced sex, rape or assault by any perpetrator (**including husbands and intimate partners**), as described by the WHO as:

***Physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. . . . other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus.***

**How to use this checklist:** This checklist can be self-administered by someone working at a health facility or it can be completed by an external interviewer who visits the health facility.

For all questions about supplies, private spaces, or medications, please circle no or yes depending on whether or not they are available in the facility. In addition, the person completing the checklist should check the column marked “√ = confirmed” if they have **personally seen** that the supply, private space, or medication is available. Otherwise, please leave this cell blank.

**Sources of this checklist:** This checklist was adapted from several existing data collection tools, and informed by:

MSPP (2008) *Manuel de Normes de Prise en Charge Clinique et Thérapeutique des Adultes et Adolescents vivant avec le VIH*. Ministère de la Santé Publique et de la Population (MSPP), Port au Prince, Haiti.

MSPP (2006) *Fiche Technique : Prise en charge des victimes de violences sexuelles*. Ministère de la Santé Publique et de la Population (MSPP), Port au Prince, Haiti.

**NEEDS ASSESSMENT CHECKLIST FOR CLINICAL MANAGEMENT OF SURVIVORS OF SEXUAL VIOLENCE**

Name, address, phone # of organization					
Name(s) and position(s) of respondent(s)					
Type of health facility					
Name, organization of interviewer(s)					
Day and time of interview					
<b>PROTOCOLS: Does the health facility</b>				<b>Circle answer</b>	<b>√ = confirmed (i.e. seen) by interviewer</b>
1	Have a written protocol for caring for survivors of sexual violence in language of providers?		No	Yes	
2	Have a printed copy of the national Haitian protocol for caring for victims of sexual violence?		No	Yes	
<b>PERSONNEL AND SERVICE PROVISION AT THIS FACILITY</b>					
3	How many staff do you <b>think</b> have been trained to care for survivors of sexual violence?		No. trained _____		
4	Are female staff available during all operating hours to accompany survivors examined by male providers?		No	Yes	
5	What days, hours does this facility provide services for sexual violence survivors?	<b>Circle days:</b> S M T W T F S		Hours: ____	
6	Approx. how many survivors of sexual violence seek services at this facility per month?		No. _____ per month		
<b>PRIVACY: Do all examination spaces for survivors:</b>				<b>Circle answer</b>	<b>√ = confirmed</b>
7	Provide complete visual privacy (i.e. patient cannot be seen from outside the space)?		No	Yes	
8	Provide complete auditory privacy (i.e. cannot be heard by anyone outside the space)?		No	Yes	
9	IF NO TO BOTH ABOVE: <b>Do any exam spaces for survivors</b> provide privacy?		No	Yes	
<b>SERVICES: Does the health facility offer the following services onsite:</b>				<b>Circle answer</b>	<b>If no, where referred?</b>
10	Treatment of wounds and lesions?		No	Yes	
11	Pregnancy testing and counseling?		No	Yes	
12	Provision of emergency contraception?		No	Yes	
13	Post abortion care or abortion services (e.g. in case of danger to the mother's life)?		No	Yes	
14	HIV testing and counseling?		No	Yes	
15	Testing for syphilis, gonorrhea, chlamydia, trichomoniasis, canchroid?	None	Some (circle which ones)		Yes all
16	Testing for Hepatitis B?		No	Yes	
17	Provision of post-exposure prophylaxis (PEP) of HIV per the national protocol?		No	Yes	
18	Provision of presumptive treatment for other STIs per the national protocol?		No	Yes	
19	Provision of Hepatitis B vaccine?		No	Yes	
20	Access to lab facilities for all the services noted above?		No	Yes	
21	Provision of a medical certificate ( <i>attestation</i> ) for sexual violence (rape) survivors?		No	Yes	
22	Provision of a medical certificate for domestic violence ( <i>violence conjugale</i> )?		No	Yes	
23	Provision of psychological services or support groups for survivors?		No	Yes	
24	Legal aid services ( <i>accompagnement légal</i> )?		No	Yes	
<b>SUPPLIES: Does the health facility have:</b>				<b>Circle answer</b>	<b>√ = confirmed</b>
25	A way to sterilize equipment?		No	Yes	
26	Soap and running water for hand washing?		No	Yes	
27	Forms to record case details and care provided, including pictograms to document injuries?		No	Yes	
28	Consent forms in language of patients?		No	Yes	
29	Replacement clothing?		No	Yes	
30	A secure, lockable space for storing confidential records?		No	Yes	
31	An updated written list of referral services in the community (psychosocial, legal, etc.)?		No	Yes	
32	Supplies for collecting forensic evidence?		No	Yes	
33	Supplies for universal precautions (gloves, safe disposal box, etc.)?		No	Yes	
34	Clean gowns (or something else) to cover survivors during examinations?		No	Yes	
35	Sanitary supplies (pads or local cloths)?		No	Yes	
36	Local anesthetic for suturing?		No	Yes	
37	Sterile instruments (kit)/ to repair tears?		No	Yes	
38	Contraception and condoms?		No	Yes	

DRUGS LISTED IN THE NAT. PROTOCOLS: Does the health facility have:		Circle answer		√ = confirmed
<b>Traitement des blessures:</b>				
39	Analgésiques: Paracétamol?	No	Yes	
40	Antibiotiques?	No	Yes	
41	Anxiolytiques: Diazépam?	No	Yes	
42	D'immunoglobuline humaine ou de SAT et Vaccin Antitétanique?	No	Yes	
<b>Traitement / Prévention des IST :</b>				
43	Pénicilline Benzathine?	No	Yes	
44	Ciprofloxacine?	No	Yes	
45	Métronidazol?	No	Yes	
46	Doxycycline?	No	Yes	
47	Cefixine?	No	Yes	
48	Erythromycine?	No	Yes	
49	Tétracycline?	No	Yes	
<b>Prévention de la grossesse :</b>				
50	COC contenant éthinylestradiol y lévonorgestrel (ou norgestrel) Neogrynon, Eugynon?	No	Yes	
51	COC contenant éthinylesstradiol et lévonorgestrel (ou norgestrel) Nordette, Lo-femenal?	No	Yes	
52	Copper-bearing intrauterine device (IUD) used for emergency contraception?	No	Yes	
<b>Prophylaxie de l'infection au VIH:</b>				
53	Le test rapide VIH	No	Yes	
54	AZT	No	Yes	
55	3TC	No	Yes	
56	EFV (Efavirenze)	No	Yes	
57	Ritonavir / Lopinavir	No	Yes	
58	Nelfinavir	No	Yes	
<b>SHORTAGES</b>		<b>Circle answer</b>		
59	Has this health facility had shortages of any supplies or drugs on this checklist in the past two months? IF YES, please explain below.	No	Yes	

NOTES: Please provide additional information about what this health facility needs to respond to sexual violence.

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