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**Title**

Adaptation and implementation of HERA (Healthcare Responding to Violence and Abuse) intervention in Nepal, Sri Lanka and Brazil: a comparative analysis and lessons learned

**Background**

Few studies describe the process and challenges involved in adapting and implementing health system responses to VAW in diverse contexts. Achieving a good fit between intervention and context requires continuous adaptive implementation and negotiations in practice aimed at sustainment. When anticipated outcomes are not reproduced in new contexts it is important to understand whether this is a result of inadequate adaptation, intervention mechanisms that do not function well in the new context, weaknesses in the evidence or other reasons.

**Aims and Objectives**

To share lessons learned with the implementation of HERA (Healthcare Responding to Violence and Abuse) in three countries; (i) what factors promoted or inhibited translation of HERA’s intended goals into a ‘real world’ set of activities (ii) what factors were common across or highly specific to contexts.

**Methods**

Evaluation data: qualitative interviews with health care providers, managers, gender-based violence (GBV) services, key stakeholders and women who disclosed violence; pre/post intervention clinic data on identification of cases of VAW and referrals; health care provider surveys; and co-produced theories of change.

**Results**

The intervention increased disclosure of violence from a negligible baseline in clinical settings, but there was little acceptance of further referral for services among providers and women. Although obstacles varied between countries, some findings were ubiquitous: poor inter-sectoral communication and coordination; lack of engagement with communities; mismatch between the wishes of women experiencing violence for resolution/mediation and available GBV interventions (Nepal & Sri Lanka); inconsistent recording of violence, compounded by multiple documentation (Brazil & Nepal); uncertainty about role of health care vis-à-vis perpetrators of violence; and poor understanding of VAW as a priority policy issue across sectors. Ongoing analysis is comparing how context (i.e. political, economic, socio-cultural, organisational, local practices) interacted with HERA, affecting implementation.

**Recommendations**

It is essential to involve diverse stakeholders at an early stage of intervention development and in response to emerging contextual issues that occur during implementation. Unintended consequences in new contexts require ongoing adaptation to mitigate them.

**How does the study influence change in prevention and/or responses to violence against women and violence against children? What gap in research/practice does it address (150 words maximum)**

In the ‘real world’, implementation processes are non-linear, dynamic and emergent. They involve complex interactions between intervention components, different people involved in the intervention and their contexts. Despite that, studies have failed to explore how context-intervention interactions affect implementation processes. There is growing interest in adapting evidence informed healthcare- based interventions for violence against women (VAW) in new contexts. Whilst some interventions transfer well, effectiveness and implementation often depend on the context. Our study tries to fill this evidence gap and demonstrates how researchers, health care providers, managers and other key stakeholders responded to unanticipated outcomes during the implementation of HERA (Healthcare Responding to Violence and Abuse) in three country contexts. The findings on adaptive strategies used by participants to negotiate contextual changes contribute to strengthen the quality of evidence-based interventions on health system responses to violence against women.