LESSONS LEARNED FROM HERA 1

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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 feedbacks)
- 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!
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

GBV disclosed with a PHC provider → NPV

PHC facility

GBV external network
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!

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