

Adapt and pilot test an existing health care provider-led empowerment counselling intervention in the outreach centers in order to improve safety, self efficacy and quality of life of women who experience domestic violence

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Nepal *setting*



- Population
 - 30 million
- Development Index
 - Ranks 144th
- Language
 - Nepali
- Caste/ Ethnicity
- Life expectancy
 - Male 68.8
 - Female 71.5

Background *setting*



Marriage

A father's gift of a virgin daughter to the groom's family



Status of women

Low-socioeconomic position
Less decision power

Background *prevalence violence against women*

Nepal

- 28-81% women experience domestic violence^{1,2}
- 6% of women experience DV during pregnancy³
- 17.3% sexual violence, 16.6% psychological violence, 3.2% physical abuse during pregnant women⁴
- 21% of women experience DV in their lifetime
- 1.6 % during pregnancy

References

1. Tuladhar et al, 2013
2. SAATHI/UNFPA, 2009
3. Nepal demographic health survey, 2016
4. Shrestha M., Shrestha S., Shrestha B, 2016



“... They said it might be a police case, and if I said that I had been beaten by my husband, they would call the police. I would be left alone. I would not have any place to go [crying]. I lied and told them that I fell from the ladder while I was carrying a tub ... I did not tell anyone.”

“... They ...should ask about what had happened to us, how we got to the hospital, who abused us,”

Women endure the burden of domestic violence

Health care response to violence *Nepal*

"Year /



लैङ्गिक हिंसा सम्बन्धित
क्लिनिकल प्रोटोकल



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
जनसंख्या महाशाखा
२०७२

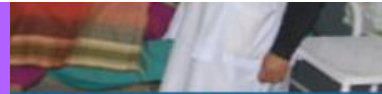
Health Response to Gender-Based Violence

Competency Based Training Package for
Blended Learning and On-the-Job-Training

Facilitators' Guide



Government of Nepal
Ministry of Health
National Health Training Center
2016



Woman Receives Counselling at an OCMC



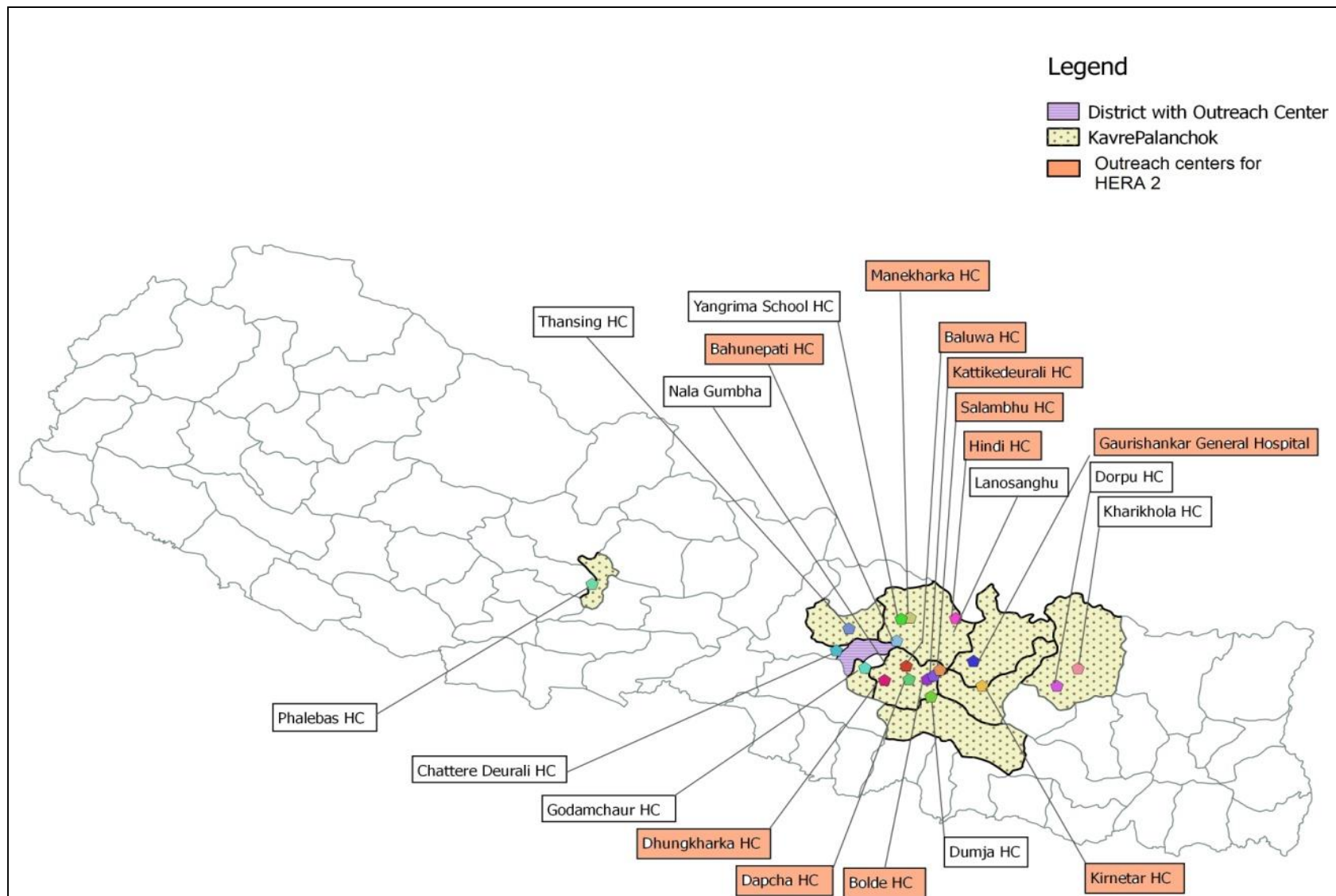
Aim overall

To develop and pilot test health care provider led counselling intervention at the outreach centers in order to improve safety, self-efficacy, and quality of life for women who experience domestic violence

Aim specific

1. To explore health care providers' perceptions of and response to cases of domestic violence including perceived barriers to providing as a part of assessing health system readiness
2. To explore what women want as a health care response for DV from ANC/SRH services including views on what they would find helpful in terms of a health care response
3. To explore the views of key stakeholders regarding the appropriate role of antenatal and sexual reproductive health in responding to domestic violence and elucidate a potential referral pathway
4. To adapt and pilot an existing health care provider-led empowerment counseling intervention (based on WHO Safe and Sound) for women exposed to domestic violence who are receiving antenatal and sexual and reproductive health in the outreach community health centers
5. To surface program theory and evaluate the process of incorporating an adapted version of Safe and Sound intervention within SRH/ANC setting in Nepal
6. To assess whether the counseling intervention improves the health and help seeking behaviors, safety, self-efficacy, women's mental health and quality of life of abused women
7. As a secondary outcome (which may arise from enhanced safety) to assess whether the intervention results in a reduction in women's experiences of domestic violence

Study setting *outreach centers*



Formative Phase

Health care provider

- Perception of DV
- Needs
- Barriers

KII with stakeholders

Assess readiness (facility observation, documents reviews)

Pre-intervention knowledge of the HCP's

Women

- What is best for them from health care responding to GBV
- Baseline interviews on the general and mental health, DV, Quality of life
- Awareness about services during health education session at the outreach

Developing Safe and Sound

- Consultative meeting with the stakeholder
- Developing referral pathways
- Develop ToC

Implementation of Safe and sound

- All HCP's will receive training
- Post Intervention interviews with HCP's
- Developing referral pathways/ linkages
- Monthly reinforcement training

Safe and Sound *proposed for Nepal*

- Contents
 1. Understanding and responding to domestic violence
 - *DV, causes and consequences on women's health*
 - *Health care responding to violence and abuse*
 2. Soft Skills to responding to women in crisis
 - *Empathetic skills*
 - *Cycle of violence*
 - *Danger assessment and discussing options*
 - *Developing safety plans*
 - *Self care for participants and the providers themselves*
 3. Development of referral pathways/ linkages
 - *Hotline numbers*

Evaluation of Safe and sound

Health care providers

- Collection of most significant stories
- Recorded number of identification
- Recorded number of referrals

Women (Sample size ???)

- In-depth interviews with women
- Collection of most significant stories
- Endline interviews on the general and mental health, DV, Quality of life

Way forward

- Simplifying the protocol
- Ethical application
- Develop topic guides, Questionnaire
- Pretesting interviews- ????
- Meeting with Stakeholders