



HEALTHCARE RESPONDING
TO VIOLENCE AND ABUSE



LESSONS LEARNED FROM HERA 1

Professor Ana Flávia d'Oliveira

Brazil

HERA 1 (JULY 2017 - DEC 2018)

- Bibliographic review
- Readiness assessment
- Interviews with HCP, managers and women (1)
- Steering committee meeting (theory of change)
- Intervention (2 sessions of 1,5 hs training and feed backs)
- Interviews with HCP, managers and women (2)
- Pre and post PIM
- Evaluation (number of cases disclosed before and after - type, to whom disclosed, presence in NPV and referral)

1. CHOOSING THE HEALTH UNITS

- What the central level says may not be what happens in the field (NPV? meetings?). Check before.
- Health system organization, managers and their goals are central - interview them and assess their priorities (analysis before intervention??)
- Health managers and university: are we there to solve their problems?? Let it clear!

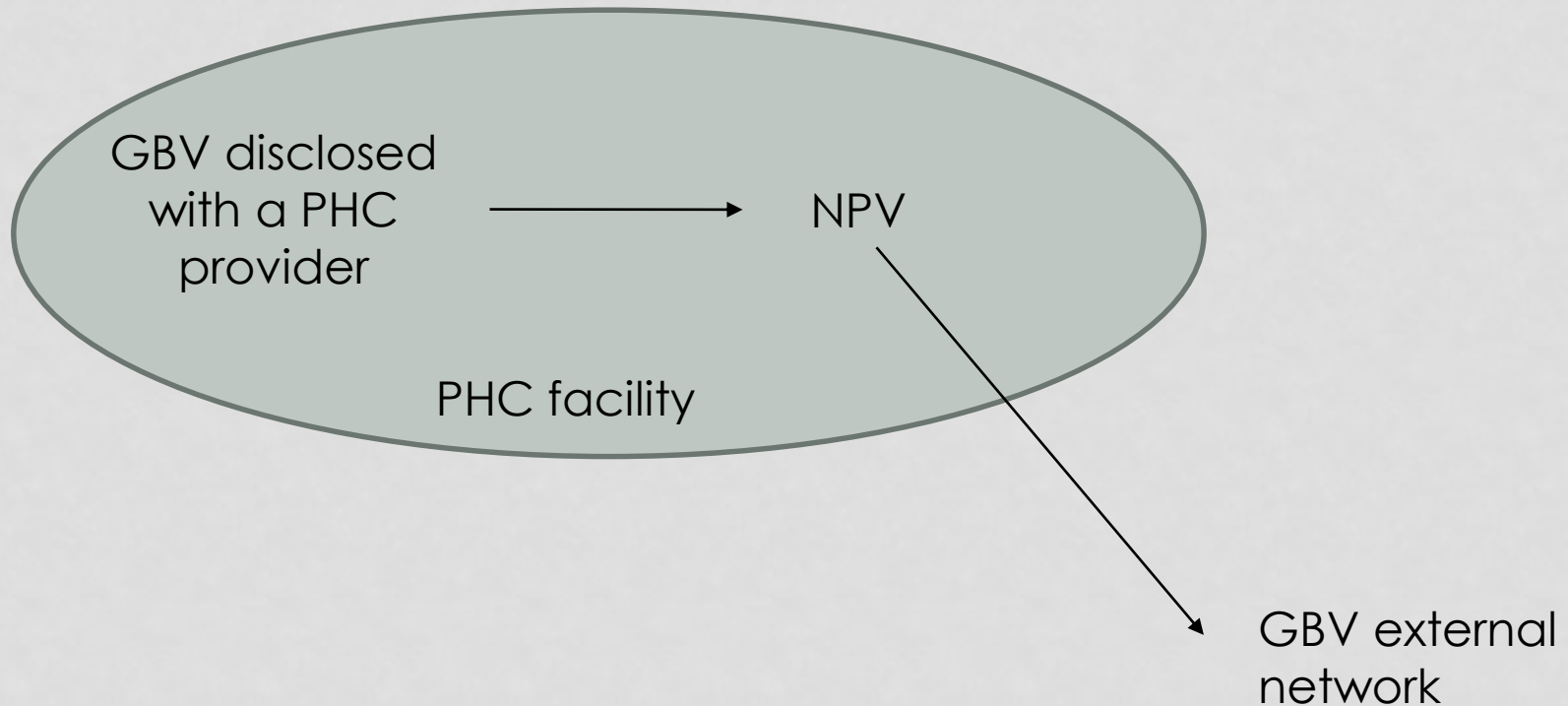
IMPORTANT TO KEEP IN MIND...

To sensitize the providers is different from sensitizing the manager



Keep close attention to **how they perceive and prioritize GBV** and deal with **central levels demands**

GBV CASES AND THE PROPOSED FLOW WITHIN THE PHC CENTERS

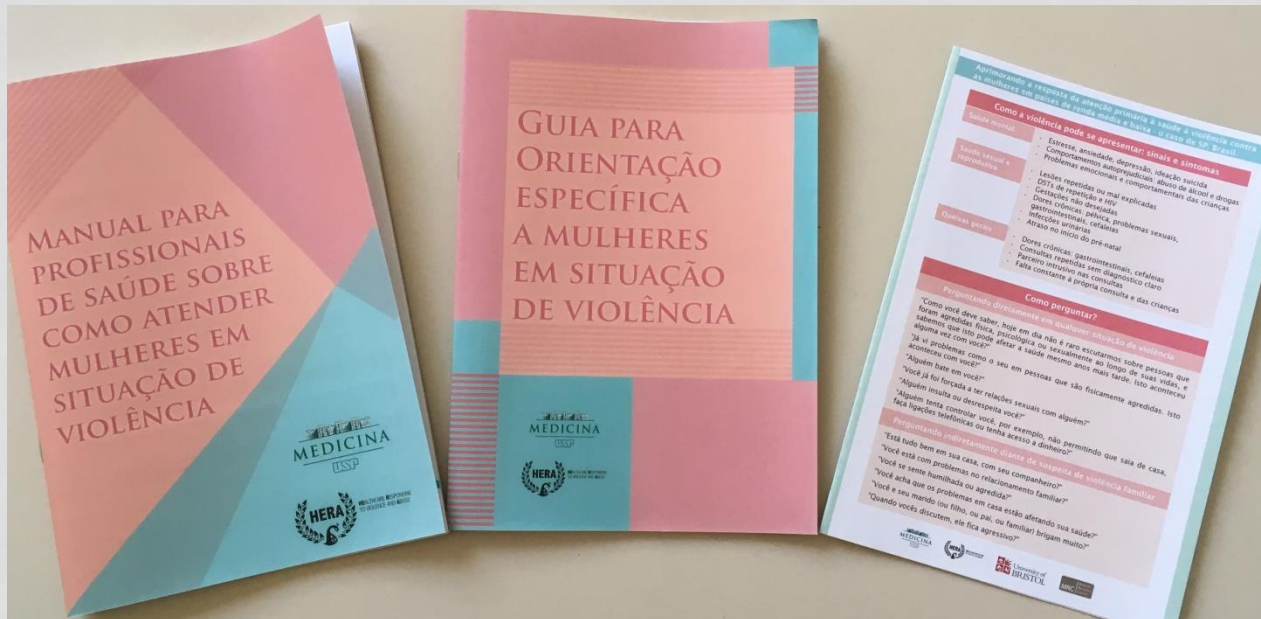


2. INTERVENTION

- First of all: train NPV and guarantee their attendance and participation in the general training - attention with the external network relationship
- Time is crucial - two or three short sessions (1 hour) or one longer session (3 hours)?
- Pre - PIM and post PIM: self administered or face to face (community health agents)?
- Reinforce the flow chart and register as much as possible. Agree with the team an internal referral to NPV that can be registered
- Feed back sessions: agreed and scheduled from the beginning

SUPPORT MATERIAL

Need to be **delivered on the day of the training** and contain a **clear reminder** of the content discussed on the training session as well as a **clear flow**



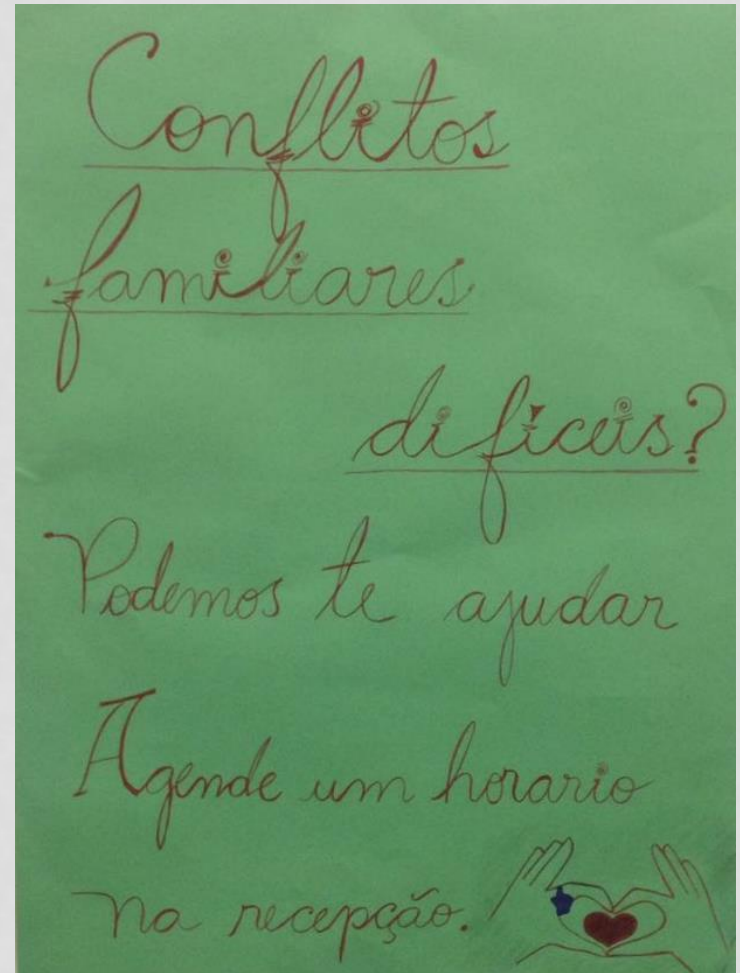
BE PREPARED TO HANDLE GBV CASES AMONG THE HEALTH CARE PROVIDERS

- Talk about it in the training and have a clear referral to offer when needed
- Best to refer to outside the health center

Confidentiality is paramount

POSTER IN THE UNIT

- Make it public to the service users that the PHC unit is a safe place to talk about **family conflicts**
- **Do not write the word VIOLENCE** in the poster. Difficult family conflicts is a better word
- To make a poster workshop with the NPV members and interested health care providers worked well



3. EVALUATION

- The flow need to be very clear in the training session and should be reinforced as many times as possible
- Register is crucial – epidemiological surveillance report is unstable
- Set a table for identified cases with NPV members and convince them to use it not only for the research, but to keep a track of each case

It is essential that the manager supports the importance of register

NPV TEND TO “HOLD THE CASES” WITHIN THE PHC SERVICE

❖ Strengthen the relationship between the PHC service and the GBV network:

1. Arrange visits to the GBV specialized service
2. Include professionals from other services in NPV training

IMPORTANCE OF MANAGING

- ❖ Local managers and evaluation in place is crucial.
- ❖ We need to focus data collection with local and central managers and not just with HCP.
- ❖ Policies and actual practice may be very distinct.

THANK YOU!

Ana Flávia d'Oliveira

aflolive@usp.br

Stephanie Pereira

stephaniepereira@usp.br

