Implementing WHO guidelines and tools for responding to intimate partner violence, sexual violence and child sexual abuse: Implications for research

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Guidelines & tools

"What"

"How"
How health providers can support women who have experienced violence

- Listen closely, with empathy and no judgment.
- Inquire about their needs and concerns.
- Validate their experiences. Show you believe and understand.
- Enhance their safety.
- Support them to connect with additional services.

Do no harm. Respect women’s wishes.

World Health Organization
3-pronged strategy for uptake of guidelines and tools

Advocacy and partnerships

"Learning countries"
Field testing of WHO tools & guidelines & Implementation Research

- Uganda
- Cambodia
- Namibia
- Afghanistan
- Pakistan
- Zambia
- Uruguay
- India

Regional and country office capacities
Summary of implementation process

National stakeholders meeting:
• To identify needs and gaps of the national efforts on VAW
• To introduce the clinical handbook
• To identify context-specific issues

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
• To provide feedback on the clinical handbook

Translating the clinical handbook (if needed)

Training of Trainers – health-care to women subjected to violence
• Trainers provide feedback on the clinical handbook

Baseline questionnaire
Endline questionnaire

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

Trainees take endline questionnaire and provide feedback on the clinical handbook

Workshop to assess progress:
• Identify measures to address the logistic and operational challenges identified
• Discuss about how to improve the Clinical Handbook and make it more useful to the country’s needs.
• Agree about the way forward on national efforts to address VAW and opportunities for support from WHO
Field-testing Cambodia and Uganda

Uganda: Health care provider responses to: "It is advisable to talk to both a women and her partner together in a suspected case of IPV"

Cambodia: Health providers responses to: "Survivors of violence tend to use health services more often than women who have not experienced violence"

![Graph showing responses to questions in Uganda and Cambodia]
Barriers to providing care

• Time limitations
• Few referral points
• Lack of private space
• Lack of ECP
• Fear of participation in police proceedings
• Limited opportunity to speak to woman alone
• Lack of lockable storage
Implications for research

1. Need to have validated tools to assess provider skills in LMICs

2. How best to measure and improve health systems readiness to support providers?

3. What are the best capacity building approaches to improve and retain knowledge and skills?

4. What do survivors want and expect from providers?

5. Who is best placed to provide different elements of care and at what level of service delivery?
Coming soon (2017): Health systems manual

- Improve service delivery
- Strengthen infrastructure and availability of medical supplies
- Develop policies and strengthen governance and accountability of services to survivors
- Coordinate across sectors and engage communities; and
- Collect data, monitor and evaluate services
Coming Soon (2017)

- Child or adolescent centred gender-sensitive first line support
- Medical history, examination & documentation
- Psychological interventions
- Prevention of HIV
- Prevention and management of pregnancies from rape
- Prevention of sexually transmitted infections (STIs)
- Promoting safety and respecting autonomy of survivors while fulfilling any obligation to report abuse