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Implementing a health systems response to violence against women and girls: WHO's approach

Dr Avni Amin

World Health Organization

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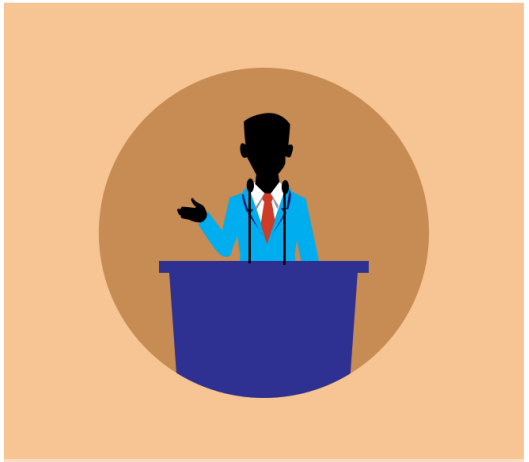
WHO's efforts to strengthen VAW: Priority Areas

1 **Research and evidence-building** to highlight the magnitude of violence against women, its risk factors and consequences, and to identify effective interventions for prevention and response.

2 Developing **guidelines and tools, setting norms and standards** for an effective health response to violence against women.

3 **Strengthening country capacity** of health systems to respond to violence against women.



4 Encouraging leadership in health systems and **building the political will** to address violence against women through advocacy and partnerships.

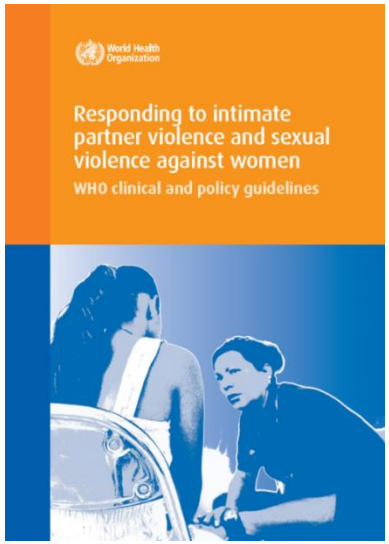
Political commitment to the health system's response to violence

69th World Health Assembly, May 2016

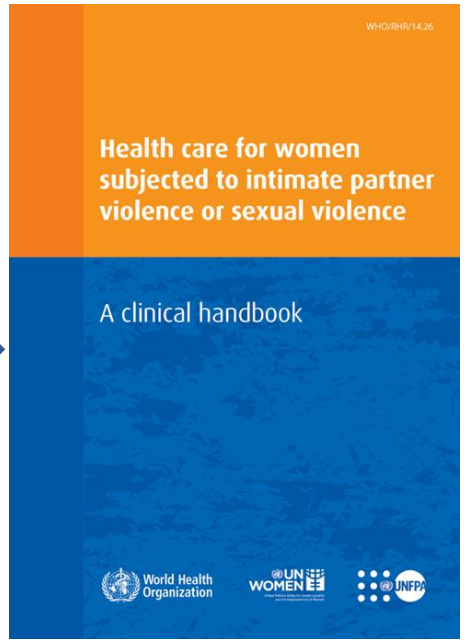
The Ministries of Health of the 193 Member States of WHO, endorse the global plan of action on strengthening the health system's response to violence against women and girls and against children

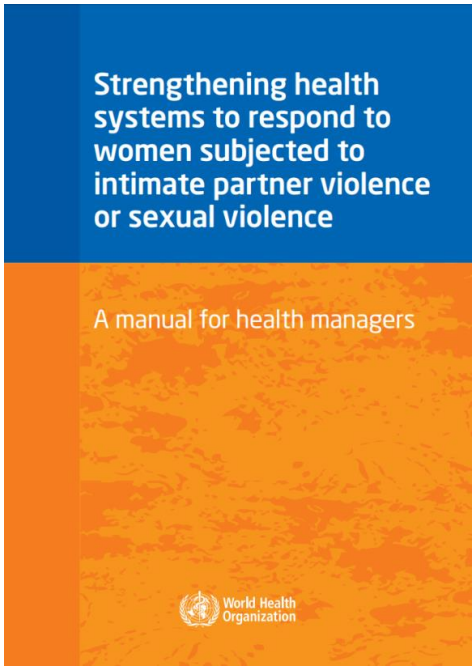
Global Plan of Action:
Health systems address violence against women and girls

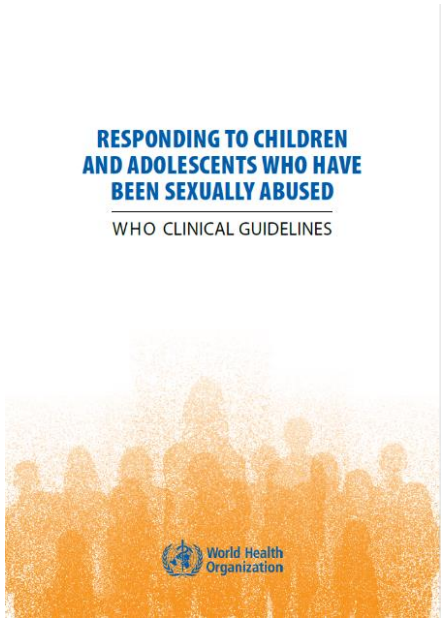
WHO guidelines & implementation manuals: A toolkit



"What"





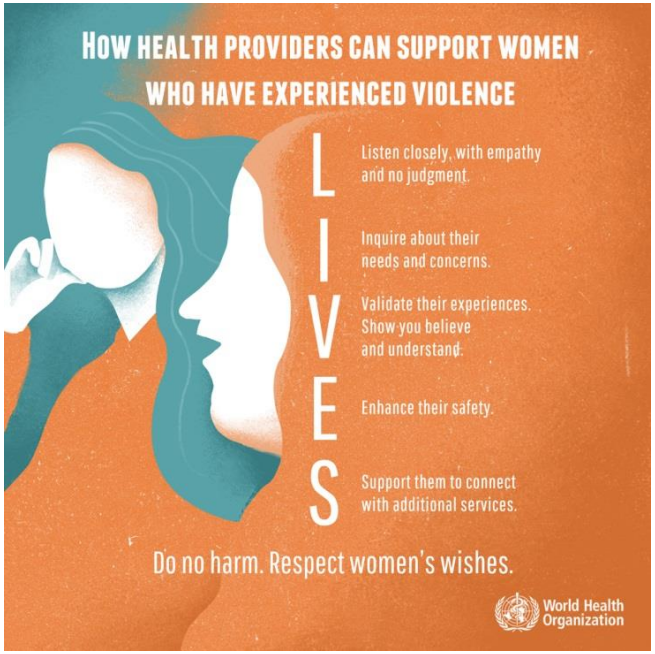


"How"

Ongoing

1. **Curricula – e-learning + print**

2. **Toolkit with all products with instructions on how to roll out / implement, monitor and evaluate**



What is first-line support? Most important care

- identify her needs and concerns
- listen and validate her concerns and experiences
- help her to feel connected to others, calm and hopeful
- empower her to feel able to help herself and to ask for help
- explore what her options are
- help her to find social, physical and emotional support
- enhance safety

Identifying & responding to IPV

- Clinical enquiry (**NOT universal screening/routine enquiry**) to identify IPV
- First-line support to those who disclose IPV
- Treatment of injuries or other health conditions
- Mental health care for pre-existing conditions
- Cognitive behavioural therapy (CBT) or eye movement desensitization & reprocessing (EMDR) for those with PTSD
- Brief to medium duration empowerment counselling (up to 12 sessions) & advocacy/support**
- Children exposed to IPV: offer psychotherapeutic intervention, including sessions with & without mother

Clinical care: Survivors of sexual violence

- First line support
- Complete history - recording event, any injuries, mental health status, etc.
- If within 72 hours provide:
  - Emergency contraception (up to five days)
  - HIV PEP as appropriate
  - STI prophylaxis/treatment
- Safe abortion as per national law
- Written information for dealing with anxiety/stress & watchful waiting up to 3 months
- If person has post-traumatic stress disorder, refer for CBT or EMDR by a health-care provider with a good understanding of sexual violence

Training health providers

- Train in first-line response and acute post-rape care
- In-service skills-based training, including:
  - when and how to enquire
  - the best way to respond to women
  - when & how forensic evidence collection is appropriate
- Address attitudes
- Provide continual supervision & mentoring
- Integrate into undergraduate curricula

Health care policy & provision

- Integrate into existing health care
- Consider different models – no one size fits all, but support provision of care at primary health care level

MANDATORY Reporting

- Mandatory reporting of IPV by health care provider is NOT recommended
- Health care providers should offer to report if the woman wants to do so

How to use the guidelines & tools to strengthen country capacities

1. Raise awareness among policy-makers, health managers & health care workers
2. Adapt or update guidelines or protocols and standard operating procedures for health response to VAW
3. Training of trainers and/or of health providers and managers
4. Monitoring and evaluating trainings and service readiness to deliver care to survivors

Approach to implementation

National stakeholders meeting:

- To introduce the clinical handbook
- To identify gaps and needs of the national efforts on VAW, as well as potential collaboration opportunities from WHO
- To discuss the required updates on the clinical handbook in order to adapt for use in the national context

Core Group meeting:

- To review national protocols and training materials on violence against women (VAW)
- To examine how the clinical handbook can help strengthening national efforts to address VAW
- To discuss and agree on a work plan

Phase 1

Group **provides feedback** on the clinical handbook

Translating the clinical handbook (if needed)

path A

path B

Baseline questionnaire

Training of Trainers – health-care to women subjected to violence

End-line questionnaire

Trainees **provide feedback** on the clinical handbook

Training of health-care providers – health-care to women subjected to violence

Baseline questionnaire

End-line questionnaire

Phase 2

Trainees **provide feedback** on the clinical handbook

6 months

Post 6 month questionnaire

Workshop to assess progress:

- Identify barriers to implementation
- Identify improvements to be made to clinical handbook
- Develop plan for rolling out trainings and implementing the handbook in rest of the districts/regions or health facilities

Phase 3

3 **Strengthening country capacity** of health systems to respond to violence against women.

Countries being supported

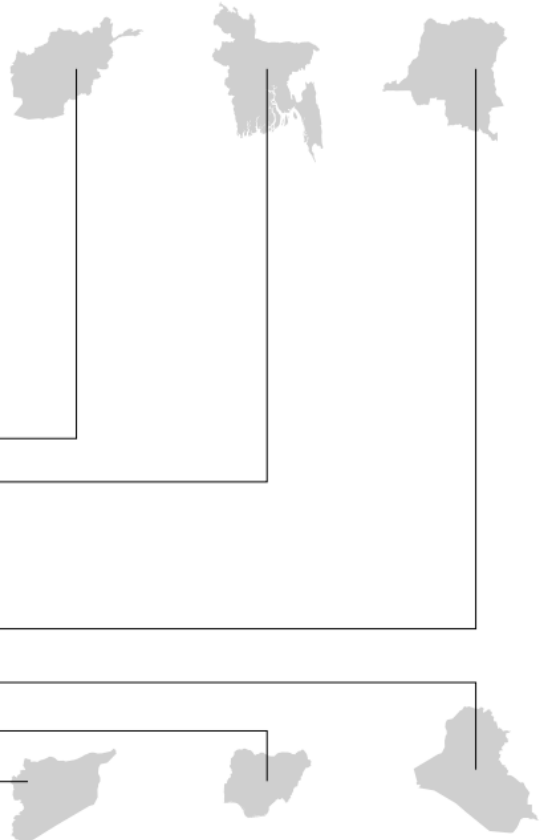
3 **Strengthening country capacity** of health systems to respond to violence against women.

Botswana, Cambodia, Namibia, Pakistan, Uganda, Uruguay, and **Zambia** have adapted and implemented the clinical handbook.

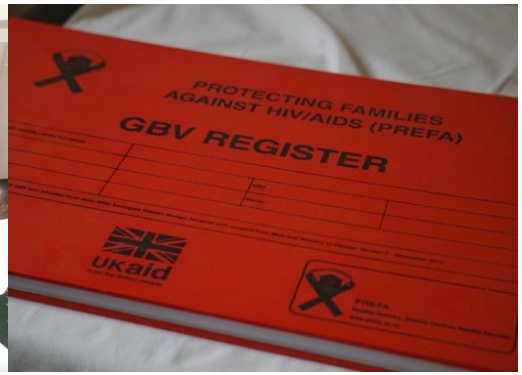
Afghanistan is scaling up the health sector response to violence against women: it has developed a health protocol in line with WHO guidelines, translated the clinical handbook into local languages and is training 6000+ health workers across all 34 provinces.

Cambodia has implemented a national population-based prevalence survey using the WHO multi-country study methodology.

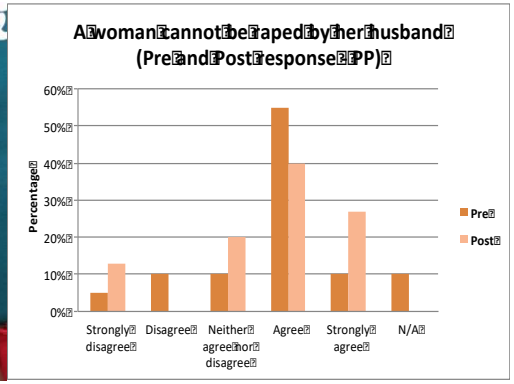
WHO is building the capacity of health care providers in humanitarian settings, through the health cluster, in **Afghanistan, Bangladesh, Democratic Republic of Congo, Iraq, Nigeria,** and the **Syrian Arab Republic**.



Key achievements



Uganda: MoH is sensitized to the issue and has a plan for scaling up services



Cambodia: Trainings being scaled-up in 11 districts + pre-service

Afghanistan: training 6500 providers + service improvements in facilities in all 34 provinces

Stories from the field

A man in his forties raped a teenage girl in his village and brought five cows to her parents as a bride price. The girl was devastated and ran to the health care facility where she had been treated following her rape by a trained health worker who had been kind to her.

The health workers did not disclose her whereabouts. They talked to the community and the girl's family and helped them understand what they were doing was wrong, that this young girl had the right to choose a partner, that she had been raped which was a crime, and that her right to safety should be respected. The community accepted her back and her family allowed her to marry the man she loved.

CEDOVIP, Uganda 2018

A 27-year-old woman came to a clinic in Afghanistan with injuries on her face and in a state of emotional distress. The doctor asked her about violence and she disclosed that while her husband was working overseas, her husband's brother beat her almost everyday. She suffers from insomnia and severe headaches.

Reassuring her about confidentiality, the doctor examined her, attended to injuries, prescribed medication, and referred her for counseling. The counselor provided regular counseling. After 3 weeks, the woman's mental health symptoms improved.

Mid-wife, community health center, Afghanistan

Lessons learned: sustained changes require

- Improving infrastructure
  - patient flow
  - mechanisms for privacy
- Procedures for confidentiality
- Documentation
- IEC, job aids
- Supervision, mentoring & refreshe
- Strengthening referral linkages with other services
- Supportive managers willing to champion
- Community outreach to raise awareness
- Institutional change takes time