PART 3
STRENGTHENING COMMUNITY-BASED CARE

SECTION 2
CAPACITY BUILDING
TRAINING SESSIONS AND MATERIALS
COMMUNITY HEALTH WORKERS TRAINING
PARTICIPANT PACKET
all survivors need good quality care and support to help them heal and recover
STRENGTHENING COMMUNITY-BASED CARE
CAPACITY BUILDING

PARTICIPANT PACKET

Community-based management of survivors of sexual violence

This training is for community health workers (CHWs) to help survivors of sexual violence in the community.

WHAT WILL YOU LEARN?

Through the training, CHWs will be able to:

• Understand sexual violence and what can happen to survivors
• Provide key messages about sexual violence to community members as part of the CHWs’ daily activities
• Communicate with survivors of sexual violence
• Refer survivors to health care and other services, respecting their safety, privacy and dignity
• Directly provide health care to survivors when care at a health facility is too far
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ACRONYMS

ART Antiretroviral therapy
ARV Antiretrovirals
CHW Community health worker
EC Emergency contraception
GBV Gender-based violence
HO Handout
IEC Information, education and communication
HTC HIV testing and counseling
PEP Post-exposure prophylaxis
PID Pelvic inflammatory disease
SEA Sexual exploitation and abuse
STI Sexually transmitted infection
TBA Traditional birth attendant
OVERVIEW

This training is for community health workers (CHWs) to help survivors of sexual violence in the community. Through the training, CHWs will be able to:

- Understand sexual violence and what can happen to survivors
- Provide key messages about sexual violence to community members as part of the CHWs’ daily activities
- Communicate with survivors of sexual violence
- Refer survivors to health care and other services, respecting their safety, privacy and dignity
- Directly provide health care to survivors when care at a health facility is too far

What does ‘sexual violence’ mean in this training?

‘Sexual violence’ in this training means any act of forced sex as said by the person that experiences it. The violence can be from a stranger or family member, in or outside of marriage. The ‘survivor’ is a person who has experienced the forced sex, and can be anybody, including women, girls, men, boys, persons with disabilities and older people in the community.

Who is this training for?

The training is for CHWs who already provide health education and basic health care to people in the community. The information that is taught will build on things you already know, such as how to stay healthy, how germs cause sickness and how to treat basic sicknesses such as colds and diarrhoea.

What will you learn to do?

While your supervisor will tell you what activities you will be providing in the community, you will fall into one of three groups of CHWs that have specific tasks, detailed below.
CHW 1
- Conduct health education around sexual violence and the benefits of seeking care
- Recognize survivors of sexual violence when they come to you
- Refer survivors to higher level health staff or the health facility for health care
- Refer survivors to other services in the community.

The following modules in this packet focus on the activities of CHW 1s.

Module 2: What is sexual violence and what are its consequences?
Module 3: Principles of working with survivors of sexual violence
Module 4: Recognizing survivors and facilitating referrals for sexual violence

CHW 2
- Conduct health education around sexual violence and the benefits of seeking care
- Recognize survivors of sexual violence when they come to you
- Provide basic health care and emotional support to survivors
- Refer survivors to other services in the community
- Provide follow-up care to survivors

The following modules in this packet focus on the activities of CHW 2s.

Module 2: What is sexual violence and what are its consequences?
Module 3: Principles of working with survivors of sexual violence
Module 4: Recognizing survivors and facilitating referrals for sexual violence
Module 5: Providing community-based care for survivors of sexual violence
Module 6: Self-care for community health workers

CHW 3
- Conduct health education around sexual violence and the benefits of seeking care
- Recognize survivors of sexual violence when they come to you
- Provide more complete health care and emotional support to survivors
- Refer survivors to other services in the community
- Provide follow-up care to survivors

The following modules in this packet focus on the activities of CHW 3s.

Module 2: What is sexual violence and what are its consequences?
Module 3: Principles of working with survivors of sexual violence
Module 4: Recognizing survivors and facilitating referrals for sexual violence
Module 5: Providing community-based care for survivors of sexual violence
Module 6: Self-care for community health workers
Advanced Module 8: Providing advanced community-based care for survivors of sexual violence

The following modules are summaries of the lectures and activities that you will cover during the training. You can refer to the summaries when you go home, and in your day-to-day work. Handouts (HOS) and job aids are also available in your packet to help you as you care for survivors of sexual violence.
MODULE 2
What is sexual violence and what are its consequences?

Participant handouts
Handout 1: GBV flip book
Handout 2: HIV flip book
What is gender?

‘Sex’ and ‘gender’ are not the same thing.

**Sex** is the physical differences between males and females. It does not change and is the same across cultures and societies.

**Gender** is how a community defines what it means to be male or female. Gender determines the roles, responsibilities, opportunities, privileges, expectations and limitations for females and males in any culture.

**Example of gender roles:**

Some activities like washing and ironing clothes are considered ‘women’s work’, or parents may send their sons to school but not their daughters.

Unlike the physical differences between men and women, gender roles are created by the community. They are learned as they are passed on from adults to children.

**Example of gender roles:**

In many communities, women are expected to prepare food, gather water and fuel and care for their children. Men, however, are often expected to work outside of the home and protect their families from harm.

What is gender-based violence?

Gender roles can sometimes cause harm.

The term ‘gender-based violence’ (GBV) is used to describe acts of violence that are based on gender roles, particularly, the relationship between women’s lower status in society and increased risk of violence.

GBV can be sexual, physical, psychological/emotional and economic.

It can include acts—attempted or threatened—committed with force, and without the agreement or consent of the survivor.
What are examples of gender-based violence?\(^1\)

**Sexual violence**
- Rape (forced sex)
- Sodomy (forced anal or oral sex)
- Attempted rape
- Marital rape (forced sex in marriage)
- Abuse/exploitation
- Child sexual abuse
- Incest (forced sex among family members)
- Molestation (inappropriate touching)
- Forced prostitution
- Trafficking
- Sexual harassment (unwanted sexual advances or remarks)
- Harmful traditional practices*

**Physical violence**
- Spouse beating/domestic violence
- Assault and other physical violence
- Neglect
- Harmful traditional practices*

**Psychological/emotional violence**
- Emotional abuse
- Blame
- Humiliation
- Isolating someone from family and friends
- Threats
- Discrimination
- Denying opportunity
- Not allowing a partner to leave the home freely
- Harmful traditional practices*

**Economic violence**
- Controlling money
- Denying opportunity

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\(^*\) Harmful traditional practices can include
- Female genital mutilation/cutting (partial or total removal of female body parts)
- Child marriage
- Killing in the name of honour

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What is sexual violence?

Sexual violence is one type of GBV.

Sexual violence is when any person—regardless of relationship to the victim—uses force, pressure or threats to attempt a sexual act or perform a sexual act against someone’s will.

**Sexual violence includes:**

- **Rape:** Rape is forced sexual intercourse. This can include the invasion of any part of the body with a sexual organ (penis), body part or object.

- **Sexual abuse:** Sexual abuse is actual or threatened sexual acts.

- **Sexual exploitation:** Sexual exploitation is when a person uses power or trust to attempt or actually sexually abuse someone who is weaker or more vulnerable.

- **Trafficking:** Trafficking is a type of sexual exploitation that involves forcing people to engage in sexual acts in order to profit or benefit from taking advantage of them.

- **Sexual harassment:** Sexual harassment is any sexual advance, asking for sexual favours or making any sexual comments or physical motions that make a person feel unsafe or uncomfortable.


How can equality reduce gender-based violence?

Striving towards gender equality and respect for all persons can help reduce GBV, including sexual violence.

Equality between women and men means that women, girls, boys and men can equally enjoy rights, opportunities, resources and rewards.

Equality does not mean that women and men are the same, but that it does not matter whether a person is born female or male to enjoy the same rights, opportunities and life chances.²

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What are social norms?

Social norms are rules about behaviour that members in a group or community are expected to follow.

Social norms tell people what behaviour is expected of them and what behaviour is not allowed.

People follow social norms because they see others following them and believe that they are expected by others to follow these norms too.

Social norms are related to groups and how people get along in the different groups they are part of. Groups that shape social norms can include religious groups, friends, family, school groups and other community groups.

Members of a group consider the opinions and behaviours of other people in the group to be important. These guide the way members behave.

How are social norms linked to sexual violence?

Sometimes, social norms continue even when they are harmful or unpopular because people do not know what other group members really think or do.

Since someone might not know that other people in their group also do not approve of a behaviour or practice, harmful behaviour like sexual violence may continue even when many people in the group do not believe it is right.

Example of social norms impacting sexual violence

Since sex is not usually talked about openly in groups, it can be hard to know what other people really think about sexual violence.

It is possible that many people in a group actually dislike sexual violence but remain silent because they think that other group members support it.

Some social norms about gender, sex and violence support sexual violence as something that is normal or not avoidable in a group.

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Examples of harmful gender-related social norms and attitudes:

“Sexual activity, including rape, shows a man’s manhood.”

“Sexual violence is an acceptable way of putting women in their place or punishing them.”

“A woman should obey her husband in all things.”

“A girl does not deserve respect if she has sex before marriage.”

“Violence and even rape is part of normal life. It is just what happens in this community.”

“A person with a disability should feel lucky that someone raped her. She would not have a chance to have sex otherwise.”

“It is easy for girls to lie about rape.”

“A survivor of sexual violence deserved the attack because of the way she dressed or acted.”

“It is a woman’s fault for being raped. She should have been more careful.”

“There are times when it is acceptable for a man to hold a woman down and physically force her to have sex.”

“If a woman’s husband or boyfriend forces her to have sex, it does not count as sexual violence.”

“A woman will always say no to sex. It is therefore up to the man to push for sex.”

“If a man is drunk when he forces sex on a woman, it is not sexual violence.

All of the statements in the box above are NOT TRUE and are harmful norms and attitudes.

Many cases of sexual violence are committed by someone a survivor knows. Anytime someone is forced to have sex against her or his will, it is sexual violence, whether the attacker is a husband, boyfriend, teacher or a stranger.

Anyone can be a target of sexual violence and it is never the person’s fault.
Why does sexual violence happen and what are some risks and contributing factors?

One root cause is the lack of equality between men and women.

Contributing factors depend on the situation and can include religious beliefs; culture and traditional practices; and crises, such as conflict or natural disaster.

There are many things in a person’s life, family and community that can make it more likely that she or he will experience sexual violence.

Some people are more likely to be abused than others. Some examples:

Pregnant women: A man may feel angry because a pregnant woman is paying more attention to the baby and less to him, or because she may not want to have sex with him. Many couples may also feel extra worried about money when they are expecting a new baby.

Women with disabilities: Some men may feel angry that they did not get a ‘perfect’ woman or they may think a woman with a disability is easier to control because she may not be able to defend herself as well.

Young women: Certain forms of sexual violence are very closely related to a young age; in particular, violence taking place in schools, and trafficking in women for sexual exploitation.

What are some norms and attitudes that may be helpful for survivors of sexual violence?

Some norms and attitudes can be helpful for survivors.

Examples of norms that can help survivors:

- The survivor is not to blame.
- Sexual violence can happen to anyone.
What are human rights?

Sexual violence takes away a person’s human rights.

Human rights are rights that belong to all human beings.

Everyone is equally entitled to human rights no matter their nationality, place where they live, sex, national or ethnic origin, colour, religion, language or other status.\(^4\)

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**Some human rights that are not respected when someone experiences sexual violence:**

- The right to life, liberty and security of the person
- The right to the highest possible standard of physical and mental health
- The right to freedom from torture or cruel, inhuman, degrading treatment or punishment
- The right to freedom of opinion and expression
- The right to education and personal development
- The right to protection against all forms of neglect, cruelty and exploitation

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Why does sexual violence happen in crisis settings and what are the risk factors?

During conflicts and natural disasters, there is an increased risk of sexual violence.

When there is a conflict or a natural disaster, communities often experience violence, death, being forced to leave their homes, being separated from family members and losing resources.

In crisis settings, many forms of GBV can occur. When communities are first disrupted, community members are moving and systems to protect them are not fully in place.

This environment can increase the risk of unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs), including HIV.

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Examples of how crises increase the risk of sexual violence

- Chaos and breakdown of social norms and services, including law enforcement, social services, community norms or religious codes
- Disruption of families and communities
- Separation of children from their caregivers
- Separation of persons with disabilities from their primary caregiver.
- High presence of armed actors such as the military or armed groups
- Sexual violence as a strategy of warfare
- Lack of a system to enforce laws and punishment
- Dependency on aid and resulting vulnerability, including the exchange of sex to meet basic needs (sexual exploitation and abuse)
- Camps and temporary shelters lacking in safety, being overcrowded, being located in isolated areas or lacking in adequate services and facilities
- Camp leadership that is primarily male; women’s security issues not considered.
- Loss of male power/role in the family and community, and men’s want to assert power.


It is important to remember that harm from emergencies will be different for men and women, young and old people, and also depend on individual risk factors for sexual violence.

What are the health consequences of sexual violence?

Sexual violence can cause serious health problems.

The most severe outcome is death. The attacker or assaulter could murder the victim or the survivor’s family could kill her after the attack in the name of protecting the family’s honour.

The survivor can also kill herself (suicide), or, if she becomes pregnant as a result of the incident, she could try to end her pregnancy in an unsafe way, possibly leading to death.5

Other health problems that can result from sexual violence

<table>
<thead>
<tr>
<th>Long-term physical health problems:</th>
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</thead>
<tbody>
<tr>
<td>- Disability (being permanently hurt from the attack)</td>
</tr>
<tr>
<td>- Long-term infection (for example, HIV)</td>
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<tr>
<td>- Pain that lasts for months, years or the rest of one’s life</td>
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<tr>
<td>- Eating disorders (for example, not eating enough or eating too much)</td>
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<tr>
<td>- Sleeping problems</td>
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<tr>
<td>- Use of alcohol or drugs</td>
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<tr>
<td>- Stomach pain or trouble passing urine or stool</td>
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<tr>
<td>- Always being tired</td>
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</tbody>
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<tr>
<th>Short-term physical health problems:</th>
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<tbody>
<tr>
<td>- Injury (for example, wounds or broken bones from the attack)</td>
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<tr>
<td>- Physical shock (body stops working)</td>
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<tr>
<td>- Disease (such as STIs)</td>
</tr>
<tr>
<td>- Infections</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Reproductive health problems:</th>
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<tbody>
<tr>
<td>- Miscarriage (a baby dying in a pregnant woman’s womb because of the attack)</td>
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<tr>
<td>- Unwanted pregnancy</td>
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<tr>
<td>- Unsafe abortion (when a woman tries to end her pregnancy in a way that is harmful to her)</td>
</tr>
<tr>
<td>- STIs, including HIV</td>
</tr>
<tr>
<td>- Menstrual disorders (for example, if a woman’s monthly bleeding is not normal or changes after the violence)</td>
</tr>
<tr>
<td>- Complications during pregnancy</td>
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<tr>
<td>- Difficulty having sexual intercourse</td>
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</tbody>
</table>
Mental health problems:
- Having difficulty doing normal activities
- Being scared, worried or uncomfortable
- Feeling sad, tired or not wanting to do anything
- Hurting oneself
- Wanting to die

Special attention should be paid to young children.

Examples of physical harm caused to young children:
- Pain, unusual colouring, sores, cuts, bleeding or discharge (liquid) in the genitals (vagina), anus or mouth
- Pain when passing urine or stool (lasts a long time)
- Wetting and soiling accidents unrelated to bathroom training
- Weight loss or weight gain
- Lack of personal care


What are sexually transmitted infections?

STIs are infections that are passed from one person to another during sex, including forced sex.

Men, women and their children can all be affected.

Some common STIs are gonorrhoea, chlamydia, trichomoniasis, syphilis, chancroid, herpes, hepatitis B and HIV.

It is also very common to have an STI and have no signs at all.

If a person has any of these signs, she or he may have an STI:
- Bad-smelling discharge (liquid from the vagina)
- Itching or painful genitals (vagina in a woman or penis in a man)
- Sores or blisters on the genitals
- Pain in the pelvis or pain during sex
However, untreated STIs can lead to very serious health problems.

A woman with an untreated STI can develop a tubal pregnancy (where the baby grows outside of the womb), not be able to have any children, or develop cancer. An untreated STI in a pregnant woman can cause a baby to be born too early, too small, blind, sick or dead. A person who has one STI can get another, including HIV, more easily.

**What are HIV and AIDS?**

HIV is a type of STI.

HIV is a tiny germ that causes a disease called AIDS.

In infected people, the HIV germ lives in the body fluids. This includes blood, semen, wetness in the vagina and breast milk.

The germ spreads when the fluids get into the body of another person.

**Examples of how HIV can spread:**

- An infected mother to her baby, during pregnancy, childbirth or breastfeeding
- Blood transfusions (a process where blood is given to someone who has bled heavily)
- Sex with someone who has HIV, if the person does not use a condom
- Unsterile needles (reuse of needles) or tools that can cut the skin, such as razor blades
- Infected blood that gets into cuts or an open wound of another person
HIV is not spread through everyday contact such as shaking hands, hugging and kissing, or living, playing, sleeping or eating together. It is also not spread by food, water, insects, latrines or sharing cups.\(^6\)

It is not possible to know by looking at someone whether she or he has HIV. People with HIV may not have any signs for a long time, up to 10 years.

People can take a blood test for HIV. Without this, most people do not know they have HIV until they are very sick. However, HIV can spread at any time, even without any signs of illness.

AIDS is an illness that develops when a person with HIV cannot fight infections any more. HIV eventually makes it difficult for the person to fight infections, and the person will begin to have health problems. When a person with HIV becomes very sick and illnesses become more difficult to treat, the person has AIDS.

The signs of AIDS are different in each person. Often, they are the signs of other common illnesses such as diarrhoea or flu, but they are more severe and will last longer. Medicines and good nutrition can help people fight infections caused by HIV and allow them to live long and productive lives.

How do we know if someone has HIV?

An HIV test is the only way to know if a person has been infected with HIV. It is not a test for AIDS.

A positive HIV test means that the person is infected with the HIV germ. Even if the person feels completely well, the person can still spread the germ to others.

A negative HIV test means that a person is not infected with HIV, or the person was recently infected, but it is too soon to show on the test.

**HIV tests should always be done with:**
- **Permission** from the person
- **Counselling** before and after the test, where the counsellor explains what to do if the result is positive, and how to remain HIV free if negative
- **Privacy and confidentiality**. No one should know the results except the person and those she or he wants to know.

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\(^6\) Hesperian Foundation, *Where there is no doctor*, revised 2011.
The HIV test can be very helpful for survivors of sexual violence, since they can learn how to live positively, or how to remain HIV negative.

**How can HIV be prevented?**

- **To prevent the spread of HIV, men and women can do the following:**
  - **Get tested** for HIV and make sure **partners get tested** too.
  - **Use condoms** with any sex partner who has HIV or whose HIV status is not known. Condoms are especially important if a person has more than one sexual partner.
  - A condom is a narrow bag of thin rubber placed on a man’s penis during sexual intercourse to prevent pregnancy and protect against infection.
  - The bag traps the man’s sperm and other fluids so that they cannot get into the woman’s vagina or womb.
  - Woman’s condoms are also available in some settings. A woman would place the female condom in her vagina.

![Male condom](image1.png) ![Female condom](image2.png)

- **Be careful handling needles or other** tools that are dirty and have not been properly cleaned.

- **Do not share razors.**

- **Do not touch someone else’s blood** or wound without protecting themselves.

- **Get treatment.**

  If pregnant, enroll in programmes to **prevent passing the infection to the child.**
What are treatment options for persons with HIV?

There is still no cure for HIV.

But medications called antiretrovirals (ARVs) can help people with HIV live longer and have fewer health problems.

ARVs fight against and control the HIV infection. The body becomes stronger and the person with HIV is able to fight off infections and stay healthy.

ARVs also help prevent HIV infection for a baby during pregnancy, childbirth and while breastfeeding.

ARVs must be taken every day at the same times to keep working well.

What are some of the consequences of HIV and AIDS for the individual and the family?7

**Individual consequences can include:**

- **Physical:** The illness can make the person too weak to do regular activities.
- **Economic:** The person may lose her or his job because of discrimination or illness, which can lead to or worsen poverty.
- **Social:** A person may feel isolated by others, or isolate herself or himself from others, and may be the target of gossip or teasing. HIV positive children may be teased by other children at school.
- **Spiritual:** A person with HIV/AIDS may lose faith.

**Family consequences can include:**

- **Social:** The entire family may become isolated from the community if the community thinks the family is shameful or a disgrace.
- **Emotional and psychological:** Heads of households may not be able to provide for family members, making it harder for their spouses and children. Children may have to drop out of school in order to work or become heads of households themselves.
- **Economic:** There may be more expenses for medical care and medicines, or to care for orphans and other children; which could worsen poverty.

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CAPACITY BUILDING
Community health workers training

MODULE 2: What is sexual violence and what are its consequences?

If someone is HIV positive, she or he may also experience emotional and psychological consequences.

Examples of emotional/psychological consequences of HIV and AIDS:

Shock: She or he cannot believe that she or he is HIV positive.

Denial: She or he refuses to accept that she or he is HIV positive.

Fear: She or he is afraid of what will happen to her or him or to her or his children, or is afraid of being rejected by others.

Loss: She or he faces a loss of control, independence, ability to care for the family, respect from family and community, confidence and self-worth.

Grief: She or he faces grief over loved ones who have died of AIDS, or possibly over her or his own future.

Shame or guilt: She or he suffers guilt or shame for having gotten HIV, for practices that led to getting infected (such as having multiple partners or using drugs with a needle), for the effect it will have on loved ones, especially children.

Anger: She or he feels anger towards herself or himself or at the people who infected her or him, at God or at society for the way people living with HIV and AIDS are treated. In some cases, this anger can lead to irresponsible sexual behaviour.

Anxiety: She or he faces anxiety about how the illness will progress and what will happen to her or him.

Low self-esteem: She or he feels low self-esteem from being rejected by loved ones and the community, not being able to work, care for the family or participate in social events.

Depression: She or he could go into a depression. Signs include too much or too little sleep, overeating or not eating at all, feelings of hopelessness, irritability, and not participating in social events and daily activities.

Suicidal thoughts: Severe depression can lead to wanting to kill oneself.

Why are HIV positive persons vulnerable in crisis settings?

During a crisis, health services and emotional support services for people with HIV/AIDS may not exist anymore.

During a crisis, it may be more difficult for a person with HIV or AIDS to take care of her or his health.

Disruptions in resources and insecurity may make it harder for HIV positive persons to find an HIV care and treatment programme, take care of medical problems early, eat nutritious food, practice safer sex by using condoms, get enough rest or prevent infection by washing often.

What are some ways to reduce stigma against persons with HIV and AIDS in the community, and how can community health workers be agents of change?

CHWs can help reduce stigma in the community against people with HIV or AIDS.

A good way to reduce stigma is to provide accurate and consistent information to community members.

If all health workers and influential persons such as religious and community leaders, teachers and others would do this, it would help prevent the fear caused by the general misunderstanding about HIV and AIDS.

When people in the community are better informed about HIV and AIDS and therefore less afraid, those with HIV and AIDS, as well as those who care for them, would become more accepted in the community. They can then help others in the community understand the real risks every person faces of getting HIV.
CHWs can be agents of change in their community in many ways:

- Give accurate information about how HIV is spread and how it is not spread to every person you see, especially if you treat people with other STIs.
- Make sure people in the community, including youth and persons with disabilities, know where to get tested for HIV, and how to get care and treatment when they need it.
- Help parents, teachers and other adult leaders become more comfortable talking about sex and HIV with youth, including those that are not married.
- Include people living with HIV and AIDS in health education activities so they do not feel isolated.
- Encourage both men and women (including youth) to use condoms, even if they are already using another form of family planning (birth spacing) to prevent pregnancy or space births.
- Wash hands with soap and water before and after giving all care; avoid touching bloody body fluids with bare hands; do not share anything that touches blood (including razors, needles, sharp instruments and toothbrushes); and keep wounds covered.


A CHW’s compassion can help others change their attitudes towards people with HIV and AIDS, condoms, sex and gender. Only through acceptance and working together as a community can HIV and AIDS be addressed.
What are the health benefits of seeking care for sexual violence?

Survivors can be helped to reduce further harm to themselves after sexual violence if they seek health care.

**Health services can include (if available):**

- Medicines to prevent pregnancy, prevent and treat STIs or prevent HIV
- Care for wounds
- Vaccinations to prevent consequences of infections, such as tetanus (lockjaw) and hepatitis B (disease of the liver)
- Basic support to meet emotional needs
- Links to other support services, such as protection, social support, legal help or higher level health care.

What is timely care?

It is important that some services be provided soon after the attack in order to be useful.

**Examples of services available immediately after a sexual assault:**

- Medicines to prevent HIV must be given within three full days, or 72 hours.
- Also, medicines to prevent pregnancy known as emergency contraception (EC) must be given within five full days, or 120 hours.
- Medicines to prevent pregnancy and HIV work best when they are given right away after the incident. The longer the wait is, the less likely it is that the medicines will work.

Timely treatment with medicine is very important to make sure that survivors receive the best health care and to prevent further harm, sickness and death.

What other services can survivors access if they would like?

In addition to health care, survivors often need support to rebuild their lives.
Examples of non-health services for survivors:

**Mental health services** to address the emotional needs of survivors, or more specific care for continuing mental health issues like feelings of deep sadness, fear or wanting to hurt themselves.

**Protection**, such as through safe houses and safe spaces, for example, to protect survivors from additional harm. The community can also have services to protect children and adults. These can be women’s groups, drop-in centers or other places where survivors can feel welcome and safe.

**Social support services**, such as job support, where survivors can learn how to become less dependent in violent relationships or earn an income. Education programmes can also teach adults to read and write.

**Legal help**, to punish bring the attacker to justice.

What are the key messages to convey to the community about sexual violence and the importance of seeking care?

CHWs can talk about sexual violence, why it is important to seek health care after an assault and how to seek it, during health education activities and whenever you are working with the community.
Guide for CHWs to share key messages with community members:

What is sexual violence?
- Sexual violence is when someone forces you to have sexual intercourse or any sexual act when you do not want to.

Who can experience sexual violence?
- Anyone can experience sexual violence, including women, men, children and persons with disabilities.
- Sexual violence can happen to a person at any age, even married couples.

Why does sexual violence happen?
- Sexual violence is about violence and not sexual attraction or seduction. It can be worse in conflict situations. Women and girls are also more vulnerable since they have access to fewer resources such as money.
- Nobody deserves to be sexually assaulted no matter how she or he dresses or acts. The way someone dresses or behaves is never a reason for sexual violence.
- Nothing a woman does gives a man the right to hurt her, even if he thinks she deserves it – even if she herself thinks she deserves it.
- Many acts of sexual violence are done by someone a person knows.
- Anyone can be a target of sexual violence, and it is never the person’s fault.

What should you do after you experience sexual violence?
- See a CHW or go to a health centre immediately for care, the earlier the better. It is best if you go within three full days of the assault.
- Even if more than five days have passed since the assault, the health worker can still help you manage your feelings and link you to other support services if you wish to have them.

Remember that along with the key messages, it is important for a CHW to tell survivors about what services are actually available. This way the community’s expectations can be met, and they will trust what you say.
What should you do if you know someone who has experienced sexual violence?

- Encourage her or him to go to talk to a CHW or go to a health facility for care right away.
- Do not tell people about the sexual violence without the survivor’s approval. Respect the survivor’s privacy.

What are the benefits of seeking health care as soon as possible?

- Seeking health care as soon as possible can help you prevent pregnancy and infections, and receive counselling. Depending on when you come, the health care worker can help you receive:
  - Medicines to prevent pregnancy
  - Medicines to prevent or treat infections
  - Medicines to prevent HIV
  - Care for wounds
  - Vaccinations to prevent illnesses such as tetanus and hepatitis B
  - Basic emotional support
  - Information on other services, if you would like

- The earlier you come for care, the more likely you can prevent HIV (within three full days of the assault) and pregnancy (within five full days of the assault).
- Services are private, free, voluntary and safe. The health worker will treat you with dignity and respect.

Where can you seek health care?

- From a CHW or health facility

What can you expect if you seek health care?

- The health worker will bring you to a private place to talk with and comfort you.
- The health worker will ask for your permission to treat you.
- The health worker will treat your wounds and talk to you about how to take care of yourself.
- Depending on when you seek care, the health worker will give you medicines to prevent pregnancy and infections including HIV, and tell you how to take them.
- If there is anything the health worker cannot treat, she or he will ask whether you would like to go to another health facility.
- Before you leave, the health worker can help you plan to get emotional support, make sure you have a safe place to stay and plan for other health or social support you may like.
- Remember, services from the health worker are private, free, voluntary and safe.
PART 3
Strengthening Community-Based Care

SECTION 2
LEARNING ABOUT SEXUAL VIOLENCE AND WHAT CAN BE DONE ABOUT IT

A flip book for communities

Who can experience sexual violence?

Anyone can experience sexual violence including women, men, children and persons with disabilities. Sexual violence is when someone forces you to have sexual intercourse when you do not want to.

Who can experience sexual violence?

Sexual violence can happen to a person at any age.

Why does sexual violence happen?

• Sexual violence is about violence and not sexual attraction or seduction. It can worsen in conflict situations due to the breakdown of law and order and the community’s rules. Women and girls are also more vulnerable to this since they have access to fewer resources such as money.

• Nobody deserves to be sexually assaulted no matter how she or he dresses or acts. The way someone dresses or behaves is never a justification for sexual violence.

• Nothing a woman does gives a man the right to hurt her, even if he thinks she deserves it—even if she herself thinks she deserves it.

• Many incidents of sexual violence are committed by someone a woman knows.

• Anyone can be a target of sexual violence, and it is never the person’s fault.
PART 3
Strengthening Community-Based Care

CAPACITY BUILDING

What should you do if you experience sexual violence?
- See a community health worker or go to the health center immediately for care, preferably within 3 days of the assault.
- Even if more than 5 days have passed since the assault, the health worker can still help you, take care of your feelings and link you to other support services if you need.

What should you do if you know someone who has experienced sexual violence?
- Encourage her or him to go to a community health worker or the health center for care immediately, preferably within 3 days of the assault.
- Do not go telling people about the sexual violence without the survivor’s approval. Respect the survivor’s privacy.

What are the benefits of seeking health care for someone who has experienced sexual violence?
Seeking health care as soon as possible can help you prevent pregnancy and infections, and receive counseling. Depending on when you come, the health care worker can help you get:
- Medicine to prevent pregnancy
- Medicines to prevent or treat infections
- Care to treat wounds
- Vaccinations to prevent illnesses such as tetanus (“lockjaw”) and hepatitis B
- Basic emotional support
- Link you to additional emotional and social support, protection and legal assistance, if you would like.

The earlier you come for care, the more likely you can prevent HIV (within 3 days of the assault) and pregnancy (within 5 days of the assault).

Services are private, free and safe. The health care worker will treat you with dignity and respect.

What should you expect when you seek health care?
- The health worker will bring you to a private place to comfort you and talk.
- The health worker will ask for your permission to treat you.
- The health worker will treat your wounds and talk to you about how to take care of yourself.
- Depending on when you seek care, the health worker will give you medicines to prevent pregnancy, infections and HIV, and tell you how to take the medicines.
- If there is anything the health worker cannot treat or any care she or he cannot provide, she or he will ask whether you would like a referral to a higher level health facility.
- Before you leave, the health worker can help you plan to receive emotional support, make sure you have a safe place to stay, and provide any other medical care or social support that you may like.
- Remember, services from the health worker are private, voluntary, free and safe.
**What is HIV?**

HIV is a tiny virus (a type of germ) that causes a disease called AIDS.

HIV lives in the body fluids of people who are infected with HIV. This includes blood, semen, wetness in the vagina and breast milk.

The virus spreads when the fluids get into the body of another person.

It is not possible to know by looking at someone whether she or he has HIV. People with HIV may not have any signs for a long time. Most people do not know they have HIV until they are very sick. The signs of AIDS are different in each person. Often, they are similar to other common illnesses such as diarrhea or flu, but are more severe and will last longer.

HIV can spread at any time, even without any signs of illness.

**How is HIV transmitted?**

HIV can be passed on, or “transmitted,” through sexual intercourse without using a condom. A condom is a rubber barrier that is placed on the penis to stop fluid from the penis entering the woman’s body.

A man can pass HIV to a woman who is not infected with HIV, or a woman can pass HIV to a man who is not infected with HIV.

Rape, or sexual violence, is one example of how HIV can be transmitted.
PART 3: Strengthening Community-Based Care

How is HIV transmitted?

- HIV can be transmitted through infected blood that gets into a cut or an open wound of another person.
- HIV can be transmitted through the use of unclean needles or tools that pierce or cut the skin. This includes sharing razor blades.
- HIV can be transmitted during blood transfusion if infected blood is given to another person.
- HIV can be transmitted if a pregnant woman is not taking medicines to prevent HIV, she can pass HIV to her baby when she is pregnant, during childbirth, or when she is breastfeeding.
HIV is not transmitted through sharing clothes with an infected person. HIV is not transmitted through kissing an infected person. HIV is not transmitted through insect bites. For example, if a mosquito bites an infected person and then bites an uninfected person, the uninfected person will not get HIV as a result of that bite.

HIV is not transmitted through sharing a meal with an infected person.

HIV is not transmitted through sharing a needle with an infected person.
How is HIV not transmitted?

HIV is not transmitted through sharing a bed with an infected person.

How can we prevent HIV?

• Getting tested for HIV and making sure our partners also get tested.
• Getting other infections treated, and making sure partners do, too.
• Using a condom every time we have sexual intercourse.
• Avoiding piercing or cutting the skin with dirty needles or tools.
• Not touching someone else’s blood or wound.
• If pregnant, taking medicines to prevent the baby getting HIV during pregnancy, childbirth and breastfeeding.

What should someone do if they have HIV or AIDS?

There is still no cure for HIV but medicines called “antiretrovirals” (ARVs) can help people with HIV live longer and have fewer health problems. If used correctly, ARVs fight against and control the HIV infection.

A blood test can show if someone needs treatment with ARVs.

Antiretrovirals also help pregnant women prevent the transfer of HIV to their babies during pregnancy, childbirth and breastfeeding.
PART 3

Strengthening Community-Based Care

What can HIV and AIDS do to the individual and family?

The illness can make the person too weak for regular activities.
This person with HIV or AIDS may lose her or his job because of discrimination or illness.
The person with HIV or AIDS or the entire family can become isolated from the community if the community thinks the family is shameful or a disgrace.
A person with HIV/AIDS may lose faith.
Medical care and medicines can cost money.
This can make poverty worse.

What feelings could a person have if she or he has HIV?

A person can feel shock or denial about her or his HIV status.
She or he may be sad or afraid of what will happen to her or him.
She or he can feel shame or guilt about getting diagnosed with HIV and might be angry at her or himself or at the person who infected her or him.
She or he may feel worthless and depressed because she or he is rejected by loved ones or can no longer care for the family.
These might lead to thoughts about killing her or himself.
When a person with HIV is able to work through feelings of shock, anger, shame, depression and fear, she or he has reached an emotional stage of acceptance and can begin focusing on living in a healthy and positive way.

If we work together, we can prevent HIV and help those that have HIV receive care and treatment

• Show them respect and kindness.
• Understand the emotions they may be feeling and be supportive of what they are going through.
• Do not discriminate.
• Include persons living with HIV/AIDS in community activities so that they are not isolated and are instead supported.

If we work together, we can prevent HIV and help those that have HIV receive care and treatment

How should we treat persons with HIV?

How should we treat persons with HIV?

NOTES

How should we treat persons with HIV?

• Show them respect and kindness.
• Understand the emotions they may be feeling and be supportive of what they are going through.
• Do not discriminate.
• Include persons living with HIV/AIDS in community activities so that they are not isolated and are instead supported.
MODULE 3

Principles of working with survivors

Participant handouts
Handout 1: Principles of working with survivors poster
Handout 2: Sample informed consent or assent scripts for referral
What are the key principles to working with survivors of sexual violence?

In order to best serve survivors, it is important to follow four guiding principles.

**Four guiding principles in assisting survivors:**

1. **Make sure the survivor is safe:** Any conversations that you have with the survivor should be in a private and safe place. Sharing information about a survivor with other people without the survivor’s approval can put her or him in danger.

2. **Keep information private:** Do not share the survivor’s story or health information with others. If you do, it could put the survivor and her or his family at risk or cause the survivor to face stigma and discrimination in the community.

3. **Respect the wishes, the rights and the dignity of the survivor:** Every action you take should be guided by the wishes and needs of the survivor. You should respect the person’s choices for care, provide high quality care even if the person cannot pay, be good listeners and not make judgments.

4. **Treat survivors equally (without discrimination):** You should treat every survivor with respect and dignity. You should not treat the survivor differently because of the person’s sex, where the person came from, what happened to her or him, the number of times the person has come for services or the person’s age.


**Remember:** There is a poster that lists these guiding principles in your toolbox. This can be pinned on your wall or put in a notebook so you can see it every day.

**How should survivors be treated?**

It is important to show compassion, competence and respect confidentiality when interacting with survivors.

**Compassion** means creating a safe and supportive environment, and caring for survivors with kindness and respect.

**Competence** means having the required training and skills to do the job well and help survivors begin to heal. This is important since you can do more harm for survivors if you do not have the right training.
Confidentiality means that whatever care you give to a survivor of sexual violence must never be discussed with others without the survivor’s consent.

How should CHWs communicate with survivors?

Communication between CHWs and survivors is very important because it can help build trust in the relationship.

It is important to treat the survivor with dignity. You must show that you believe the survivor, that you do not question the story or blame her or him, and that you respect the person’s privacy.

You should also be caring and supportive of the survivor. You should provide emotional support, be sensitive and listen to her or his problems.

Helpful phrases to use when talking with survivors:

“I’m glad you have come to me.”

“I believe you.”

“I’m sorry this happened to you.”

“You are safe here.” (If this is true.)

“What would it take for you to feel safe here?”

“It’s okay to feel...”

“You are not to blame.”

“It’s not your fault.”

“You are not responsible for what happened.”

“What you are feeling is very normal for someone who has been through what you have.”

“You are very brave to talk with me, and I will try to find help.”

What are good ways to communicate with a survivor?

Sometimes it is hard for survivors to talk about their experience in a way that does not hurt them again. It is important to be a good listener so you can help them begin to heal.
Ways to be a good listener when a survivor is speaking:

- Make sure to speak directly to the survivor even when a parent, caregiver or an interpreter is present. This is also very important if the survivor is a child or a person with a disability.
- Show with your body language and your words that you are interested and concerned.
- Do not talk when the survivor is talking or rush the person when she or he speaks.
- Respect silence by waiting with attention and patience. Use statements like, “I know this is hard for you,” or “I am here to listen.”
- Let the survivor know you care about her or his emotions by saying things like, “I can see you are feeling...”
- Do not ask ‘why’ questions. They are often judgmental.
- Do not tell the survivor what you think about the situation or tell her or him what to do. Just give the person the information she or he needs to make her or his own decision.

What not to do when communicating with a survivor

There are also things you should not do or say when listening or talking to a survivor.

Avoid doing the following when speaking with a survivor:

- Meeting in a place where there is not enough privacy, such as a noisy room or somewhere with other people interrupt
- Speaking only with a parent, caregiver or an interpreter
- Asking leading questions, such as, “Are you worried about being pregnant?”
- Asking ‘why’ questions that can make the survivor feel judged. For example, “Why didn’t you tell anyone?” or “Why did you go there”
- Guessing at what the survivor is saying, or thinking you know what she or he is going to say before the person tells you
- Not letting the person finish his or her sentence
- Not respecting the survivor with your body language. For example, looking away from the survivor, crossing your arms or being distracted
- Thinking or saying things like “It was her fault” or “She must be a prostitute, what do you expect?”
- Talking about yourself or what you think and feel instead of listening to the survivor. For example, “This once happened to me as well,” or “I feel very angry when you tell me this.”
- Touching the person without her or his permission
How can you use interpreters to communicate with survivors?

Sometimes a survivor may not speak the same language as you or have a disability that makes it hard to communicate with you.

In this case, an interpreter can help you understand each other better.

If the survivor agrees to have an interpreter, see if someone from the health centre or another organization can help you. You must always ask the survivor if it is okay with her or him to use an interpreter.

It is important that the interpreters have training in working with survivors.

**An interpreter’s requirements:**
- Speak the same language as the survivor
- Be of the same sex as the survivor
- Keep the survivor’s information confidential
- Provide word for word translation instead of summarizing or simplifying the survivor’s answers

**When working with an interpreter the CHW should:**
- Ask if it is okay with the survivor to use an interpreter
- Introduce yourself and the interpreter to the survivor
- Speak directly to the survivor, not the interpreter
- Look at the survivor when the person is talking, not at the interpreter
- Review the interpreter’s notes with the interpreter after the meeting
- Ask the interpreter to write down the meanings for words and phrases that do not have a direct translation

If only a family member is available to interpret for the survivor, the CHW should still ask for the survivor’s consent and speak directly to the survivor.

This is very important since the family member could be the attacker.

If a survivor needs an interpreter or family member to communicate because she or he has a disability, the CHW should still ask whether the survivor wishes to be spoken with alone or with someone she or he trusts.
What is informed consent?

‘Informed consent’ means giving the survivor all possible information and options so that she or he can make choices.

It also means informing the survivor that you may need to share her or his information with others who can provide services, but only with the survivor’s permission.

Persons with disabilities have the same right to all possible information and options, so they can make their own choices like everyone else. Most persons with disabilities can understand information and make their own decisions, such as a deaf person through a sign language interpreter.

If a person with disabilities needs someone else to speak for her or him, you must write this down, and continue to include the survivor in all discussions about her or him, and respect the person’s safety, confidentiality and dignity at all times.

There are some times when informed consent should not be respected.

Sometimes you do not need informed consent, if you need to protect a survivor’s physical or emotional safety, or if the person needs help right away.

Examples of such instances are when the survivor is:

- At risk of hurting or killing herself or himself (suicidal)
- At risk of being hurt or killed by someone else
- At risk of hurting or killing another person
- Injured and in need of immediate health care

If the survivor is a child, the child’s parent or caregiver may need to be informed to say it is okay for the child to be given health care or treated.

There is a difference between informing and advising.

‘Advising’ means telling someone what you think the person should do. It also means telling the person what you would do. You should not give advice because it may not be what is best for that survivor. Survivors should make their own choices about their own lives. Survivors might feel like you are not listening to them if you tell them what to do.
‘Informing’ means giving the survivor the facts so that she or he can make her or his own decision about what to do. Informing is helpful because it lets the survivor have control of her or his choices. It also shows that you respect the survivor’s opinion and judgment.

What is mandatory reporting and when do you need to do it?

In many countries, there are laws that force health care workers to report certain (or all) types of rape cases or cases that involve a certain type of survivor or attacker.

These types of reporting laws can create a problem for health care workers. This is because they conflict with respect for confidentiality and the need to protect the survivor.

How to deal with the conflict between mandatory reporting and confidentiality:

• Tell survivors about which incidents you have to report to your supervisor by law. You should do this as part of the informed consent process.
• Explain to survivors what they can expect after the report is made.

Sometimes mandatory reporting can cause more risk or harm, especially for children.

Example of mandatory reporting causing harm or risk:

Some laws require health workers to report abuse against children especially if they were assaulted by a family or community member.

But sometimes, reporting it can be more dangerous for the child if there are no services to help the child, if the child will be taken from her or his caregivers or if the police are also abusive.

Where children are involved, the priority should always be what is best for the child from the child’s perspective. The right thing to do may be different for every situation, but in general, there are three steps one can take.
Three steps to take in the case of mandatory reporting that involves a child:

1. Think about these questions:
   - If I report this will the child experience more harm?
   - What good things will happen if I report and what bad things will happen?
   - What could happen if I break the law by not reporting?
2. Ask a supervisor who will help you develop a plan on what to do.
3. Work with your supervisor who will write down the reasons to report or not to report the case.

What are the legal or policy barriers that make it difficult for survivors to come for care?

In some communities there are laws or rules that make it hard for survivors to access care.

Example of laws that make it hard to access care:

A survivor may not be permitted to receive health services unless she presents a marriage certificate, has her husband’s permission or files a police report that has ‘verified’ the rape (says the rape really happened).

If you face a problem like this, you should think about what is best for the survivor, and focus on her or his safety and health.

Steps a CHW can take when there are obstructive laws:

- Talk with the survivor about her or his options.
- Refer her or him to other organizations that might be able to help, such as emotional and social support services.
- Talk more with your supervisor for additional guidance.
Negative social norms and attitudes are sometimes the reason why harmful laws and policies exist.

As a CHW, you can be a role model in your community to help change the negative social norms and attitudes that make it hard for survivors to access health services.

You can build trust in your community by being a competent and reliable source of care.
Principles of working with survivors of sexual violence

- Ensure the survivor’s physical safety.
- Guarantee confidentiality.
- Respect the wishes, the rights and the dignity of the survivor.
- Treat all survivors equally.
Handout 3.2

Sample informed consent script for CHW 1 to refer ADULT survivors to CHWs 2 and 3

Hello [name of client],

My name is [your name] and I am here to help you. I am a community health worker with [name of agency] and my role is to help people who have experienced difficulties. Many people benefit from working with me.

The first thing I will do is listen to what you have to say. That way I can understand your situation and know how to best help you. If I notice that you need immediate medical attention for a condition that could be life-threatening, I will need to refer you to a health facility with your permission. I will try to help you as best I can until the referral is made. Is it alright if I arrange for you to go to the health facility if it is necessary?

[Allow for survivor to give their approval before moving on. Conduct a quick assessment of whether or not the survivor is presenting with danger signs that need immediate referral.]

If the survivor presents danger signs, arrange referral and administer basic first aid.

If the survivor is in stable condition, move on.]

It is important for you to know that I will keep what you tell me private. This means that I will not tell anyone what you tell me or any other information about what happened, unless you ask me to, or if you tell me something that worries me, or if you need help that I cannot give you. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given with my supervisor [insert appropriate agency here] are if:

- I find out that you are in very serious danger
- Or if you tell me you have made plans to seriously hurt yourself
- Or if you tell me you have made a plan to seriously hurt someone else. I would not be able to keep these problems just between you and me.

Can you tell me what has happened to you?

[Briefly ask the survivor what happened, but without pushing. You only need to recognize that the survivor has come for sexual assault.]

Thank you for sharing what has happened. I am sorry this has happened to you. You are very brave to come to me. What has happened is not your fault.

There are health workers in the community that can help take care of you if you would like.

1 All scripts based adapted from WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004; and IRC/UNICEF, Caring for Child Survivors of Sexual Abuse, 2012.
They may be able to give you certain medicines to prevent infections and HIV [for females: and pregnancy. Make sure to only convey information relevant to when the survivor has sought care. Do not mention that she or he can prevent HIV if the survivor is reporting after three full days, and do not mention pregnancy prevention if the survivor is reporting after five full days]. They can also tend to any minor wounds and listen to you so that you can feel better.

Seeking additional health care from another community health worker [or the health facility] does not mean that you will be taking legal or justice action too. No one will need to find out that you came for help. However, the sooner you receive care, the better, since some of these medicines will not work after a certain amount of time.

Would you like me to contact a community health worker [or health facility] to provide you with health care?

- If YES, contact CHW 2 or 3 or health facility in your setting.
- If NO, move to next step.

Your safety and security are my priority, and based on the information you give me I can provide you with information about other services that might be helpful in keeping you safe and providing you with care. These can include care for your emotions, protection from risks or dangers, social support, or legal help [only note the services that are actually available in the community and explain briefly what they can offer].

You can choose if you want to seek the other services I will recommend to you. You will not be forced to do anything against your wishes.

Once you tell me what services you would like to get, I will inform the facility to prepare for your arrival. I will make sure that this is done confidentially so that your safety and privacy are protected.

Do you have any questions about what services are available for you?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent or assent to proceed.]

What services, if any, would you like to receive at this time? May I have your permission to contact the facility now?

- If YES, arrange for referrals.
- If NO, stop here and let the survivor know she or he is free to contact you at any time.
Sample informed assent script CHW 1
to refer CHILD survivors to CHWs 2 and 3

Hello [name of client],

My name is [your name] and I am here to help you. I am a community health worker with [name of agency] and my role is to help people who have experienced difficulties. Many children benefit from working with me.

The first thing I will do is listen to what you have to say. That way I can understand your situation and know how to best help you. If I notice that you need immediate care for something that could be dangerous, I may need to get more help from other health care workers at the health facility with your permission. I will try to help you as best I can until someone else can see you. Is it alright if I arrange for you to go to the health facility if it is necessary?

[Allow for survivor to give their approval before moving on. Conduct a quick assessment of whether or not the survivor is presenting with danger signs that need immediate referral.

If the survivor presents danger signs, arrange referral and administer basic first aid.

If the survivor is in stable condition, move on.]

It is important for you to know that I will keep what you tell me private. This means that I will not tell anyone what you tell me or any other information about what happened, unless you ask me to, or if you tell me something that worries me, or if you need help that I cannot give you. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given with my supervisor [insert appropriate agency here] are if:

- I find out that you are in very serious danger
- Or if you tell me you have made plans to seriously hurt yourself
- Or if you tell me you have made a plan to seriously hurt someone else. I would not be able to keep these problems just between you and me.

Can you tell me what has happened to you?

[Briefly ask the survivor what happened, but without pushing. You only need to recognize that the survivor has come for sexual assault.]

Thank you for sharing what has happened. I am sorry this has happened to you. You are very brave to come to me. What has happened is not your fault.
There are health workers in the community that can help take care of you if you would like. They may be able to give you certain medicines to prevent illnesses and listen to you to help you feel better.

No one will need to find out that you came for help. However, the sooner you receive care, the better, since it can start to help make you feel better.

Would you like me to contact a community health worker [or health facility] to provide you with health care?

- **If YES**, contact CHW 2 or 3 or health facility in your setting.
- **If NO**, move to next step.

Your safety and security are my priority, and based on what you tell me, I can give you information about other services that might be helpful in keeping you safe and providing you with care. These can include care for your feelings, protection from risks or dangers, and other help [only note the services that are actually available in the community, and explain briefly what they can offer].

You can choose if you want to get the other services I will recommend to you. You will not be forced to do anything you do not want to do.

Once you tell me what services you would like to get, I will let them know to prepare for your arrival. I will make sure that this is done privately so that you will be safe and no one else will know.

Do you have any questions about what services are available for you?

    [Allow for time to answer any questions the child may have before moving forward to obtain their informed assent to proceed.]

What services, if any, would you like to get at this time? Would you like to talk about it with your caregiver? May I have your permission to contact the facility now?

- **If YES**, arrange for referrals.
- **If NO**, stop here and let the survivor know she or he (or caregiver) is free to contact you at any time.
Sample informed consent/assent script for CHW 1 to refer INTELLECTUALLY IMPAIRED survivors to CHWs 2 and 3

Hello [name of client],

My name is [your name] and I am here to help you. I am a community health worker with [name of agency] and my role is to help people who have experienced difficulties. Many people benefit from working with me.

The first thing I will do is listen to what you have to say. That way I can understand your situation and know how to best help you. If I notice that you need immediate care for something that could be life-threatening, I may need to get more help from other health care workers at the health facility with your permission. I will try to help you as best I can until someone else can see you. Is it alright if I arrange that for you if this becomes the case?

[Allow for survivor to give their approval before moving on. Conduct a quick assessment of whether or not the survivor is presenting with danger signs that need immediate referral.]

If the survivor presents danger signs, arrange referral and administer basic first aid.

If the survivor is in stable condition, move on.

It is important for you to know that I will keep what you tell me private. This means that I will not tell anyone what you tell me or any other information about what happened, unless you ask me to, or if you tell me something that worries me, or if you need help that I cannot give you. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given with my supervisor [insert appropriate agency here] are if:

- I find out that you are in very serious danger
- Or if you tell me you have made plans to seriously hurt yourself
- Or if you tell me you have made a plan to seriously hurt someone else. I would not be able to keep these problems just between you and me.

Can you tell me what has happened to you?

[Briefly ask the survivor what happened, but without probing. You only need to recognize that the survivor has come for sexual assault.]

Thank you for sharing what has happened. I am sorry this has happened to you. You are very brave to come to me. What has happened is not your fault.

There are health workers in the community that can help take care of you if you would like. They may be able to give you certain medicines to prevent illnesses and listen to you to help
you feel better.

No one will need to find out that you came for help. However, the sooner you receive care, the better, since it can start to help make you feel better sooner.

Do you have any questions on what health care the community health worker [or health facility] can give you?

Do you have any questions about why getting health care will be helpful?

Would you like me to contact a community health worker [or health facility] to provide you with health care?

- If YES, contact CHW 2 or 3 or health facility in your setting.
- If NO, move to next step.

Your safety and security are my priority, and based on what you tell me, I can give you information about other services that might be helpful in keeping you safe and providing you with care. These can include care for your feelings, protection from risks or dangers, and other help [only note the services that are actually available in the community, and explain briefly what they can offer].

You can choose if you want to get the other services I will recommend to you. You will not be forced to do anything you do not want to do.

Once you tell me what services you would like to get, I will let them know to prepare for your arrival. I will make sure that this is done privately so that you will be safe and no one else will know.

Do you have any questions about what services are available for you?

Do you have any questions about why getting some of these services will be helpful?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent/assent to proceed.]

What services, if any, would you like to get at this time? May I have your permission to contact the facility now?

- If YES, arrange for referrals.
- If NO, stop here and ask survivors if they would like more time to think about it, and if it would help to meet with you again at a later date.
MODULE 4

Recognizing survivors and facilitating referrals for sexual violence

Participant handouts

Handout 1: Offering basic life support
Handout 2: Providing basic first aid for burns
Handout 3: Providing basic first aid for injuries to bones, muscles and joints
Handout 4: Addressing symptoms of shock
Handout 5: Controlling heavy bleeding
Handout 6: Danger signs poster
Handout 7: Providing basic first aid for head, neck or back injury
Handout 8: Providing psychological first aid
What are some signs that a person may have experienced sexual violence?

As a CHW you may come into contact with people who have not come seeking help but whom you think may have experienced sexual violence.

Example of a situation where you think someone may have experienced sexual violence:

Someone whom you come into contact with may have signs of physical injury (bleeding from the vagina or penis, and/or other physical wounds), have an STI or show emotions that suggest they have experienced violence (we talked about this in Module 2).

You do not have to ask every person you see in your daily work whether the person is at risk of sexual violence. However, if you think that something may be wrong or if someone tells you about her or his experience, you will need to know what to do.

If you see a person with these problems, you should refer them to a health facility right away. They can be life threatening:

- Swelling and hardness of the belly
- Pain in the belly
- Severe pain anywhere else in the body (back, chest, arms, legs or head)
- Vomiting blood
- Bleeding from the pelvic area (vagina or anus)
- Heavy bleeding from other parts of the body
- Possible object lodged inside pelvic area (vagina/anus)
- Altered mental state or confusion
- Pale, blue or gray skin
- Loss of consciousness (not awake or responsive)
- In a small child, fast breathing or difficulty breathing

Other signs that a person may be in shock or danger:

- Cold skin or skin that feels wet.
- Fast breathing with small light breaths
- Feeling anxious, panicky or restless, feeling faint or dizzy
- Thirst or feeling sick and vomiting

All CHWs should refer people with signs of a life-threatening condition to a higher level health facility right away.
How can CHWs create a supportive environment for someone who may have experienced sexual violence?

If you think a person has experienced sexual violence, you should take her or him to a private, quiet and safe place and ask if she or he needs any help.

**How to interact with a person you think has experienced sexual violence:**

**Stay close.** A person who has experienced sexual violence may lose her or his basic sense of security and trust in other people. You can help rebuild trust and security by staying close but avoiding touching, and staying calm while the person is upset.

**Listen closely:** Following the key principles talked about in Module 3, you can practice good listening and communications skills. If the survivor does not want to talk, she or he does not have to. Simply being quiet and respectful can help.

**Accept feelings:** You should keep an open mind about what is being said and accept what the survivor is saying about what happened. You should respect the survivor’s feelings and not correct what she or he says.

**Give practical help.**

As a CHW, **it is NOT your responsibility to decide whether or not a survivor has been ‘raped’**.

It should not matter whether the survivor was raped or not. If the survivor tells you that she or he has been a victim of sexual violence, you should treat her or him with the same guiding principles, and show compassion, confidentiality and competence.

For more information about providing psychological first aid, look for the HO in your toolbox.
What is the role of the CHW in making referrals?

As a CHW you can play a very important role in helping survivors of sexual violence access life-saving health care and other support services.

Even if you only teach health education, you can still serve as a bridge for survivors.

If you are providing health education: You are responsible for health education about the importance of seeking care and where survivors can access services. You can also link any survivor you identify to higher level CHWs and health services. You do not provide any of the health care services yourself.

If you are providing direct treatment to survivors: You can offer basic health care to survivors of sexual violence. You will also refer survivors to a health facility for wound care that you cannot do yourself, HIV testing and the tetanus or hepatitis B vaccines (see Module 5). You will also refer survivors to other support services like emotional care, mental health care, protection, social support and legal support.

What are the services to which CHWs will be referring survivors?

Your supervisor will let you know what services are available in the community that are safe and good enough for you to refer survivors. These can include safe spaces, community groups and other social services.
How should you refer survivors of sexual violence?8

**Follow these steps to refer a survivor to a health facility or other health services:**

1. If a survivor shows any of the danger signs, you should refer **her/him to a higher level health facility right away** after taking first aid measures to stabilize them. If a survivor is bleeding heavily, you or the survivor should cover the wound with a clean cloth, press down and apply pressure on the wound until she or he can be referred. If there is an object sticking out of the wound, do not remove it. It should be left there and you should try to stop it from moving with clean pads and bandage until the person can be referred.

2. If the survivor is physically stable, you should still act right away and **not make the survivor wait**. Referrals for health care are time sensitive.

3. You should make sure you **follow the four principles of working with survivors:**
   - Make sure she or he is safe.
   - Keep the survivor’s information confidential.
   - Respect the wishes, the rights and dignity of the survivor.
   - Treat survivors equally (non-discrimination).

4. **Be a good listener and communicator.** You should always let the survivor share what she or he wishes in the way she or he would like.

5. **Provide information to survivors openly and honestly.** You should:
   - Give the survivor information about all available services and their quality. This will help the survivor choose the care and support she or he wants.
   - Make sure the survivor understands the information that you are giving to her or him.
   - Remember that if a survivor chooses to tell you about her or his experience it may mean that they trust you and believe you can help them.
   - Be clear about what type of support and help you can offer.
   - Never make promises that you cannot keep.
   - Never try to do something that you cannot or should not do.

6. Once the survivor decides what services she or he wants, you should **tell the referral service that the survivor is interested in receiving care from them**, so that they can be ready for the survivor to visit them. If the survivor wants, you can go with her or him to services that she or he chooses.

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What is okay to tell survivors when referring them for health services?

As a CHW you should always make sure the survivor receives care, no matter how long it has been since the assault.

You should never pressure or force survivors to seek or receive care, but you should tell them about the benefits of seeking timely care.

**If the survivor comes for care within three full days (less than 72 hours) of the assault, she or he can receive the following services:**

- Antibiotics to prevent or treat STIs
- EC to prevent unwanted pregnancy (only females)
- Wound care
- Post-exposure prophylaxis (PEP) (medication taken after exposure) to prevent HIV
- Emotional care/basic psychosocial support
- Tetanus vaccination
- Hepatitis B vaccination

**If a survivor comes for care after three full days but before five days (72–120 hours), she or he can receive:**

- All of the above except PEP (medication taken after exposure) to prevent HIV.

**If a survivor comes for care after five days (more than 120 hours), she or he can still receive:**

- Antibiotics to prevent or treat STIs
- Wound care
- Emotional care/basic psychosocial support
- Tetanus vaccination
- Hepatitis B vaccination (within 14 days)

**If you are a CHW 1:** If a survivor agrees to receive health care and does not have any danger signs, you should tell a higher level CHW in your community (CHWs 2 or 3) that the survivor is willing to seek care, and have her or him come to the survivor. You can also stay with the survivor until she or he is in a private, safe location.
As a reminder, if a survivor presents with **any danger signs**, you should refer her or him right away to a higher level health facility.

**IMPORTANT NOTE:**

Sometimes a survivor may not want to seek health care because she or he may think that any attempt to seek care means they also want to seek justice, which they may or may not wish to do at the time.

It is helpful to tell them that health care and legal action are separate. As a CHW, the most important health message to share is the benefits to seeking health care and where services can be accessed.

**What can be shared with survivors when referring them for other support services?**

You can also organize referrals to other support services, including psychosocial (emotional), mental health, protection and legal services that are available in the community.

As always, the survivor must agree before you can make a referral.

Any service that you refer a survivor to should be good quality, confidential and safe. You should only refer survivors to organizations and places that your supervisor has approved.

**What if no referral services are available?**

In some communities there might not be support services, including psychosocial (emotional), mental health, protection and legal services available in the community, or they might not be accessible.

If this is true in your community, you should only tell survivors about services that are available and/or accessible.

**Example of setting expectations about services:**

If mental health services are not available, you should not offer this as a possible service that the survivor can access. If you do, it may disappoint the survivor.

Even when there are not many services for survivors of sexual violence, the survivor’s safety is always very important.

You should try your best to make sure that the survivor is safe. If you need help, you can ask your supervisor to help you think of ways to help the survivor.
Offering basic life support

What is basic life support?

Basic life support can save a life by maintaining the Airway, Breathing and Circulation (ABCs) of an injured or sick person before she or he can reach higher level health care.

- **Airway**: keeping the nose, mouth and throat open and free so that air can get to the lungs.
- **Breathing**: keeping air flowing in and out of the lungs.
- **Circulation**: keeping blood moving through the heart and the body.

Recovery position

If the survivor is not responding, has an open airway, and is breathing, place her or him in the “recovery” position:

1. Lift one arm up and out, place the other arm over the chest.
2. Push the foot up towards the chest so that the knee is at a right angle (on the same side as the arm over the chest).
3. Roll the survivor over on her or his side towards you by placing your hands on the person’s hip and shoulder.
4. Put the survivor’s hand on the upper arm under her or his chin. Tilt the head backwards and keep the airway open.
5. Check for breathing by looking at the chest for rise and fall, feel with your hand in front of the mouth and nose, and listen for breathing sounds.

Recovery position

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ABC steps to check airway, breathing and circulation: See if the survivor is unresponsive by tapping or gently shaking her or his shoulders and ask, “Are you alright?” If the survivor is conscious (awake), leave the survivor in the position you found her or him, unless in danger. Keep an eye on the survivor until help arrives. If the survivor is unconscious, position her or him on his or her back slowly while supporting the head and neck.

A. Airway
Open the airway:
- Carefully tilt the head back.
- Lift the chin to open the airway.
- If the survivor is unresponsive, has an open airway, and is breathing, turn the survivor onto her or his side (recovery position) with the survivor’s hand in front. This will prevent choking if the survivor vomits.

B. Breathing
Determine if the survivor is breathing (allow ten seconds):
- Look to see if the chest is moving up and down
- Listen for sounds of breathing at the survivor’s mouth
- Feel for breath on the survivor’s cheek
- If obstructed, clear the airway:
- Reposition the head tilt and chin lift
- Check inside the mouth for anything blocking the airway, and clear the airway

C. Circulation
Continue to check for breathing by looking at the chest to see if it rises and falls. Feel with your hand in front of the mouth and nose, and listen for breathing sounds. Keep an eye on the survivor until higher level help arrives.
Providing basic first aid for burns

Burns are injuries caused by heat, electricity and chemicals. Scalds are caused by hot liquids. Large burns and scalds may be life-threatening due to loss of body fluids and shock. Large burns and scalds need immediate referral to a higher level health facility.

**Signs of burns and scalds**

- Minor: the skin turns red, feels hot, and is swollen but not broken.
- Serious: the skin may blister and there is severe pain and swelling.
- Very severe: sometimes the burned area may be charred black or appear dry and white. These burns are very dangerous because of risk of infection, shock and death.

**Basic first aid steps for small and minor burns and scalds**

- Arrange for referral to a higher level health facility.
- Cool the burned area quickly with cool clean water for 15 to 20 minutes until the pain is reduced.
- Remove any clothing if they are not stuck to the skin.
- Do NOT open blisters that are unbroken.
- Do NOT apply any cream or ointments.
- Continue cooling the burn until pain has been reduced.
- Refer the person to a higher level health facility for help with any of the following:
  - The person is under five years old or over 60 years old
  - Burns are on the face, ears, hands, feet, limbs, genitals or joints
  - Burns are in the mouth or near the airway such as neck or chest
  - Burn was caused by electricity, chemicals, radiation or high pressure steam
  - Burn covers more than 5 percent of the total body area in children under 16 years old or 10 percent of the total body area in adults. Size of a person's hand can be measured as around 1 percent of the body area.

**Basic first aid steps for large and severe burns and scalds**

- Arrange for referral to a higher level health facility immediately.
- Do NOT remove any burnt clothing.
- Do NOT immerse large severe burns in cold water. This could cause shock.
- Cover the area of the burn. Use a moist cloth or moist towels.
- Check to make sure the person does not become too cold. Cover with a blanket but do NOT overheat.

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Providing basic first aid to survivors with injuries to bones, muscles or joints

Injuries to bones, muscles or joints are usually caused by trauma. The aim of first aid for injured bones, muscles and joints is to:

- Reduce pain
- Prevent further injury
- Prevent major bleeding and shock
- Manage unconsciousness

Broken bones can be closed (no wound at the site of the break), or open (has a wound at the site or the bone is sticking out of the skin).

**Signs of bone, muscle or joint injuries:**

- If there is an obvious injury to a bone, muscle or joint, the survivor will NOT be able to move the injured part.
- In some cases, there may be swelling at the site of the injury.
- Sometimes the limb or joint will be in an abnormal position compared to the one on the other side of the body.
- There may be bleeding from the injury.
- The survivor will complain of pain.
- In some cases, injury may not be obvious to see.

**Basic first aid steps for bone, muscle or joint injuries**

- Arrange for referral to a higher level health facility and try to keep the injured part of the body immobile or steady.
- Look for life-threatening problems such as heavy bleeding or breathing problems.
- Give emotional support (psychological first aid) by offering reassurance, talking and explaining what is happening.
- Do NOT try to re-set limbs that are in an abnormal shape.
- Cool the injury with ice wrapped in a towel if ice is available.
- Cool the injured part for 20 minutes at a time.
- Avoid bearing weight on an injured lower limb.
- Continue to evaluate the first aid actions and the condition of the injured person.
HANDOUT 4.3 PROVIDING BASIC FIRST AID FOR BONES, MUSCLES AND JOINTS (continued)

If you need to transport the person to a health center, try to stabilize the injury first.
- For upper limb injury, ask the survivor to support the injured upper arm against her or his body with the other arm.
- For lower limb and pelvis injuries, use a belt, folded cloth or bandage to tie the injured leg to the uninjured limb without moving the broken bones.
- Find some suitable pieces of wood, rolled-up hard paper, bandages or other materials to use as a splint.
- Splint the limb and tie the limb in the position it is in.
- Do NOT move the broken bones.

Making a splint for a survivor with a leg injury (broken bones)

Making a stretcher to transport a survivor with lower limb injuries

Using blankets

Using rope

Using shirts
Addressing symptoms of shock

Shock is caused when a large amount of fluid is lost from the body, such as through heavy bleeding. Severe pain, allergic reactions, fear or burns over large areas of the body can also cause shock.

**Signs of shock**
- Skin feels cold, moist, and clammy
- A light-skinned person will look pale. A dark-skinned person will have blueness or grayness inside the lips.
- Fast breathing with small shallow breaths
- Feeling anxious or restless, feeling faint
- Thirst or feeling sick and vomiting
- May become unconscious and die if untreated

**Basic first aid steps for shock**
- Arrange for referral to a higher level health facility.
- Reassure the survivor by providing emotional support (psychological first aid).
- Help the survivor to lie down.
- Put pressure on any bleeding.
- Cover and keep the survivor warm, but do NOT overheat.
- Loosen any tight clothing.
- Do NOT give any food or liquids.
- If the person becomes unconscious, refer to a higher level health facility immediately.

Some people may feel faint and show signs of shock for a short period of time. Make sure they are helped to lie down. Check their breathing. Normally without any further action, the person will recover.
- Check to see if the person’s condition has improved.
- Check if the skin color has returned to normal and if the skin feels warmer and dry.
- Even if the person recovers, she or he should still go to a health center to be checked.

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Controlling heavy bleeding

Heavy bleeding is a life-threatening problem which needs immediate medical care and referral to a higher level health facility. Too much blood loss can lead to shock and death.

**Basic first aid can be applied to control heavy bleeding:**

- Arrange for referral to a higher level health facility.
- Ask the survivor to apply pressure to the wound her or himself.
- Help the survivor lie down.
- Cover the wound with a clean cloth. Avoid direct contact with the person’s blood. Wear gloves if they are available. If there are no gloves, use a plastic bag as a barrier.
- Press down and apply pressure on the wound. Apply the bandage firmly enough to stop the bleeding but not so tight as to cut off blood flow.
- If there is an object sticking out of the wound, do NOT remove it. Leave it there. Try to stop the object from moving with clean pads and bandage.
- Instruct the survivor to apply pressure to the wound.
- If the person is in shock, cover the person to keep warm, but do not overheat.
- Give emotional support by explaining what is happening and giving reassurance.
- If the bleeding does not stop, press on the wound more firmly and apply more bandages. Do NOT remove the first dressings.
- Continue to apply pressure until the referral is made.
- Wash hands with soap and water after giving care.
PART 3

Strengthening Community-Based Care

HANDOUT 4.6

Danger signs poster

Danger Signs

If you see any of these signs, or if the person complains about any of these symptoms, refer the person to a health facility as soon as possible.

- Swelling and hardness of the belly
- Pain in the belly
- Severe pain anywhere else in the body (i.e., back, chest, arms, legs or head)
- Vomiting blood
- Bleeding from the pelvic area
- Heavy bleeding from other parts of the body
- Object in pelvic area
- Altered mental state or confusion
- Pale, blue or gray skin
- In a small child, fast breathing or difficulty breathing
- Is unconscious (no response)
Providing basic first aid to survivors with a head, neck or back injury

Injuries to the head, neck or back can be serious because they can lead to permanent loss of movement, coma, unconsciousness and death. Damage to the spine can make breathing difficult. In some cases, spine injuries can cause breathing to stop. It is important NOT to move a person with head, neck or back injuries to prevent additional injury. However, if the person is NOT breathing and it is necessary to move the person to give basic life support, keeping a clear airway is the most important rule for a possible spine injury.

**Signs of head, neck or back injuries**
- Person has been in an accident or fall
- Sleepiness, agitation or unconsciousness
- Loss of memory
- Severe headache, nausea and vomiting
- Strange behavior or irritability
- Convulsions
- Visible head injuries
- Loss of feeling or tingling
- Pain or tenderness in neck or back

When a person has a head, neck or back injury, arrange for referral, including transportation, to a health center. Give emotional support (psychological first aid). Give reassurance by talking to the person and explaining what is happening. The person may panic if she or he is unable to move or feel her or his limbs.

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Providing psychological first aid

Psychological first aid can be the starting point for many other forms of support. Psychological first aid is giving basic support and information, and showing empathy, concern and respect to a survivor and her or his family members.

Four steps of psychological first aid:

1. **Stay close.** A person who has experienced sexual violence may lose her or his basic sense of security and trust in other people. You can help rebuild trust and security by staying close, but not touching without the person’s permission, and staying calm while the person is upset.

2. **Listen closely.** It is important to take time to listen carefully in order to help the survivor. Listen without hurrying her or him and ask questions if you do not understand. If the survivor does not want to talk, she or he does not have to.

3. **Accept feelings.** Keep an open mind about what is being said and accept what the person is saying about events. Respect the survivor’s feelings. Do not correct what the person said happened to her or him, including when, how and where.

4. **Give practical help.** Refer the survivor to the health center or other support services with the survivor’s consent.

Immediate psychological first aid

In a situation where an individual needs support immediately after a sexual assault, the following steps can be taken:

1. Tell the person your name.
2. If it is safe to do so, remove the person from a dangerous situation.
3. Limit the person’s exposure to sights, sounds and smells.
4. Go to a private place.
5. Give the person food and water if she or he wants it, but avoid alcohol.
6. Make sure that you or someone else stays with the survivor at all times.
7. Ask the survivor how she or he is doing and allow her or him to talk about her or his experiences, concerns and feelings if she or he wants.
8. Do not force the survivor to talk.
9. Reassure the survivor that any reactions are normal.
10. Ask the survivor if she or he has a safe place to go. If not, link her or him to protective services.
11. Ask the survivor if she or he has someone to stay with or someone to talk to after getting home. If not, help establish contact with family members or others if safe and the survivor consents.
12. Give information about where and how to access specific resources, and make referrals with the survivor’s consent.

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MODULE 5

Providing community-based care for survivors of sexual violence

Participant handouts

HO 1: Bandaging a wound
HO 2: Caring for survivors flowchart
HO 3: Cleaning a wound
HO 4: Controlling minor bleeding
HO 5: Form for survivors
HO 6: Health history questions
HO 7: How to give medicines accurately
HO 8: How to use medicines safely
HO 9: Intake and monitoring forms
HO 10: Medicines for types of sexual violence
HO 11: Pain scale
HO 12: Pictorial presumptive treatment protocol STIs
HO 13: Pictorial treatment protocol emergency contraception
HO 14: Pictorial treatment protocol PEP regimens
HO 15: Preventing infection (basic)
HO 16: Sample informed consent or assent script to provide care
HO 17: Table of medicines
HO 18: Table of weight-based treatment for antibiotics
**Participant handouts**

- **Handout 1**: Bandaging a wound
- **Handout 2**: Caring for survivors flowchart
- **Handout 3**: Cleaning a wound
- **Handout 4**: Controlling minor bleeding
- **Handout 5**: Form for survivors
- **Handout 6**: Health history questions
- **Handout 7**: How to give medicines accurately
- **Handout 8**: How to use medicines safely
- **Handout 9**: Intake and monitoring forms
- **Handout 10**: Medicines for types of sexual violence
- **Handout 11**: Pain scale
- **Handout 12**: Pictorial presumptive treatment protocol STIs
- **Handout 13**: Pictorial treatment protocol emergency contraception
- **Handout 14**: Pictorial treatment protocol PEP regimens
- **Handout 15**: Preventing infection (basic)
- **Handout 16**: Sample informed consent or assent script to provide care
- **Handout 17**: Table of medicines
- **Handout 18**: Table of weight-based treatment for antibiotics
What should happen when survivors of sexual violence tell a CHW about the violence?

In your packet you have a flow chart for care for survivors of sexual violence. This chart tells you what type of health care you should provide, based on how soon after the assault the survivors seek care and what violence she or he experienced.

If the survivor has any danger signs, she or he must be referred to a higher level health facility right away.

The danger signs are:

- Swelling and hardness of the belly
- Pain in the belly
- Severe pain anywhere else in the body (back, chest, arms, legs or head)
- Vomiting blood
- Bleeding from the genital area (vagina or anus)
- Heavy bleeding from other parts of the body
- Possible object lodged inside genital area (vagina/anus)
- Altered mental state or confusion
- Pale, blue or gray skin
- Loss of consciousness (not awake or responsive)
- In a small child, fast breathing or difficulty breathing

As a reminder, here are the types of care a CHW can offer a survivor depending on when she or he comes to you.9

If a survivor comes to you within three full days (72 hours) she or he can get the following care if needed:

- EC to prevent pregnancy
- Antibiotics to prevent or treat sexually transmitted infections
- Care of wounds
- Basic emotional support
- Medication to prevent HIV after exposure
- Tetanus vaccination
- Hepatitis B vaccination
- Follow-up care.

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If a survivor comes to you within five full days (120 hours) she or he can receive:
- All of the above except medicine to prevent HIV

If a survivor comes to you after five full days, she or he can still receive:
- Antibiotics to prevent or treat STIs
- Care of wounds
- Basic emotional support
- Tetanus vaccination
- Hepatitis B vaccination within 14 days
- Follow-up care

How can medicines be given correctly?

To be able to give medicines to survivors you must know the following:
- What the medicine is called
- In what forms the medicine comes
- How to take the medicine correctly (how much and how often)
- Whether the medicine is safe to give
- If the medicine causes side effects
- What happens if a survivor takes too much or not enough of the medicine
- What to do if the survivor is already pregnant, breastfeeding or has an allergy to the medicine

Medicines come in different forms. **Tablets, capsules and liquids** are usually taken by mouth. **Injections** are given with a needle directly into a person’s muscle, tissue or under the skin.

Many medicines, especially antibiotics, come in different weights and sizes. See your HO on how to give medicines accurately for more information.
You can use this chart to help survivors know what time to take her or his medicine:

How can medicines be given safely?

Any time you give medicines to survivors, you should also give the survivor good instructions:

- How to take it: how much to take (dose), and how often to take it each day and for how many days.
- Take all of the tablets, i.e., the full dosage. If a person stops taking the medicine too soon, the problem could become worse. It is very important for you to tell survivors to finish all of the medicine.
- What side effects the medicine can cause, and how to handle them.
- Whether the medicines should be taken on a full or empty stomach.
- Not to take many medicines at the same time since some medicines can stop other medicines from working or will cause problems when taken together. (Medicines that you provide after sexual violence can all be taken together, however).
- Keep medicines in a cool, dry place and where children cannot get them.

For more information, review your HO on using medicines safely.

How should medicines be stored?

You should keep medicines in a cool, dry place and out of reach of children. They should also be kept away from dust and dirt. If you have a medicine pouch or bag, you can store the medicines inside and keep the bag in a cool, dry place.

You should refill your supply through the health facility or programme staff before you have given the last treatment.
How can infections be controlled when caring for survivors?

There are several steps you must take to prevent infections when treating survivors.

Infections are caused by germs that are too small to see. Every person carries germs, and any equipment and tools used to care for survivors will also need to be cleaned of any germs.

The four ways to prevent infection are:

- Washing hands with soap and running water before and after giving care, especially after touching blood and other fluids from the survivor. If blood or body fluids splash into your eyes or mouth, wash right away with clean water.
- Covering any cuts or open wounds on your hands with bandages, gloves or a clean plastic bag if gloves are not available.
- Avoiding any direct contact with blood, by asking the survivor to put pressure on the wound herself or himself, and using plenty of cloth or dressing.
- Cleaning blood spills on tables and floors and throwing away dirty bandages and used cloth in the correct places.

If you prick or wound yourself when handling blood or body fluids, you should wash the area well with soap and clean water and inform your supervisor or health facility staff. You should make sure you are protected against tetanus.

More information on basic infection prevention is available in your packet.

What is an intake form?

The intake form is where you will note the care that you give to survivors.

It is an important way to track the survivor’s progress as she or he begins to heal.

To keep the survivor safe, you should not put her or his name or the name of the attacker on the intake form.

Store the original intake form safely since it shows that the survivor was treated by a CHW. If the survivor asks for the form, make a copy for her or him. The survivor is the only one who can choose what the form will be used for.
What is a monitoring form?

When you provide care for survivors of sexual violence, you also need to complete a monitoring form since the intake form is very confidential. This form will help the programme see when survivors are reporting sexual violence, what kind of care she or he is receiving and what types of referral she or he is asking for.

Once you fill out an intake form, you should copy the information into the monitoring form so that all of the information is on one form.

Make sure you write as neatly as possible so that you, as well as the programme staff, can read your writing.

How should the intake forms and monitoring forms be stored?

Make sure that any information about the survivor that you write down is managed and stored safely.

All health information should be kept confidential at all times, even from the survivor’s family members (unless the survivor is a child).

Any information that is written about the survivor and what care they were given including the intake and monitoring forms cannot be shared with anyone unless the survivor says it is okay to do so.
How should the survivor be prepared to receive treatment?

**Before you give the survivor any care, you should prepare them by following these steps:**

- Take the survivor to a private place that is safe and where all care can be provided. She or he should not have to move from room to room.
- Introduce yourself.
- Offer comfort and understanding.
- Explain what is going to happen during each step, why it is important, what it will tell you and how it will help you care for them.
- Tell the survivor that she or he is in control of what happens.
- Tell the survivor that everything she or he says will be kept confidential. Only if she or he says it is okay will you share the survivor’s information with others for additional services.
- Tell them about any mandatory reporting requirements if there are any.
- Ask the survivor if she or he has any questions.
- Ask the survivor if she or he wants to have someone there for support. Try to ask this when she or he is alone. Police officers should not be in the room.
- Do not force the survivor to do anything against her or his will. Explain that she or he can say no to any of the services at any time.
- Ask if the survivor agrees to receive help. Make sure the survivor has been told of all information and options. If she or he agrees to treatment, you should note this on the intake form.

How should the survivor’s history be taken?

To give good care to a survivor, you will first take a health history. This is where you find out about the survivor’s general health, what happened during the incident of sexual violence, current symptoms she or he is experiencing, and her or his past medical problems. Based on what you learn, you can then follow the flow chart on what care to provide.

Before taking the history, you should look at any documents or paperwork brought by the survivor, especially if she or he has been referred from another service. This will help you not ask questions that have already been asked by other people. Having to tell the whole story over and over again can be very painful for the survivor.
Here are some more principles to follow when working with survivors:

- Be a good listener.
- Use a calm tone of voice.
- Respect the survivor and do not tell her or him that you know what is best for her or him to do.
- Be patient and do not ask for more information if the survivor is not ready to speak about her or his experience.
- Only ask survivor’s questions that will help you give her or him care.
- Do not discuss past sexual history or the survivor’s status of virginity since you do not need to know the answers to these questions in order to help them.

You should NEVER be asking the survivor to undress, especially his or her private areas, since this is not needed to take a history, provide care or to know if a referral is needed.

You should always explain to the survivor what you are going to do, at every step.

Working with child survivors

When talking with a child survivor, begin by building trust and creating a safe environment. Make the child feel safe by letting his or her caregiver be in the room (unless you think the adult is the assaulter). Talk to the child in words she or he understands. Let them use dolls or other playthings, or draw pictures to tell you what happened.

The age of a child survivor should guide how you talk with her or him:

(Children 0–5 years old): She or he should not be asked directly about the abuse. The caregiver (if not the assaulter) should be the source of information about the child and abuse.

(Children 6–9 years old): She or he can talk directly with the service provider, but if possible, ask for more information from trusted adults in the child’s life. She or he may have a hard time answering general questions and say “I don’t remember” or “I don’t know” often, or she or he may give answers like “The man did a bad thing,” but not share more. Caregivers can be in the room if the child asks (and if you do not think the adult is the abuser). Talking and using art can help children of this age to communicate.

(Children 10–18 years old): Questions that you cannot answer with “yes” or “no” can give you the most information about the sexual violence among this age group. Caregivers can be in the room if the child asks (and you do not think the adult is the abuser).

What questions should you ask when taking a survivor’s health history?

Learning a survivor’s basic health history will help you do your examination of the survivor and give her or him the required treatment.

The Handout on questions to ask when taking a health history will help you make sure you do not skip a step. As you go through the list of questions, you should also write the information on the intake form so you do not ask the same questions again.

*The Handout on questions to ask when taking a health history and an intake form are in your packet.

The health history asks about:

The health history asks about general information

Age: Ask the survivor her or his age. Note this on the intake form. If a girl, see if she has begun menstruating. If the survivor is a woman or an adolescent girl who has reached puberty, she may be able to receive emergency contraception to prevent pregnancy.

Vaccination status: Ask the survivor if she or he is vaccinated for tetanus and hepatitis B. Note this on the intake form. A survivor who is fully vaccinated will not need to receive these vaccines. A survivor who is not vaccinated or does not know her or his vaccination status can receive these vaccines.

Medications and allergies: Ask the survivor if she or he is taking any medications. Also ask if she or he knows if they have any allergies to medicines. Note these on the intake form. If she or he does not know, ask if she or he has ever developed red spots on the skin, itching, swelling or trouble breathing after taking a medicine.
The health history asks about incident history

**Date of incident:** Ask the survivor what day and time she or he experienced sexual violence. Note this on the intake form. If the incident was less than three full days, she or he may be eligible to receive medicine to prevent HIV. If it was less than five full days, she may be able to receive EC to prevent pregnancy.

**Physical violence:** Ask the survivor if she or he experienced any physical violence or injury, and if so where on the body. She or he may need wound care or tetanus vaccine if the skin was broken.

**Penetration:** Ask the survivor if she or he was penetrated through the vagina, anus or mouth. Note this on the intake form. She or he may require medicines to prevent HIV, antibiotics to prevent STIs, hepatitis B vaccine and EC to prevent pregnancy (for women and adolescent girls).

The health history asks about current signs and symptoms

**Pain:** Ask the survivor if she or he is experiencing any pain, and if so, where the pain is. Ask her or him how severe the pain is on a scale of 0 (no hurt) to 10 (hurts worst) using the pain scale which is in your packet.

A survivor who is experiencing some pain may receive anti-pain medication (paracetemol).

**A survivor who is experiencing severe pain or any abdominal pain (pain in the stomach region) should be referred to higher level health care right away.**

**Bleeding:** Ask the survivor if she is bleeding or has discharge (liquid) from her vagina. A survivor who reports vaginal bleeding or discharge will need to be examined or referred to a higher level health facility.
**The health history asks about other medical history**

**Pregnancy:** Ask the survivor if she is pregnant. Note this on the intake form. A survivor who is pregnant will not need to receive EC and must receive antibiotics that are safe to take during pregnancy to prevent STIs.

A survivor who is not pregnant or who is not sure if she is pregnant should receive EC.

**HIV status:** Ask the survivor if she or he is HIV positive. Note this on the intake form. A survivor who is HIV positive will not need to receive medication to prevent HIV. If she or he is HIV negative or does not know her or his HIV status, she or he should receive the medicine.

**Taking the history of a child survivor**

When taking the history of a child survivor, take a few minutes to talk to the child in private, separate from her or his parent or caregiver.

Ask her or him:

- Has this sexual violence happened before?
- Is the person who did this someone you know?
- Did she or he say something bad would happen if you told anyone?
- Is there anything else you would like to talk about?

If the child gives information that suggests she or he is being abused by a family member or parent, you will need to make sure the child has a safe place to go (not home with the possible abuser).


The next section will go into detail about the medicines to provide for different types of sexual violence. An **HO of medicines for types of sexual violence** is available in your packet. Here it is in summary.
Summary of medicines for types of sexual violence

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sexual assault</th>
<th>Anal assault</th>
<th>Oral assault</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antibiotics to prevent or treat STIs</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes for gonorrhoea, chlamydia and syphilis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>No</strong> for trichomoniasis</td>
</tr>
<tr>
<td><strong>EC (pills) to prevent unwanted pregnancy</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>PEP to prevent HIV</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Tetanus vaccine</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Hepatitis B vaccine</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

How can STIs be prevented and what are the medicines to provide survivors?

The signs of STIs are:

- Unusual discharge (liquid) from the vagina or anus
- Unusual smell from the vagina or anus
- Pain in the lower abdomen (belly), especially when having sex or while passing urine
- Itchiness, rash or sores on the genital area or in the throat

Many STIs do not leave any signs or symptoms.

If a survivor has had unprotected sex (assault with the penis in the mouth, anus or vagina without a condom), she or he is at risk for having an STI and should be given medication, even if she or he does not have any signs or symptoms of an STI. The antibiotics will prevent any STIs the survivor might have been exposed to, or treat any STIs the survivor might already have.

Doses should be based on protocol and will be different if the survivor is an adult woman, pregnant or a child.
The medicine that is given to prevent STIs after an assault is the same medicine that is given to treat some STIs, such as gonorrhoea, chlamydia and syphilis.

In your packet you have the **STI prevention protocols** for adults and children. You should refer to this guide and the **table of weight-based treatment for antibiotics** to make sure the survivor receives the right antibiotics in the right amount.

**Who is at risk for pregnancy after sexual violence and how can a pregnancy be harmful for the survivor?**

Unwanted pregnancy after sexual violence can result in problems for the survivor. For example, the spouse or family can disown the survivor, or the survivor may be considered unsuitable for marriage. Social stigma may drive the survivor to get an unsafe abortion, which has the risk of illness and possibly death.

A survivor of sexual violence is at risk for an unwanted pregnancy if she:

- Is a female who is of menstruating age, or girls who have developed breast buds
- Has experienced assault through her vagina with a penis
- Is not already pregnant

**What is EC and how is it provided to female sexual violence survivors?**

EC is a medicine that can prevent a woman or girl from becoming pregnant after having unprotected sexual intercourse.

A female survivor of sexual violence who is a menstruating women or a girl who has developed breast buds, and seeks care within five full days (120 hours) after assault through the vagina should receive EC to prevent unwanted pregnancy. The sooner EC is taken, the better it works.

EC is not needed for survivors that only experience oral assault. For anal assault, since you will not be asking detailed questions about the assault, EC can still be provided

**A pregnancy test is not needed to provide EC pills.** If a woman is pregnant but does not know that she is pregnant, she can still take the EC pill and it will not harm the pregnancy.

EC is **not** a method of abortion. If the woman knows she is pregnant, you do not need to give her EC pills because they will have no effect.
There are two EC regimens that can be used:

The **levonogestrel-only regimen**: 1.5 mg of levonogestrel taken once (this is recommended because it works better and has fewer side effects).

The **combined estrogen-progestogen regimen**: 0.1 mg ethinylestradiol plus 0.5 mg of levonogestrel taken 12 hours later.

There are pills that have been used to serve as EC, but they are not always available. If you do not have any EC pills, you can use regular oral contraceptive pills.

To know how many pills are needed, look at the **protocol HOs** in your packet.

**Who is at risk for HIV?**

Remember that a survivor of sexual violence may be at risk for HIV if she or he experienced assault through her vagina or anus.

HIV infection is spread through blood and body fluids. Survivors often have injuries in the skin of the vagina or anus due to the violence and have a higher risk for HIV infection.

**What is HIV PEP and how does it work?**

HIV PEP is a medicine that can lower the risk of HIV infection after sexual violence.

PEP **must be started within 72 hours or three full days** after a survivor experienced vaginal or anal assault. The sooner PEP is started, the better it works.

PEP is not needed if the survivor experienced only oral assault.

All survivors should be asked if they would like counselling and testing for HIV to learn her or his HIV status. However, **HIV testing is not required to provide PEP**.

Survivors who cannot or do not wish to be tested and who are not already known to be HIV positive should be given PEP. A short PEP treatment is not expected to do harm in someone who does not know her or his HIV status and who is actually HIV positive.

**PEP consists of two ARV medicines given twice a day for 28 days.** The drugs are zidovudine (ZDV or AZT) and lamivudine (3TC). These drugs may also be together in one tablet called Combivir (ZDV/AZT + 3TC).

Survivors may be given the full 28-day course at the initial visit, with instructions to complete the entire course.\(^{10}\)

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What types of wounds can CHWs address?

Remember, survivors with bleeding from the genital areas or a possible object inside them should be referred to a higher level health facility right away.

Sometimes survivors can have wounds and injuries on other parts of their bodies due to the violence. You can provide basic first aid for smaller wounds and bleeding.

A wound will not need stitches if the edges of the skin come together by themselves.

If survivors have clean wounds where the edges of the skin do not come together by themselves, they need to be referred within 24 hours (one day) to a higher level health facility.

Dirty wounds that require stitches will also need to be referred as soon as possible.

How can a small amount of bleeding be controlled with basic first aid?

If a survivor has minor bleeding, cover the wound with a clean cloth. Avoid direct contact with the person’s blood.

Press down and apply pressure on the wound. Apply the bandage firmly enough to stop the bleeding but not so tight as to cut off circulation.

Instruct the survivor to apply pressure to the wound. If the bleeding does not stop, press on the wound more firmly and apply more bandages. Do not remove the first dressing.

Wash your hands with soap and water after giving care.

More information is noted in the controlling minor bleeding HO in your packet.

How can wounds be cleaned and bandaged with basic first aid?¹¹

For any wounds that do not need a referral to a higher level health facility, you should be careful to clean out all the dirt.

Do not rub the wound to get out the dirt. You can lift up and clean under any flaps of skin. You can use clean tweezers, a clean cloth or gauze to remove bits of dirt, but anything you use should always be boiled first to be sure they are sterile.

Any dirt that is left in a wound can cause an infection. If possible, the wound should be squirted with cool boiled water.

After the wound has been cleaned, you can dry the area around the wound and apply a thin layer of antibiotic cream if you have it. You can then place a piece of clean gauze or cloth to cover it. It should be light enough so that the air can get to the wound and help it heal.

If the survivor has a dirty wound and has never had a tetanus shot, you should refer her or him to the health facility to receive a tetanus shot. You can also provide antibiotics to prevent infection and give paracetamol for pain relief.

You should remember to wash your hands with soap and water after giving care.

Information on wound care is in the cleaning and bandaging a wound HO in your packet. More information on basic first aid is also in your packet. The handouts are called: ‘Providing basic first aid for burns’, ‘Providing basic first aid to survivors with injuries to bones, muscles or joints’, and ‘Offering basic life support’.

How can survivors be emotionally supported?

Most survivors of sexual violence never tell anyone about the incident, so if the survivor has talked about her or his experience with you, it is a sign that she or he trusts you. Your warm care can have a positive impact on her or his healing.

You should give survivors helpful care. You should listen, but not force her or him to talk about the incident, and make sure that her or his basic needs are met.

Since it may cause more emotional problems, you should not push the survivor to share her or his personal experiences if she or he is not ready to talk.

Survivors are at a high risk of:

- Feelings of guilt and shame
- Uncontrollable emotions, such as fear, anger and anxiety
- Bad dreams
- Wanting to kill oneself
- Absence of feeling (some survivors feel no emotions at all, in contrast with others; a feeling of emotional numbness)
- Abuse of drugs or alcohol
- Sexual problems
- Unexplained physical problems; and
- Not wanting to be with others.
You should tell the survivor that she or he has experienced a serious physical and emotional event. You should explain that it is common to experience strong negative emotions or no feelings whatsoever after sexual violence.

You should further tell the survivor that emotional support may be helpful. Survivors can be supported to take part in family and community activities.

Sometimes, the survivor may have experienced an unwanted orgasm during the assault, which often leaves the survivor feeling guilty. You should tell her or him that if this occurred it was the body’s reaction and was not in her or his control.

Explain that sexual violence is always the assaulter’s fault and never the survivor’s fault. The survivor should know that she or he did not deserve to be assaulted, the incident was not her or his fault, and it was not caused by her or his behaviour or manner of dressing.

You should never make moral judgements of the survivor.

**Special note for men**

Male survivors are even less likely than women to report the incident because of the embarrassment that they typically experience.

While the physical harm may be different, the emotional effects for men are similar to those experienced by women. When a man is assaulted through his anus, pressure can cause an erection and even orgasm. Tell the survivor that if this occurred, it was the body’s reaction and was beyond his control.

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**What is tetanus and who is at risk for tetanus infection?**

Tetanus is a disease caused by germs entering a wound. The disease can be prevented through shots (vaccination).

A survivor of sexual violence who has wounds that break the skin may be at risk for tetanus infection.

A tetanus vaccine is not needed for survivors who experienced only oral assault, unless there are wounds in or around the mouth, or the person has not been vaccinated in the last 10 years.

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*WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004.*
What is the tetanus vaccination and how does it work?

The tetanus vaccine is given as a shot in the upper arm for adults or buttocks for children. There are three doses. The second dose is typically given four weeks after the first dose, and the third dose is given six months to one year after the first dose.

You should ask the survivor if she or he has received the full three doses of the tetanus vaccine. If she or he has not or does not know, note this on the intake form to refer the survivor to the health facility for the injection, no matter how long it has been since the incident.

The tetanus vaccine is safe for pregnant women and children.

What is hepatitis B and who is at risk?

Hepatitis B is a common and serious infection that may cause problems such as liver failure, liver disease and liver cancer.

Survivors of sexual violence that have been exposed to the assaulter’s blood or body fluids through the vagina, anus or mouth may be at risk for hepatitis B infection.

What is the hepatitis B vaccination and how does it work?

The hepatitis B vaccine is given by an injection in the thigh for children under 2 years of age or in the upper arm for adults and older children. There are three doses. The second dose should be given one month after the first dose and the third dose six months after the first dose. However, doses will vary on the product.

Survivors that have not had the shots should be offered the Hepatitis B vaccine within 14 days of the incident. Ask the survivor if she or he has been given the full three doses of the hepatitis B vaccine. If the survivor has not, or does not know, note this on the intake form to refer the survivor to the health facility for the injection.

The hepatitis B vaccine is safe for pregnant women and children.
How should CHWs close the visit?

At the end of the visit, you should:

- Tell the survivor again that the assault was not her or his fault and that confusing feelings are normal
- Give clear and simple steps for medications and wound care
- Encourage the survivor to get tested for HIV from the health facility if the survivor does not know her or his status
- Discuss ways that the survivor can protect herself or himself and her or his partner(s) from more harm to their health
- Decide together what referrals the survivor would like or need (more health services, emotional, protection, legal, social, etc.)
- Discuss any safety concerns and make sure the survivor has a safe place to go
- Encourage a follow-up visit in two weeks, or one week if the survivor is taking PEP (sooner if the survivor is a person with an intellectual disability to provide ongoing opportunities for her or him to ask questions)
- Review the intake form to see that it is complete. If an interpreter or caregiver was at the visit, you should make a note of this on the form.
- See if the survivor wants a record of this visit
- Answer any questions the survivor may have

How can treatment counselling be provided?

1. Remember the things that you need to discuss with survivors when giving out any medicines or treatment:
   a. What and how to take medicines, including how much to take (dose), and how often to take it each day and for how many days
   b. The need to take all of the tablets for as long as you tell her or him. If she or he stops taking the medicine, the problem may not be cured and could become worse.
   c. Side effects the medicines can cause and how to address them
   d. Whether the medicines should be taken on a full or empty stomach
   e. The need to avoid taking other medicines at the same time since some medicines can stop other medicines from working or cause problems when taken together
   f. The need to keep medicines in a cool, dry place and out of reach of children

2. For every medicine or treatment that you give, make sure you ask for the survivor’s consent.
3. Review messages you will give the survivor for each type of treatment that you will provide. These messages are summarized below.

Messages to give a survivor when giving them antibiotics to prevent STIs:

**Treatment:** Medicines called antibiotics can prevent STIs that she or he might have been exposed to, or treat any infections that she or he might already have, even if there are no symptoms. Go over the how the medicines should be taken, and note that the antibiotics must be taken for the full course to be effective.

**Side effects:** Some antibiotics can cause nausea or an upset stomach. To reduce side effects, the medicines can be taken with food.

**Caution:**
- If PEP is given, survivors must use condoms for three months after PEP is started, or until an HIV test taken three months after the assault is negative.
- If no PEP is given, you should explain that condoms must be used during sex until the antibiotics are finished in order to prevent transmitting STIs to any partner.

**Follow-up:** Pelvic inflammatory disease may develop if an STI is not cured. A survivor who has signs of pelvic inflammatory disease (severe abdominal pain, fever, green or yellow odorous discharge/liquid or bleeding from the vagina) should go to a higher level health facility for treatment.

Messages to give a survivor taking EC to prevent pregnancy:

**Treatment:** EC is a medicine that can prevent pregnancy if taken within five full days of unprotected sexual intercourse; the sooner it is taken the better. Go over how the medicines should be taken.

**Side effects:** EC may cause mild nausea (feeling of wanting to throw up). Survivors should take the pills with food to prevent nausea. EC may also cause vomiting. If the survivor vomits within two hours after taking EC, she should take another dose. If vomiting occurs more than two hours after taking EC, she does not need to take it again.

**Caution:** EC does not prevent pregnancy from sexual intercourse that takes place after the pills are taken.

**Follow-up:** EC does not always prevent pregnancy. If the survivor does not get her period within a week after it is expected, she should return for a pregnancy test. Spotting or light bleeding is common with the levonorgestrel regimen, and this should not be confused with a normal period.
Messages to give a survivor taking PEP to prevent HIV:

**Treatment:** Medicines can reduce the risk of HIV infection if they are taken within three full days of the assault, and are taken twice a day for a full 28 days.

**Side effects:** PEP may cause tiredness, weakness, loss of hunger, nausea and flu-like symptoms. These side effects are short and can be treated with ordinary pain medicines such as paracetamol. These symptoms will also go away once the survivor stops taking the medication. The symptoms are not dangerous. PEP should also be taken with food to reduce nausea and vomiting. If the side effects are too hard to manage, the survivor should go to a higher level health facility.

**Caution:** Survivors should use condoms every time she or he has sex for the next three months or until the follow-up HIV test is negative.

**Follow-up:** Even with side effects, it is very important for the survivor to take the medicines every day for 28 days; otherwise she or he could still become infected with HIV if the assaulter was HIV positive.


Messages to give survivors who have had minor wounds treated:

**Treatment:** Minor wounds can be treated with basic first aid. The survivor can take paracetamol for pain relief if needed.

**Follow-up:** Change the gauze or cloth every day and look for signs of infection. Go to the health centre if the wounds look red or are hot and painful to touch after some days.

4. **For survivors that receive medicines, you should fill out a pictorial medicine form that notes how often and for how long to take the medicines.**

*The form is available in your packet. Make sure you review with the survivor all of the information, especially if she or he is not able to read.*
For survivors who have experienced minor tears and cuts to their genitals, you can teach basic care. This includes informing survivors to:

- Wash the genital area three times each day in warm water that has been boiled and cooled.
- Pour water over the genitals while passing urine so that it will not burn. Drinking a lot of liquid makes the urine weaker so it will burn less.
- Watch for signs of infection, such as heat, yellow liquid (pus) from the torn area, a bad smell and pain that gets worse. If any of these signs are present, they should go to a health facility.
- Wait to have sex until the genitals no longer hurt and any tears have healed. For many women, having sex makes them think about the assault. They should not be pressured into having sex.


How can survivors be supported to get tested for HIV?

You should encourage survivors to go to the health centre for an HIV test since they will no longer need to take PEP if they test positive for HIV and will need to access further health care.

If the survivor tests negative for HIV, she or he should continue taking PEP and can be tested again after two to four months to make sure that PEP has worked.

There are different implications for knowing one’s HIV status

If the survivor is negative:

- She or he can learn how to protect her or himself to stay negative and prevent HIV

If the survivor tests positive, she or he can:

- Prevent spreading HIV to her or his partner or her baby
- Learn how to protect her or himself from future STIs and other infections
- Have her or his partner get tested and receive treatment
- Get care and treatment early to prevent health problems
- Make changes in how she or he lives so that she or he can stay healthy
- Get support from other HIV-infected people in the community
- Plan for herself or himself and the family’s future
Common emotions when learning one’s HIV status

She or he may have many difficult feelings if he or she is found to have HIV. It is normal at first to be shocked and disagree with the test results. The survivor may also feel anger, sadness or hopelessness, and blame herself or himself or others.

The survivor does not need to tell the results to anyone, not even to you.

If the survivor wants to get tested, refer her or him to the health facility, and let the person know where she or he can get HIV support, care and treatment services.

The survivor should not wait to start PEP while waiting for a test result.

What are ways that survivors can protect themselves and their partners from more health problems?

A survivor should never be forced to notify a partner of her or his treatment.

She or he may worry that the partner will leave her or him, act violently or accuse the survivor of being unfaithful.

What advice you can give survivors regarding sexual activity:

• Use a male or female condom each time she or he has sexual intercourse.
• Avoid sex completely for three months. If the survivor does not have sex, she or he will not be able to transmit or be exposed to STIs. Some survivors may find this the best option; however, in the case of women, this choice is often not possible or desirable.
• Have sex in ways that avoid getting the partner’s body fluids in the vagina or bottom, such as seeking mutual pleasure with the hands. Oral sex is not recommended since there is still a small risk of transmitting STIs and HIV.
Some ways that survivors can talk about condom use with partner(s):

Focus on safety. When a survivor talks about wanting to use a condom, the partner may accuse the survivor of not trusting her or him. But the problem is safety, not trust. A person may have an STI without knowing it, or may get HIV from something other than sex. It is difficult for a person to be sure she or he is not infected. Using condoms is a good idea for every couple, even if both partners have sex only with each other.

Practise talking with a CHW or a trusted friend, first. Survivors can ask a friend to be her or his partner and then practise what she or he wants to say.

Do not wait until the survivor is about to have sex to talk about it. Choose a time when the survivor and partner are feeling good about each other.

Use other people as examples. Sometimes learning that others in the community are using condoms can help influence the partner to do so too.

Try to respond to the partner’s concerns. Using condoms is one of the easiest ways to prevent infections and unwanted pregnancy. However, many people do not use them at first. Here are some common complaints about condoms and how to respond to them:

- “I tried them before and didn’t like them.” Sometimes condoms just take time to get used to. The survivor and partner can try to agree that they will use them for a couple of weeks. Usually, both partners will realize that sex can be just as enjoyable when using condoms.
- “We never used condoms before. Why should we start now?” Explain that now that the partner knows more about the risks of unprotected sex, it seems like a good idea to protect each other.

How should the survivor’s safety be judged?

Your role as a CHW is to link survivors to protective services if she or he is worried about personal safety.

You should therefore ask how the survivor sees the situation, and whether or not she or he feels safe going home. If she or he feels unsafe, or is unable to find a way home safely, get the survivor’s permission to call protection services (safe spaces, women’s groups, etc.).
What should be shared with the survivor about the follow-up visit?

All survivors of sexual violence can benefit from follow-up care. Survivors should return for follow-up care in two weeks (one week if taking PEP).

You should share with survivors that during the follow-up visit, you will ask the survivor how she or he is feeling, and how she or he is doing with the medicines. You can also help refer the survivor to support services, if she or he would like.

If the survivor agrees to a follow-up visit, decide on a time and a safe place to meet.

Note this information on the intake form.

If the survivor is taking PEP or wants to meet earlier, she or he should feel welcome to see a CHW at any time.

What should you discuss about the intake form?

1. **If the survivor plans to visit the health facility, make a copy of the intake form for her or him to give to the health provider.**
   This will help the provider know what care has been given. If it will be a risk for the survivor to have this record, find another way to get the form to the health facility. This may be through the programme, or through case workers if available. Any decision must be made with the survivor’s consent.

2. **Tell the survivor that the intake form will be stored safely in a locked cabinet, and that she or he can ask for a copy any time.**
   When the survivor comes back for a follow-up visit, the same form will be used. If she or he would still like to take home a copy of the visit at this time, she or he can be given a copy of the intake form.

3. **Discuss the benefits and possible concerns for the survivor having her or his own records at home.**
   The benefits could be that even if she or he were to move homes, she or he would still have a record of the visit. A possible risk is that if someone finds the document, the survivor may face more safety problems. While no one’s name is noted, it should still be talked about with the survivor.

4. **If the survivor still wants a copy for herself or himself, make a copy of the intake form.**
   Make sure to keep the original, and note at the bottom of the intake form that a copy of the record was given to the survivor.
After the survivor leaves, what should you do?

You should copy the information from the intake form to the monitoring form as soon as possible.

It is better for you to transfer the information soon after the meeting, so that you can better remember what happened.

Carefully check what you have written since the data form is what programme staff will look at.

Once you have copied the information, you should file the original intake form and any other documents in a locked cabinet.

What is follow-up care?

**During the follow-up visit, you will do the following:**

- Ask the survivor how she or he is doing with the medicines, and any side effects she or he is experiencing.
- If the survivor has other health problems, decide whether she or he will need to be seen by a higher level health provider.
- If she or he has not already been tested, ask if the survivor wants to take an HIV test. If yes, refer her or him to the health centre. This is always optional.
- Encourage the survivor’s partners to be tested and treated for STIs and HIV if necessary.
- See if the survivor is pregnant or not and provide counselling as needed.
- Check how the survivor is feeling and make sure she or he has the right emotional support.
- Ask the survivor if any support services have been helpful (if referrals were made and completed).
- Decide together what other referrals the survivor would like, including more health services, mental health, protection, social and legal support.
- Discuss new safety concerns.
- Note the care you gave the survivor and any problems on the intake form. If the survivor asks for a copy, give her or him a copy.
How should you follow-up with survivors on their treatment?

When you ask the survivor how she or he is doing with the medicines, you should also:

- Remind survivors to finish all of their antibiotics to prevent or treat STIs
- If the survivor is taking PEP, remind her or him to complete the 28 day treatment
- If the survivor has been tested for HIV, make sure she or he is following the instructions. If HIV positive, the survivor should stop taking PEP.

If the survivor did not take an HIV test, she or he should be encouraged to get tested at the health facility.

CHWs can ask a survivor if she or he has any of the following common symptoms and signs of an STI:

- Unusual vaginal discharge (liquid): ask about the amount, smell and colour
- Itching of the vagina
- Pain while passing urine
- Pain during sex
- Lower abdominal pain
- Rash, sores or ulcers in the genital areas

If the survivor has symptoms of an STI, it could be because the medicine did not work, or she or he has a new infection from a partner/partners who also have an STI.

You should refer survivors whose treatment is not working or may have a new STI infection to a higher level health facility.
Messages to give survivors to manage the pain caused by some STIs:

- Wear underclothes made of cotton.
- Wash underclothes once a day and dry them in the sun.
- Sit in a pan of clean, warm water for 15 minutes, twice a day.
- If it is painful to pass urine, pour clean water over the genital area while passing urine.

How can partners be encouraged to get treated/tested for STIs and HIV?

Anyone who is treated for an STI may develop another infection if the person’s sexual partners are not treated. The sexual partner may or may not have symptoms and, if the person is not treated, she or he could continue to (re-)infect his or her partners. It is also possible that her or his partner already has an STI and that she or he could pass it to the survivor if the partner does not also get treatment. Partners include current partner(s) and all partners within the last two or three months.

Many people with HIV do not have signs and symptoms of the infection. Even if a survivor takes medicine to prevent HIV, it is possible this medicine does not work. Therefore, the survivor should use condoms for three months with all partners for every act of sexual intercourse until an HIV test result is obtained.

If the survivor tests positive for HIV, she or he may want to make sure her or his partner is not also positive.

This can be a difficult issue for partners to talk about and survivors should never be forced to share information about their health or treatments with anyone (including partners), especially if they feel that doing so will make them unsafe.

If you feel it is okay and the survivor is not at risk for further violence, you may suggest that a survivor go to the health centre with her or his partner so they can both get any STIs treated and learn about their HIV status together to understand how to make healthy decisions for their future.
How can couples HIV testing and counselling be better than getting tested alone in some cases?

<table>
<thead>
<tr>
<th>Individual counselling and testing for HIV</th>
<th>Couples counselling and testing for HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivor learns only her own HIV status</td>
<td>Partners learn each other’s HIV status</td>
</tr>
<tr>
<td>Survivor is faced with the burden of talking to her or his partner</td>
<td>Counsellor can help keep the meeting calm</td>
</tr>
<tr>
<td>Only one person hears the information</td>
<td>Partners hear information together, making it more likely that they will share understanding</td>
</tr>
<tr>
<td>Counselling messages are based on only one person’s status</td>
<td>Counselling messages are based on the results of the couple</td>
</tr>
<tr>
<td>There is no time for couples to talk through hard issues with a counsellor</td>
<td>The counsellor creates a safe environment and can help couples talk through issues they may not have talked about before</td>
</tr>
<tr>
<td>Treatment and care decisions are more likely to be made in isolation</td>
<td>Treatment and care decisions can be made together</td>
</tr>
</tbody>
</table>

What should you do if a survivor learns she is pregnant?

You can give a pregnancy test if a survivor’s tells you that her period is late and if she agrees to be tested.

If the test is positive, you should counsel her on possible options in the community, including support groups. If safe abortion care for sexual violence is allowed by law, you should share where the services are available if the survivor wishes to end her pregnancy.

Your own belief systems should not influence whether or not you help a survivor access safe abortion services.
How can you address survivors’ emotional needs?

Emotional needs will often last much longer than the physical harm of the assault.

Here are some of the common emotional reactions and key messages you can use to support the survivor:

1. FEAR

   Example: “I’m always scared. A loud noise, an angry voice, moving bushes and I am afraid. I am also afraid that my husband will divorce me if he finds out, and my family will take my children.”

   How to help: All of these fears are very real. You should try to ensure all steps are taken for the survivor to feel as safe as possible. In all instances, you should see the survivor’s fears as normal and expected, and help her or him to think of ways that will help to rebuild confidence in day-to-day living.

2. ANXIETY

   Example: “I feel so tense and jumpy.”

   How to help: These reactions can lessen as survivors start to heal and find ways to cope with their stress. Teach her or him how to relax or let her or him know that physical exercise may help them deal with anxiety.

3. ANGER/HOSTILITY

   Example: “I want to kill him; I hate him, everything, everyone.”

   How to help: The survivor’s reactions of anger are natural. However, if you work with a survivor, you too could be a target of this anger. You should not take this personally, but help the survivor find positive and safe ways to direct the anger and hostility, and use her or his energy in a positive way.

4. LONELINESS/ISOLATION

   Example: “I feel like I don’t have anyone to talk to who understands and supports me. I can’t tell anyone around me about this.”

   How to help: Tell the survivor that everything she or he says will be confidential, and refer the person to support groups and other safe places where she or he can share concerns and begin to recover. Making sure that a survivor has the opportunity to share her or his worries with persons that are understanding and respectful will help restore the survivor’s dignity and help her or him heal.
5. POWERLESSNESS/LOSS OF CONTROL

*Example:* “I feel so helpless. Will I ever be in control again?”

*How to help:* By explaining the steps you will take and options, and by respecting and supporting her or his choices, you can help the survivor regain a sense of control. Supporting the survivor’s choices, rather than telling her or him what to do, is one of the most important and difficult skills in caring for survivors.

6. MOOD CHANGES

*Example:* “I feel I am going crazy – one minute I feel nothing, then suddenly I feel really angry.”

*How to help:* You can support survivors by explaining that mood changes are common and normal. It is important to know that a lack of feeling is a normal reaction and not a sign that the person was never assaulted. Long-term lack of feeling is a sign that the survivor needs a referral to mental health services.

7. DENIAL

*Example:* “I’m okay. I’ll be alright. I don’t need any help.”

*How to help:* Denial is a strong action to protect oneself. Therefore, you should never pressure a survivor to explain what happened or share any details. By listening and showing that you care, you can create a safe environment where the survivor can begin to build trust and share.

8. GUILT/BLAME

*Example:* “I feel as if I did something to make this happen. If only I hadn’t ...”

*How to help:* Your role is to give information that shows that anyone can experience sexual violence. The attacker is always at fault, never the survivor. Nothing a survivor does is, “asking for it.” It may take time for the survivor to accept that it is not her or his fault.

9. EMBARRASSMENT/SHAME

*Example:* “I feel so dirty, like there is something wrong with me now. Can you tell that I’ve been raped? What will people think?”

*How to help:* Giving survivors the chance to talk about and question these beliefs will help them place the blame for the assault on the attacker. Confidentiality and privacy are very important to help the survivor feel comfortable and safe. Tell the survivor that embarrassment is a normal reaction.
10. LOSS OF SELF-CONFIDENCE

*Example:* “I feel I can’t do anything anymore ... I hate myself. I’m just worthless.”

*How to help:* You can help survivors build confidence. This confidence can begin with understanding that surviving the violence took a lot of strength and hard work. Every action the survivor takes (e.g., seeking help, sharing her/his story) should be seen as a step towards getting back her or his confidence. Focus on the positive ways the survivor tries to help herself or himself.

11. STIGMA AND DISCRIMINATION

*Example:* “Now people in my community won’t talk to me – my neighbours stopped helping me, and the kids at the school tease my children.”

*How to help:* It is important to support the survivor to learn her or his own ways to deal with the stigma and discrimination. You can give her or him information on services that help survivors deal with stigma.

12. RELATIONSHIP DIFFICULTIES

*Example:* “Since the rape, things have been hard in my family.”

*How to help:* It is important to understand the source of the problem in the family. Discuss with the survivor and try to help her or him find ways to address them. If you are known and trusted by other family members, and the survivor agrees, you can discuss with them how they could better support the survivor.

13. DEPRESSION

*Example:* “How am I going to go on? I feel so tired and hopeless and nothing seems to interest me anymore.”

*How to help:* You can try to help the survivor show her or his grief, sadness and anger. This can help the survivor. Survivors showing signs of depression (e.g., thoughts about wanting to kill themselves) should be referred to mental health services.

14. FLASHBACKS AND NIGHTMARES

*Example:* “I can’t stop thinking about the attack. I have nightmares when I sleep and sometimes during the day I feel as if it is happening over again.”

*How to help:* You can explain to a survivor that she or he is having a flashback. Tell the survivor that flashbacks are a normal and will heal with time. If a survivor experiences a flashback while talking, tell her or him to take slow, gentle breaths. Tell the survivor that she or he is remembering but not experiencing the violence. Help the survivor look around the room and see where she or he is, that she or he is in a safe place and no one will hurt her or him.
How should you end the follow-up visit?

As with the first visit, you should make sure the survivor is safe and decide together what other referrals the survivor may like.

You should tell the survivor that she or he is welcome to come back anytime, especially at six weeks, and then at three months, but sooner is always fine.

You should note the care that you gave the survivor and any further problems on the follow-up section of the intake form. If the survivor requests a copy for her or his records, give her or him a copy if it is safe.

When the survivor leaves, you should note on the monitoring form that the follow-up visit was completed, and safely store both the original intake and monitoring forms.
Bandaging a wound¹

Bandages are used to help keep wounds clean. For this reason, bandages or pieces of cloth used to cover wounds must always be clean themselves. Cloth used for bandages should be washed and then dried with an iron or in the sun, in a clean, dust free place.

Make sure the wound has first been cleaned. If possible, cover the wound with a sterile gauze pad before bandaging. These pads are often sold in sealed envelopes in pharmacies or are available from the health center.

You can also prepare your own sterile gauze or cloth. Wrap it in thick paper, seal it with tape and bake it for 20 minutes in an oven. Putting a pan of water in the oven under the cloth will keep it from charring. If a bandage gets wet or dirt gets under it, have the survivor take the bandage off, wash the cut again and put on a clean bandage. The survivor should change the bandage every day.

**It is better to have no bandage at all than one that is dirty or wet.**

Examples of bandages:

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**CAUTION:** Be careful that a bandage that goes around a limb is not so tight that it cuts off the flow of blood.

Many small scrapes and cuts do not need bandages. They heal best if washed with soap and water and left open to the air. The most important thing is to keep them clean.

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Steps to providing health care for survivors of sexual violence (flowchart)

Are there any danger signs?

- Swelling and hardness of the abdomen (belly)
- Pain in the abdomen (belly)
- Severe pain anywhere else in the body (back, chest, arms, legs or head)
- Vomiting blood
- Bleeding from the genital area (vagina or anus)
- Heavy bleeding from other parts of the body
- Possible object lodged inside vagina/anus
- Altered mental state or confusion
- Pale, blue or gray skin
- Loss of consciousness
- In a small child, fast breathing or difficulty breathing
- Is unconscious

**If NO**

- Take to a private place
- Offer comfort and understanding
- Explain steps and procedures
- Obtain consent to provide care
- Take brief medical history
- Ask how many days it has been since assault

**If YES**

- Refer

**3 full days or less**

- Provide medicines to prevent STIs, Pregnancy and HIV

**5 full days or less**

- Provide medicines to prevent STIs and Pregnancy

**More than 5 full days**

- Provide medicines to prevent STIs

- Reassure it was not her or his fault
- Care for any wounds
- Explain how to take medications
- Refer for HIV test, tetanus vaccine and hepatitis B vaccine (hepatitis B vaccine within 14 days)

- Decide on referrals to support services
- Discuss safety and place to go
- Make a follow-up after two weeks, or one week if the survivor takes PEP
Cleaning a wound\textsuperscript{1,2}

Cleanliness is very important in preventing infection and helping wounds heal.

To treat a wound that does not require a referral to a higher level health facility, first, wash your hands very well with soap and water. If the wound is bleeding or oozing, wear gloves or plastic bags on your hands. Wash the skin around the wound with soap and cool, boiled water.

Now, wash the wound well with cool, boiled water (and soap, if the wound has a lot of dirt in it. Soap helps clean but can damage the flesh).

When cleaning the wound, be careful to clean out all of the dirt. Lift up and clean under any flaps of skin, but DO NOT rub the wound to get out the dirt. You can use clean tweezers, a clean cloth or gauze to remove bits of dirt, but always boil them first to be sure they are sterile.

Any dirt that is left in a wound can cause an infection.

Advise the survivor to come back or go to the health center especially if the wounds look red, hot and painful to touch after some days.

If the survivor has a dirty wound and has never had a tetanus immunization, refer her or him to the health facility to receive an injection.

\textbf{NEVER} put animal or human feces or mud on a wound. These can cause dangerous infections, such as tetanus.

\textbf{NEVER} put alcohol, tincture of iodine (antiseptic), or Merthiolate directly into a wound. Doing so will damage the flesh and make healing slower.

\textsuperscript{1} Reproduced, including images, from Hesperian Foundation, Where There Is No Doctor: A village healthcare handbook, revised 2011. Page 84. Images adapted by Stacey Patino.

Controlling minor bleeding

To control minor bleeding, follow the basic first aid steps:

- Cover the wound with a clean cloth. Avoid direct contact with the person’s blood. Wear gloves if they are available. If there are no gloves, use a plastic bag as a barrier.
- Press down and apply pressure on the wound. Apply the bandage firmly enough to stop the bleeding but not so tight as to cut off circulation.
- Instruct the survivor to apply pressure to the wound.
- Give emotional support by explaining what is happening and giving reassurance.
- If the bleeding does not stop, press on the wound more firmly and apply more bandages. Do not remove the first dressings.
- Wash hands with soap and water after giving care.
## HANDOUT 5.5

### Client form

**Medication for ________________________________**

<table>
<thead>
<tr>
<th>Circle the medicine (note shape and color)</th>
<th>Draw when to take medicine ( )</th>
<th>Take medicines for ___ days (circle or color number of days below)</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Take with food
- Finish all medicine

**Medication for ________________________________**

<table>
<thead>
<tr>
<th>Circle the medicine (note shape and color)</th>
<th>Draw when to take medicine ( )</th>
<th>Take medicines for ___ days (circle or color number of days below)</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Take with food
- Finish all medicine

**Medication to prevent HIV:**

<table>
<thead>
<tr>
<th>Circle the medicine (note shape and color)</th>
<th>Draw when to take medicine ( )</th>
<th>Medicine should be taken all 28 days</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- May cause tiredness, weakness, nausea and loss of appetite.
- Take with food
- Finish all medicine

**Medication to prevent pregnancy:**

<table>
<thead>
<tr>
<th>Circle the medicine (note shape and color)</th>
<th>Draw when to take medicine ( )</th>
<th>Take medicines for ___ days (circle or color number of days below)</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- May cause nausea
- If no period within 1 week of expected date, return to health facility

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* Medicines, food, dosage chart and child images from, or adapted from Hesperian Foundation, *Where There Is No Doctor*, and *Where Women Have No Doctor.*
**Important information:**

| Take medicines with food so you do not feel sick | Take all medicines until they are finished | Keep medicines in cool, dry place out of reach of children |

**Go to the health facility if you have:**

| Bad belly pain | Fever | Green or yellow bad smelling discharge or bleeding from the vagina | Signs of infection, such as heat, yellow liquid (pus) from the area, a bad smell and pain that gets worse |

**Follow-up visit**

Date:  

[Calendar representation]  

Time:  
Place:  
Contact:
Questions to ask when taking a health history

STEP 1: General Assessment

Check for danger signs by quick observation or as complained by the survivor. DO NOT have the survivor undress.

- If the survivor has any danger signs (see danger signs handout), refer to a health facility as soon as possible.

- If the survivor does not have any danger signs, take her/him to a private place; offer comfort and understanding; explain the steps and procedures; get the survivor’s consent to provide care; and go to step 2.

STEP 2: Taking a Health History

Ask:

1. How old are you?
2. **Girls only:** Have you had your first period?
3. Have you had a tetanus shot?
4. Have you had a hepatitis B shot?
5. Are you taking any medicines?
6. Are you allergic to any medicines?
7. When did the incident happen?
8. Where on your body were you hurt?
9. Was anything forced into your vagina (women and girls only), anus or mouth?
10. Are you feeling any pain? If so, where? How would you describe the level of pain (use FACES pain scale)?
11. **Women and girls only:** Are you currently pregnant?
12. **Women and girls only:** Do you have vaginal bleeding or vaginal discharge?
13. Are you HIV positive?

If the survivor has danger signs, refer to a health facility as soon as possible.

If the survivor does not have any danger signs, follow the treatment protocols (see treatment flowchart).
How to give medicines accurately

To give the medicines to survivors to use safely you must also know:

- What the medicine is called
- In what forms the medicine comes
- How to take the medicine correctly
- Whether the medicine is safe to give
- If the medicine causes side effects
- What happens if a survivor takes too much or not enough of the medicine
- What to do if the survivor is already pregnant, is breastfeeding or has an allergy

**Generic names and brand names**

Most medicines have two names—a scientific name and a brand name. The scientific name is the same everywhere in the world. The brand name is given by the company that makes the medicine. When several companies make the same medicine, it will have several brand names but only one generic name. As long as the medicine has the same generic name, it is the same medicine.

**Medicine comes in different forms**

**Different forms of medicine:**

- Tablets, capsules and liquids are usually taken by mouth.
- Injections are given with a needle directly into a person’s muscle, tissue or under the skin.
- Creams or ointments that contain medicine are applied directly to the skin or in the vagina. They can be very useful for mild skin infections, sores, rashes and itching.

What kind of medicine and how much of it you give the survivor depends on what is available and on the illness you are trying to treat.

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HANDOUT 5.7 HOW TO GIVE MEDICINES ACCURATELY (continued)

**How much medicine to take**

**How to measure medicine:**

Many medicines, especially antibiotics, come in different weights and sizes. To be sure you give the survivor the right amount, check how many grams, milligrams, micrograms or units each pill or capsule contains.

Here are some helpful symbols to know:

= means equal to or the same as

+ means and, or plus

**Doses:**

Doses that are less than one whole tablet or pill are sometimes written as fractions:

1 tablet = one whole tablet

½ tablet = half of a tablet

1 ½ tablet = one and one-half tablets

¼ tablet = one quarter or one-fourth of a tablet

If you are not sure you have the right dose, ask someone who is good at numbers to help you.

**Kinds of measurements**

**Grams and milligrams:** Medicine is usually weighed in grams (g) and milligrams (mg):

1000 mg = 1 g (one thousand milligrams makes one gram)

1 mg = .001 g (one milligram is one-thousandth part of a gram)

For example:

One aspirin tablet has 325 milligrams of aspirin.

All of these are different ways to say 325 milligrams.

**Micrograms:** Some medicines are weighed in milligrams or even smaller amounts called micrograms (mcg or µcg):

1 µcg = 1 mcg = 1/1000 mg (0.001 mg)

This means there are 1000 micrograms in a milligram.

**Units:** Some medicines are measured in units (U) or international units (IU).
For liquid medicine: Sometimes instructions for syrups or suspensions tell you to give a specific amount, for example, 10 ml, 10 milliliters or 10 cc (cubic centimeters). A cubic centimeter is the same as a milliliter. If the medicine does not come with a special spoon or dropper to measure liquid, you can use household measures:

1 tablespoon = 1 Tb = 15 ml
1 teaspoon = 1 tsp = 5 ml

Making doses out of tablets: For example, the antibiotic cefixime used to prevent or treat gonorrhea comes in two sizes.

If the survivor needs to take: “Cefixime 400 mg, by mouth as a single dose,” but CHWs only have 200 mg tablets, the survivor needs to take 2 tablets.

If CHWs have 400 mg tablets, the survivor only needs to take 1 tablet.

Dosing by weight: For some medicines, it is better to figure out the dosage according to a person’s weight. Following the handout on dosing by weight to know how many tablets or pills to give.

When to take medicines

It is important for the survivor to take medicines at the right time. Some medicines should be taken only once a day (“single dose”), but others must be taken more often. You do not need a clock. If the directions say “1 pill every 8 hours,” or “3 times a day,” advise the survivor to take one at sunrise, one in the afternoon, and one at night. If it says “1 pill every 6 hours,” or “4 times a day,” take one in the morning, one at midday, one in the late afternoon, and one at night.
IMPORTANT!

- Tell the survivor that, if possible, she or he should take medicines while standing or sitting up and try to drink a glass of liquid each time she or he takes medicine.
- If the survivor vomits and can see the medicine in the vomit, she or he will need to take the medicine again.
- If the survivor vomits within 2 hours after taking emergency contraception, advise her to take another one to make sure she will not get pregnant.

If you are writing a note for a survivor who does not read well, draw them a note like this:

![Image showing how to give medicines accurately](handout.png)

In the blanks at the bottom, draw the amount of medicine to take and carefully explain what it means.

For example:

This means they should take 1 tablet 4 times a day: 1 at sunrise, 1 at midday, 1 in the late afternoon, and 1 at night.

This means ½ tablet 4 times a day.

This means 1 capsule 3 times a day.

Other important information

Food and medicine

With most medicine, the survivor can continue eating the foods she or he normally eats. Some medicines work better if they take them when their stomach is empty—one hour before or two hours after eating. Medicines that upset the stomach should be taken with food or just after eating.

If the survivor has nausea or vomiting, she or he should take the medicine with a dry food that calms the stomach, like rice, bread, or a biscuit.
Taking too much medicine

Some people think that taking more medicine will make them work faster. This is not true and can be dangerous! If the survivor takes too much medicine at one time or too often or if she or he takes some medicines for too long, the medicine may harm her or him.

The survivor should never take more medicine than the amount advised.

Some common signs of taking too much medicine are:

- nausea
- vomiting
- pain in the stomach
- headache
- dizziness
- ringing in the ears
- fast breathing

These can also be side effects for some medicines. If the survivor has one or more of these signs and they are not common side effects of the medicine she or he is taking, then she or he should talk to you. If other medicines are not available, refer her or him to the health center for advice from a higher level health provider.

Poisoning

Taking too much of a medicine (for example, half a bottle or more) can poison a person, especially children. If a survivor does this, you should do the following:

- Try to make the person throw up. She or he may be able to get the extra medicine out of their body before it harms them more.
- Give activated charcoal. Activated charcoal can absorb some kinds of drugs and keep them from acting as poison.
- Get medical help immediately.
HANDOUT 5.8

How to use medicine safely

Any time you give medicine to a survivor, follow these guidelines:

- Be sure it is necessary.
- Give the survivor good instructions about how to take it. The patient should know:
  - How much to take (the dose)
  - How often to take it each day and for how many days
- The survivor must take all of the medicine. If she or he stops taking the medicine too soon, the problem may not have been cured.
- Tell the survivor the warning signs for any problems (side effects) the medicine can cause.
- Tell the survivor if the medicine reacts badly with particular foods and if she or he should take it on a full or empty stomach.
- Tell the survivor to avoid taking many medicines at the same time. Some medicines can stop other medicines from working. Some medicines can combine with other medicines to cause problems that neither would cause by itself.

Avoid medicines that are too old

It is best to use a medicine before its expiration date. This date is written in small print on the package or bottle. For example, if you see ‘exp. 10/29/13’ or ‘exp. 29/10/13’ or ‘exp. Oct. 29, 2013’, this means the medicine should be used before the 29th day of October, 2013. Do not use expired medicines if they are:

- Pills that are starting to fall apart or change color
- Capsules that are stuck together or have changed shape
- Clear liquids that are cloudy or have anything floating in them
- Injections
- Eye drops
- Medicines that require mixing. If the powder looks old or caked, or if the medicine does not pour evenly after shaking, do not use it. (These must be used soon after they are mixed.)

IMPORTANT! Do not use doxycycline or tetracycline after the expiration date has passed. They may be harmful.

Note to you and the survivor: Keep all medicines in a cool, dry place or they may lose their usefulness before the expiration date. Make sure children cannot reach them. They can be deadly to a child.

## Sample Intake Form

Survivor ID: ____________________________ CHW ID: ____________________________

Date of incident: ____________________________ Date of treatment: ____________________________

- Female  ☐ Male  Age: _____  Child is <13 years  ☐ ☐ ☐
- Puberty?  ☐ ☐ ☐
- Vaccinated against tetanus  ☐ ☐ ☐
- Vaccinated against hepatitis B  ☐ ☐ ☐
- Treatment information provided and consent obtained to provide treatment  ☐ ☐ ☐

### Treatment and Management

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics to prevent STIs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEP to prevent HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of minor wounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal security concerns discussed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment counseling (Type: STI, HIV, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral (Type: HIV testing, vaccines, other health, protection, psychosocial, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General observations (note any wounds treated or conditions requiring referral)

### Two-week follow-up visit scheduled:

- Yes  ☐ No  Date: ________________ Time: ________________

Follow-up visit:  ☐ Clinic  ☐ House  ☐ Other  If ‘no’, why?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling (Type: STI, HIV, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral (Type: HIV testing, psychosocial, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Follow-up notes

- ☐ Patient requests copy of record  ☐ Copy of record given to patient
### Monitoring form

#### HANDOUT 5.9

**NEVER** record any personal or confidential information (such as a survivor’s name).

<table>
<thead>
<tr>
<th>Date of incident (Day/Month/Year)</th>
<th>Clinic ID:</th>
<th>CHW ID:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date care provided (Day/Month/Year)</th>
<th>Sex</th>
<th>Adult/Child</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Consent to provide care (Yes or No)</th>
<th>STI Antibiotics (Yes or No)</th>
<th>EC (Yes or No)</th>
<th>HIV PEP (Yes or No)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Care of minor wounds.</th>
<th>Treatment counseling</th>
<th>Report made</th>
<th>Personal security concerns discussed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Follow-up completed</th>
<th>Referrals made (where, and for what)</th>
<th>Treatment counseling</th>
<th>Report made</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of follow-up visit (Day/Month/Year)</th>
<th>Record provided to patient (Yes or No)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

**NEVER** record any personal or confidential information (such as a survivor’s name).
### Medicines for types of sexual violence

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sexual assault (through vagina)</th>
<th>Anal assault (through anus)</th>
<th>Oral assault (through mouth)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antibiotics to prevent</strong> or treat sexually transmitted infections</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes for gonorrhea, chlamydia and syphilis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No for Trichomoniasis</td>
</tr>
<tr>
<td><strong>Emergency contraception</strong> (pills) to prevent unwanted pregnancy</td>
<td>Yes</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td><strong>Post-exposure prophylaxis</strong> to prevent HIV</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Tetanus vaccine</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No**</td>
</tr>
<tr>
<td><strong>Hepatitis B vaccine</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* EC is provided in the context of the pilot, given challenges to establishing risk of pregnancy.

** Tetanus vaccine is not needed, unless there are wounds in or around the mouth, or if the survivor has not received the shot in 10 years.

How much are you in pain?

Ask the survivor if he or she is experiencing any pain.

Ask him or her where the pain is located.

Ask him or her how severe the pain is on a scale of 0 (no hurt) to 10 (hurts worst) using the FACES Pain Rating Scale.¹

A survivor who is experiencing some pain may receive anti-pain medication (paracetemol).

A survivor who is experiencing severe pain or any abdominal pain should be referred quickly to a higher level health facility.
<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Time since assault</th>
<th>Treatment</th>
<th>STIs presumptively treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child &lt;45 kg or &lt;12 years</td>
<td>If the survivor comes to you within 30 days of the assault less than</td>
<td>Cefixime 8 mg/kg by mouth, single dose AND Azithromycin 20 mg/kg by mouth, single dose OR Benzathine benzylpenicillin</td>
<td>Gonorrhea, Chlamydia, Syphilis, where symptoms are not yet visible</td>
</tr>
<tr>
<td>Child more than 45 kg</td>
<td>If the survivor comes to you within 30 days of the assault less than</td>
<td>Cefixime 400 mg by mouth, single dose AND Azithromycin 1 g (1,000 mg) by mouth, single dose</td>
<td>Gonorrhea, Chlamydia, Syphilis, where symptoms are not yet visible</td>
</tr>
<tr>
<td>Child more than 45 kg</td>
<td>If the survivor comes to you within 30 days of the assault less than</td>
<td>Cefixime 400 mg by mouth, single dose AND Azithromycin 1 g (1,000 mg) by mouth, single dose</td>
<td>Gonorrhea, Chlamydia, Syphilis, where symptoms are not yet visible</td>
</tr>
</tbody>
</table>

HANDOUT 5.12:
Summary of presumptive treatment for sexually transmitted infections.
**Presumptive treatment for sexually transmitted infections**

<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Time since assault</th>
<th>Treatment</th>
<th>STIs presumptively treated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult</strong></td>
<td>If the survivor comes to you <strong>within</strong> 30 days of the assault</td>
<td>Cefixime 400 mg/kg by mouth, single dose <strong>AND</strong> Azithromycin 1 g (1,000 mg) by mouth, single dose <strong>OR</strong> Benzathine benzylpenicillin for syphilis if the treatment does NOT include Azithromycin</td>
<td>Gonorrhea <strong>Chlamydia</strong> <strong>Syphilis, where symptoms are not yet visible</strong></td>
</tr>
<tr>
<td><strong>Adult</strong></td>
<td>If the survivor comes to you <strong>more than</strong> 30 days of the assault</td>
<td>Cefixime 400 mg by mouth, single dose <strong>AND</strong> Azithromycin 2 g (2,000 mg) orally, in a single dose</td>
<td>Gonorrhea <strong>Chlamydia</strong> <strong>Syphilis, if less than 2 years</strong></td>
</tr>
</tbody>
</table>
### Detailed presumptive treatment for chlamydial infection in children and adolescents*

<table>
<thead>
<tr>
<th>Age or weight</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than 45 kg</strong></td>
<td><strong>Erythromycin</strong></td>
</tr>
<tr>
<td>or</td>
<td>50 mg/kg of body weight daily (up to a maximum of 2,000 mg), by mouth, in 4 doses</td>
</tr>
<tr>
<td><strong>Azithromycin</strong></td>
<td>OR</td>
</tr>
<tr>
<td>20 mg/kg by mouth, as a single dose</td>
<td>For 7 days</td>
</tr>
<tr>
<td><strong>Erythromycin</strong></td>
<td>OR</td>
</tr>
<tr>
<td>50 mg/kg by mouth, daily (up to a maximum of 2,000 mg), by mouth, in 4 doses</td>
<td></td>
</tr>
<tr>
<td>For 7 days</td>
<td><a href="#">Image</a></td>
</tr>
<tr>
<td><strong>If more than 45 kg and less than 12 years</strong></td>
<td><strong>Erythromycin</strong></td>
</tr>
<tr>
<td><strong>Azithromycin</strong></td>
<td>OR</td>
</tr>
<tr>
<td>20 mg/kg by mouth, as a single dose</td>
<td>For 7 days</td>
</tr>
<tr>
<td><strong>Erythromycin</strong></td>
<td>OR</td>
</tr>
<tr>
<td>500 mg by mouth, 4 times daily</td>
<td>For 7 days</td>
</tr>
<tr>
<td><strong>If more than 12 years and not pregnant</strong></td>
<td><strong>Doxycycline</strong></td>
</tr>
<tr>
<td><strong>Azithromycin</strong></td>
<td>OR</td>
</tr>
<tr>
<td>1 g (1,000 mg) by mouth, as a single dose</td>
<td>For 7 days</td>
</tr>
<tr>
<td><strong>Doxycycline</strong></td>
<td>OR</td>
</tr>
<tr>
<td>100 mg by mouth, twice daily</td>
<td>For 7 days</td>
</tr>
</tbody>
</table>

---

* Based on IAWG on RH in Crises, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, 2010 and WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004. Tablets, pill packs, dosing and calendar images from Hesperian Foundation; all others drawn by Stacey Patino.
## Detailed presumptive treatment for gonorrhea in children and adolescents

<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Treatment</th>
<th>(if child is less than 6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than 45 kg</strong></td>
<td><strong>Ceftriaxone</strong> 125 mg intramuscularly, single dose</td>
<td><strong>Cefixime</strong> 8 mg/kg of body weight by mouth, single dose</td>
</tr>
<tr>
<td></td>
<td><strong>Spectinomycin</strong> 40 mg/kg of body weight, intramuscularly (up to a maximum of 2,000 mg), single dose</td>
<td></td>
</tr>
<tr>
<td><strong>More than 45 kg</strong></td>
<td><strong>Cefixime</strong> 400 mg orally, single dose</td>
<td><strong>Ceftriaxone</strong> 125 mg intramuscularly, single dose</td>
</tr>
</tbody>
</table>
### Detailed presumptive treatment for syphilis in children and adolescents

<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient NOT allergic to penicillin</td>
<td>Patient allergic to penicillin</td>
</tr>
<tr>
<td>All weights and ages</td>
<td><strong>Benzathine penicillin</strong>&lt;br&gt;50,000 IU/kg intramuscularly (up to a maximum of 2.4 million IU), single dose</td>
</tr>
</tbody>
</table>

**Handout 5.12**
Detailed presumptive treatment for trichomoniasis in children and adolescents
(Vaginal and anal assault)

<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>If less than 12 years</td>
<td><strong>Metronidazole</strong> 5 mg/kg of body weight, by mouth, 3 times daily (every 8 hours) for 7 days</td>
</tr>
<tr>
<td></td>
<td><strong>Metronidazole</strong> 2 g (2,000 mg) by mouth as a single dose OR <strong>Tinidazole</strong> 2 g (2,000 mg) by mouth as a single dose for 7 days</td>
</tr>
<tr>
<td>If more than 12 years</td>
<td><strong>Metronidazole</strong> 400 or 500 mg by mouth, 2 times daily OR for 7 days</td>
</tr>
</tbody>
</table>
## Detailed presumptive treatment for sexually transmitted infections in adults

<table>
<thead>
<tr>
<th></th>
<th>Gonorrhea</th>
<th>Chlamydial infection</th>
<th>Chlamydial infection in pregnant women</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cefixime</strong></td>
<td>400 mg by mouth as a single dose</td>
<td>Azithromycin 1 g (1,000 mg) by mouth as a single dose</td>
<td>Azithromycin 1 g (1,000 mg) by mouth as a single dose [2 g (2,000 mg) if more than 30 days]</td>
<td>Azithromycin 1 g (1,000 mg) by mouth as a single dose [2 g (2,000 mg) if more than 30 days]</td>
</tr>
<tr>
<td><strong>Ceftriaxone</strong></td>
<td>125 mg intramuscularly, single dose</td>
<td>Doxycycline 100 mg by mouth, twice daily (every 12 hours)</td>
<td>Erythromycin 500 mg by mouth, 4 times daily</td>
<td>Benzathine benzylpenicillin 2.4 million IU, intramuscularly, once only (give as two injections in separate sites)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Erythromycin 500 mg by mouth, 4 times daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amoxicillin 500 mg by mouth, 3 times daily</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Detailed presumptive treatment for sexually transmitted infections in adults

<table>
<thead>
<tr>
<th>Syphilis, patient allergic to penicillin</th>
<th>Syphilis in pregnant women allergic to penicillin</th>
<th>Trichomoniasis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Azithromycin</strong>&lt;br&gt;1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]</td>
<td><strong>Azithromycin</strong>&lt;br&gt;1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]</td>
<td><strong>Metronidazole</strong>&lt;br&gt;2 g (2,000 mg) by mouth as a single dose</td>
</tr>
<tr>
<td>OR&lt;br&gt;<strong>Doxycycline</strong>&lt;br&gt;100 mg by mouth, twice daily (every 12 hours)&lt;br&gt;for 7 days</td>
<td>OR&lt;br&gt;<strong>Erythromycin</strong>&lt;br&gt;500 mg by mouth, 4 times daily&lt;br&gt;For 14 days</td>
<td>OR&lt;br&gt;<strong>Tinidazole</strong>&lt;br&gt;2 g (2,000 mg) by mouth as a single dose</td>
</tr>
<tr>
<td><strong>Erythromycin</strong>&lt;br&gt;500 mg by mouth, 4 times daily&lt;br&gt;For 14 days</td>
<td><strong>Metronidazole</strong>&lt;br&gt;400 or 500 mg by mouth, 2 times daily&lt;br&gt;For 7 days</td>
<td><strong>Metronidazole</strong>&lt;br&gt;400 or 500 mg by mouth, 2 times daily&lt;br&gt;For 7 days</td>
</tr>
</tbody>
</table>
Emergency contraception Levonorgestrel only dose*

This medicine is for adults and adolescents (including adolescent girls who have not begun menstruating but have developed breast buds)

<table>
<thead>
<tr>
<th>Common brand names</th>
<th>How much each pill contains</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escapele, Plan B One-Step, NorLevo 1.5, Vikela, Postinor 1</td>
<td>1.5 mg</td>
<td>Take 1 tablet</td>
</tr>
<tr>
<td>Levonelle, NorLevo, Plan B, Postinor-2</td>
<td>0.75 mg</td>
<td>Take 2 tablets</td>
</tr>
<tr>
<td>Microlut, Microval, Norgeston</td>
<td>0.03 mg</td>
<td>Take 50 tablets</td>
</tr>
<tr>
<td>Ovrette</td>
<td>0.0375 mg</td>
<td>Take 40 tablets</td>
</tr>
</tbody>
</table>

* Based on IAWG on RH in Crises, Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, 2010; and WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004; and IRC, Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool, 2008. Tablets, pill packs and dosing images from Hesperian Foundation; all others drawn by Stacey Patino.
If using ordinary birth control pills for emergency contraception, provide 0.1 mg of ethinyl estradiol (EE) and 0.5 mg of levonorgestrel (LNG) as soon as possible, followed by the same dose 12 hours later.

<table>
<thead>
<tr>
<th>Common brand names</th>
<th>How much each pill contains</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EE 0.05 mg</td>
<td>Take ALL tablets at the same time</td>
</tr>
<tr>
<td></td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LNG 0.25 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, Tetracyclin/PC-4, Preven, E-Gen-C, Neo-Primovlar 4</td>
<td></td>
<td>Take 2 tablets as soon as possible and 2 tablets 12 hours later</td>
</tr>
<tr>
<td></td>
<td>EE 0.05 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NG 0.5 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Lo/Femenal, Microgynon, Nordete, Ovral L, Rigevidon</td>
<td></td>
<td>Take 4 tablets as soon as possible and 4 tablets 12 hours later</td>
</tr>
<tr>
<td></td>
<td>EE 0.03 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LNG 0.15 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EE 0.03 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NG 0.3 mg</td>
<td></td>
</tr>
</tbody>
</table>

EE = ethinyl estradiol  LNG: levonorgestrel  NG = norgestrel
### Recommended two-drug combination therapies for HIV-PEP in children and adults

<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Dosage</th>
<th>Treatment</th>
<th>28 day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 years or 5-9 kg</td>
<td>Zidovudine (ZDV/AZT) syrup* 10 mg/ml and Lamivudine (3 TC) syrup 10 mg/ml</td>
<td>7.5 ml twice a day (15 ml total) and 2.5 ml twice a day (5.0 ml total)</td>
<td>= 420 ml (i.e. 5 bottles of 100 ml or 3 bottles of 200 ml) and = 140 ml (i.e. 2 bottles of 100 ml or 1 bottle of 200 ml)</td>
</tr>
<tr>
<td>10-19 kg</td>
<td>Zidovudine (ZDV/AZT) capsule 100 mg and Lamivudine (3 TC) tablet 150 mg</td>
<td>1 capsule (100 mg) three times a day (300 mg total) and ½ tablet (75 mg) twice a day (150 mg total)</td>
<td>90 capsules and 30 tablets</td>
</tr>
</tbody>
</table>

**Discard a bottle of syrup 15 days after opening.** Based on IAWG on RH in Crises, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, 2010 and WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004. All images except persons taken from Hesperian Foundation; persons drawn by Stacey Patino.
### Recommended two-drug combination therapies for HIV-PEP in children and adults

<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Dosage</th>
<th>Treatment</th>
<th>28 day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-39 kg</td>
<td>Zidovudine (ZDV/AZT) 100 mg capsule and Lamivudine (3 TC) 150 mg tablet</td>
<td>2 capsules (200 mg) three times a day (600 mg total) and 1 tablet (150 mg) twice a day (300 mg total)</td>
<td>120 capsules and 60 tablets</td>
</tr>
<tr>
<td>Adult</td>
<td>Tablet combining both Zidovudine (300 mg) and Lamivudine (150 mg)</td>
<td>1 tablet twice/day (600 mg Zidovudine; 300 mg Lamivudine)</td>
<td>60 tablets</td>
</tr>
<tr>
<td></td>
<td>OR Zidovudine (ZDV/AZT) 300 mg tablet and Lamivudine (3TC) 150 mg tablet</td>
<td>OR 1 tablet (300 mg) twice/day (600 mg total) and 1 tablet (150 mg) twice/day (300 mg total)</td>
<td>OR 60 tablets and 60 tablets</td>
</tr>
</tbody>
</table>
Preventing infection (Basic)^1,2

Infections are caused by germs that are too small to see. Every person carries germs. These germs do not usually cause problems, but they can cause infections if passed to and from sick people. Germs also live on the equipment and tools used when caring for other people and can easily be passed to others you help.

**IMPORTANT!** You must follow these guidelines every time you help someone, whether you use your hands, tools or special equipment. If you do not, you may get a dangerous infection, or pass an infection to the people you are helping.

**There are four steps to prevent infection:**

1. **Wash your hands:**
   - Always wash your hands before and after giving care, especially if you touch blood, urine, stool, mucus or fluid from the vagina. Use soap to remove dirt and germs. Count to 30 as you scrub your hands with the soapy lather. Use a brush or soft stick to clean under your nails. Then rinse in water that flows. Let your hands dry in the air unless you have a clean towel.
   - If blood (or other body fluid) splashes into your eyes or mouth, rinse them immediately with plenty of clean water.

2. **Cover any cuts or open wounds on your hands:**
   - Cover any cuts, grazes, or other open wounds on your hands with plaster, clean cloth or bandage.
   - If possible, wear gloves. If you do not have gloves, use a clean plastic bag as a barrier before coming into contact with blood or an open wound.

3. **Avoid direct contact with blood:**
   - If a survivor is bleeding, ask her or him to put pressure on the wound herself or himself (see handout on controlling bleeding).
   - Use plenty of clean gauze, thick dressings or a plastic bag as a barrier to avoid direct contact with the survivor’s blood.

4. **Clean up blood spills** (including on tables and floors):
   - Burn bloodstained bandages, or bury them in the ground as deep as possible in plastic bags.
   - Treat stains with household bleach (see handout for advanced infection prevention).
   - Wash bloodstained clothes, linens and any tools in very hot water.
   - If you prick or wound yourself when handling blood or body fluids, immediately:
     - wash the area well with soap and clean water
     - notify your supervisor or health center staff
   - Refer the survivor to higher level health care (with her or his consent) if wounds look red, hot and painful to touch after some days.
   - Make sure you are protected against tetanus.
Sample informed consent script for CHWs 2 and 3 to provide care for ADULT survivors

Hello [name of client],

My name is [your name] and I am here to help you. I am a community health worker with [name of agency] and my role is to help people who have experienced difficulties. Many people benefit from working with me. You are very brave to come to me. What has happened is not your fault.

The first thing I will do is learn about what has happened to you. That way I can understand your situation and know how to best help you. If you are hurt, I can see what I can do about any wounds. I can also give you medicines to help you feel better or stop you from getting certain illnesses.

It is important for you to know that I will keep what you tell me private, including any notes that I write down. This means that I will not tell anyone what you tell me or any other information about what happened, unless you give me permission or say yes it is okay. Also, if you tell me something that worries me or if you need help that I cannot give you, I will ask you to give me permission to tell someone. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given me are:

- If I find out that you are in very serious danger, I would have to tell my supervisor from [insert appropriate agency here] about it.
- Or, if you tell me you have made plans to seriously hurt yourself.
- If you tell me you have made a plan to seriously hurt someone else, I would have to let my supervisor know. I would not be able to keep these problems just between you and me.

[Explain mandatory reporting requirements as they apply in your local setting].

There are some laws that require me to report different types of incidents. I have your best interests in mind and want to prevent putting you in further danger. I will evaluate if making a report like that will put you in danger and will speak with my supervisor and your caregivers to develop a plan for reporting or not reporting what has happened. If they decide that a report needs to be made, I will explain what you can expect to happen after the report is made.

[Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].

---

1 All scripts adapted from WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004; and IRC/UNICEF, Caring for Child Survivors of Sexual Abuse, 2012.
If I need to get you more help to take care of your body or talk to someone who can help keep you safe, we will talk together about how you would like to move forward. I will not take any action about your situation without your agreement, unless I need to in order to protect your safety.

Before I begin, I would also like to share with you that:

- You can say no to having what you say written down. It is okay if there is something you want to tell me but you would rather I not write it down while we talk.
- You do not have to answer any question that I ask you. You can ask me to stop or slow down if you are feeling upset or scared.
- You can meet with me alone or with a caregiver or a person you trust. This is your decision and you can let me know what you prefer to do. Would you like to have someone with you? Who is this, so I can have her or him come in?
- You can ask me any questions you want to, or let me know if you do not understand something I say.
- You can say no to any part of the care I provide. I will start with asking a few questions about what happened. I can then see if there are certain medicines you can take to prevent infections and HIV [for females: and pregnancy]. Before doing anything, I will explain exactly what I will do and why I am going to do it. I will then ask you every time whether you would like me to do it or give you a medicine.
- You can refuse any health care I offer, and I will share with you other options for services in the community, such as additional health services from the health facility, safety services, legal assistance and other social support.

Do you have any questions about my role and the health care I can offer you?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent/assent to proceed.]

May I have your permission to provide you with care if there is anything I find that I can help you with or treat?

- **If YES**, note this on the intake form and begin with the health history.
- **If NO**, “I can give you information about what things we can do to help and connect you with others who can provide safety, legal and other services.”
Sample informed assent script for CHWs 2 and 3 to provide care for CHILD survivors

Hello [name of client],

My name is [your name] and I am here to help you. I am a community health worker with [name of agency] and my role is to help children and families who have experienced difficulties. Many children benefit from working with me. You are very brave to come to me. What has happened is not your fault.

The first thing I will do is learn about what has happened to you. That way I can understand your situation and know how to best help you. If you are hurt, I can take care of your wounds. I can also give you medicines to help you feel better or stop you from getting certain sicknesses.

It is important for you to know that I will keep what you tell me private, including any notes that I write down. This means that I will not tell anyone what you tell me or any other information about what happened, unless you give me permission or say yes it is okay. Also, if you tell me something that worries me or if you need help that I cannot give you, I will ask your permission to tell someone. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given me are:

- If I find out that you are in very serious danger, I would have to tell my supervisor from [insert appropriate agency here] about it.
- Or, if you tell me you have made plans to seriously hurt yourself, I would have to tell your parents or another trusted adult.
- If you tell me you have made a plan to seriously hurt someone else, I would have to let my supervisor know. I would not be able to keep these problems just between you and me.
- [Explain mandatory reporting requirements as they apply in your local setting].

There are some laws that require me to report different types of incidents. I have your best interests in mind and want to prevent putting you in further danger. I will evaluate if making a report like that will put you in danger and will speak with my supervisor and your caregivers to develop a plan for reporting or not reporting what has happened. If they decide that a report needs to be made, I will explain what you can expect to happen after the report is made.

- [Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].
HANDOUT 5.16  SAMPLE CONSENT SCRIPTS FOR CHWs 2 and 3  (continued)

If I need to get you more help to care for your body or talk to someone who can help keep you safe, we will talk together about that other person and decide what we should say. I will not take any action about your situation without your agreement, unless I need to in order to protect your safety.

Before I begin, I would also like to share with you that:

• You can say no to having what you say written down. It is okay if there is something you want to tell me but you would rather I not write it down while we talk.
• You do not have to answer any question that I ask you. You can ask me to stop or slow down if you are feeling upset or scared.
• You can meet with me alone or with a caregiver or a person you trust. This is your decision and you can let me know what you prefer to do. Would you like to have someone with you? Who is this, so I can have her or him come in?
• You can ask me any questions you want to, or let me know if you do not understand something I say.
• You can say no to any part of the care I provide. Before doing anything, I will explain what I will do and why I am going to do it. I will then ask you every time whether you would like me to do it or give you a medicine.
• You can refuse any health care I offer, and I will share with you other options for services in the community. Depending on when you were hurt, I can give you medicines.

Do you have any questions about my role and the health care I can offer you?

[Allow for time to answer any questions the child and caregiver may have before moving forward to obtain their informed consent/assent to proceed.]

May I have your permission to provide you with care if there is anything I find that I can help you with or treat?

• If YES, note this on the intake form and begin with the health history.
• If NO, “I can give you information about what things we can do to help and connect you with others who can provide safety, legal and other services.”
Sample informed consent/assent script for CHWs 2 and 3 to provide care for INTELLECTUALLY IMPAIRED survivors

Hello [name of client],

My name is [your name] and I am here to help you. I am a community health worker with [name of agency] and my role is to help people who have experienced difficulties. Many people benefit from working with me. You are very brave to come to me. What has happened is not your fault.

The first thing I will do is learn about what has happened to you. That way I can understand your situation and know how to best help you. If you are hurt, I can take care of your wounds. I can also give you medicines to help you feel better or stop you from getting certain sicknesses.

It is important for you to know that I will keep what you tell me private, including any notes that I write down. This means that I will not tell anyone what you tell me or any other information about what happened, unless you give me permission or say yes it is okay. Also, if you tell me something that worries me or if you need help that I cannot give you, I will ask you to give me permission to tell someone. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given me are:

- If I find out that you are in very serious danger, I would have to tell my supervisor from [insert appropriate agency here] about it.
- Or, if you tell me you have made plans to seriously hurt yourself, I would have to tell your caregiver or another trusted adult.
- If you tell me you have made a plan to seriously hurt someone else, I would have to let my supervisor know. I would not be able to keep these problems just between you and me.
- [Explain mandatory reporting requirements as they apply in your local setting].

There are some laws that require me to report different types of incidents. I have your best interests in mind and want to prevent putting you in further danger. I will evaluate if making a report like that will put you in danger and will speak with my supervisor and your caregivers to develop a plan for reporting or not reporting what has happened. If they decide that a report needs to be made, I will explain what you can expect to happen after the report is made.

- [Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].

If I need to get you more help to care for your body or talk to someone who can help keep you safe, we will talk together about that other person and decide what we should say. I will not take any action about your situation without your agreement, unless I need to in order to protect your safety.
Before I begin, I would also like to share with you that:

- You can say no to having what you say written down. It is okay if there is something you want to tell me but you would rather I not write it down while we talk.
- You do not have to answer any question that I ask you. You can ask me to stop or slow down if you are feeling upset or scared.
- You can meet with me alone or with a caregiver or a person you trust. This is your decision and you can let me know what you prefer to do. Would you like to have someone with you? Who is this, so I can have her or him come in?
- You can ask me any questions you want to, or let me know if you do not understand something I say.
- You can say no to any part of the care I provide. Before doing anything, I will explain what I will do and why I am going to do it. I will then ask you every time whether you would like me to do it or give you a medicine.
- You can refuse any health care I offer, and I will share with you other options for services in the community. Depending on when you were hurt, I can give you medicines.

Do you have any questions about my role and the health care I can offer you?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent/assent to proceed.]

[To make sure the survivor understands and is consenting to the process, the following questions should be answered correctly or with a YES to 4 before moving on with questioning]

Before we move on, I want to make sure you understood what we discussed.

1. What will I be talking to you about today?
2. If you do not want to answer any of my questions, what can you do?
3. When would I have to tell someone else what you have told me?
4. Are you still happy that I provide this care?

May I have your permission to provide you with care if there is anything I find that I can help you with or treat?

- If YES, note this on the intake form and begin with the health history.
- If NO, “I can give you information about what things we can do to help and connect you with others who can provide safety, legal and other services.”
### Medicines for survivors of sexual violence*

<table>
<thead>
<tr>
<th>Medicine</th>
<th>For what?</th>
<th>How soon after the assault must the survivor start taking the medicine?</th>
<th>Does the medicine need to stay cold?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics</td>
<td>PREVENT or TREAT sexually transmitted infections</td>
<td>Anytime</td>
<td>No</td>
</tr>
<tr>
<td>Emergency contraception (pills)</td>
<td>Prevent unwanted pregnancy</td>
<td>Within 5 days</td>
<td>No</td>
</tr>
<tr>
<td>Post-exposure prophylaxis</td>
<td>Prevent HIV</td>
<td>Within 3 days</td>
<td>No</td>
</tr>
<tr>
<td>Tetanus vaccine</td>
<td>Prevent tetanus (lockjaw)</td>
<td>Anytime</td>
<td>Yes</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>Prevent hepatitis B</td>
<td>Within 14 days</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Based on IAWG on RH in Crises, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, 2010; and WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004. HIV, tetanus, dosing and woman in distress images from Hesperian Foundation; all others drawn by Stacey Patino.
### Table of weight-based treatment for antibiotics

**Azithromycin for Chlamydia and Syphilis in Children and Adolescents**

The below is based on the formulations included in the Inter-agency Reproductive Health Kits. In the RH Kits, Azithromycin is available as a suspension for children weighing less than 30 kg (roughly 8-9 years of age). It is available as a capsule for >30 kg.

If a tablet and scoring is available, amend the below accordingly (see example for Cefixime).

**Azithromycin (Suspension)**

<table>
<thead>
<tr>
<th>WEIGHT (Kg)</th>
<th>AZITHROMYCIN (20 mg/kg)</th>
<th>SUSPENSION (200 mg)</th>
<th>NUMBER OF TEASPOONS (200 mg/5 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>100</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>120</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>140</td>
<td>0.7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>160</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>180</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>200</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>220</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>240</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>260</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>280</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>300</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>320</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>340</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>360</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>380</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>400</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>420</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>440</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>460</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>480</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>500</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>520</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>540</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>560</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>580</td>
<td>2.9</td>
<td></td>
</tr>
</tbody>
</table>

**CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS**
### Azithromycin (Capsule)

<table>
<thead>
<tr>
<th>WEIGHT Kg</th>
<th>AZITHROMYCIN 20 mg/kg</th>
<th>CAPSULE 250 mg</th>
<th>NUMBER OF CAPSULES</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>600</td>
<td>2.4</td>
<td>Two capsules</td>
</tr>
<tr>
<td>31</td>
<td>620</td>
<td>2.48</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>640</td>
<td>2.56</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>660</td>
<td>2.64</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>680</td>
<td>2.72</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>700</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>720</td>
<td>2.88</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>740</td>
<td>2.96</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>760</td>
<td>3.04</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>780</td>
<td>3.12</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>800</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>820</td>
<td>3.28</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>840</td>
<td>3.36</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>860</td>
<td>3.44</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>880</td>
<td>3.52</td>
<td></td>
</tr>
<tr>
<td>&gt;45</td>
<td>1,000</td>
<td>4</td>
<td>Four capsules</td>
</tr>
</tbody>
</table>

**CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS**
**HANDOUT 5.18 ANTIBIOTIC DOSAGING TABLE (continued)**

**Cefixime for Gonorrhea in Children**

In Inter-agency Reproductive Health Kits, Cefixime is available as a suspension for children weighing less than 30 kg (roughly 8-9 years of age). It is available as a tablet for >30 kg.

**Cefixime (Suspension)**

<table>
<thead>
<tr>
<th>WEIGHT (Kg)</th>
<th>CEFIXIME 8mg/kg</th>
<th>SUSPENSION 100 mg</th>
<th>NUMBER OF TEASPOONS 100 mg/5 ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>40</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>48</td>
<td>0.48</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>56</td>
<td>0.56</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>64</td>
<td>0.64</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>72</td>
<td>0.72</td>
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</tr>
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<td>10</td>
<td>80</td>
<td>0.8</td>
<td></td>
</tr>
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<td>11</td>
<td>88</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>96</td>
<td>0.96</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>104</td>
<td>1.04</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>112</td>
<td>1.12</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>120</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>128</td>
<td>1.28</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>136</td>
<td>1.36</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>144</td>
<td>1.44</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>152</td>
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<tr>
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</tr>
<tr>
<td>21</td>
<td>168</td>
<td>1.68</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>176</td>
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<td></td>
</tr>
<tr>
<td>23</td>
<td>184</td>
<td>1.84</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>192</td>
<td>1.92</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>200</td>
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</tr>
<tr>
<td>26</td>
<td>208</td>
<td>2.08</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>216</td>
<td>2.16</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>224</td>
<td>2.24</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>232</td>
<td>2.32</td>
<td></td>
</tr>
</tbody>
</table>

---

**CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS**
Cefixime (Tablet)

If further scoring is available, the tablet can be cut into quarters:

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>CEFIXIME 8mg/kg</th>
<th>TABLET 200 mg</th>
<th>NUMBER OF TABLETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kg</td>
<td></td>
<td></td>
<td>Un-scored</td>
</tr>
<tr>
<td>30</td>
<td>240</td>
<td>1.2</td>
<td>One whole tablet</td>
</tr>
<tr>
<td>31</td>
<td>248</td>
<td>1.24</td>
<td>One tablet</td>
</tr>
<tr>
<td>32</td>
<td>256</td>
<td>1.28</td>
<td>One tablet</td>
</tr>
<tr>
<td>33</td>
<td>264</td>
<td>1.32</td>
<td>One tablet</td>
</tr>
<tr>
<td>34</td>
<td>272</td>
<td>1.36</td>
<td>One tablet</td>
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<td>280</td>
<td>1.40</td>
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<td>36</td>
<td>288</td>
<td>1.44</td>
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<td>37</td>
<td>296</td>
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<td>One tablet</td>
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<td>304</td>
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</tr>
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<td>41</td>
<td>328</td>
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<td>352</td>
<td>1.76</td>
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</tr>
<tr>
<td>&gt;45</td>
<td>400</td>
<td>2.0</td>
<td>Two tablets</td>
</tr>
</tbody>
</table>

CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS
MODULE 6

Self-care for community health workers
What causes stress?

Working with survivors and hearing stories about sexual violence can be very hard on CHWs.

It is important that you learn how to take care of yourself.

As a CHW, you should know what are the things that cause you stress and also what your signs of stress are.

**Some major stressors (things that give you stress) may include:**

- Thinking about work at home
- Wanting everything to be perfect
- Wanting to help everybody
- Worrying over your children
- Conflict in your region, community or family
- A high number of sexual violence cases in your community

You do not have control over all of the things that give you stress. Sometimes the things you cannot control have a bigger impact.

It is also helpful to think about the things that give you strength or make you feel good.

**Resources that give you strength may include:**

- Meeting with friends and neighbours
- Taking a long walk
- Playing with your children
- Helping people
- Seeing a positive change in your community
Different people also show different signs of stress.

**Some signs of stress:**

- Sleeping badly
- Having a headache or stomachache
- Getting upset easily


**What is stress?**

Stress is a normal and natural feeling which can help you make your life better and protect the things that are important to you.

For example, it may help you get out of bed in the morning, get your work done, do a good job and have good relationships.

If you handle stress the right way, it can be positive. But, if you feel stress very often or if the stress is very strong, it can be harmful.

**What are the natural forms of stress?**

A main source of stress is **day-to-day stress.** Much of this stress is positive. As long as you feel like you have control over the things that cause stress, you are okay.

A high level of stress can be very harmful for your work and life. Long-term stress is when you experience many stressful things for a long time.

When you cannot control the cumulative stress, it may be too much for you to handle. This is called **burnout.**

**Some situations that may cause burnout are:**

- Working long hours without any support or help
- Working with survivors of sexual violence but not having the resources to give the care she or he needs
- Working in areas that are not safe.
### Signs of burnout can include:

<table>
<thead>
<tr>
<th>Physical problems</th>
<th>Emotional problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Always being tired</td>
<td>• Feeling very sad</td>
</tr>
<tr>
<td>• Sleeping problems</td>
<td>• Feeling angry</td>
</tr>
<tr>
<td>• Headache</td>
<td>• Not caring about things any more</td>
</tr>
<tr>
<td>• Stomach pain</td>
<td>• Getting upset with people easily</td>
</tr>
<tr>
<td>• Not eating</td>
<td></td>
</tr>
</tbody>
</table>

**Thoughts**

- Having very negative thoughts about oneself or other things
- Feeling hopeless
- Starting to focus on your failures and/or the failures of others

**Actions**

- Not going to work
- Working very hard and long hours
- Drinking alcohol or smoking cigarettes
- Getting into fights with the people you work with, family or friends

There are two types of stress that can be very harmful and lead to extreme distress.

1. **Stress that comes after experiencing a sudden, violent and unexpected event. Examples of events that cause stress:**
   - Being attacked, robbed, threatened or experiencing any other kind of violence
   - Seeing attacks, robbery, threats or other violence
   - Accidents
   - Talking with survivors of an assault
   - Experiencing a natural disaster
   - The death of someone you know or care about

2. **Stress that is brought on by events in someone else’s life. Example of stress absorbed from another person:**

   When you listen to and care about survivors’ stories of sexual violence, you can experience harmful stress that is like the stress the survivors feel. Hearing survivor’s stories can feel like the attack happened in your life.

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**Signs of the two types of stress:**

- When you cannot stop thinking about work even when you are not at work (for e.g., at home or with friends)
- You cannot sleep well
- You feel very emotional during or after working with a survivor
- You feel sad or scared all the time
- You feel like you cannot handle what is happening around you
- You feel like you are not doing a good job at work or in your relationships
- You never feel happy or sad; you have no feelings
- You have bad dreams about survivors or you think about bad experiences or see pictures in your head about survivors’ experiences
- You are angry at survivors, your family, yourself or the system
- You get angry about small events, most often at home
- You think about killing or hurting the survivor’s attackers
- You begin to remember and think about painful events that happened in your life.

It is important to know the signs of different forms of stress so that you know how to stop them from happening or deal with them in a healthy way.

**How can you manage and recover from stress?**

**Ways to manage your stress and support others when they are stressed:**

- Think about what has helped you handle stress in the past and what you can do to stay strong
- Take time to eat, rest and relax, even if you only have a few minutes
- Try not to work too much so you do not become too tired
- Try to divide work evenly with your co-workers
- Remember that you do not have to fix every problem
- Do not drink too much alcohol, caffeine or smoke a lot
- Ask your coworkers how they are doing and find ways to support them
- Talk with friends, loved ones or other people you trust for support
Taking time for rest is an important part of helping with recovery.

Some ways to relax:

- Talk about your experiences with a supervisor, coworker or someone else you trust.
- Focus on what you are able to do to help others, even in small ways.
- Learn to be proud of what you did well, understand what did not go very well and the limits you experience.
- Take some time, if possible, to rest before beginning work again.

If you find yourself with upsetting thoughts or memories about an event, feel sad, have trouble sleeping, drink a lot of alcohol or take drugs, it is important to seek support from someone you trust. You should speak to a supervisor or health worker if these things continue for more than one month.

How is a self-care plan developed?

A self-care plan helps you prepare for stress and heal from the stress in your life.

Questions to ask yourself when creating a self-care plan:

- What activities can help you relax and not worry about work at home?
- What can you change so that stressors that you cannot control become easier to control?
- How can you deal with the stressors you cannot control?
- Where can you seek social support? Who can you talk to about the stress that comes from caring for survivors of sexual violence?
- What changes in your surroundings would help you deal with stress? What support do you need? What can you do to start the changes?


You can keep your self-care plan at home or in the office. When you look at it, think about if you are following the plan you made and taking care of your own needs.
ADVANCED MODULE 8

Providing advanced community-based care for survivors of sexual violence

Participant handouts
Handout 1: Knowing where to give an injection
Handout 2: Partner management of STIs
Handout 3: Pictorial treatment protocol for STIs
Handout 4: Pictorial treatment protocol tetanus and hep B
Handout 5: Preparing a syringe for injection
Handout 6: Preventing infection (advanced)
Handout 7: Reproductive health anatomy
Handout 8: STI identification and management flowchart
Handout 9: Treating allergic reactions and allergic shock
This module is only for CHWs with the required level of skills and experience, or for providers of last resort if there is no possibility for referral to higher level health facilities.

**Providing tetanus toxoid/immunoglobin to prevent tetanus**

This section is only for use if the tetanus toxoid vaccination is available and if you have been trained in giving injections. This vaccination needs to be kept cold and you must follow infection prevention standards.

**What is tetanus and who is at risk for tetanus infection?**

Tetanus is a serious disease caused by germs infecting a wound. The disease can be prevented through immunization.

A survivor of sexual violence who has open wounds or cuts may be at risk for tetanus infection.

If the survivor has not been fully vaccinated, vaccinate her or him right away, no matter how long it has been since the attack.

**What is the tetanus vaccination and how does it work?**

The tetanus vaccine is called tetanus toxoid and is available in several different forms.

Antitetanus immunoglobin (anti-toxin) is expensive and needs to be kept cold. It is not available in many settings.

You should refer to your local standards for how to prepare it and what dose to give.

The tetanus vaccine is injected into a muscle (the upper arm for adults or the buttocks for children) using a syringe and needle.

Tetanus vaccination is safe for pregnant women and children. For children less than 7 years old, DTP or DT is preferred.
Messages to give survivors about the tetanus toxoid vaccination:

Survivors that receive the first dose of the tetanus vaccination must get the following doses at the correct times.

- The second dose should be given four weeks after the first dose.
- The third dose should be given six months to one year after the first dose.

Providing vaccines to prevent hepatitis B

This section is only for use if hepatitis B vaccination is available and if you have been trained in giving injections. This vaccination needs to be kept cold and you must follow infection prevention standards.

What is hepatitis B and who is at risk?

Hepatitis B is a common and serious infection that may cause liver failure, liver disease and liver cancer in up to 40 per cent of patients.

Survivors of sexual violence who have experienced vaginal, anal or oral assault and were exposed to the assaulter’s blood or body fluids may be at risk for hepatitis B infection.

What is the hepatitis B vaccination and how does it work?

Survivors should be given the hepatitis B vaccine within 14 days of the incident.

The recommended dose varies by product.

You should refer to your local protocol for the right preparation and dose.

The hepatitis B vaccine is injected into a muscle: in the thigh (for children younger than 2) or in the upper arm (adults and older children).\(^\text{13}\)

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\(^{13}\) Images and guidance from Hesperian Foundation, *Where There is No Doctor*, 2012, pp. 72-73.
You should not inject the vaccine in the bottom because it will not work as well.

Hepatitis B vaccine is safe for pregnant women and children. The dose and part of the body to be injected should be adjusted for children.

**Messages to give survivors about the hepatitis B vaccination:**

Survivors who receive the first dose of the hepatitis B vaccination must get the following doses at the correct times.

- Depending on the product, the **second dose** should be given 1–2 months after the first dose.
- The **third dose** should be given 4–12 months (most often 6 months) after the first dose.

The survivor may experience redness or soreness on the spot where she or he was given the vaccination.

**Managing STIs**

This section describes how to manage and treat basic symptoms of STIs. If you need to better understand reproductive anatomy, see the anatomy HO in your packet.

**How can STIs be managed and how is treatment provided?**

Sometimes a survivor may have certain symptoms of an STI.

Many STIs, including gonorrhoea, chlamydia, syphilis and trichomoniasis can be treated with antibiotics.

If left untreated, STIs can lead to pain, harmful pregnancies or problems having children.

**You can ask a survivor if she or he notices any of the common symptoms of an STI:**

- Unusual vaginal discharge (liquid) in terms of amount, smell or colour
- Itching of the vagina
- Pain while passing urine
- Pain during sex
- Lower abdominal (belly) pain
- Rash, sores or ulcers in the genital areas (vagina or penis)
If someone does not have symptoms or signs of an STI that does not mean that there is no infection. Survivors can have STIs without symptoms, especially women.

In your packet you have a table called managing STIs that explains the signs and symptoms and their most common causes. It also presents guidelines for how you can help anyone with these symptoms.14

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**STIs in pregnant women, children and males**

- Some antibiotics are not safe for pregnant women.
- Children require very specific antibiotic dosages based on their weight and age.
- Men who report discharge (liquid) from their penis, pain during urination and/or urinating more often than usual may have an STI. Gonorrhoea and chlamydia are the most common causes of these symptoms. Men should receive the same treatment for STIs as non-pregnant, adult women.

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**Messages for survivors when offering antibiotics for managing STIs:**

- Condoms must be used during sex until the antibiotic treatment is completed in order to prevent giving the STI to a partner.
- The entire antibiotic treatment must be finished in order for it to work.
- Pelvic inflammatory disease can develop if the STI is not cured. For women, this may lead to problems having children if it is not treated. If signs of pelvic inflammatory disease develop (severe stomach pain, fever, green or yellow foul-smelling discharge (liquid) or bleeding from the vagina), come back for treatment.
- If the STI does not start to get better after a week of treatment, or if the symptoms get worse, come back for more treatment.
- To get relief from the pain of some STIs:
  - Wear underclothes made of cotton
  - Wash underclothes once a day and dry them in the sun
  - Sit in a pan of clean, warm water for 15 minutes, two times a day
  - If it is painful to pass urine, pour clean water over the genital area while passing urine
- Anyone who is treated for an STI may get another infection if sexual partners are not treated. The sexual partner may or may not have symptoms and, if she or he is not treated, could continue to spread infection. Partners include all partners within the last two to three months.

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You should follow protocol to make sure the survivor gets the right treatment. Survivors should always be given the shortest course of treatment.

Just because the survivor is being treated for STI-like symptoms, this does not mean that she or he definitely has an STI, but it is safest to treat just in case the medicine can help her or him to feel better.

In case your referral health facility is very far away and a survivor develops an **allergic reaction or allergic shock** to the medicine, there is an HO in your packet on how to help them.
How should sexual partners be managed for STI treatment referral?

A survivor who is treated for an STI will begin to feel better but may return later with another infection.

Questions to help you know if it is a problem with the treatment or a new infection:

- **Problem with treatment:**
  - Did the survivor take all of the medicine?
  - Did the survivor stop taking her or his medicine as soon as she or he began to feel better?
- **Re-infection:**
  - Did the partner also get treatment?
  - Did the survivor and partner(s) use condoms or stop having sex after starting treatment?

In your packet you have a table called treating partners for STIs that explains how to treat partners based on signs and symptoms a survivor may report.

A survivor may feel afraid to talk about her or his symptoms or treatment with a partner.

She or he may worry that the partner will leave, act violently or think she or he was unfaithful (had sex with someone else by choice).

The survivor should never be forced to notify a partner of her or his symptoms or treatment.

You can support a survivor during this time by:

- Listening to the survivor’s fears or concerns.
- Telling the survivor that she or he does not have to tell a partner of recent treatment for STI-related symptoms if she or he does not feel comfortable doing so.
- Telling the survivor that receiving treatment to treat the symptoms of an STI does not mean that she or he has an STI.
- Teaching the survivor about how to have safer sex if she or he chooses not to tell her or his partner(s) and is worried she or he may get the infection again from the partner(s).
What are allergic reactions and allergic shock?

Some medicines, especially antibiotics like penicillin and ampicillin, can cause an allergic reaction, usually within 30 minutes after an injection. An allergic reaction can turn into allergic shock, which is an emergency.

**To prevent allergic reaction and allergic shock, you should ask the following question before giving an injection:**

“Have you ever had a reaction to this medicine, like red spots, itching, swelling or trouble breathing?”

**If the answer is yes,** you should not use that medicine in any form, or any medicine from the same family of medicines.

Whenever you inject medicines, you should watch for signs of allergies and have medicines for treating these allergies nearby so you can give them to the survivor immediately.

Signs of mild allergic reactions are itching, sneezing, red spots or rash.

Information on the **signs of allergic reactions and shock and how to treat them** are in your packet.
Knowing where to give an injection

Before injecting, **wash hands with soap and water.**

It is preferable to inject in the muscle of the buttocks, always in the **upper outer** quarter.

**WARNING:** Do not inject into an area of skin that is infected or has a rash. Do not inject infants and small children in the buttock. Inject them in the **upper outer** part of the thigh.

**How to inject**

1. Clean the skin with soap and water (or alcohol—but to prevent severe pain, be sure the alcohol is dry before injecting).
2. Put the needle straight in, all the way. (If it is done with one quick movement, it hurts less.)
3. Before injecting, pull back on the plunger. (If blood enters the syringe, take the needle out and put it in somewhere else).
4. If no blood enters, inject the medicine slowly.
5. Remove the needle and clean the skin again.
6. After injecting, rinse the syringe and needle at once. Squirt water through the needle and then take the syringe apart and wash it. Boil before using again. **NEVER inject more than one person with the same needle or syringe without disinfecting it first.**

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**Partner management of sexually transmitted infections (STIs)**

Use the table below to decide how to address possible STIs in partners based on the signs and symptoms reported by survivor.

<table>
<thead>
<tr>
<th>Survivor Signs and Symptoms</th>
<th>Possible Explanations</th>
<th>Partner Management Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital Sore or Ulcer</td>
<td>STI very likely</td>
<td>Treat partners for Syphilis and Chancroid</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urethral Discharge (in men)</td>
<td>STI very likely</td>
<td>Treat partners for Gonorrhea and Chlamydia</td>
</tr>
<tr>
<td>Pain and/or Burning during urination</td>
<td>STI very likely</td>
<td>Treat partners for Gonorrhea and Chlamydia</td>
</tr>
</tbody>
</table>
| Lower Belly Pain            | • Often STI (Pelvic Inflammatory Disease)  
                              • But also other causes | Treat partners for Gonorrhea and Chlamydia (urethral discharge) |
| Pain During Sex             | • Often STI (Pelvic Inflammatory Disease)  
                              • But also other causes | Treat partners for Gonorrhea and Chlamydia (urethral discharge) |
| Vaginal discharge (amount, smell, color) | Non-STI infection most likely | • NO partner treatment, unless relapse  
                              • If relapse, treat for Trichomoniasis |

### Treating chlamydial infection in children and adolescents*

<table>
<thead>
<tr>
<th>Age or weight</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than 45 kg</strong></td>
<td>Azithromycin 20 mg/kg by mouth, as a single dose</td>
</tr>
<tr>
<td></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>Erythromycin 50 mg/kg of body weight daily (up to a maximum of 2,000 mg), by mouth, in 4 doses</td>
</tr>
<tr>
<td></td>
<td><strong>For 7 days</strong></td>
</tr>
<tr>
<td><strong>If more than 45 kg and less than 12 years</strong></td>
<td>Azithromycin 20 mg/kg by mouth, as a single dose</td>
</tr>
<tr>
<td></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>Erythromycin 500 mg by mouth, 4 times daily</td>
</tr>
<tr>
<td></td>
<td><strong>For 7 days</strong></td>
</tr>
<tr>
<td><strong>If more than 12 years and not pregnant</strong></td>
<td>Azithromycin 1 g (1,000 mg) by mouth, as a single dose</td>
</tr>
<tr>
<td></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>Doxycycline 100 mg by mouth, twice daily</td>
</tr>
<tr>
<td></td>
<td><strong>For 7 days</strong></td>
</tr>
</tbody>
</table>

*Based on IAWG on RH in Crises, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, 2010; and WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004. Tablets, pill packs, dosing and calendar images from Hesperian Foundation; all others drawn by Stacey Patino.
### Detailed presumptive treatment for gonorrhea in children and adolescents

<table>
<thead>
<tr>
<th>Weight or Age</th>
<th>Treatment</th>
<th>Treatment</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than 45 kg</strong></td>
<td><strong>Ceftriaxone</strong> 125 mg intramuscularly, single dose</td>
<td><strong>Spectinomycin</strong> 40 mg/kg of body weight, intramuscularly (up to a maximum of 2,000 mg), single dose</td>
<td>(if child is less than 6 months) <strong>Cefixime</strong> 8mg/kg of body weight by mouth, single dose</td>
</tr>
<tr>
<td><strong>More than 45 kg</strong></td>
<td><strong>Cefixime</strong> 400 mg orally, single dose</td>
<td><strong>Ceftriaxone</strong> 125 mg intramuscularly, single dose</td>
<td></td>
</tr>
</tbody>
</table>
PART 3 Strengthening Community-Based Care

**Detailed presumptive treatment for syphilis in children and adolescents**

<table>
<thead>
<tr>
<th>Patient NOT allergic to penicillin</th>
<th>Patient allergic to penicillin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight or Age</strong></td>
<td><strong>Treatment</strong></td>
</tr>
<tr>
<td>All weights and ages</td>
<td>Erythromycin</td>
</tr>
<tr>
<td></td>
<td>50 mg/kg of body weight daily, by mouth divided into 4 doses (every 6 hours) for 14 days</td>
</tr>
<tr>
<td></td>
<td>Benzathine penicillin</td>
</tr>
<tr>
<td></td>
<td>50,000 IU/kg intramuscularly (up to a maximum of 2.4 million IU), single dose</td>
</tr>
<tr>
<td>Weight or Age</td>
<td>Treatment</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>If less than 12 years</td>
<td><strong>Metronidazole</strong>&lt;br&gt;5 mg/kg of body weight, by mouth, 3 times daily (every 8 hours) for 7 days</td>
</tr>
<tr>
<td>or</td>
<td><strong>Metronidazole</strong>&lt;br&gt;2 g (2,000 mg) by mouth as a single dose OR <strong>Tinidazole</strong>&lt;br&gt;2 g (2,000 mg) by mouth as a single dose OR <strong>Metronidazole</strong>&lt;br&gt;400 or 500 mg by mouth, 2 times daily for 7 days</td>
</tr>
<tr>
<td>If more than 12 years</td>
<td><strong>Metronidazole</strong>&lt;br&gt;2 g (2,000 mg) by mouth as a single dose OR <strong>Tinidazole</strong>&lt;br&gt;2 g (2,000 mg) by mouth as a single dose OR <strong>Metronidazole</strong>&lt;br&gt;400 or 500 mg by mouth, 2 times daily for 7 days</td>
</tr>
</tbody>
</table>
### Treating sexually transmitted infections in adults

<table>
<thead>
<tr>
<th></th>
<th>Gonorrhea</th>
<th>Chlamydial infection</th>
<th>Chlamydial infection in pregnant women</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult</strong></td>
<td>Cefixime</td>
<td>Azithromycin</td>
<td>Azithromycin</td>
<td>Azithromycin</td>
</tr>
<tr>
<td></td>
<td>400 mg by mouth as a single dose</td>
<td>1 g (1,000 mg) by mouth as a single dose</td>
<td>1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]</td>
<td>1 g (1,000 mg) by mouth as a single dose [2 g (2,000 mg) if more than 30 days]</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>Ceftriaxone</td>
<td>Doxycycline</td>
<td>Erythromycin</td>
<td>Erythromycin</td>
</tr>
<tr>
<td></td>
<td>125 mg intramuscularly, single dose</td>
<td>100 mg by mouth, twice daily (every 12 hours)</td>
<td>500 mg by mouth, 4 times daily</td>
<td>Benzathine benzylpenicillin 2.4 million IU, intramuscularly, once only (give as two injections in separate sites)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amoxicillin</td>
<td>For 7 days</td>
<td>For 7 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>500 mg by mouth, 3 times daily</td>
<td>For 7 days</td>
<td>For 7 days</td>
</tr>
</tbody>
</table>
Treating sexually transmitted infections in adults

Syphilis, patient allergic to penicillin

- **Azithromycin**
  - 1 g (1,000 mg) by mouth, single dose
  - [2 g (2,000 mg) if more than 30 days]

  ![pill]

  **OR**

  - **Doxycycline**
    - 100 mg by mouth, twice daily (every 12 hours)
    - for 7 days

  ![pill]

Syphilis in pregnant women allergic to penicillin

- **Azithromycin**
  - 1 g (1,000 mg) by mouth, single dose
  - [2 g (2,000 mg) if more than 30 days]

  ![pill]

  **OR**

  - **Erythromycin**
    - 500 mg by mouth, 4 times daily
    - For 14 days

  ![pill]

Trichomoniasis

- **Metronidazole**
  - 2 g (2,000 mg) by mouth as a single dose

  ![pill]

  **OR**

  - **Tinidazole**
    - 2 g (2,000 mg) by mouth as a single dose

  ![pill]

  **OR**

  - **Metronidazole**
    - 400 or 500 mg by mouth, 2 times daily
    - For 7 days

  ![pill]
## Treating yeast infection

<table>
<thead>
<tr>
<th>First choice treatment</th>
<th>Effective substitute</th>
<th>If pregnant or breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miconazole 200 mg through vagina, one a day</td>
<td><strong>Nystatin</strong> 100,000 unit vaginal tablet, one a day</td>
<td><strong>Miconazole</strong> 200 mg through vagina, one a day</td>
</tr>
<tr>
<td>for 3 days</td>
<td>for 14 days</td>
<td>for 3 days</td>
</tr>
<tr>
<td><strong>OR</strong> Clotrimazole 100 mg vaginal tablet, two tablets a day</td>
<td></td>
<td><strong>OR</strong> Clotrimazole 100 mg tablet vaginal tablet, two tablets a day</td>
</tr>
<tr>
<td>for 3 days</td>
<td></td>
<td>for 3 days</td>
</tr>
<tr>
<td><strong>OR</strong> Clotrimazole 500 mg vaginal tablet, as a single dose</td>
<td></td>
<td><strong>OR</strong> Nystatin 100,000 unit vaginal tablet, one a day</td>
</tr>
<tr>
<td></td>
<td>for 14 days</td>
<td>for 14 days</td>
</tr>
<tr>
<td><strong>OR</strong> Fluconazole 150 mg tablet, as a single dose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Handout 8.3

<table>
<thead>
<tr>
<th>Treating chancroid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First choice treatment</strong></td>
</tr>
<tr>
<td><strong>Ciprofloxacin</strong> 500 mg orally, twice a day for 3 days</td>
</tr>
<tr>
<td><strong>OR</strong></td>
</tr>
<tr>
<td><strong>Azithromycin</strong> 1 gram orally, as a single dose</td>
</tr>
<tr>
<td><strong>OR</strong></td>
</tr>
<tr>
<td><strong>Erythromycin</strong> 500 mg orally, 4 times a day for 7 days</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
## Treating genital herpes

<table>
<thead>
<tr>
<th>Primary infection treatment</th>
<th>Recurrent infection treatment</th>
<th>If pregnant or breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acyclovir</strong></td>
<td><strong>Acyclovir</strong></td>
<td>Use Acyclovir only when benefit outweighs the risk. Dosage is the same as for primary infection.</td>
</tr>
<tr>
<td>200 mg orally, 5 times a day</td>
<td>200 mg orally, 5 times a day</td>
<td><strong>Acyclovir</strong></td>
</tr>
<tr>
<td>for 7 days</td>
<td>for 5 days</td>
<td>200 mg orally, 5 times a day</td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
<td>for 7 days</td>
</tr>
<tr>
<td><strong>Acyclovir</strong></td>
<td><strong>Acyclovir</strong></td>
<td><strong>Acyclovir</strong></td>
</tr>
<tr>
<td>400 mg orally, 3 times a day</td>
<td>400 mg orally, 3 times a day</td>
<td>400 mg orally, 3 times a day</td>
</tr>
<tr>
<td>for 7 days</td>
<td>for 5 days</td>
<td>for 7 days</td>
</tr>
</tbody>
</table>

**HANDOUT 8.4**

**Giving tetanus toxoid and tetanus immunoglobulin to people with wounds**

<table>
<thead>
<tr>
<th>How many doses of tetanus has the survivor had? (number of doses)</th>
<th>If wounds are clean and less than 6 hours old or minor wounds</th>
<th>All other wounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>tetanus toxoid</td>
<td>tetanus immunoglobulin</td>
<td>tetanus toxoid</td>
</tr>
<tr>
<td>Uncertain or less than 3</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3 or more</td>
<td>No, unless last dose more than 10 years ago</td>
<td>No</td>
</tr>
</tbody>
</table>

For children less than 7 years old, DTP (diphtheria, tetanus toxoid and pertussis vaccine) or DT (diphtheria and tetanus toxoid) is preferred to tetanus toxoid alone. For persons 7 years and older, Td (tetanus and reduced diphtheria toxoid) is preferred to tetanus toxoid alone.

The second dose should be given at 4 weeks, and the third dose at 6 months to 1 year.
**How to give the hepatitis B vaccine**

It is given in 3 separate doses: the 2nd dose is given 1 month after the first dose; and the 3rd dose is given 6 months after the 2nd dose.*

Sometimes, the 2nd dose is given at 2 months, and the 3rd at 4 to 12 months.**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccine</th>
<th>Dose</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0 to 11 years</td>
<td>Engerix-B</td>
<td>10 ucg (0.01 mg)</td>
<td>*WHO, Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons, 2004</td>
</tr>
<tr>
<td>Children 12 to 19 years and adults</td>
<td>Engerix-B</td>
<td>20 ucg (0.02 mg)</td>
<td></td>
</tr>
<tr>
<td>Children 0 to 11 years</td>
<td>Recombivax HB</td>
<td>2.5 ucg (0.0025 mg)</td>
<td>*Hesperian Foundation, A Book for Midwives: Care for pregnancy, birth and women’s health, updated 2010</td>
</tr>
<tr>
<td>Children 12 to 19 years and adults</td>
<td>Recombivax HB</td>
<td>10 ucg (0.01 mg)</td>
<td></td>
</tr>
</tbody>
</table>
1. Take the syringe apart and boil it and the needle for 20 minutes

2. Pour out the boiled water without touching the syringe or the needle

3. Put the needle and the syringe together, touching only the base of the needle and the button of the plunger

4. Clean the ampule of distilled water well, then break off the top.

5. Fill the syringe (be careful that the needle does not touch the outside of the ampule)

6. Rub the rubber of the bottle with clean cloth wet with alcohol or boiled water

7. Inject the distilled water into the bottle with the powdered medicine

8. Shake until the medicine dissolves

9. Fill the syringe again

10. Remove all air from the syringe

---

Be very careful not to touch the needle with anything—not even the cotton with alcohol. If by chance the needle touches your finger or something else, boil it again.

Preventing infection (advanced)\(^1,2\)

Infections are caused by germs that are too small to see. Every person carries germs. These germs do not usually cause problems, but they can cause infections if passed to and from sick people. Germs also live on the equipment and tools used when caring for other people and can easily be passed to others you help.

**IMPORTANT!** You must follow these guidelines every time you help someone, whether you use your hands, tools or special equipment. If you do not, you may get a dangerous infection, or pass an infection to the people you are helping.

### Washing your hands

Wash your hands before and after caring for another person. It is the most important way to kill germs living on your skin. You need to wash your hands even more thoroughly and for a longer time:

- Before and after helping someone give birth
- Before and after touching a wound or broken skin
- Before and after giving an injection, or cutting or piercing a body part
- After touching blood, urine, stool, mucus, or fluid from the vagina
- After removing gloves

Use soap to remove dirt and germs. Count to 30 (or longer for a particularly thorough wash) as you scrub your hands all over with the soapy lather. Use a brush or soft stick to clean under your nails. Then rinse. Use water that flows.

Try making a Tippy Tap to have flowing water. It will save water and will make it easy to keep a supply of clean water for washing hands.

1. Use a large, clean plastic bottle with a handle. Pinch the handle together with a pair of hot pliers or a hot knife.
2. Make a small hole in the handle, just above where you sealed it.
3. To hang the tippy tap, make two more holes in the other side of the bottle and pass a string through them. Now you can hang it on a peg or tree branch.
4. Fill the bottle with clean water and replace the lid.
5. When you tip the bottle forward, the water will flow out, so you can wash your hands. Do not make the hole too large or it will waste water.

You can also hang a bar of soap from the string.

---


How to disinfect equipment and tools

Cleaning tools and equipment to rid nearly all of the germs is called high-level disinfection. Tools must first be washed and then disinfected if they are used to give an injection.

High-level disinfection: 3 steps

Steps 1 and 2 should be done right after using your tools. Try not to let blood and mucus dry on them. Step 3 should be done right before you use the tools again. All steps can be done together if you can store your tools so they will stay disinfected.

1. Soaking: Soak your tools for 10 minutes. If possible, use a 0.5% solution of bleach (chlorine). Soaking your tools in bleach solution first will help protect you from infection when cleaning the tools. If you do not have bleach, soak your tools in water.

How to make a disinfecting solution of 0.5% bleach:
If your bleach says: Use:

- 2% available chlorine . . . . . . . . . . . . . . . . . . 1 part bleach to 3 parts water
- 5% available chlorine . . . . . . . . . . . . . . . . . . 1 part bleach to 9 parts water
- 10% available chlorine . . . . . . . . . . . . . . . . . . 1 part bleach to 19 parts water
- 15% available chlorine . . . . . . . . . . . . . . . . . . 1 part bleach to 29 parts water

For example:

If your bleach says 5% available chlorine, use this much bleach:

Mix just enough solution for one day. Do not use it again the next day. It will not be strong enough to kill germs anymore.

2. Washing: Wash all tools with soapy water and a brush until each one looks very clean, and rinse them with clean water. Be careful not to cut yourself on sharp edges or points. If possible, use heavy gloves, or any gloves you may have.

3. Disinfecting: Steam or boil the tools for 20 minutes (as long as it takes to cook rice).

To steam them, you need a pot with a lid. The water does not need to cover the tools, but use enough water to keep steam coming out the sides of the lid for 20 minutes.
To boil them, you do not need to fill the whole pot with water. But you should make sure water covers everything in the pot the entire time. If possible, put a lid on the pot.

For both steaming and boiling, start to count the 20 minutes after the water is fully boiling. Do not add anything new to the pot once you begin to count.

**IMPORTANT!** Never use a tool on more than one person without washing and disinfecting all parts between each use.

**Storing your tools**

If you store your tools properly you can do Steps 1, 2, and 3 at one time, and the tools will be ready to use whenever you need them. To store tools:

- After boiling, pour off the water and let the tools dry by themselves. Do not dry them with a cloth. Put a lid or a thin, clean cloth over the pot to prevent flies and dust from getting in. Be sure to let the tools dry completely. Metal objects will rust if they are not dry.
- Do not let the tools touch your hands or anything else.
- Store the tools in a covered pot that has been disinfected. You can use the pot that was used for boiling with a lid, or the steamer that was used for steaming, or a glass jar and lid that have been boiled. If possible, put everything in a clean plastic bag to protect from dust.

**Disinfecting needles and syringes, gloves, and bandages**

**Needles and syringes:** If a needle and syringe can be used more than once (reusable), squirt bleach or soapy water through the syringe 3 times right after using it. Then take everything apart and follow step 2 and then step 3 above. Carefully store the syringe until the next use. Be sure not to touch the needle or the plunger. If you are not able to store things in a clean and dry place, boil or steam them again before use.

If a needle and syringe can be used one time only (disposable), carefully put them in a covered container that cannot be pierced by the needle, and bury the container deeply. If you cannot dispose of the needle safely, squirt bleach solution through it three times.

**Used needles are dangerous!**
Gloves: Gloves protect both you and the people you help against the spread of infection. If you do not have gloves, use clean plastic bags to cover your hands. Sometimes it is okay to use gloves that are clean but not disinfected—as long as you are not reusing them. But you should **always use high-level disinfected gloves when:**

- Putting your hand inside the vagina during an exam before or after childbirth or abortion
- Touching broken skin

If you use gloves more than one time, they should be cleaned, disinfected, and stored following the instructions. Always check washed gloves for holes, and throw away any that are torn.

If possible, it is best to steam gloves rather than boil them because they can stay in the pot they were steamed in until they are dry. If you are unable to steam gloves and must boil them, try to dry them in the sun. You will probably have to touch them to do this, so they will no longer be disinfected, but they will be clean. Keep them in a clean, dry place.

**Cloth dressings:** If you do not have sterile gauze, use cloth dressings. Follow the instructions for disinfection and storage. Dry the dressings in the sun, but be sure to keep them off the ground, and to protect them from dust, flies and other insects.

Any items that have touched blood or body fluids (urine, stool, semen, fluid from the bag of waters, pus) should be burned, or disposed of carefully so that children or animals will not find them. This includes supplies that are no longer useful but are contaminated, such as syringes, torn gloves or gloves that can only be used once, gauze or cotton.
Reproductive health anatomy*

# Identifying and managing STIs

The table below explains symptoms, signs, and most common causes of sexually transmitted infections (STIs), as well as guidelines for addressing them.

## Syndrome

<table>
<thead>
<tr>
<th>Vaginal discharge</th>
<th>Unusual vaginal discharge (in amount, smell or color)</th>
</tr>
</thead>
</table>

## Signs

<table>
<thead>
<tr>
<th>Abnormal vaginal discharge</th>
<th>Pain while urinating</th>
</tr>
</thead>
</table>

## Common Causes

<table>
<thead>
<tr>
<th>Trichomoniasis</th>
<th>Gonorrhea</th>
<th>Chlamydia</th>
<th>Yeast infection</th>
</tr>
</thead>
</table>

## Treatment Protocols

Give antibiotics for trichomoniasis, gonorrhea, and chlamydia (follow treatment protocols in Treating Sexually Transmitted Infections in Adults handout).

If vaginal discharge is white with curd-like appearance and there is vaginal itching, treat for possible yeast infection.

Refer to higher level facility if possible if discharge is reported yellow, green or very bad-smelling.

Consider referral to higher level facility if these symptoms are present:

- Fever
- Pregnancy
- Abnormal bleeding (between periods or heavy bleeding)

### Reference

## Identifying and managing STIs*

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Ask survivor if she or he experiences these symptoms:</th>
<th>Signs</th>
<th>Common Causes</th>
<th>Treatment Protocols</th>
<th>REFERRAL</th>
</tr>
</thead>
</table>
| Lower abdominal pain   | Lower belly pain                                      | Vaginal discharge       | Gonorrhea                              | Give antibiotics for trichomoniasis, gonorrhea and chlamydia (follow treatment protocols in *Treating Sexually Transmitted Infections in Adults* handout) | Refer to higher-level health facility when possible if these symptoms are present:  
  - Fever  
  - Pregnancy  
  - Abnormal bleeding (between periods or heavy bleeding)  
  - Abnormal vaginal discharge  
  - Reports of severe pain in lower abdomen |
| Pain during sex        | Pain during sex                                       | Tenderness when lower belly is touched | Chlamydia                              | Give medications for STIs (following treatment protocols in *Treating Sexually Transmitted Infections in Adults* handout) |                                                                          |
| Genital ulcer          | Genital sore                                          | Genital ulcer           | Syphilis                               |                                                                                      |                                                                          |
| Genital ulcer          | Genital ulcer                                         | Genital ulcer           | Chancroid                              |                                                                                      |                                                                          |
| Genital ulcer          | Genital ulcer                                         | Genital ulcer           | Genital herpes                         |                                                                                      |                                                                          |

*STIs: Sexually Transmitted Infections*
Treating allergic reactions and allergic shock

Some medicines, especially antibiotics like penicillin and ampicillin, can produce an allergic reaction, usually within 30 minutes after an injection. An allergic reaction can progress to allergic shock, which is an emergency. To prevent allergic reaction and allergic shock, before giving an injection ask the person: “Have you ever had a reaction to this medicine, like unusual red spots, itching, swelling or trouble breathing?” If the answer is yes, do not use that medicine in any form, or any medicine from the same family of medicines. Whenever you inject medicines, watch for signs and have medicines for treating them nearby.

**Signs of mild allergic reaction:** Itching, sneezing, red spots or rash

**Treatment:** Give 25 mg diphenhydramine by mouth 3 times a day until the signs disappear. Pregnant or breastfeeding women may find the discomfort of a mild allergic reaction better than the risks of taking an antihistamine.

**Signs of moderate to severe allergic reaction:** Itching, hives, swollen mouth and tongue or difficulty breathing

**Treatment:**

1. Inject 0.5 mg of epinephrine immediately under the skin. Give a second injection in 20 minutes if the signs do not get better.
2. Give 25 mg diphenhydramine or promethazine by mouth or by injection into a muscle. Repeat in 8 hours or less if the signs do not get better.
3. Watch the person for at least 4 hours to make sure the person does not progress to allergic shock.

**Signs of allergic shock:** itching or hives; swollen mouth and tongue; weak, rapid pulse or heartbeat (more than 100 beats per minute for an adult); sudden paleness or cool, moist skin (cold sweats); difficulty breathing; or loss of consciousness.

**Treatment:**

1. Inject 0.5 mg of epinephrine immediately under the skin as in the above image. Give a second injection in 20 minutes if the signs do not get better.
2. Inject 50 mg diphenhydramine or promethazine into muscle. Repeat in 8 hours or less if the signs do not get better.
3. Inject 500 mg hydrocortisone (cortisol) into muscle and repeat in 4 hours if needed. Or inject 20 mg dexamethasone into muscle and repeat in 6 hours if needed.
4. Watch the person for 8 to 12 hours to make sure the signs do not come back. Leave her or him with steroid medicines to take by mouth if signs return. She or he should take 500-1000 mg of hydrocortisone and repeat after 4 hours if needed. Or, she or he can take 20 mg of dexamethasone and repeat after 6 hours if needed.

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