

policy

August 2015

COSTS OF DELIVERING SERVICES FOR GENDER- BASED VIOLENCE AT HEALTH FACILITIES IN TANZANIA



Study Report

This publication was prepared by Susan Settergren, Biyi Adesina, Isihaka Mwandalima (consultant), and Darrin Adams of the Health Policy Project.



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Suggested citation: Settegren, S., B. Adesina, and D. Adams. 2015. *Costs of Delivering Services for Gender-based Violence at Health Facilities in Tanzania*. Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-129-2

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). It is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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Costs of Delivering Services for Gender-based Violence at Health Facilities in Tanzania

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Abbreviations

| | |
|---------|--|
| AIDS | acquired immune deficiency syndrome |
| DMO | District Medical Office |
| GoT | Government of Tanzania |
| GBV | gender-based violence |
| HIV | human immunodeficiency virus |
| MoHSW | Ministry of Health and Social Welfare |
| PEP | post-exposure prophylaxis |
| PEPFAR | U.S. President's Emergency Plan for AIDS Relief |
| RMO | Regional Medical Office |
| STI | sexually transmitted infection |
| TACAIDS | Tanzania Commission for AIDS |
| URT | United Republic of Tanzania |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |



1. Background

1.1 Rationale for the study

Gender-based violence (GBV) is a global public health and human rights concern. More than one-third of women worldwide report having experienced physical and/or sexual violence from an intimate partner or non-partner (World Health Organization, 2013). In a recent study in Tanzania, 44 percent of ever-married women reported experiencing physical or sexual violence from their current or most recent husband or partner (National Bureau of Statistics, Tanzania and ICF Macro, 2011).

The Government of Tanzania (GoT) has recognized the need to stop GBV and strengthen services for survivors. In 2011, the Ministry of Health and Social Welfare (MoHSW) developed management guidelines for GBV services delivered within the healthcare setting and began training service providers in accordance with them (URT, 2011). In 2012, with support from PEPFAR through its Gender-based Violence Initiative (GBVI), the MoHSW began a phased rollout of these guidelines through training and facility support. The GBVI is aimed at strengthening coordination of GBV prevention and response efforts and their integration within existing HIV interventions. As the MoHSW moves forward with the scale-up of the national guidelines, policymakers and program managers have identified the need to better understand the costs associated with GBV service delivery; this will help them estimate resource requirements for scale-up and explore factors that drive the costs of GBV service delivery. The purpose of this study is to estimate the cost of delivering GBV services per client encounter at public health facilities in Tanzania and understand the cost drivers of GBV service delivery to inform scale-up policies and planning.

Gender-based violence: “An umbrella term for any act, omission, or conduct that is perpetrated against a person’s will and that is based on socially ascribed differences (gender) between males and females. In this context, GBV includes but is not limited to sexual violence, physical violence and harmful traditional practices, and economic and social violence. The term refers to violence that targets individuals or groups on the basis of their being female or male.”

— United Republic of Tanzania (URT),
MoHSW, 2011

1.2 Related studies in other countries

Several GBV costing studies have been conducted in neighboring countries, providing a context for this study. A study of the costs of delivering services within the public health sector in Kenya for survivors of sexual violence found that laboratory tests (28%), antiretroviral drugs for HIV post-exposure prophylaxis (PEP) (26%), cost of staff (23%), and Hepatitis B toxoid (7%) were the main expenditures (Kilonzo et al., 2009). Unit costs for delivering post-rape care services at the district hospital level were estimated at approximately US\$27 per client. Similarly, a study in South Africa, which looked at the costs of providing post-rape care at two health facilities—one rural and one urban—found that staff costs were a significant cost driver (Christofides et al., 2006). Laboratory costs also represented a significant proportion of the costs at the urban site, which utilized more advanced laboratory testing procedures. This study also looked at the costs of initial versus follow-up visits. The Refentse study, which evaluated a nurse-driven, post-rape care model integrated into existing reproductive health/HIV services within a rural South African hospital, found significant improvements in quality of care and health outcomes at an incremental cost of US\$58 per client, excluding one-off development costs of the program (Kim et al., 2009). All of these studies focused on the costs of healthcare services for cases of sexual violence that involved sexual assault or rape.

Fewer studies have looked at the cost of services for other forms of GBV, such as physical or emotional violence. In the region, a study in Uganda looked at services for intimate partner violence that included sexual, physical, and emotional violence (International Center for Research on Women and UNFPA, 2009). This study estimated the average client out-of-pocket expenditure related to an incident of intimate partner violence at US\$5, whereas providers reported their costs at an average of US\$1.20 per case. The estimated annual cost of all intimate partner violence cases to these providers was about US\$1.2 million. Outside of the region, a study in Vietnam estimated the average healthcare cost for a case of domestic violence at about US\$12.60 (Duvvury et al., 2012).

1.3 Study objectives

The overall objective of this study was to calculate the costs of delivering services for GBV at health facilities in Tanzania. Additional objectives were to compare the costs of service delivery components, determine the cost drivers of services, and examine the variability of costs across health facilities. Using the results of the study, HPP intended to contribute to the growing body of information globally regarding the costs of delivering GBV services and highlight the factors to be considered when costing GBV services.

2. Methodology

2.1 Study design and sampling

The study employed a commonly used direct accounting methodology that focused on estimating a unit cost of GBV services by obtaining detailed costs on service provision. A recent review by the World Bank on costing methodologies for intimate partner violence noted that although this methodology requires primary data collection, it is often the preferred methodology for assessing the costs of services because it is straightforward and less data intensive than other methods (Duvvury et al., 2013). Service delivery costs were disaggregated into five cost components commonly used in health services costing studies: (1) staff/labor, (2) medical supplies and drugs, (3) facility operations, (4) furniture and equipment, and (5) vehicles.

We originally selected a total of 12 facilities to participate in the cross-sectional study. These facilities were located in four regions (Dar es Salaam, Iringa, Mbeya, and Njombe) where the phased national GBV services rollout was initiated. We chose these facilities based on recommendations by the Regional Medical Officers within each region and partner organizations that had provided technical assistance for GBV services strengthening to the regions. Key criteria included relatively higher numbers of GBV clients seen at the facility in the past year as compared to the regional average, and availability of 12 months of GBV service delivery statistics for 2014. Geographic location and accessibility also were considered in Iringa and Njombe regions, as the team conducted data collection during the rainy season—January and February 2015—and could not reach some facilities safely at that time. We aimed to sample three facilities per region—one facility for each level of the public healthcare system (dispensary, health center, and hospital). In Mbeya region, however, we sampled two health centers and one hospital because GBV services had not yet been rolled out at the dispensary level. In Dar es Salaam, we chose two hospitals and one dispensary. And in Njombe, the selected dispensary subsequently was excluded upon learning during data collection that it had offered only limited GBV services and primarily referred clients elsewhere. Thus, we included in the sample a total of 11 facilities—five hospitals, four health centers, and two dispensaries.

2.2 Costing framework

GBV services included in the cost estimates were those specified in the comprehensive GBV medical services package of the national management guidelines and for which service delivery data are collected and reported. These seven service delivery components are

- Screening and examinations (reception of the survivor, initial counseling of the survivor, history taking, physical and mental status exam)
- Forensic exam and collection of forensic evidence
- Counseling (social work assessment and case management; psychosocial care and support, including trauma counseling; pre- and post-test counseling for HIV; PEP adherence counseling)
- Medical treatment for injuries
- Prophylaxis, treatment and other services (family planning, emergency contraception, PEP, sexually transmitted infections [STI] treatment)
- Laboratory tests (pregnancy, STI, and HIV)
- Referrals to services outside of the facility

2.3 Types of data collected

We collected three types of data about this package of services. They were as follows:

1. **Service delivery statistics.** Service providers at the facilities recorded information about each client presenting with GBV, the types of GBV assessed (i.e., sexual, physical, emotional, and neglect), and the services provided to the client, and entered these data into a national GBV register. The unit of recording in the register is the “client encounter,” which captures the services provided to the client within a given facility department during the client’s visit to the facility. Facilities report summary information collected through the register to the District Medical Office (DMO) on a monthly basis. The study used these monthly summaries to obtain information on GBV service delivery at each facility over a one-year period—January–December 2014. The study also used routinely collected service delivery data on all clients seen at the facility based on total facility attendance or the sum of admissions and outpatient client encounters during the same period. The service delivery data collected for the costing study are presented in Table 1.

TABLE 1. SERVICE DELIVERY DATA USED IN THE COSTING STUDY

| |
|---|
| All services delivered at the facility |
| <ul style="list-style-type: none"> ▪ Numbers of facility attendees |
| <ul style="list-style-type: none"> ▪ Number of admissions |
| <ul style="list-style-type: none"> ▪ Number of outpatient client encounters |
| GBV services delivered at the facility |
| <ul style="list-style-type: none"> ▪ Number of GBV client encounters |
| <ul style="list-style-type: none"> ▪ Number of GBV client encounters involving the following: <ul style="list-style-type: none"> ▪ Sexual violence ▪ Physical violence ▪ Emotional violence ▪ Neglect |
| <ul style="list-style-type: none"> ▪ Number of GBV client encounters during which the following service was provided: <ul style="list-style-type: none"> ▪ Screening and examination ▪ Forensic exam and collection of forensic evidence ▪ Counseling ▪ Medical treatment for injuries ▪ Prophylaxis, treatment, and other services ▪ Laboratory tests ▪ Referrals |

2. **Facility resources used to deliver GBV services.** The data collection team gathered information from the facility on the number and cadre of staff who provide GBV clinical services (physicians, nurses, clinical officers, social welfare officers, etc.); the amount of time these staff spend in delivering each GBV service component; and the equipment, medical supplies, and drugs they use for GBV clients—that is, type and quantity.
3. **Financial data.** The team collected information on the salaries of staff providing clinical GBV services and staff supporting and/or managing GBV service delivery (clinic managers, accountants, clerks, etc.); the annual cost of facility operations (utilities, fuel, maintenance of building, and vehicles, cost of renting clinical space); value of equipment, building, and vehicles used for GBV clinical services; and the cost of drugs and medical supplies used for GBV service delivery. The team collected all financial data in Tanzanian shillings (TSH) and converted them to United States dollars (US\$) using the average annual exchange rate of TSH 1643 to US\$1. Cost data in this report are presented in US\$. A summary of data collection for costs of GBV services is summarized in Table 2 by the four costing components. As with the service delivery statistics, all cost data collected reference the one-year period of January–December 2014.

TABLE 2. SUMMARY OF DATA COLLECTION FOR COSTS OF GBV SERVICES

| Costing component | Facility resources | | Financial data | |
|------------------------------------|---|-----------------------------------|---|--|
| | Measurement | Data collection method | Measurement | Data collection method |
| Staff/labor | Number and cadre of staff who provide GBV clinical services | Interviews with facility managers | Salaries of staff providing clinical GBV services and staff supporting and/or managing GBV service delivery | Document review of human resource and financial data from the MoHSW, Regional Administrative Secretary (RAS), District Health Secretary (DMO's Office), and Facility Managers/Administrative Secretary |
| | Amount of time staff spend in delivering each GBV service component | Interviews with service providers | | |
| Medical supplies and drugs | N/A | N/A | Annual cost of utilities (electricity, water, telephone) | Interviews with Accounts Facility Manager or Facility Administrative Secretary; where no data were available at the facility, these costs were obtained from the District Health Secretary (DMO) |
| | | | Annual cost of building and vehicle maintenance | |
| Furniture, equipment, and vehicles | List of items used for GBV service delivery | Interviews with facility managers | Current value of furniture, equipment, and vehicles | Interviews and record review: pharmacist office, store keeper, health facility administrative secretary, district health secretary, facility manager |

2.4 Data collection procedures

A team of three researchers (two data collectors and a field research supervisor) collected the data; they traveled from the study office in Dar es Salaam to the four regions in January–February 2015. In each region, one Regional Health Management Team member and one Council Health Management Team member accompanied the data collection team on facility visits to facilitate access to the facilities.

The team collected data through a review of administrative documents obtained at the facilities and central-, regional-, and district-level administrative offices, as well as interviews with personnel at these locations. The researchers used two questionnaires to capture these data (included in Annex A). The team described the study to all of the people interviewed and informed them of their rights as participants. All participants provided written informed consent.

Data collection methodologies, sources, and aggregation of the data into the cost components associated with GBV service delivery are further described below.

Service delivery statistics

The data collection team obtained monthly summary statistics (as specified in Table 1) from each health facility and subsequently validated these data against monthly reports maintained by the DMO. We obtained the overall number of client encounters at the facility by summing the number of inpatient admissions and outpatient client encounters, and then comparing the sum with the total number of facility attendees. In most cases, these two counts were identical. In cases of a discrepancy, we used the higher count.

Staff/labor costs

The team conducted structured interviews with facility managers and GBV service providers regarding the time they spend in delivering or managing GBV services. Those interviewed were selected on the basis of convenience sampling. Specifically, at each facility, the team members asked the GBV focal person (the individual designated at the facility to coordinate GBV services) to identify all staff who provide GBV services, irrespective of whether they had received training on the Tanzania national GBV curriculum. The researchers then selected and interviewed three staff from each clinical cadre from among those on duty at the time of the team's visit. They asked clinical service providers to estimate the amount of time (in minutes) they spend per average GBV client in delivering each of the seven components of GBV services (among those to whom they delivered the service in the past year). The team conducted interviews one on one, with each interview lasting about 15 to 20 minutes. The team interviewed 168 clinical service providers. Annex B gives the numbers of interviewed staff by cadre and facility. Additionally, the team identified support and management staff cadres either at the facility or the DMO office. At each facility, the team then asked the GBV focal person and one or two staff within these cadres about the proportion of time they had spent in the past year supporting or managing GBV services.

The data collection team obtained salary data for providers, managers, and support staff from a document review of human resource and financial data obtained from the administrative offices of MoHSW, the RAS, DMO, and the facilities.

Drugs and supplies cost

To define required resources for this cost component, we used the list of commodities and supplies recommended and approved in Tanzania for GBV services in health facilities as stipulated in the national management guidelines (see

Annex C.1). Team members obtained information on the quantity of these commodities used from the service provider interviews. They read providers the recommended list of drugs and supplies and asked the quantity they used for an “average GBV client encounter” (for those items providers had used in the past year). Of note, no providers reporting using 16 of the 34 items on the list. The team then obtained unit costs for the 18 remaining items from the Medical Stores Department (MSD) price catalogue 2014/2015 and the National AIDs Control Program (NACP). Annex C.1 also gives these unit costs.

Facility operation costs

Facility operation costs include cost of utilities (such as telephone, water, gas, and electricity), maintenance of vehicles, and other transport costs. The data collection team obtained the cost for each utility from the facility accounts manager, administrative secretary, or the DMO, depending on where they were available. We excluded from the study the value of the land occupied by the facility and the value and cost of maintaining the physical infrastructure (costs often included under this cost component) due to limited availability of these data (i.e., they were available for only four facilities).

Furniture, equipment, and vehicle costs

To define medical equipment for this cost component, we used the list of equipment recommended and approved in Tanzania for GBV services in health facilities (as stipulated in the national management guidelines (see Annex C.2). The team collected data on the actual equipment, furniture, vehicles, and other assets used in the past year for GBV service delivery at each facility from various facility offices and individuals, including the GBV focal person, pharmacist, store keeper, and administrative secretary. Team members grouped similar items into categories (e.g., chairs, multiple pieces of equipment, etc.) and then asked the GBV focal person to estimate the proportion of time these categorized items were used for GBV service delivery relative to all service delivery. They also gathered information on the purchase price and the year of purchase for these items, either from individuals at the facilities or from the the DMO. For some equipment and vehicles, year of purchase was unavailable because these items often were delivered to facilities without documentation. In these cases, the team used estimated purchase dates. We applied the recommended WHO amortization period for equipment and other capital assets (see Annex C.3) to arrive at the current value of items.

2.5 Data management

We electronically keyed the data collected on the paper-copy questionnaires into the MicroSoft Excel-based GBV Program Cost Calculator, a costing analysis tool developed by the Health Policy Project (HPP). We created a separate GBV Program Cost Calculator file for each facility in the study, incorporating the name of the facility into the file name. The paper-copy questionnaires and electronic files were then stored at the study office in Dar es Salaam; the team also sent electronic copies via secure email to HPP headquarters in Washington, DC. The questionnaires were placed in a locked file cabinet and electronic files were stored only on password-protected electronic storage devices.

We reviewed the questionnaires and associated cost calculator files for missing data and inconsistencies. As needed, the field research supervisor contacted individuals at the facilities, DMO, and RMO by telephone to obtain missing information and resolve discrepancies.

2.6 Data analysis

We estimated service delivery costs per GBV client encounter separately for each of the 11 facilities. We calculated costs

separately for five cost components (staff labor, drugs and supplies, furniture and equipment, facility operations, and vehicles) and then we summed these components to arrive at the Total cost per GBV client encounter at each facility. The methodology and equations that we used are outlined below.

Labor cost per GBV client encounter. Costs for clinical staff were estimated based on the average amount of time staff spent delivering the various GBV service components, while costs for support and management staff were apportioned according to the proportion of GBV clients seen at the facility. These costs were calculated as follows:

$$(1) \text{ Clinical staff cost per GBV client encounter} = \sum_{i=1}^7 \sum_{j=1}^r x_{ij} * y_{ij}$$

where

x = mean time (in minutes) spent delivering GBV service component (i) by clinical cadre (j) for an “average GBV client encounter”

y = mean annual salary of staff at the facility (in \$/minute) in clinical cadre (j)

r = number of clinical cadres that provided GBV services

$$(2) \text{ Support and management staff cost per GBV client encounter} = \sum_{j=1}^r p_j * y_j / n$$

where

p = mean proportion of total work time spent supporting GBV service delivery in 2014 by cadre (j)

y = mean annual salary of staff at the facility in cadre (j)

r = number of cadres that supported or managed GBV services

n = number of GBV client encounters in 2014

$$(3) \text{ Total staff cost per GBV client encounter} = \text{Clinical staff cost per GBV client encounter} + \text{Support and management staff cost per GBV client encounter}$$

Drug and supply cost per GBV client encounter: For each item, the mean quantity used for an “average GBV client encounter” was calculated from among all clinical provider responses and then multiplied by the unit cost of that item.

$$(4) \text{ Drug and supply cost per GBV client encounter} = \sum_{k=1}^{17} q_k * c_k$$

where

q = mean quantity of item (k) used for an “average GBV client encounter”

c = unit cost of item (k)

Facility operations cost per GBV client encounter. This cost component was calculated as the proportion of all facility operations costs for the year attributable to GBV service delivery.

$$(5) \text{ Facility operations cost per GBV client encounter} = \sum_{l=1}^s C_l * n / N$$

where

C = annual cost for 2014 for operation (l)

s = number of facility operations

n = number of GBV client encounters in 2014

N = number of all client encounters in 2014

Furniture, equipment, and vehicle costs per GBV client encounter: These cost components were calculated as the value at the time of data collection of furniture, equipment, and vehicles attributable to GBV service delivery. Furniture costs were observed to be small at all facilities and, thus, were combined with equipment costs.

$$(6) \text{ Furniture and equipment cost per GBV client encounter} = \sum_{i=1}^u f_i * c_i / n + \sum_{j=1}^v e_j * c_j / n$$

where

f = proportion of use of items in furniture category (i) for GBV service delivery relative to all service delivery in 2014

u = number of furniture categories

e = proportion of use of items in equipment category (j) for GBV service delivery relative to all service delivery in 2014

v = number of equipment categories

c = amortized value of items in the furniture and equipment categories

n = number of GBV client encounters in 2014

$$(7) \text{ Vehicle cost per GBV client encounter} = \sum_{i=1}^w z_i * c_i / n$$

where

z = proportion of use of each facility vehicle (i) for GBV service delivery relative to all service delivery in 2014

w = number of facility vehicles

c = amortized value of vehicle (i)

n = number of GBV client encounters in 2014

Aggregate costs. Total cost per GBV client encounter was calculated for each facility as follows:

$$(8) \text{ Total cost per GBV client encounter} = \text{Total staff cost per GBV client encounter} + \text{Drug and supplies cost per GBV client encounter} + \text{Facility operations cost per GBV client encounter} + \text{Furniture and equipment cost per GBV client encounter} + \text{Vehicle cost per GBV client encounter}$$

The weighted average total cost per GBV client encounter across all 11 facilities was calculated as:

$$(9) \text{ Weighted average total cost per GBV client encounter} = \sum_{i=1}^{11} T_i * n_i + \sum_{i=1}^{11} n_i$$

where

T = total cost per GBV client encounter at facility (i)

n = number of GBV client encounters in 2014 at facility (i)

3. Results

3.1 Service delivery

In total for the calendar year 2014, the 11 health facilities recorded 462,714 client encounters. GBV services were provided at 4,358 (or 0.9 %) of these client encounters. Table 3 summarizes client encounters by facility (overall and for GBV). The Dar es Salaam hospitals recorded more than three times as many overall clients encounters and two to three times more GBV client encounters relative to the hospitals in the other three regions. Also, the dispensary in Dar es Salaam recorded five times more overall client encounters compared to the only other dispensary in the study sample. Within all regions, the hospitals recorded more overall clients than health centers or dispensaries, except in Mbeya, where one of the health centers saw nearly twice as many clients as the hospital.

The percentage of client encounters involving GBV services ranged from 0.3 percent at the highest-volume Dar es Salaam hospital to 34.1 percent at the dispensary in Njombe.¹ The next highest percentage was 4.8 percent, at the Iringa health center (a percentage similar to that of the Iringa hospital). The percentage of GBV client encounters ranged from 0.4 percent to 2.3 percent at the other seven facilities. When the percentage of GBV client encounters is weighted by the number of overall GBV client encounters at each facility, the weighted average percentage is 3.3 percent.

TABLE 3. NUMBER OF FACILITY CLIENT ENCOUNTERS AND GBV CLIENT ENCOUNTERS, JANUARY–DECEMBER 2014

| Facility | Facility client encounters | GBV client encounters | Percentage GBV client encounters | Percentage of GBV client encounters by type | | | |
|--------------------------|----------------------------|-----------------------|----------------------------------|---|------------|------------|-----------|
| | | | | Sexual | Physical | Emotional | Neglect |
| Dar es Salaam hospital 1 | 169,938 | 695 | 0.3% | 62% | 29% | 50% | 3% |
| Dar es Salaam hospital 2 | 140,114 | 1,015 | 0.7% | 61% | 42% | 85% | 3% |
| Dar es Salaam dispensary | 31,590 | 107 | 1.3% | 7% | 69% | 72% | 0% |
| Iringa hospital | 22,439 | 281 | 4.0% | 10% | 56% | 54% | 0% |
| Iringa health center | 10,464 | 636 | 4.8% | 0% | 29% | 35% | 0% |
| Mbeya hospital | 21,158 | 196 | 0.4% | 46% | 53% | 56% | 14% |
| Mbeya health center 1 | 39,006 | 141 | 0.9% | 6% | 96% | 100% | 0% |
| Mbeya health center 2 | 2,900 | 117 | 0.4% | 13% | 69% | 71% | 0% |
| Njombe hospital | 14,136 | 332 | 2.3% | 10% | 63% | 53% | 0% |
| Njombe health center | 5,764 | 274 | 2.3% | 5% | 43% | 78% | 1% |
| Njombe dispensary | 5,205 | 564 | 34.1% | 5% | 51% | 98% | 10% |
| Total | 462,714 | 4,358 | 0.9% | 29% | 45% | 68% | 3% |
| Weighted average | | | 3.3% | | | | |

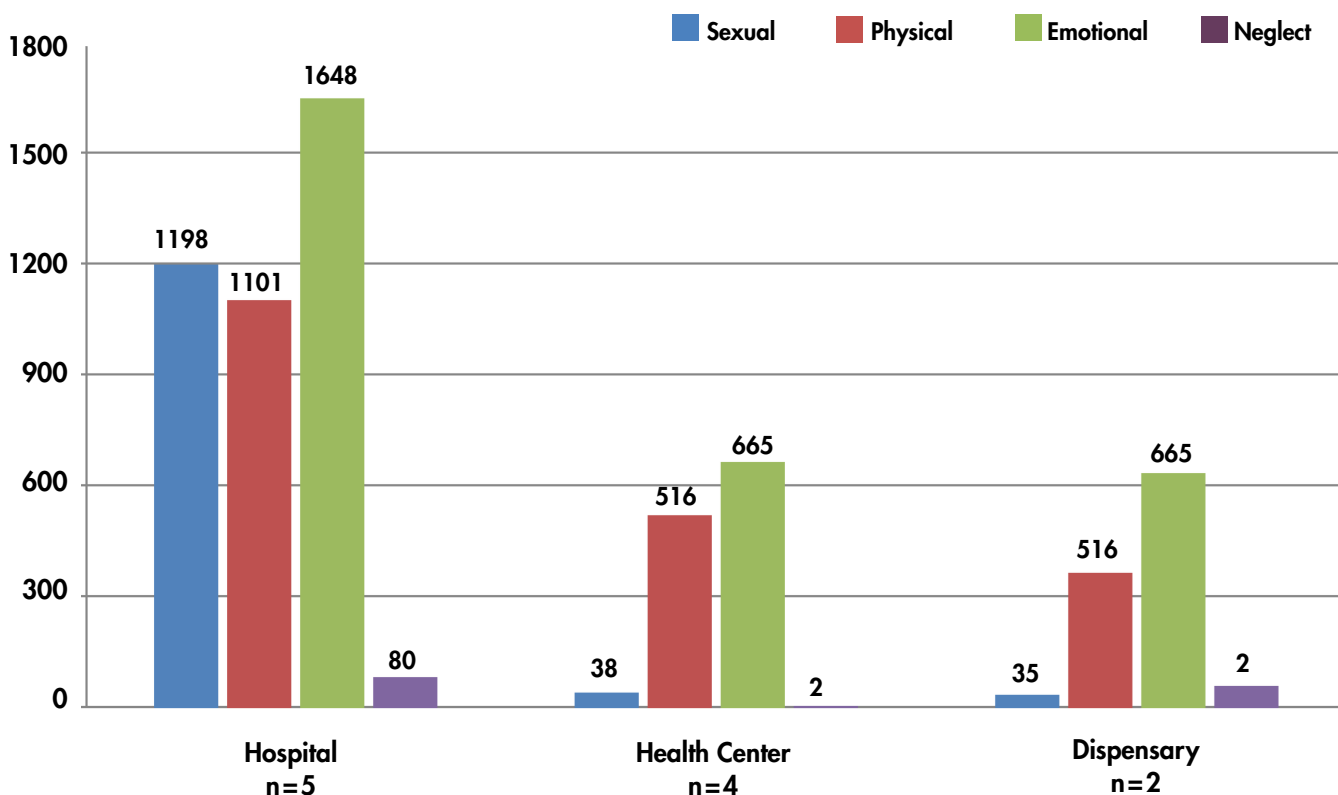
¹This proportion appears as an outlier among the other facilities. The authors were unable to explain from the available information the reasons for the high proportion. Data for this facility were included in the cost study.

Service providers assessed GBV clients according to the type of GBV they experienced—sexual, physical, emotional, and neglect. Overall, at the 11 health facilities, emotional GBV was the most commonly assessed type, at 68 percent of GBV client encounters, followed by physical GBV at 45 percent, sexual GBV at 29 percent, and neglect at 3 percent. Emotional GBV was the most frequently assessed type at all but two facilities. The types of GBV are not mutually exclusive—that is, service providers may have assessed a client as having more than one type; thus, these percentages do not sum to 100 percent. (Note: it was not possible to analyze the various combinations of GBV assessed during a given client encounter because these data are not provided in the monthly summary reports.)

We found considerable variation in types of GBV assessed among the facilities (see Table 3). The two Dar es Salaam hospitals assessed a higher percentage of sexual GBV compared to the other facilities (about 60% of client encounters). The Iringa health center reported assessing no cases of physical GBV or neglect. Additionally, the sum of the number of sexual and emotional GBV client encounters is considerably less than the reported total number of GBV client encounters, suggesting a data quality or reporting issue at this facility. Very few cases of neglect were assessed at client encounters at any facility.

Figure 1 shows the number of GBV client encounters by types of GBV, disaggregated by type of facility. The distribution for hospitals shows relatively more client encounters involving sexual GBV compared to health centers and dispensaries. As noted above, the two Dar es Salaam hospitals are the main contributors to these counts; that is, of the 1,198 sexual GBV client encounters recorded at 5 hospitals, 1,048 were at the two Dar es Salaam hospitals. The distribution of types of GBV looks similar for the four health centers and two dispensaries.

FIGURE 1. NUMBER OF GBV CLIENT ENCOUNTERS, BY TYPES OF GBV ASSESSED AT THE 5 HOSPITALS, 4 HEALTH CENTERS, AND 2 DISPENSARIES



3.2 Cost per GBV client encounter

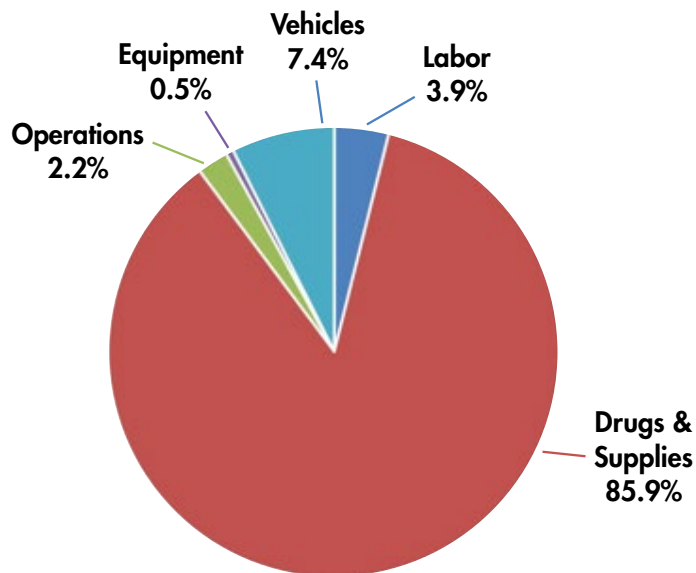
The total cost per GBV client encounter ranged from US\$21.97 at the Mbeya hospital to US\$51.71 at one of the Dar es Salaam hospitals, with a weighted average cost of US\$43.60. Costs for each facility are presented in Table 4.

Component costs also varied across facilities but at every facility, drugs and supplies represented the greatest proportion of the costs. The weighted average cost of drugs and supplies was US\$37.40, representing 85.9 percent of the total cost per GBV client encounter. Vehicles were the next most costly component, at US\$3.74, or 7.4 percent of the weighted average costs. However, four of the facilities (one hospital, one health center, and the two dispensaries) had no vehicle costs. The share of the remaining cost components are as follows: US\$1.71 (or 3.9%) for staff labor costs, US\$0.97 (or 2.2%) for facility operations, and US\$0.27 (or 0.5%) for the value of equipment and furniture. Table 4 gives component costs by facility and the component cost distribution for all facilities combined is presented graphically in Figure 2.

TABLE 4. COST PER GBV CLIENT ENCOUNTER

| Facility | Cost component | | | | | Total cost per GBV client encounter | |
|---|----------------|--------------------|------------|-------------------------|----------|-------------------------------------|---------|
| | Labor | Drugs and supplies | Operations | Furniture and equipment | Vehicles | | |
| Dar es Salaam hospital 1 | \$2.82 | \$44.12 | \$0.29 | \$0.06 | \$0 | \$47.29 | |
| Dar es Salaam hospital 2 | \$0.95 | \$38.77 | \$0.67 | \$0.17 | \$11.15 | \$51.71 | |
| Dar es Salaam dispensary | \$0.75 | \$38.46 | \$0.26 | \$0.00 | \$0 | \$39.47 | |
| Iringa hospital | \$1.37 | \$37.17 | \$0.29 | \$0.39 | \$3.92 | \$43.15 | |
| Iringa health center | \$0.41 | \$35.47 | \$0.94 | \$0.23 | \$0.06 | \$37.11 | |
| Mbeya hospital | \$5.82 | \$13.37 | \$0.99 | \$0.51 | \$1.27 | \$21.97 | |
| Mbeya health center 1 | \$2.30 | \$39.62 | \$0.50 | \$0.07 | \$0.94 | \$43.43 | |
| Mbeya health center 2 | \$8.05 | \$16.87 | \$7.20 | \$1.56 | \$2.37 | \$36.06 | |
| Njombe hospital | \$0.97 | \$40.90 | \$4.41 | \$0.38 | \$3.01 | \$49.68 | |
| Njombe health center | \$1.97 | \$38.69 | \$0.13 | \$0.24 | \$0 | \$41.03 | |
| Njombe dispensary | \$0.91 | \$38.11 | \$0.08 | \$0.15 | \$0 | \$39.26 | |
| Weighted average cost | \$1.71 | \$37.40 | \$0.97 | \$0.24 | \$3.24 | \$43.60 | |
| Proportion of weighted average cost | 3.9% | 85.9% | 2.2% | 0.5% | 7.4% | 100% | |
| Weighted average cost by type of facility | Hospital | \$1.58 | \$38.38 | \$1.89 | \$0.22 | \$5.43 | \$53.10 |
| | Health center | \$1.57 | \$34.86 | \$1.77 | \$0.34 | \$0.38 | \$38.18 |
| | Dispensary | \$0.85 | \$38.17 | \$0.89 | \$0.13 | \$0 | \$40.10 |

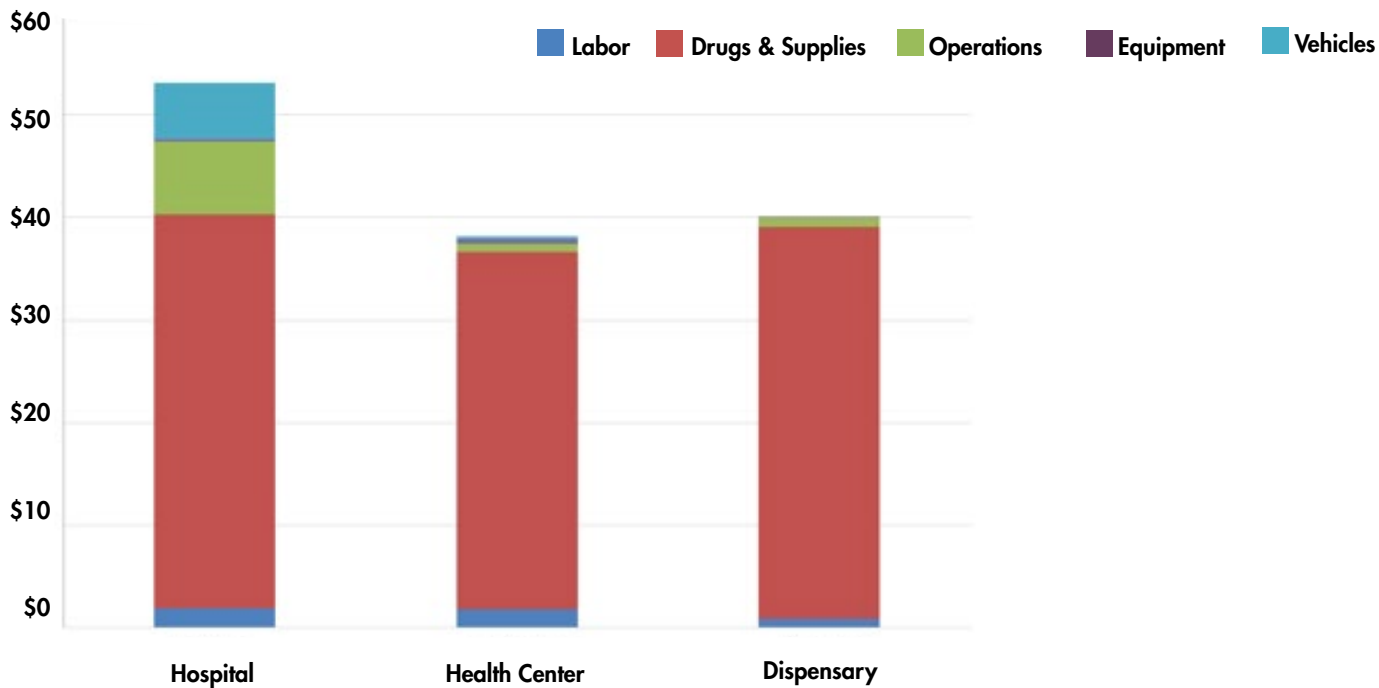
FIGURE 2. DISTRIBUTION OF WEIGHTED AVERAGE COSTS PER GBV CLIENT ENCOUNTER BY COST COMPONENT



The weighted average cost for a GBV client encounter at the five hospitals (US\$53.10) was higher than that of the four health centers (US\$38.18) and two dispensaries (US\$40.10), in large part due to vehicle costs. Comparisons of the costs between facility types should be made with caution, however, because the facilities included in the study were not selected to be representative of the three types of facilities, either in the regions or nationally. Additionally, given that the study sample includes more hospitals than health centers and dispensaries, it should be noted that the higher hospital cost per GBV client encounter raises the overall weighted average cost per GBV client encounters.

With these caveats in mind, the distribution of component costs for the three types of facilities is presented in Figure 3. As noted above, drugs and supplies carry the largest share of costs across all three types of facilities. For the hospitals in the sample, the cost of drugs and supplies represents 72.3 percent, or US\$38.38, followed by operational costs, at 13.5 percent (US\$7.19); vehicles at 10.2 percent (US\$5.43); labor at 3.6 percent (US\$1.89); and equipment and furniture at 0.4 percent (US\$0.22). For the health centers, drugs and supplies represent 91.3 percent of costs (US\$34.86), followed by labor at 4.6 percent (US\$1.77), facility operations at 2.2 percent (US\$0.82), and vehicles (US\$0.38), and equipment and furniture (\$0.34) representing approximately 1 percent each. For the dispensaries, drugs and supplies account for 95.2 percent (US\$38.17) of the estimated cost per GBV client encounter, whereas facility operations represents 2.3 percent (US\$0.92), labor represents 2.2 percent (US\$0.89), and equipment and furniture represent 0.3 percent (\$0.13). There were no vehicle costs associated with the delivery of GBV clinical services at the two dispensaries included in the sample of facilities.

FIGURE 3. DISTRIBUTION OF WEIGHTED AVERAGE COSTS PER GBV CLIENT ENCOUNTER BY COST COMPONENT FOR THE 5 HOSPITALS, 4 HEALTH CENTERS, AND 2 DISPENSARIES



3.3 Cost of drugs and supplies

Given that we found drugs and supplies to be the main cost driver of GBV services, we conducted further analysis to determine the cost contributions of the specific commodities included in this cost category. Weighted average costs and their percentage contributions are given in Table 5.

TABLE 5. WEIGHTED AVERAGE COST AND COST CONTRIBUTION OF SPECIFIC DRUGS AND SUPPLIES

| Drugs and Supplies | Weighted average | Cost contribution |
|---------------------------------|------------------|-------------------|
| HIV PEP drugs | \$31.95 | 74.4% |
| STI prophylaxis/treatment drugs | \$2.85 | 6.6% |
| Forms | \$2.16 | 5.0% |
| HIV rapid test kits | \$1.41 | 3.3% |
| VDRL tests | \$1.22 | 2.8% |
| Sterile gloves | \$0.66 | 1.5% |
| Blood tubes | \$0.50 | 1.2% |

| Drugs and Supplies | Weighted average | Cost contribution |
|--------------------------|----------------------------|-------------------|
| Emergency contraceptives | \$0.44 | 1.0% |
| Urine bottles | \$0.34 | 0.8% |
| Examination gloves | \$0.34 | 0.8% |
| Vaginal swabs | \$0.28 | 0.7% |
| Swabs | \$0.23 | 0.5% |
| Pregnancy test kits | \$0.16 | 0.4% |
| Analgesics | \$0.16 | 0.4% |
| Total | \$42.36² | 100% |

The cost of HIV PEP drugs comprises three-quarters of the drug and supply costs. HIV PEP drugs plus an additional seven items carry nearly all (96%) of the costs for this component. These other items and their shares are as follows: STI prophylaxis/treatment drugs (6.6%), paper forms (5.0%), HIV rapid test kits (3.3%), Venereal Disease Research Laboratory (VDRL) tests (2.8%), sterile gloves (1.5%), blood tubes (1.2%), and emergency contraceptives (1.0%).

3.4 Costs adjusted for sexual GBV client encounters

Given that HIV PEP drugs are indicated only for sexual GBV clients and that sexual GBV was assessed in only 29 percent of GBV client encounters across all facilities, these results suggest that the manner in which we collected data from service providers on quantity of HIV PEP drugs administered (i.e., for the “average GBV client”) may have contributed to an overestimate of the administration and associated costs of these drugs and perhaps other commodities used predominantly for sexual GBV cases, i.e., pregnancy test, emergency contraception, vaginal swabs, STI prophylaxis/treatment, and VDRL test. To compensate for this potential overestimation, the total cost per GBV client encounter was re-calculated adjusting for type of violence among the GBV client encounters as follows:

$$(10) \text{ Adjusted total cost per GBV client encounter} = (N^{SGBV} * C + N^{NoSGBV} * C^{NoSGBV}) / (N^{SGBV} + N^{NoSGBV})$$

where

N^{SGBV} = Number of client encounters where sexual GBV was assessed

C = Total cost per GBV client encounter (equation 9)

N^{NoSGBV} = Number of client encounters where sexual GBV was NOT assessed

C^{NoSGBV} = C - (cost of HIV PEP drugs)

The adjusted costs are presented in Table 4 together with unadjusted costs and percentage of sexual GBV client encounters.

² The discrepancy between the weighted average cost for drugs and supplies here differs from the corresponding figure in Table 4 due to differences in the calculations. In Table 5, we calculated the weighted average cost for each item based only on the facilities that reported using the item, whereas the weighted average cost for drugs and supplies in Table 4 was calculated based on all 11 facilities given that all facilities used at least some of the time.

TABLE 5. WEIGHTED AVERAGE COST AND COST CONTRIBUTION OF SPECIFIC DRUGS AND SUPPLIES

| Facility | Percent sexual GBV client encounters | Cost per GBV client encounter (USD) | |
|--------------------------|--------------------------------------|-------------------------------------|------------------|
| | | Adjusted | Unadjusted |
| Dar es Salaam hospital 1 | 61% | 32.94 | 47.29 |
| Dar es Salaam hospital 2 | 62% | 38.41 | 51.71 |
| Dar es Salaam dispensary | 7% | 6.36 | 39.47 |
| Iringa hospital | 10% | 11.38 | 43.15 |
| Iringa health center | 0% | 3.41 | 37.11 |
| Mbeya hospital | 46% | 18.99 | 21.97 |
| Mbeya health center 1 | 6% | 27.69 | 43.43 |
| Mbeya health center 2 | 13% | 9.98 | 36.06 |
| Njombe hospital | 10% | 15.82 | 49.68 |
| Njombe health center | 5% | 7.27 | 41.03 |
| Njombe dispensary | 5% | 5.44 | 39.26 |
| Weighted average | 29% | US\$19.87 | US\$43.60 |

When the cost is adjusted for type of GBV, the weighted average cost per GBV client encounter is reduced by more than half, that is, from \$43.60 to \$19.87. Further, this adjusted cost likely represents an upper bound of costs as the quantity of other commodities used primarily for sexual GBV clients (i.e., STI treatment/prophylaxis, pregnancy testing, emergency contraceptives, etc.) similarly may have been overestimated by service providers. Additionally, only a proportion of sexual GBV clients are administered PEP (i.e., PEP eligibility requires that clients arrive at the facility within 72 hours of the sexual assault and test negative for HIV).

4. Summary and Discussion

Reliable cost information on GBV service delivery is critical for the GoT, funding partners, and program managers as they design and plan the scale-up of the national response to GBV. This study provides new cost information on GBV services delivered within the healthcare setting—a major strategy of the national response. Although the study was not designed to be representative of all health facilities in Tanzania, the study team collected data from three different types of facilities (hospital, health center, and dispensary) located in all four regions of the first phase of GBV health services rollout, thus providing a broad first look at the costs of delivering GBV services under the new national GBV management guidelines.

The methodological aim of the study was to capture real costs of GBV service delivery. We chose real cost estimation to reflect the costs of the actual services delivered, thereby providing a more accurate picture of the costs of the rollout phase of clinical GBV services strengthening. For example, not all facilities had an equipment inventory sufficient to offer every aspect of GBV clinical services—and for those that did not, the study team did not include these costs in their cost estimates. The measurement of real costs also enabled the analysis to be tailored to the GBV client volume and characteristics at each facility.

The results of the study show that GBV client encounters comprised less than 5 percent of all client encounters at all facilities except one dispensary. All but two facilities assessed emotional violence as the most common form of GBV, whereas neglect was rarely assessed at any facility. The three higher client-volume hospitals assessed sexual GBV at half or more of their GBV client encounters, compared to less than 10 percent at the two dispensaries. However, the two other hospitals in the study also assessed only about 10 percent of GBV client encounters as involving sexual GBV. Among the four health centers, assessment of sexual GBV ranged from zero to 13 percent of client encounters. Assessment of physical GBV ranged from 29 percent to 96 percent, with no obvious pattern by type of facility.

Although these results suggest considerable variability in the types of GBV clients cared for at the facilities, the variation also may reflect variability inherent in the data. Specifically, assessment criteria for the different types of GBV are not well defined in the management guidelines; furthermore, not all providers have been trained on the guidelines. Thus, facilities may have assessed GBV differently, and providers within a facility may have used different assessment criteria. Additionally, GBV service data collection and reporting were new to the facilities in the sample, and little previous analysis had been done on these data. Thus, the data quality in general is unknown. As these service delivery data serve as the basis for the cost calculations, interpretation of the cost estimates should include these considerations. A better understanding of the measurement and quality of these data will lead to more accurate cost estimates and should be prioritized in future costing exercises.

Cost per GBV encounter among the 11 facilities ranged from US\$21.97 to US\$51.71. Both of these estimates were for hospitals. The study team also saw variation among the facilities within each of the cost components (i.e., staff labor, drugs and supplies, facility operations, furniture and equipment, and vehicles). No one category appeared to be driving the variability in total costs. The small sample size did not allow for a more detailed analysis by factors such as type of facility, client volume, or type of GBV assessed. At each facility, however, the cost of drugs and supplies was clearly driving the total cost per GBV client encounter, ranging from 46.8 percent to 97.1 percent of the total cost, with a weighted average of 85.9 percent. Further analysis showed that HIV PEP drugs were the most expensive item in this cost component, at a weighted average cost of US\$31.95 per client encounter, making up nearly 75 percent of the cost of drugs and supplies. This finding is consistent with the results of other post-rape care costing studies, and also costing of other HIV services, which found HIV PEP and antiviral drugs in general to be the largest contributor to service delivery costs (Adesina and Waldron, 2013; Bratt et al., 2011).

HIV PEP drugs are administered only to GBV survivors who experienced sexual violence and arrived at the facility within 72 hours. Given that service delivery data showed less than a third of GBV client encounters involved sexual GBV (and the overwhelming majority of those encounters were at the two large hospitals in Dar es Salaam), we calculated adjusted costs by applying HIV PEP drug costs proportionate to the number of sexual GBV client encounters at each facility. On average, these adjusted costs fell to less than half of the unadjusted cost per client encounter. At some facilities, the adjusted cost fell to a fraction of the unadjusted cost. The substantial difference between the adjusted and unadjusted costs may reflect shortcomings in the data collection methodology. We asked service providers to quantify the amount of each drug and supply on the list of recommended commodities they used for an “average GBV client encounter” in the past year. It is apparent that some, if not most, providers considered the average client encounter to involve sexual GBV, for which HIV PEP drugs would be indicated, whereas the service delivery statistics suggest that this was not the case at most facilities. This finding highlights the importance of collecting information specific to the different GBV types and their combinations, and exploring new methodologies to quantify the use of resources—both commodities and labor—to improve the accuracy of cost estimates. The lack of specificity of GBV typology or diagnosis and the integrated nature of GBV services present challenges to both these endeavors, however.

Lack of availability or the questionable accuracy of some of the financial data also created challenges for this study. Data on building and land values and infrastructure maintenance costs were unavailable for most facilities, and so were excluded from the study. Future studies should explore ways to obtain or estimate these costs to more accurately represent the full costs of service delivery. Future costing approaches may also want to factor in national and subnational health systems costs, such as administration, curriculum development and training, and health information systems development and operations for GBV services. Finally, the current study did not attempt to measure the quality of services, but rather based costs on what was reported as having been delivered. In that regard, the results do not represent the costs of delivering all recommended GBV services in the healthcare setting. Examining these normative costs could be an informative next step in future costing analysis.

In spite of these limitations, the results of this study can be used to advocate for investment in GBV programs and services, plan for allocation of health resources at the national and subnational levels, assist facility managers in better understanding the costs of GBV service delivery at their facilities, and prepare budgets for GBV services strengthening. For example, the results will assist the MoHSW in current planning and costing of its National GBV and Violence Against Children prevention and response implementation program for the next five years. At the subnational level, the results can inform Comprehensive Council Health Plans (CCHPs) in the planning and budgeting cycle, which takes place annually beginning in November.

Finally, the study added to the knowledge about the nuances of costing GBV services and has laid a solid foundation for an information base of cost information on the health sector response to GBV. The study provided a framework for examining the costs, outlined the data needed and how to obtain them, and provided a tool for managing and analyzing the cost data. As the MoHSW moves forward with the rollout of GBV services strengthening, it should consider establishing a costing database as part of routine GBV services data collection. Routine analysis of costs at all facilities, in tandem with analysis of service delivery, will allow comparisons across facilities of overall costs, cost drivers, and cost-effectiveness—helping to shape strategies that can lead to reduction in costs overall and in the longer term. Information from this database also could be used in analysis and projection models for sustainability planning—for example, by playing out scenarios reflecting potential changes over time in GBV service utilization or anticipated changes in drug and supply costs.

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Annex A. Questionnaires

Post Gender-Based Violence Program Cost Facility Data Collection Form

Introduction

(TO BE READ BY THE INTERVIEWER TO EVERY INTERVIEWEE)

Hello, my name is ____ (SAY YOUR NAME)____, and I am working on a study on behalf of the Ministry of Health.

The objective of this study is to collect data on costs of providing services to clients who have experienced gender-based violence (GBV). This information will be used by researchers, policy makers and program managers to understand the cost of providing post-GBV services at the level of health facilities. We thank you for your cooperation in this study and we remind you that participation in this study is free and voluntary.

Before I start, I will tell you a little more about the study and then ask for your consent to participate and to sign a consent form:

(ADMINISTER THE CONSENT FORM)

Do you have any questions before we start?

If yes, record the question and your answers:

I. Important information

(TO BE ASKED TO THE FACILITY MANAGER AND RECORDED BY INTERVIEWER)

TABLE 1: COUNTRY AND CURRENCY

Country:

Local Currency:

Exchange rate to US Dollar:

TABLE 2: FACILITY INFORMATION

Name of Facility:

District:

Region:

Type of Facility: Referral hospital District hospital Health Centre Dispensary

| TABLE 2: FACILITY INFORMATION | | | |
|--|---------------------------------------|-------------------|-------------------|
| Where is the facility located: | Town center | Village area | |
| Date of interview: | ___ - ___ - ____ (day - month - year) | | |
| Name of interviewer: | | | |
| Size of Health Facility (in sq. metres): | | | |
| Total number of clients receiving services at the facility: | | | |
| In last one month: | In last three months: | In last 6 months: | In past one year: |
| Total number of attendance at the facility: | | | |
| In last one month: | In last three months: | In last 6 months: | In past one year: |
| Total number of admission at the facility (break down number if the facility admits patients): | | | |
| In last one month: | In last three months: | In last 6 months: | In past one year: |
| Total number of outpatients receiving services at the facility: | | | |
| In last one month: | In last three months: | In last 6 months: | In past one year: |

II. GBV services and service delivery data

(TO BE ASKED GBV SERVICE PROVIDER AND BE RECORDED BY INTERVIEWER)

Can you please tell me which GBV service components are offered at this facility?

(INTERVIEWER: READ THE LIST ALOUD TO THE RESPONDENT AND WRITE YES (Y) OR NO (N) IN THE BOX)

| TABLE 3: COMPONENTS OF GBV SERVICES BEING PROVIDED AT THE FACILITY | | |
|---|---|-------|
| Service components: | Component includes: | Y / N |
| Examinations | GBV examination and screening; physical examination; mental health examination | |
| Forensic Exam | Forensic examination; evidence; filling in PF3 form | |
| Counseling | Psychosocial counseling; pregnancy/counseling on family planning; HIV/AIDS counseling and testing; PEP adherence counseling; Other counseling | |
| Medical Treatment for Injuries | Medical Treatment for Injuries | |
| Tests | Pregnancy test; HIV test; STD tests | |
| Prophylaxis Treatment | Family planning; Emergency contraception; PEP for HIV; STI treatment; Tetanus Toxoid | |
| Referrals | To other departments at the facility; to other services outside the facility | |

4. At what date did you begin recording data on GBV clients in the GBV register? What is the most recent date for which you have these data?

| TABLE 4: AVAILABILITY OF GBV SERVICE DATA | | | | | | | | | | |
|---|---|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|
| | All types of GBV/VAC <i>(indicator number 1)</i> | | Sexual violence <i>(indicator number 6)</i> | | Physical violence <i>(indicator number 5)</i> | | Psychosocial violence <i>(indicator number 7)</i> | | Neglect <i>(indicator number 8)</i> | |
| | Number of client encounters | Number of clients | Number of client encounters | Number of clients | Number of client encounters | Number of clients | Number of client encounters | Number of clients | Number of client encounters | Number of clients |
| Last 3 months | | | | | | | | | | |
| Last 6 months | | | | | | | | | | |
| Last 12 months | | | | | | | | | | |

4B. Can you please share with me your monthly summary sheets on GBV service delivery? I am interested to know the number of client encounters/visits and number of clients who received GBV services at this facility. I'd like to know this information broken down by type of GBV (i.e., sexual violence, physical violence, emotional violence, and neglect) – as well as the total numbers.

INSTRUCTIONS TO THE INTERVIEWER: PLEASE ENTER THE INFORMATION IN TABLE 4B BELOW. (INDICATORS FROM THE MONTHLY SUMMARY FORM ARE NOTED IN PARENTHESES)

NOTE: IF MONTHLY TALLY SHEETS ARE NOT AVAILABLE, ASK TO SEE GBV REGISTER. HOWEVER, PERSONAL INFORMATION SHOULD FIRST BE COVERED/HIDDEN BEFORE LOOKING AT THE FORMS. INFORMATION FOR THIS TABLE CAN ALSO BE COLLECTED FROM THE DISTRICT OFFICE.

| TABLE 4B: SERVICE DELIVERY SUMMARY BY TYPE OF GBV/VAC | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total if data are not available by month |
| Number of GBV clients <i>(if available, otherwise leave blank)</i> | | | | | | | | | | | | | |
| Number of GBV encounters/visits | | | | | | | | | | | | | |
| Number of Sexual Violence encounters/visits | | | | | | | | | | | | | |
| Number of Physical Violence encounters/visits | | | | | | | | | | | | | |
| Number of Emotional Violence encounters/visits | | | | | | | | | | | | | |
| Number of Neglect encounters/visits | | | | | | | | | | | | | |

4C. Can you please tell us the number of clients encountered and number of clients who received the following components in your facility in the past one year? If data for past one year is not available, is there data for past 6 months? If no data for past 6 months, is there data for past 3 months?

TABLE 4C: SERVICE DELIVERY BY SERVICE COMPONENT

| Service component (Indicator number) | Number of service encounter and clients | Number of clients | Number of service encounter and clients | Number of clients | Number of service encounter and clients | Number of clients |
|--|--|----------------------|--|----------------------|--|----------------------|
| Examination (Indicator number 4. Asked screening questions) | | | | | | |
| Forensic investigation (Indicator number 10) | | | | | | |
| Counseling (Indicator number 11) | | | | | | |
| Medical treatment (No indicator) | | | | | | |

Type of test done:

| | | | | | | |
|------------------------------|--|--|--|--|--|--|
| HIV (Indicator number 12) | | | | | | |
| Pregnancy (No indicator) | | | | | | |

Prophylaxis/Treatment Given:

| | | | | | | |
|-------------------------------|--|--|--|--|--|--|
| PEP (Indicator number 12) | | | | | | |
| STDs (Indicator number 14) | | | | | | |
| EC (Indicator number 15) | | | | | | |

Referral:

| | | | | | | |
|--|--|--|--|--|--|--|
| Within the facility (Indicator number 20) | | | | | | |
| Outside the facility (Indicator number 21) | | | | | | |

III. Medical Staff Cost of Post-GBV Services

5. Interviewer to the GBV service supervisor/focal person: Can you tell me which health providers in each cadre in this facility provide all or different GBV components services?

NOTE: THIS INFORMATION IS MEANT TO HELP YOU IDENTIFY THE HEALTH PROVIDERS WHOM YOU WILL INTERVIEW AND NOT TO ENTER INTO THE GBV PROGRAM COSTING CALCULATOR.

| TABLE 5: CADRES THAT PROVIDE GBV SERVICE COMPONENTS | | | | | | | |
|---|-----------------|---------------|------------|-------------------|---------|-----------------------|-----------|
| | Conducting Exam | Forensic Exam | Counseling | Medical Treatment | Testing | Prophylaxis Treatment | Referrals |
| Medical Officer | | | | | | | |
| Assistant Medical Officer | | | | | | | |
| Clinical Officer | | | | | | | |
| Assistant Clinical Officer | | | | | | | |
| Nursing Officer | | | | | | | |
| Assistant Nursing Officer | | | | | | | |
| Public Health Nurse | | | | | | | |
| Enrolled Nurse | | | | | | | |
| Nurse Midwife | | | | | | | |
| Nurse Assistant | | | | | | | |
| Nurse Attendant | | | | | | | |
| Social Welfare Officer | | | | | | | |
| Clinical Dentist | | | | | | | |
| Dental Therapist | | | | | | | |
| Pharmacist Technician | | | | | | | |
| Other (Please describe) | | | | | | | |
| Other (Please describe) | | | | | | | |
| Other (Please describe) | | | | | | | |

(INTERVIEWER: AS SOON AS THE GBV SUPERVISOR IDENTIFIES GBV SERVICE PROVIDERS, REQUEST TO INTERVIEW MEDICAL STAFF SO THAT YOU CAN ASK ABOUT THE EFFORT AND AMOUNT OF TIME USED TO PROVIDE SERVICES ON EACH COMPONENT OF GBV. IF THERE ARE MORE THAN TWO PEOPLE IN EACH CADRE WHO PROVIDES POST-GBV SERVICES BE SURE TO SELECT ONE TO INTERVIEW, IF THERE ARE THREE PEOPLE IN EACH CADRE SELECT TWO, IF MORE THAN THREE PEOPLE IN EACH CADRE SELECT THREE TO INTERVIEW.)

5B. Interviewer to Medical Staff: Can you please tell me the proportion of your total time or level of effort (LOE) that you use to provide GBV services? In other words, when you think back over the last one or two months, how much of your time was spent working with GBV clients? Would you say it was 1%, 5%, 18%, etc.?

(NOTE: ENTER THE LOE FOR EACH STAFF IN EACH CADRE WHO PROVIDES POST-GBV SERVICES.)

| TABLE 5B: PERCENTAGE OF TIME SPENT FOR PROVIDING GBV SERVICES (OVER TOTAL TIME SPENT PROVIDING SERVICES) | | | | | | |
|---|--|----------------|----------------|----------------|----------------|----------------|
| Health Provider Cadre | Time spent providing for GBV services | | | | | |
| | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 |
| Medical Officer | | | | | | |
| Assistant Medical Officer | | | | | | |
| Clinical Officer | | | | | | |
| Assistant Clinical Officer | | | | | | |
| Nursing Officer | | | | | | |
| Assistant Nursing Officer | | | | | | |
| Public Health Nurse | | | | | | |
| Enrolled Nurse | | | | | | |
| Nurse Midwife | | | | | | |
| Nurse Assistant | | | | | | |
| Nurse Attendant | | | | | | |
| Social Welfare Officer | | | | | | |
| Clinical Dentist | | | | | | |
| Dental Therapist | | | | | | |
| Pharmacist Technician | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |

Number of workers who provided information on Table 5B: _____

6. Interviewer to medical staff: If you can think back to the gbv cases which were attended to in the past week or month, please tell me the time (in minutes) which you attended to normal cases (frequently happened) of gbv. Please tell me the time spent according to each component.

NOTE: IF THERE IS MORE THAN ONE PERSON IN A CADRE WHO SUPPORTS GBV SERVICES, ENTER THE AVERAGE PROPORTION OF TIME. FOR EXAMPLE, IF THERE ARE THREE CLINICAL OFFICERS WHO PROVIDE GBV SERVICES AT THIS FACILITY AND ONE SPENDS 30% SUPPORTING GBV SERVICES, THE SECOND SPENDS 25%, AND THE THIRD SPENDS 5%, THE AVERAGE OF THE THREE CLINICAL OFFICERS WILL THEN BE SUM OF PERCENT TIME SPENT DIVIDED BY NUMBER OF PEOPLE IN THAT STAFF CADRE $(30\%+25\%+5\%)/3 = 60\%/3 = 20\%$, THEN ENTER 20% UNDER CLINICAL OFFICER.

**TABLE 6: TIME SPENT BY MEDICAL STAFF PROVIDING GBV SERVICE COMPONENT (IN MINUTES)
(REFER TO TABLE 3 FOR THE DETAILS OF SERVICE COMPONENTS)**

| | Conducting Exam | Forensic Exam | Counseling | Medical Treatment | Testing | Prophylaxis Treatment | Non-clinical GBV Administrative time (time spent on documentation, filling register, etc.) |
|----------------------------|-----------------|---------------|------------|-------------------|---------|-----------------------|--|
| Medical Officer | | | | | | | |
| Assistant Medical Officer | | | | | | | |
| Clinical Officer | | | | | | | |
| Assistant Clinical Officer | | | | | | | |
| Nursing Officer | | | | | | | |
| Assistant Nursing Officer | | | | | | | |
| Public Health Nurse | | | | | | | |
| Enrolled Nurse | | | | | | | |
| Nurse Midwife | | | | | | | |
| Nurse Assistant | | | | | | | |
| Nurse Attendant | | | | | | | |
| Social Welfare Officer | | | | | | | |
| Clinical Dentist | | | | | | | |
| Dental Therapist | | | | | | | |
| Pharmacist Technician | | | | | | | |
| Other (Please describe) | | | | | | | |
| Other (Please describe) | | | | | | | |
| Other (Please describe) | | | | | | | |

Number of workers who provided information on Table 6: _____

IV. Time spent on GBV by non-clinical staff

7. **Interviewer to GBV focal person:** Can you please tell us which staff provide program/administrative support (that is, non-medical GBV services) to the GBV program at this facility? Next, can you tell me the number of GBV support staff by the staff cadre at this facility?

NOTE: THIS INFORMATION IS MEANT TO HELP YOU IDENTIFY THE NON-CLINICAL/NON-MEDICAL STAFF WHOM YOU WILL INTERVIEW AND NOT TO ENTER INTO THE GBV PROGRAM COSTING CALCULATOR.

| TABLE 7: NON-CLINICAL SUPPORT STAFF FOR GBV SERVICES | |
|---|--|
| Support staff cadre | Number of staff supporting GBV services |
| Administrator | |
| Accountant Officer | |
| Assistant Accountant | |
| Administrative Assistant | |
| Clerk | |
| Data Manager | |
| Driver | |
| Guard | |
| Housekeeping | |
| Maintenance Staff | |
| Management Officer | |
| Office Attendant | |
| Office Manager | |
| Porter | |
| Office Manager | |
| Reception | |
| Store Keeper | |
| Technician | |
| Other (Please describe) | |
| Other (Please describe) | |
| TOTAL | |

(INTERVIEWER: AS SOON AS THE GBV SUPERVISOR IDENTIFIED SUPPORT STAFF, REQUEST TO INTERVIEW THEM ABOUT THE TIME USED TO SUPPORT GBV SERVICES AT THE FACILITY.)

Number of workers who provided information on Table 7: _____

7B. Interviewer to Supporting staff: Can you tell me what amount of work time in past month or three months was used to support GBV services at this facility? Would you say it was 1%, 5%, 18%, etc.?

NOTE: ENTER THE LOE FOR EACH STAFF WHO PROVIDES POST-GBV SERVICES.

| TABLE 7B: PROPORTION OF TIME USED TO SUPPORT GBV SERVICES | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Support staff cadre | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 |
| Administrator | | | | | | |
| Accountant Officer | | | | | | |
| Assistant Accountant | | | | | | |
| Administrative Assistant | | | | | | |
| Clerk | | | | | | |
| Data Manager | | | | | | |
| Driver | | | | | | |
| Guard | | | | | | |
| Housekeeping | | | | | | |
| Maintenance Staff | | | | | | |
| Management Officer | | | | | | |
| Office Attendant | | | | | | |
| Office Manager | | | | | | |
| Porter | | | | | | |
| Reception | | | | | | |
| Store Keeper | | | | | | |
| Technician | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| TOTAL | | | | | | |

V. Drugs and medical supplies

Interviewer to the supervisor of GBV and medical staff: Interview with GBV focal person and medical staff: Now we would like to understand how drugs and medical supplies/consumables are used for GBV services. When you think of the average case from all the GBV cases that you served in the last month, can you tell us the quantity of each type of drug and medical supply used by GBV service component? Please tell us if a new item is used for the subsequent service component. For example, a set of examination gloves was used for conducting an exam, while another one for Forensic exam and testing. That means the number 1 is entered under Conducting exam and 1 entered under Forensic exam but the Testing cell should be left blank.

(NOTE TO THE INTERVIEWER: IF ONLY ONE/SINGLE SET OF GLOVES WAS USED FOR FORENSIC EXAMINATION AND ALSO FOR HIV, WRITE DOWN 0.5 UNDER FORENSIC EXAMINATION AND 0.5 UNDER FORENSIC EXAMINATION. IF ONLY ONE/SINGLE SET OF GLOVES WAS USED FOR FORENSIC EXAMINATION AND THEN ANOTHER ONE/SINGLE SET OF GLOVES WAS USED FOR TESTING, WRITE DOWN 1 UNDER FORENSIC EXAMINATION AND 1 UNDER TESTING.)

| TABLE 8: DRUGS AND MEDICAL SUPPLIES | | | | | | |
|--|------------------------|----------------------|-------------------|--------------------------|----------------|------------------------------|
| | Conducting Exam | Forensic Exam | Counseling | Medical Treatment | Testing | Prophylaxis Treatment |
| Examination gloves | | | | | | |
| Patient gowns | | | | | | |
| Sanitary towels | | | | | | |
| Emergency clothing | | | | | | |
| Pre-packaged rape kit | | | | | | |
| Swabs | | | | | | |
| Vaginal swabs | | | | | | |
| Blood tubes | | | | | | |
| Urine bottles | | | | | | |
| Paper bags | | | | | | |
| Recording & reporting forms | | | | | | |
| HIV rapid test kit | | | | | | |
| Pregnancy test kit | | | | | | |
| Emergency contraceptives | | | | | | |
| HIV PEP | | | | | | |
| STI prophylaxis/treatment | | | | | | |
| Analgesia | | | | | | |
| Tranquilizers | | | | | | |

| TABLE 8: DRUGS AND MEDICAL SUPPLIES | | | | | | |
|-------------------------------------|-----------------|---------------|------------|-------------------|---------|-----------------------|
| | Conducting Exam | Forensic Exam | Counseling | Medical Treatment | Testing | Prophylaxis Treatment |
| Antiemetics | | | | | | |
| Culture and sensitivity training | | | | | | |
| DNA tests | | | | | | |
| VDRL | | | | | | |
| Examination gloves | | | | | | |
| Hepatitis B surface antigen tests | | | | | | |
| FBP | | | | | | |
| Blood grouping and cross matching | | | | | | |
| Blood chemistry | | | | | | |
| SOPs, wall charts | | | | | | |
| IEC materials and referral handouts | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |

VI. Equipment and the use of supplies

11. **Interviewer to GBV focal person and medical staff:** This study is trying to understand how best to allocate equipment and furniture use to the GBV program at your facility. To do so we would like you to think about how all kinds of patients use each of the following equipment. For example, an examination couch is mostly used for ANC and sometimes for GBV services, based on the number of people who use the couch, you might be able to say that 10% of the time, the couch is used for GBV service delivery. With this estimation example in mind, can you please tell me how much (in terms of percentage) each of the following equipment and furniture is used for GBV service delivery?

| TABLE 11: COST OF EQUIPMENT AND FURNITURE | |
|---|---|
| List of equipment and furniture | Percent of use for GBV service delivery |
| Examination couch | |
| Working angle lamp | |
| Speculum | |

TABLE 7: NON-CLINICAL SUPPORT STAFF FOR GBV SERVICES

| List of vehicles and transportation equipment | Percent of use for GBV service delivery |
|---|---|
| Bus | |
| Cars | |
| Motorcycle | |
| Other (Please describe): | |
| Other (Please describe): | |
| Other (Please describe): | |
| Other (Please describe): | |
| Other (Please describe): | |
| Other (Please describe): | |
| Other (Please describe): | |
| Other (Please describe): | |
| Other (Please describe): | |

Regional and District-level Post-GBV Service Cost Data Collection Form

Introduction

Hello, my name is ____ (SAY YOUR NAME)____, and I am working on a study on behalf of the Ministry of Health.

Objective of questionnaire

The purpose of this questionnaire is to obtain information on the costs of providing services to patients who have experienced gender-based violence (GBV). This information will be used by analysts and decision makers to understand the cost requirements for providing GBV services at health facilities. We will be collecting data for each of the following facility in your district/region.

Name of Facility: _____

Participation in the study

Data will be used to report on the costs of providing GBV screening and care. We appreciate your participation in the study and remind you that your participation in the study is entirely voluntary. You may decline to answer any question or terminate the interview at any point.

Do you have any questions for me?

Do you agree to participate?

Table 5A: Medical provider labor costs

In order for us to understand how much labor costs are involved in providing GBV services we need your help with information on the salaries of medical staff who provide post-GBV services at this facility. We would like to know the salary of each staff by their cadre for this facility, we do not want their names just the salary of each staff by their cadre for this facility.

| TABLE 5A: SALARY INFORMATION FOR MEDICAL STAFF WHO PROVIDE POST-GBV SERVICES | | | | | | |
|--|----------------------|---------|---------|---------|---------|---------|
| Medical staff by cadre | Medical Staff Salary | | | | | |
| | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 |
| Medical Officer | | | | | | |
| Assistant Medical Officer | | | | | | |
| Clinical Officer | | | | | | |
| Assistant Clinical Officer | | | | | | |
| Nursing Officer | | | | | | |
| Assistant Nursing Officer | | | | | | |
| Public Health Nurse | | | | | | |
| Enrolled Nurse | | | | | | |
| Nurse Midwife | | | | | | |

TABLE 5A: SALARY INFORMATION FOR MEDICAL STAFF WHO PROVIDE POST-GBV SERVICES

| Medical staff by cadre | Medical Staff Salary | | | | | |
|-------------------------|----------------------|---------|---------|---------|---------|---------|
| | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 |
| Nurse Assistant | | | | | | |
| Nurse Attendant | | | | | | |
| Social Welfare Officer | | | | | | |
| Clinical Dentist | | | | | | |
| Dental Therapist | | | | | | |
| Pharmacist Technician | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |

Table 7A: Support staff labor cost

Can you please tell us the annual salary of the non-clinical staff who provide support to post-GBV services at the identified facility? We would like to know the salary of each staff by their cadre for this facility, we do not want their names just the salary of each staff by their cadre for this facility.

TABLE 7A: SALARY INFORMATION FOR POST-GBV SERVICE SUPPORT STAFF

| Support staff cadre | Non-clinical Staff Salary | | | | | |
|--------------------------|---------------------------|---------|---------|---------|---------|---------|
| | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 |
| Administrator | | | | | | |
| Accountant Officer | | | | | | |
| Assistant Accountant | | | | | | |
| Administrative Assistant | | | | | | |
| Clerk | | | | | | |
| Data Manager | | | | | | |
| Driver | | | | | | |
| Guard | | | | | | |
| Housekeeping | | | | | | |
| Maintenance Staff | | | | | | |

| TABLE 7A: SALARY INFORMATION FOR POST-GBV SERVICE SUPPORT STAFF | | | | | | |
|--|----------------------------------|----------------|----------------|----------------|----------------|----------------|
| Support staff cadre | Non-clinical Staff Salary | | | | | |
| | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 | Staff 6 |
| Management Officer | | | | | | |
| Office Attendant | | | | | | |
| Office Manager | | | | | | |
| Porter | | | | | | |
| Reception | | | | | | |
| Store Keeper | | | | | | |
| Technician | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |
| Other (Please describe) | | | | | | |

Table 8A: Drugs and medical supplies

Can you please tell us the cost of a pack and number in each pack for the following drugs and medical supplies?

| TABLE 8A: COST OF DRUGS AND SUPPLIES | | |
|---|---------------------------------|-------------------------------------|
| | Cost per package of item | Number of units in a package |
| Examination gloves | | |
| Patient gowns | | |
| Sanitary towels | | |
| Emergency clothing | | |
| Pre-packaged rape kit | | |
| Swabs | | |
| Vaginal swabs | | |
| Blood tubes | | |
| Urine bottles | | |
| Paper bags | | |
| Recording & reporting forms | | |

| TABLE 8A: COST OF DRUGS AND SUPPLIES | | |
|---|---------------------------------|-------------------------------------|
| | Cost per package of item | Number of units in a package |
| HIV rapid test kit | | |
| Pregnancy test kit | | |
| Emergency contraceptives | | |
| HIV PEP | | |
| STI prophylaxis/treatment | | |
| Analgesia | | |
| Tranquilizers | | |
| Antiemetics | | |
| Culture and sensitivity training | | |
| DNA tests | | |
| VDRL | | |
| Examination gloves | | |
| Hepatitis B surface antigen tests | | |
| FBP | | |
| Blood grouping and cross matching | | |
| Blood chemistry | | |
| SOPs, wall charts | | |
| IEC materials and referral handouts | | |
| Other (Please describe) | | |
| Other (Please describe) | | |
| Other (Please describe) | | |

Table 9: Property value/rent

Can you please tell us the annual or monthly value or rent for this facility?

| TABLE 9: SIZE AND COST OF FACILITY SPACE | | |
|---|------------------------------------|-----------------------------------|
| | Monthly property value/rent | Annual property value/rent |
| Property value | | |
| Facility rent | | |

Table 10: Recurrent operations costs

Can you please tell us the annual operating costs for the following for the identified facility?

| TABLE 10: RECURRENT OPERATIONS COSTS | |
|---|------------------------|
| | Annual operating costs |
| Building maintenance | |
| Emergency vehicle and other transport equipment maintenance | |
| Fuel (partially or completely for GBV activity) | |
| Insurance | |
| Telephone | |
| Electricity | |
| Water | |
| Internet | |
| Rent of outreach event space | |
| Rent of equipment for outreach events | |
| Rent of vehicles for outreach events | |
| Rental value of program office space (if applicable) | |
| Waste management | |
| External lab services | |
| Cleaning services | |
| Training | |
| Other (Please describe) | |
| Other (Please describe) | |
| Other (Please describe) | |
| Other (Please describe) | |

Table 11: Equipment and Furniture

Can you please tell us how much the following equipment cost as well as the year in which the equipment was purchased for this facility?

| TABLE 11: MEDICAL EQUIPMENT AND FURNITURE COST | | |
|---|--------------------------|-------------------------|
| List of equipment and furniture | Cost of equipment | Year of purchase |
| Examination couch | | |
| Working angle lamp | | |
| Speculum | | |
| Vaginal retractor | | |
| Colposcope | | |
| Sharps container | | |
| Lockable cabinet for forensic evidence | | |
| Lockable cabinet for medical supplies | | |
| Examination screen | | |
| Mackintosh for examination bed | | |
| Microscope | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |

Table 12: Vehicle and transportation

Can you please tell us the year of purchase and cost of the following vehicles or transportation equipment that are used for GBV services at this facility?

| TABLE 12. VEHICLES AND OTHER TRANSPORTATION EQUIPMENT: COST | | |
|--|-------------|-------------------------|
| List of vehicles | Cost | Year of purchase |
| 4-Wheel Drive | | |
| Ambulances | | |
| Bicycle | | |
| Bus | | |
| Cars | | |
| Motorcycle | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |
| Other (Please describe): | | |

Annex B. Number of Service Providers Interviewed

| NUMBER OF SERVICE PROVIDERS INTERVIEWED REGARDING GBV SERVICE DELIVERY | | | | | | | | | | | | | |
|--|---------------|------------|------------|----------|-----------------|-----------------|----------|---------------|------------|----------|---------------|------------|-------|
| Region | Dar es salaam | | | Mbeya | | | Njombe | | | Iringa | | | TOTAL |
| Clinical service provider cadre | Hospital 2 | Hospital 1 | Dispensary | Hospital | Health center 1 | Health center 2 | Hospital | Health center | Dispensary | Hospital | Health center | Dispensary | |
| Medical Officer | 3 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 8 |
| Assistant Medical Officer | 0 | 3 | 2 | 3 | 1 | | 2 | 1 | 0 | 2 | 1 | 0 | 15 |
| Clinical Officer | 3 | 3 | 3 | 1 | 2 | 2 | 2 | 3 | 1 | 3 | 2 | 1 | 26 |
| Assistant Clinical Officer | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 6 |
| Nurse | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 34 |
| Medical Attendant | 3 | 3 | 3 | 3 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 32 |
| Social Welfare Officer | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Clinical Dentist | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 6 |
| Dental Therapist | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 7 |
| Pharmacist Technician/Pharmacist | 1 | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 8 |
| Lab Technician | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 6 |
| Lab Assistant | 2 | 3 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 0 | 1 | 16 |
| Total | | | | | | | | | | | | | 168 |

Annex C. List of Recommended Drugs, Medical Supplies, and Equipment, and Amortization Assumptions for Capital Goods

1. List and unit cost of recommended drugs and medical supplies for GBV service delivery

| Item | Unit cost |
|---------------------------------|-----------|
| Examination gloves | \$0.10 |
| Sterile gloves | \$0.25 |
| Swabs | N/A |
| Blood tubes | \$0.19 |
| Vaginal swabs | \$0.13 |
| Patient gowns | N/A |
| Cleaning towels | N/A |
| Emergency clothes | N/A |
| Pre-packaged rape kits | N/A |
| Urine bottles | \$0.29 |
| Paper bags | N/A |
| GBV medical forms | \$0.29 |
| Consent forms | \$0.29 |
| Referral forms | \$0.29 |
| PF3 forms | \$0.29 |
| Investigation forms | \$0.29 |
| HIV rapid test kits | \$1.20 |
| Pregnancy test kits | \$0.15 |
| Emergency contraceptives | \$0.29 |
| HIV PEP | \$30.00 |
| STI prophylaxis/treatment drugs | \$1.77 |
| Analgesics | \$0.11 |
| Tranquilizers | N/A |
| Antiemetics | N/A |
| Culture and sensitivity testing | N/A |
| DNA tests | N/A |

| Item | Unit Cost |
|-------------------------------------|-----------|
| VDRL tests | \$0.86 |
| Hepatitis B surface antigen tests | N/A |
| FBP | N/A |
| Blood grouping and cross-matching | N/A |
| Blood chemistry | N/A |
| SOPs, wall charts | N/A |
| IEC materials and referral handouts | N/A |

N/A – ITEM NOT USED AT ANY OF THE FACILITIES IN THE STUDY.

Source: United Republic of Tanzania (URT) (2011). Ministry of Health and Social Welfare. National Management Guidelines for the Health Sector Response to and Prevention of Gender-based Violence (GBV).

2. List of recommended medical equipment for GBV service delivery

| Medical Equipment list |
|--|
| Examination couch |
| Working angle lamp |
| Speculum |
| Vaginal retractor |
| Colposcope |
| Sharps container |
| Lockable cabinet for forensic evidence |
| Lockable cabinet for medical supplies |
| Examination screen |
| Mackintosh for examination bed |
| Microscope |

Source: United Republic of Tanzania (URT) (2011). Ministry of Health and Social Welfare. National Management Guidelines for the Health Sector Response to and Prevention of Gender-based Violence (GBV).

3. Amortization assumptions for capital goods

| Item | Amortization period (years) |
|--|-----------------------------|
| Examination couch | 5 |
| Working angle lamp | 5 |
| Speculum | 2 |
| Sharps container | 1 |
| Lockable cabinet for forensic evidence | 10 |
| Examination screen | 2 |
| Mackintosh for examination bed | 1 |
| Microscope | 10 |
| Four-wheeled vehicles | 10 |
| Motorcycle | 7.5 |

Source: WHO CHOICE database. Available at: http://www.who.int/choice/costs/prices_t4/en/index.html.



For more information, contact:

Health Policy Project
Futures Group
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
www.healthpolicyproject.com