THE REPUBLIC OF UGANDA
Ministry of Health

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Strengthening the health system response to violence against women in Uganda

Lessons learned from adapting and implementing WHO guidelines and tools

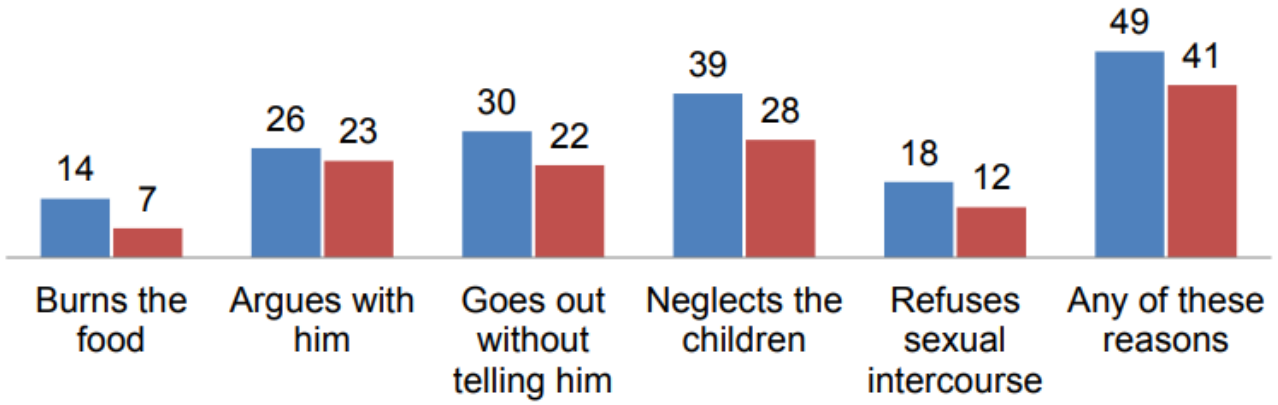
Background

Of all women in Uganda

- 51% experienced physical violence in their lifetime
- 22% experienced sexual violence in their lifetime

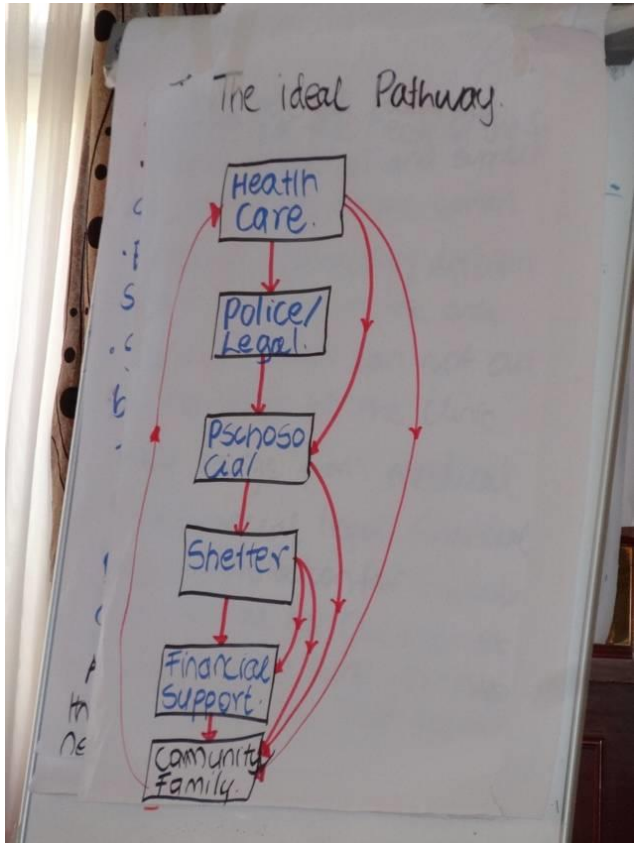
Attitudes towards domestic violence

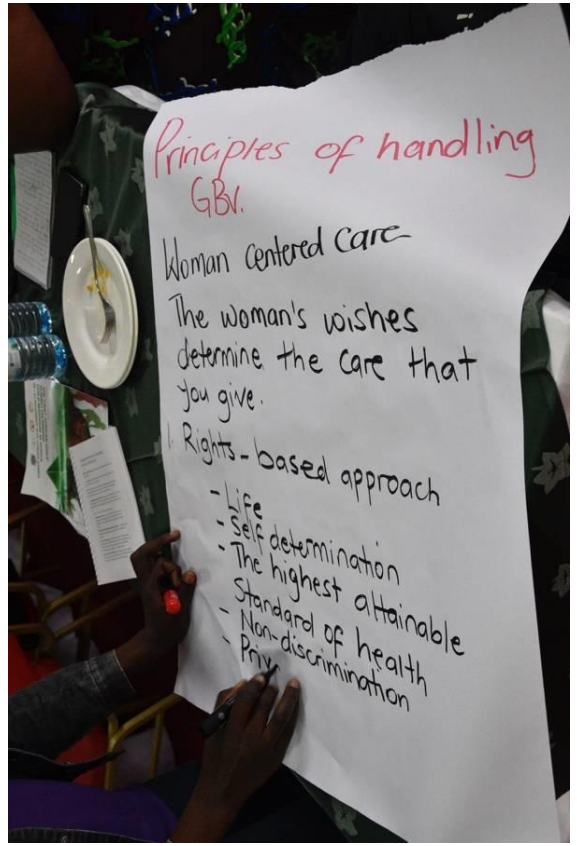
Percentage of women and men age 15-49 who agree that a husband is justified in beating his wife for specific reasons



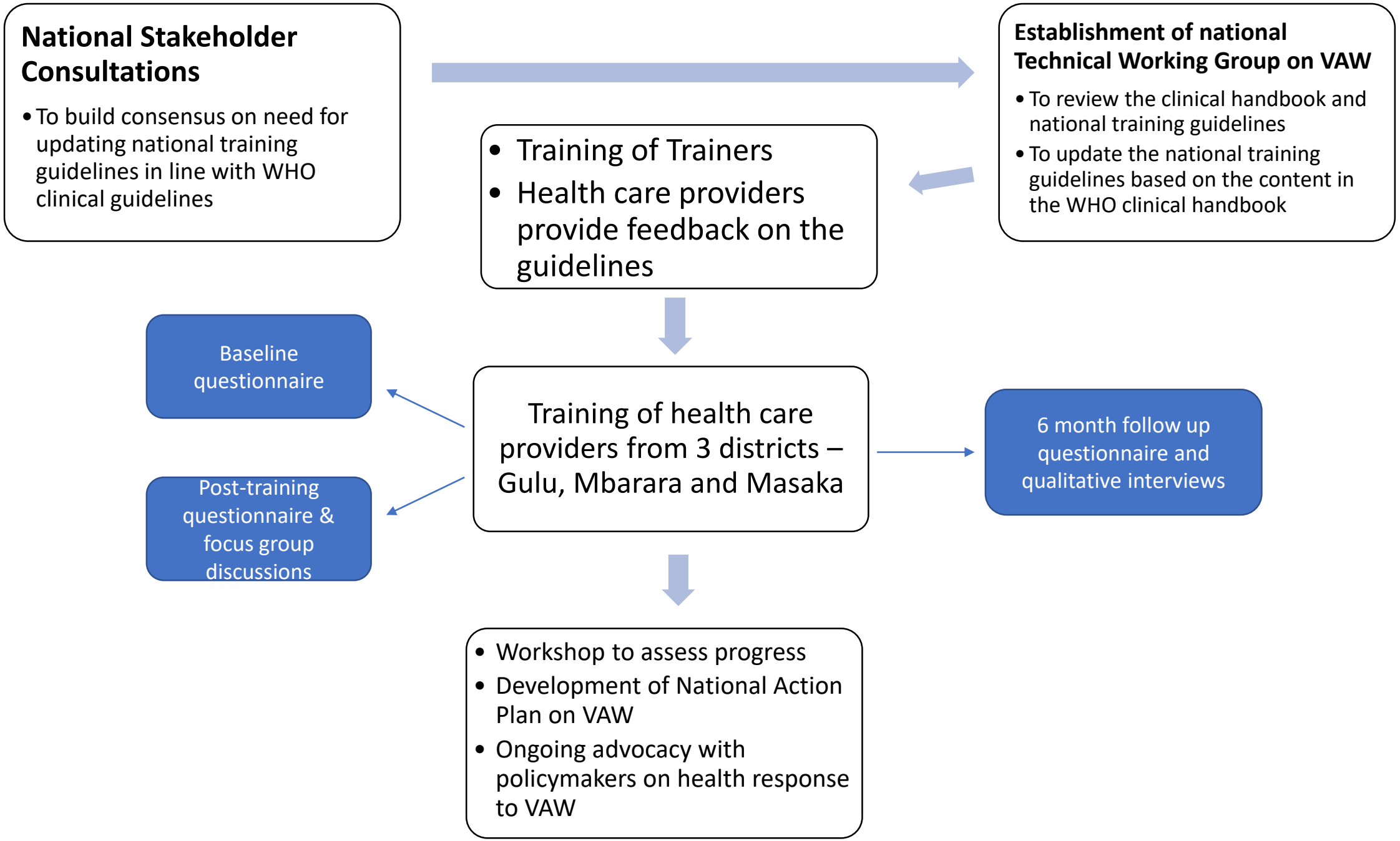
Activities and Achievements 2014-2018

- Stakeholders engaged
- Evidence-based advocacy activities
- National training guidelines updated (in line with W recommendations)
- Job aids for health care professionals developed
- Providers trained, having improved knowledge and preparedness
- Promoted health response to VAW across health responses (e.g., family planning)
- Promoted integration of health response to VAW in other projects (WB)
- Quality improvement tool developed

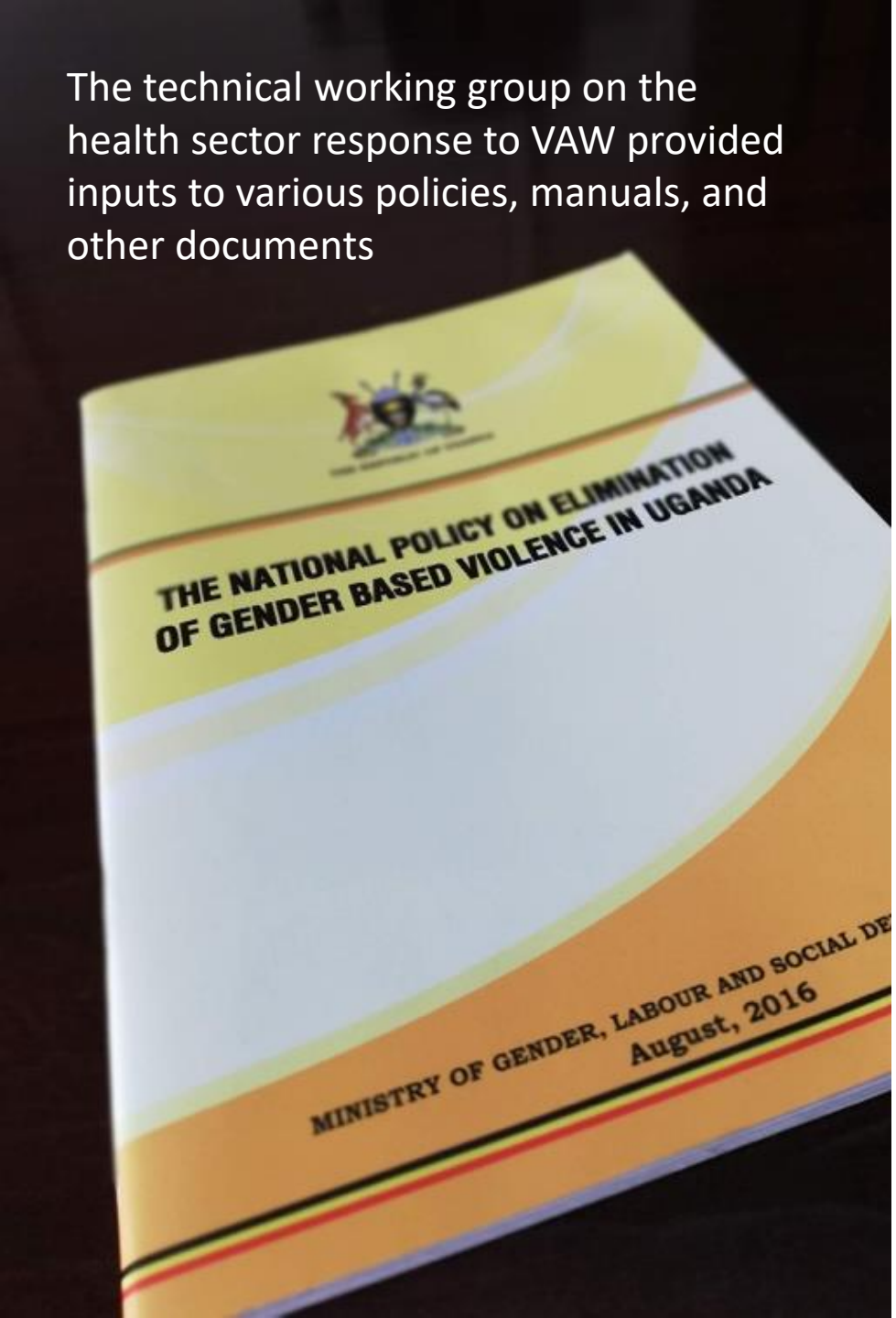




Adaptation and implementation of WHO guidelines in Uganda


National Stakeholder Consultations
• To build consensus on need for updating national training guidelines in line with WHO clinical guidelines
Establishment of national Technical Working Group on VAW
• To review the clinical handbook and national training guidelines
• To update the national training guidelines based on the content in the WHO clinical handbook
• Training of Trainers
• Health care providers provide feedback on the guidelines
Baseline questionnaire
Post-training questionnaire & focus group discussions
Training of health care providers from 3 districts – Gulu, Mbarara and Masaka
6 month follow up questionnaire and qualitative interviews
• Workshop to assess progress
• Development of National Action Plan on VAW
• Ongoing advocacy with policymakers on health response to VAW

The technical working group on the health sector response to VAW provided inputs to various policies, manuals, and other documents



Adaptation of guidelines

- Uganda national guidelines for health workers on the management of sexual and gender-based violence
  - Overview of gender-based violence
  - The law and sexual/GBV
  - Communication, psychosocial and mental health counselling
  - Clinical management of GBV survivors
  - Networking and social mobilization for GBV
  - Monitoring and evaluation
- Master trainer manual & trainee manual
- Contextualized job aids

Trainings of Health Workers, 2015-2017

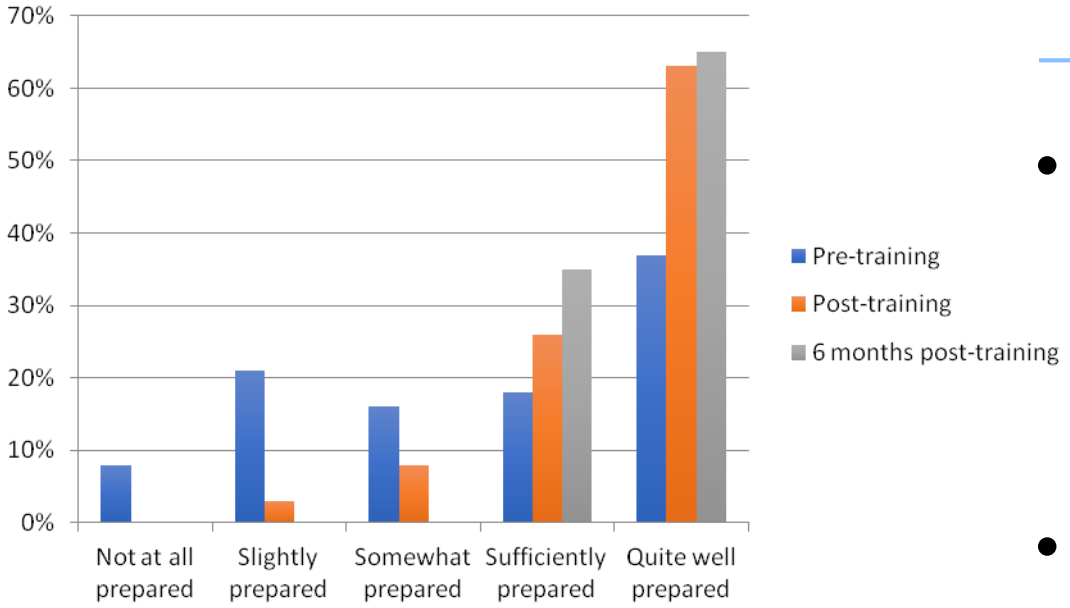
- A training of trainers (ToT) with 20 master trainers in December 2015
- Trainings of 45 health workers in in Masaka, Gulu and Mbarara using the national and the WHO clinical handbook for health care providers
- Pre- and post-training questionnaires implemented
- Monitoring, supervision and mentor visits

Progress and achievements

- **Changes in awareness, leadership, political commitment and policies**
  - Strengthened commitment
  - Integration of VAW response
  - Donor commitment (WB, EU, USAID, others)
- **Improvements in service delivery**
  - More survivors identified
  - Information on VAW in health education
  - Better referrals

"More cases are being identified, particularly ones that would have been missed before such as physical and psychology violence"

Juliet Cheptoris, Chair, Technical Working Group on the Health Sector Response to VAW



Improvement in perceptions around preparedness to provide services to survivors of VAW

Progress and achievements

- **Changes in health worker capacity and skills**
  - Health workers better equipped with skills
  - Training evaluations showed improvement in knowledge, skills, and preparedness
- **Changes at the community level**
  - Consistent and quality support for survivors and families
  - Health workers positively influencing social norms

Challenges

- Regular rotation of health workers
- Lack of privacy
- Lack of supplies
- Lack of job aids at hand
- Lack of skills in mental health
- Lack of knowledge about relevant laws
- Time limitations
- Few resources for referral

Lessons learned

- **Process:**
  - Evidence needed for advocacy of VAW being public health issue
  - Advocacy necessary at start and throughout implementation
  - Multi-sectoral stakeholder group for adaptation processes is crucial
  - Formation of Technical Working Group
  - Invest time and resources to engage stakeholders for ownership
  - Dedicated budget line on VAW at MoH level needed
  - Systematic change takes time
  - Important to celebrate successes along the way
- **Health worker training**
  - Piloting & evaluating training necessary to support scale-up
  - Job aids, ongoing training, mentorship and access to basic supplies needed for high quality services
  - Health worker rotation is frequent and impacts provider training
  - Solutions to strengthen health sector often found in other sectors

Priorities for way forward

- Training and mentoring for health workers

- Advocacy

- Supplies and resources

- Evidence

quote

“Preventing and responding to GBV is beneficial for everyone. It improves health outcomes and income and the wellbeing of men and women is guaranteed.”

Tina Musuya, Executive Director, CEDOVIP Uganda

Thank you