Strengthening Quality and Coverage of CMRIPV Services in Humanitarian Settings Through Improved Health Sector/Cluster Coordination

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Collective action for better health outcomes
Rohingya Refugee Response
Cox Bazar, Bangladesh, 2022

- 33 Camps
- 80 Health Partner Organizations
- 140 Health Facilities
- 900,000 Affected Population
  - 52% Female
- 110 M Assistance Required
  - Less than 50% Currently Funded

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GBV Quality assurance baseline study

• Conducted in:
  – 16 PHC facilities (Feb-March 2020)
  – 7 PHCs (April-May)

• Objectives
  – Establish service delivery standards for post-GBV clinical care
  – Establish means for measuring the quality of post-GBV care in clinical settings with a standard tool through external quality assurance
  – Identify key gaps and challenges in service provision.
  – Create action plans to address gaps and challenges identified
  – Recognize and reward achievement through sharing data on progress and celebrating successes

• Collaborative exercise (WHO, UNFPA, IRC, Medecins du Monde, BRAC, etc.)
Data collection methods

- Direct observation of physical facilities and administrative or clinic processes but did not include the observation of provider/patient interactions or exams due to concerns around privacy and ethics.
- Interviews with key providers or facility managers; the assessment team asked questions using the quality assurance assessment tool and probed when necessary to determine if the procedure was performed or the item existed as described in the standards.
- Review of clinical and administrative records, guidelines, protocols and documents at the facility

- Quality assurance tool adaptation and pre-testing
# Quality Assurance Assessment

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<th>No.</th>
<th>Step</th>
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| I   | Adapting Tool                     | - Adapted WHO *Quality Assurance Tool*  
- Hosted 2 interagency workshops including 8 health, child protection, and GBV partner organizations JPIEGO  
- 19 out of the 24 standards and 44 verification criteria included in adapted tool |
| II  | Pretesting Tool                   | - Interagency team of health and protection actors assessed 2 primary health care centers  
- Subsequent workshop to finalize assessment tool                                                                                           |
| III | Assembling Assessment Teams       | - Team composed of a clinician and a GBV case manager that have both undergone requisite trainings and are responsible for direct service provision for GBV survivors |
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Facility preparedness

Standard # 2. Facility has visible GBV IEC materials for patients

Yes: 0%
No: 100%

Standard # 3. Facility has appropriate infrastructure, equipment and commodities to provide appropriate care

- Facility’s rooms/areas where GBV counseling and clinical services are provided are private (patient...)
  - Yes: 13
  - Missing: 1
  - No: 10

- Facility ensure that signs inside and outside the facility are discreet to increase the safety and...
  - Yes: 11
  - Missing: 0
  - No: 5

- Facility offers GBV services in a location that is part of a health facility
  - Yes: 14
  - Missing: 0
  - No: 2

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Standard # 4. Facility has appropriate system in place for providers to identify patients who have experienced GBV

Facility has standard process to ask about IPV or SV (e.g., job aid, screening tool) in line with WHO minimum... The providers are trained and asks about IPV or SV (based on suspicion of violence)

Standard # 5. Provider asks about IPV or SV in an appropriate manner

Provider brings up topic of GBV carefully by making some general statements about GBV

Provider never asks about IPV or SV unless the patient is alone and in a private consultation room
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**Standard # 10. Provider respects and maintains patient confidentiality**
- Facility keeps patient files, GBV register securely in a locked cupboard, locker or locked room: 11 Yes, 5 No
- Provider does not share any information regarding the patient with anyone not directly involved in patient’s care: 15 Yes, 1 No

**Standard # 11. For female sexual assault survivors, provider offers emergency contraception**
- If patient declines EC, provider gives information that: 14 Yes, 2 No
- If IUCD is selected, a provider trained in IUCD: 9 Yes, 7 No
- Provider offers oral emergency contraception (EC): 14 Yes, 2 No

**Standard # 14. Provider offers mental health care to patients**
- 19% Yes, 81% No
**Standard # 17.** All providers who deliver GBV care have received training relevant to their roles and responsibilities in the care of patients.

- **Training: National forms, policies and protocols, including...**
  - Yes: 3
  - No: 11
  - Missing: 2

- **Training: Mandated reporting and other policies regarding...**
  - Yes: 3
  - No: 2
  - Missing: 5

- **Training: Addressing stigma and non-discrimination**
  - Yes: 6
  - No: 3
  - Missing: 2

- **Training: Routine enquiry if facilities meet minimum**
  - Yes: 6
  - No: 3
  - Missing: 2

- **Training: Prevention of secondary trauma to providers**
  - Yes: 7
  - No: 3
  - Missing: 2

- **Training: Addressing provider attitudes and values**
  - Yes: 7
  - No: 2
  - Missing: 2

- **Training: Providing referrals**
  - Yes: 8
  - No: 1
  - Missing: 2

- **Training: How to ask in a sensitive and non-judgmental way...**
  - Yes: 9
  - No: 3
  - Missing: 1

- **Training: Basic mental health counselling**
  - Yes: 10
  - No: 1
  - Missing: 5

- **Training: Including signs/symptoms of post-traumatic...**
  - Yes: 12
  - No: 1
  - Missing: 3

- **Training: Types, root causes and consequences of GBV**
  - Yes: 13
  - No: 1
  - Missing: 2

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**Standard # 18.** Facility has protocols in place to offer standardized post-GBV care according to national or WHO guidelines.

- **Providers know of and utilize these guidelines and documents**
  - Yes: 5
  - No: 11

- **Guidelines and documents available on-site for review: CMR, STI protocols and flow charts, national guidelines**
  - Yes: 5
  - No: 11

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Gaps in Health Service Provision for GBV Survivors, 2019

- Nearly 34% of Health facilities had either no GBV services or services are partially available;
- Referrals and communication were limited between health and GBV actors;
- Capacity of health facilities to provide GBV services or detect GBV was inadequate;
- Many health service providers were unaware of GBV referral pathways; and,
- Only 19% of reported rape cases accessed care within 72 hours of the incident
Process Undertaken to Strengthen Health Services for GBV Survivors, 2019-2020

- Health Sector verified availability of clinical management of rape and intimate partner violence services (CMRIPV) in 146 facilities, in collaboration with Protection Sector partner organizations
- An inter-agency quality assurance assessment was conducted in 23 health facilities where CMRIPV services were offered
- A framework for action was developed by the Health Sector resulting in the establishment of CMRIPV services in 10 additional facilities
Outcomes

• The service mapping exercise yielded key information on health service availability for GBV survivors
• Multi-sectoral collaborations increased accountability and demand to improve Health Sector response to GBV and strengthen essential linkages with other relevant sectors
• The health facility assessment further identified barriers to service delivery in accordance with contextually adapted quality assurance standards and criteria
• Building on these three process stages, development of a framework for action to address GBV in the health response supported routine monitoring of service availability and readiness for provision of CMRIPV
Currently, **93 percent of primary health care centers in Rohingya refugee camps** are conducting routine monitoring of the quality of GBV health services using tools and standards established by the Health Sector in Bangladesh (31 of 33 total facilities).