

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

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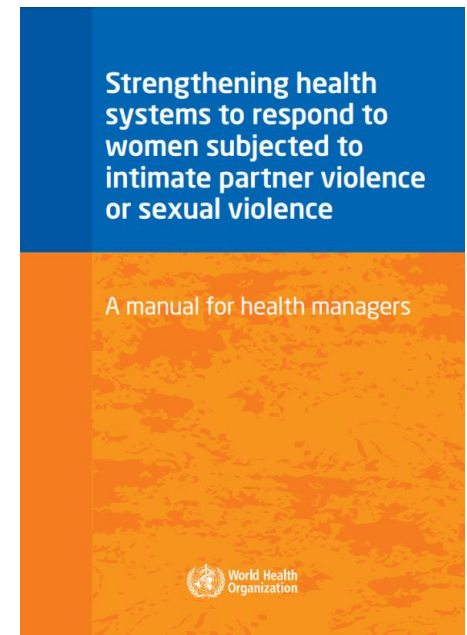
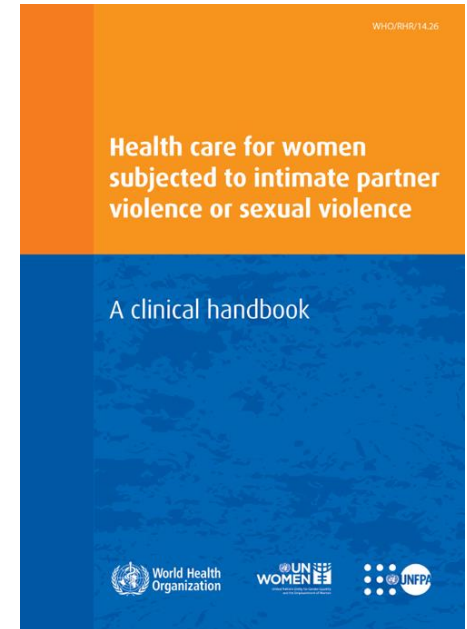


# Purpose, objectives

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

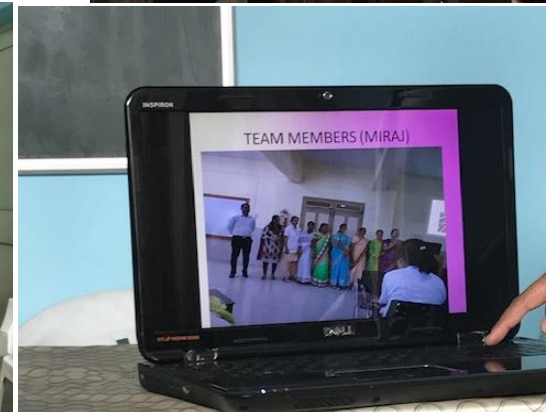
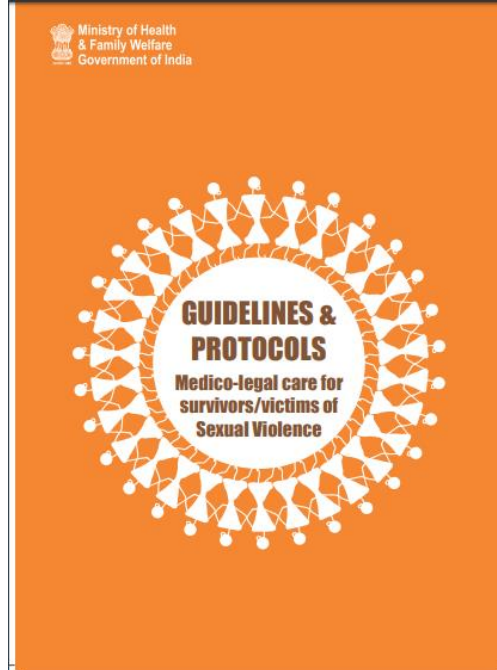


# Research Context

National Lifetime spousal violence: 29%



Spousal violence:  
16% urban  
26% rural



# 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

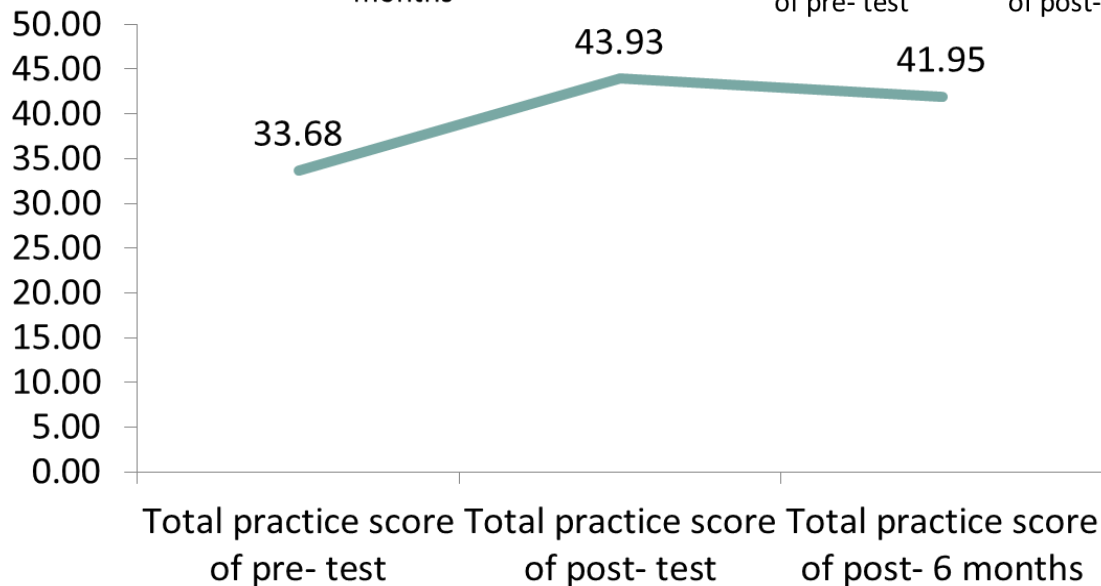
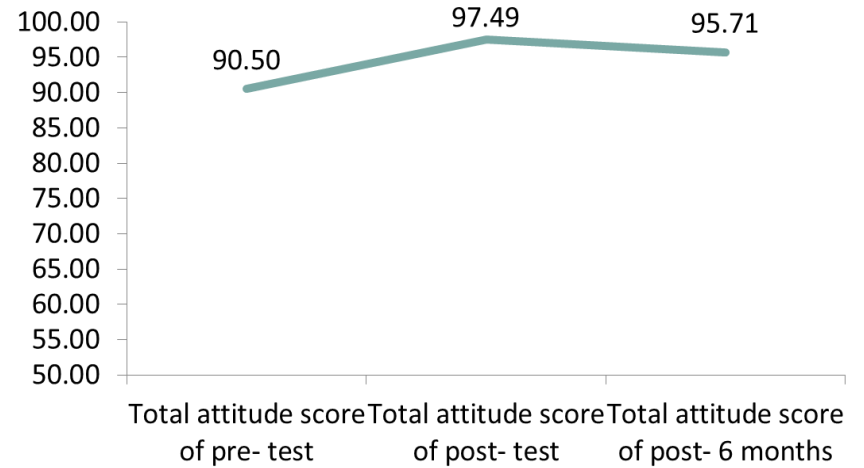
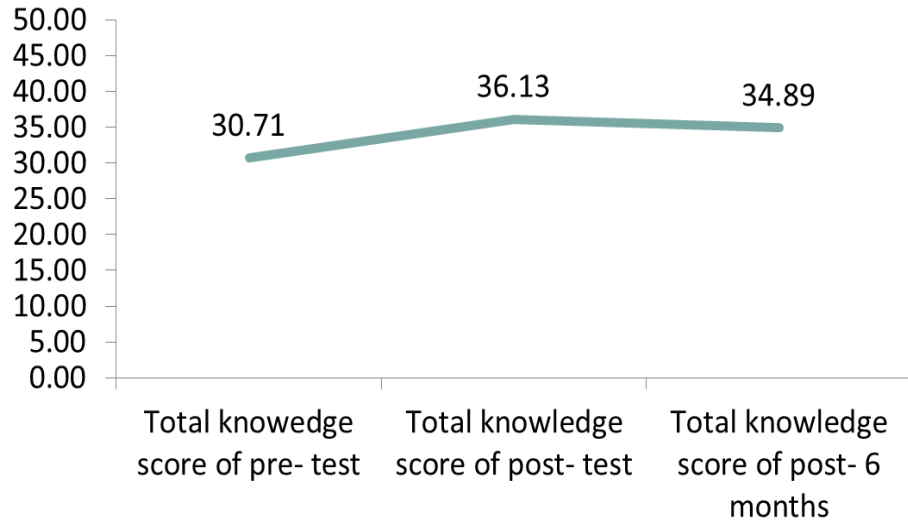
- 26 administrators (Doctors, Nurses, Social Workers)
- 8 trainings/5 months
- 210 HCPs
- IDI HCP 28; FGD 4 - Ongoing
- IDI women 10 - Ongoing
- 531 VAW cases / 10 months



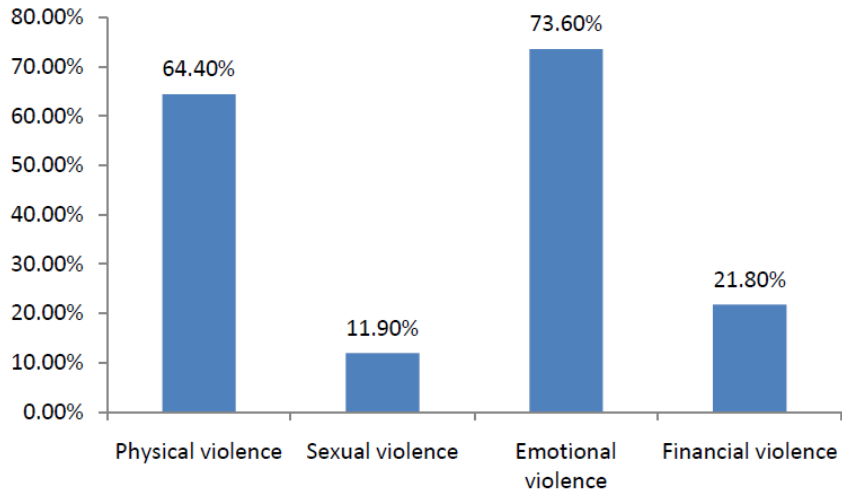
# Findings + lessons learned



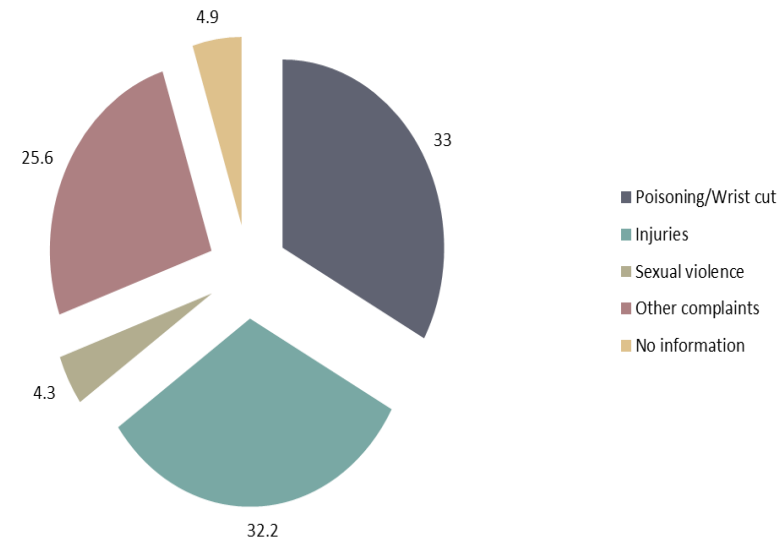
# India: Changes in Provider KAP



# India: Data from 531 women disclosing violence



Type of violence disclosed



Primary health complaint

Innovations

<https://youtu.be/GaMx1O4qrEs>

