INDIA

What facilitates the scale up of a public health sector VAW response programme?

Learning from practice

RESEARCH TEAM: **Sangeeta Rege, Sanjida Arora, Padma Bhate Deosthali**

RESEARCH INSTITUTIONS: **Anusandhan Trust and Centre for Enquiry into Health and Allied Themes (CEHAT)**

BACKGROUND

Across the world 1 in every 3 women, including women living in India, will experience some form of sexual or intimate partner violence in their lifetime [1,2]. Violence against women is associated with multiple adverse health outcomes, including poorer reproductive health, increase risk of sexually transmitted infections including HIV/AIDS, reduced psychological well-being and even death[3]. Health Care Providers (HCP) can play an important role in responding as well as mitigating these health consequences.

In 2000, the Centre for Enquiry into Health and Allied Themes (CEHAT) in collaboration with the Municipal Corporation of Greater Mumbai (MCGM) set up Dilaasa—one of the very first public-hospital based crisis centres for VAW survivors in India. This was at a time when VAW was not recognised as a health concern either in the domestic legal framework or in the health policies of India. Due to sustained advocacy efforts by CEHAT and other organisations in India, HCPs are now legally required to care for and respond to survivors of VAW, and Dilaasa has been replicated in 11 additional Municipal hospitals of MCGM under the state health program.

The present study seeks to understand how the various critical components of the Dilaasa model have been integrated and embedded into the health care system across the 11 centres in the public hospitals. The will build a better understanding of factors that facilitate scale up and sustainability of hospital-based centres for LMIC settings.

STUDY OBJECTIVES

1. To assess the extent to which various components of Dilaasa model have been integrated in the centres established at 11 peripheral hospitals of Mumbai.
2. To document challenges encountered by 11 hospitals in establishing a health sector response and strategies adopted by them in dealing with them.
3. To identify the strategies that played a role in scaling up of Dilaasa model in 11 peripheral hospitals.

METHODS

Design

This is a mixed methods study.

Objectives	Methods	Respondents	Variables
To assess health sector response to VAW in hospitals where these 11 Dilaasa centres are situated	Survey tool by WHO for strengthening the health sector response to VAW along with some context specific components	Administered by researchers and information will be taken from HCPs, counsellors and administrators	Infrastructure, service provision, training, reporting, maintenance of data
	In-depth interviews with the women receiving services from Dilaasa	Women who have received services from Dilaasa centres	Experiences of using the Dilaasa services, how the centres responded to their needs, perspective on the services being provided and what needs to be done to improve them.
	Rapid assessment of management information system data from 11 Dilaasa centres		Health complaints of women, nature of violence, interventions offered and pathways of care.
	In-depth interviews with professionals from NGOs, child welfare committee and legal service centres		Assessment of the referral services operationalised by 11 Dilaasa centres
To document the problems and the strategies for establishing a health sector response	In- depth interviews	Administrators, counsellors and HCPs	Infrastructural, human resource, policies
To identify the strategies that played a role in scaling up of Dilaasa model	Key informant interviews	Senior administrators NUHM, SPGRC (Gender resource centre by MCGM), Chief Medical Officer and CEHAT staff	Document the strategies deployed in implementation of the models, challenges encountered and tactics to resolve them

Sampling

Medical officers who have administrative charge of Dilaasa, nurses as well as clinicians from each of the 11 hospitals will be included in survey. One counselor (out of two) from each centre will also be interviewed. We will purposively contact 22 women who sought different services from centres. CEHAT will seek ethics review from the.Institutional ethics committee (IEC)

WHY IS THIS STUDY IMPORTANT?

- Given the dearth of knowledge on evidence-based models in the health sector to respond to VAW, this study will fill an important gap on factors and indicators that lead to the successful scaling up of a health sector model to respond to VAW.
- The research findings will help advocate for the integration of such centres into other health settings across different states in India.
- It will assist to understand how to reach as many survivors as possible hence the urgent need to know what we can scale up, and how, and when we do, does it remain effective

References

1. World Health Organisation. (2005). WHO multi-country study on women's health and domestic violence against women REPORT—Initial results on prevalence, health outcomes and women's responses.

2. International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

3. Campbell JC. Health consequences of intimate partner violence. Lancet, 2002, 359(9314):1331–36.

Sexual Violence Research Initiative

DEVELOPMENT MARKETPLACE

WORLD BANK GROUP