Implementation research to scale –up health systems response to VAW in India, using WHO guidelines and tools

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Purpose, objectives

Aim: learn how to improve health systems response & quality of care (QOC) to survivors. Phase 1 pilot

1. validate implementation of WHO guidelines and tools
   • assess needs of HCP
   • adapt & implement training + service delivery readiness
   • assess improvements in KAP of HCP
   • assess relevance of training

2. understand perceptions of QOC of women who receive care

3. validate instruments for measuring HCP skills and health facility readiness
Research Context

National Lifetime spousal violence: 29%

Spousal violence:
16% urban
26% rural

GUIDELINES & PROTOCOLS
Medico-legal care for survivors/victims of Sexual Violence
Overview of intervention & research activities

**Intervention**
- Adaptation of training
- ToT
- Training of HCP
- Refresher training
- SOP for privacy & confidentiality
- Referral directory
- IEC/job aids
- Registers to collect data on VAW cases

**Research**
- Stakeholder consultations
- Training fidelity documented
- KAP survey - Pre, Post & post 6 months
- IDI & FGDS with HCPs
- IDI with women
- Aggregation of VAW cases

**Sample**
- 26 administrators (Doctors, Nurses, Social Workers)
- 8 trainings/5 months
- 210 HCPs
- IDI HCP 28; FGD 4 - Ongoing
- IDI women 10 - Ongoing
- 531 VAW cases / 10 months
Findings + lessons learned
India: Data from 531 women disclosing violence

*Type of violence disclosed*

- Physical violence: 64.40%
- Sexual violence: 11.90%
- Emotional violence: 73.60%
- Financial violence: 21.80%

*Primary health complaint*

- Poisoning/Wrist cut: 33%
- Injuries: 32.2%
- Sexual violence: 25.6%
- Other complaints: 4.3%
- No information: 4.9%
Innovations

https://youtu.be/GaMx1O4qrEs