**Background/Significance:** The Mozambican Ministry of Health (MOH), with support from the Centers for Disease Control and Prevention (CDC) Mozambique and other partners, is currently in the process of standardizing and scaling up a national program to improve gender based violence (GBV) care, not only to mitigate GBV occurrence, but also to minimize risk for HIV infection. Questions remain about optimal strategies for increasing GBV service demand and survivors’ completion of post-exposure prophylaxis (PEP). In May 2015, CDC Mozambique requested Friends in Global Health (FGH) to conduct an evaluation of the GBV and PEP services in all Zambézian districts where FGH provides technical assistance.

**Methods:** Referencing FGH, MOH, CDC, and other GBV implementing agencies’ training resources, with adaptations based on FGH’s program needs, my colleagues and I developed a GBV Site Visit Assessment Tool focusing on the priority areas of GBV care.Using the new assessment tool, our FGH team made visits in June and July 2015 to twelve of the FGH-supported district headquarters health facilities to conduct baseline assessments to better understand the current status of GBV clinical response and service utilization in these communities. At each site, our team explained the evaluation to district health officials and FGH leadership, met with members of the clinics’ GBV response teams, and conducted the detailed baseline assessments through informal interviews and observational surveys.

**Results:** Detailed reports for each site visit as well as a program-wide summary report were completed and disseminated to FGH leadership, members the GBV Evaluation team, and district level teams. Almost universally across districts our results found that: very few GBV cases are reporting/referred to health facilities; there is inconsistent use of the GBV case documentation forms; a majority of GBV survivors (whether they received PEP or not) are not returning to clinics for follow-up care; almost all sites lack a system, plan, or personnel to conduct follow-up in community for GBV survivors who have not returned.

**Conclusion:** FGH currently continues to prepare for implementation of the CDC-funded evaluation of its GBV program. Guided by information gained in the baseline site assessments, the evaluation aims to assess the delivery of GBV clinical services, the use of and adherence to PEP following a GBV-related exposure, and the impact of enhanced training, tools, and access to follow-up care at every FGH-supported district site.