RESPONSES INCLUDING HUMANITARIAN SETTINGS
Scaling-up support to grassroots women's organizations as GBV service providers

84 to 400 local women's organizations (LWOs)

Communities with existing LWO were more likely to:
- Speak out against harmful attitudes on sexual violence: 75-79%
- Agree with policies to promote gender equality: 90%
- Engage in helping behavior after witnessing an incident of IPV: 89%

Community members say:
- They respect women LWOs members: 77%
- Women LWOs members are accepted in the community: 77%
- The social status of LWO members had improved over the past 12 months: 69%

Women LWO members involved in the project say:
- They feel accepted by their families and the community: 97%
- Their family's opinion and the community opinion of them has improved: 90%

Katie Robinette, Claude Kitumaini, Crispin Kapema, Michelle Doerleman, Rita Dorner
Siendo un total de 55 recomendaciones en materia de salud, del total de las 552 recomendaciones.
AFTER DISCLOSURE: LONGITUDINAL STUDY WITH DOMESTIC VIOLENCE SURVIVORS IN PRIMARY HEALTH CARE IN BRAZIL

Stephanie Pereira,
Lilia Blima Schraiber, Loraine Bacchus,
Ana Flávia Pires Lucas d’Oliveira

stephaniepereira@usp.br

https://sites.usp.br/generoviolenciaesaude/
https://www.bristol.ac.uk/primaryhealthcare/researchthemes/hera/
Health-based GBV case management: Lessons from Papua New Guinea

Whole of Facility Approach
Does IPV curriculum improve pre-service health students’ knowledge, attitudes, and preparedness to care for survivors?

Rose McKeon Olson, Dina Hagigeorges, Avni Amin, Claudia García-Moreno

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental</th>
<th>Control</th>
<th>Std. Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
</tr>
<tr>
<td>Curkan et al.</td>
<td>63.5</td>
<td>1</td>
<td>63</td>
</tr>
<tr>
<td>Haist et al.</td>
<td>76.3</td>
<td>10</td>
<td>44</td>
</tr>
<tr>
<td>Barnard et al.</td>
<td>22.31</td>
<td>3.79</td>
<td>60</td>
</tr>
<tr>
<td>Short et al.</td>
<td>4.45</td>
<td>0.4</td>
<td>149</td>
</tr>
<tr>
<td><strong>Total (95% CI)</strong></td>
<td>315</td>
<td>100.0</td>
<td>316</td>
</tr>
</tbody>
</table>

Heterogeneity: $\tau^2 = 1.03; \chi^2 = 85.54, df = 3 (P < 0.000001)$; $I^2 = 97$
Test for overall effect: $Z = 3.10 (P = 0.002)$

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental</th>
<th>Control</th>
<th>Std. Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
</tr>
<tr>
<td>Turan et al.</td>
<td>4.21</td>
<td>1.17</td>
<td>31</td>
</tr>
<tr>
<td>Uslu et al.</td>
<td>4.84</td>
<td>0.27</td>
<td>54</td>
</tr>
<tr>
<td>Curkan et al.</td>
<td>2.6</td>
<td>4.6</td>
<td>63</td>
</tr>
<tr>
<td><strong>Total (95% CI)</strong></td>
<td>148</td>
<td>100.0</td>
<td>152</td>
</tr>
</tbody>
</table>

Heterogeneity: $\tau^2 = 0.43; \chi^2 = 20.34, df = 2 (P < 0.00001)$; $I^2 = 90$
Test for overall effect: $Z = 2.02 (P = 0.04)$

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental</th>
<th>Control</th>
<th>Std. Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
</tr>
<tr>
<td>Barnard et al.</td>
<td>4.35</td>
<td>1.23</td>
<td>88</td>
</tr>
<tr>
<td>Short et al.</td>
<td>3.83</td>
<td>0.52</td>
<td>149</td>
</tr>
<tr>
<td><strong>Total (95% CI)</strong></td>
<td>237</td>
<td>100.0</td>
<td>201</td>
</tr>
</tbody>
</table>

Heterogeneity: $\tau^2 = 0.00; \chi^2 = 0.88, df = 1 (P = 0.78); I^2 = 0$
Test for overall effect: $Z = 10.38 (P < 0.000001)$
Improved accessibility and quality of post-gender-based violence services through primary health care in Ethiopia

Elizabeth Stones, EnCompass LLC
Tracking GBV health service utilization in humanitarian settings during COVID-19

Anna Rita Ronzoni, Rana Mohammed, Maria Caterina Ciampi, Inigbehe Babatunde Oyinloye, Saba Zariv, Claudia García-Moreno

Insight into health-seeking behavior of GBV survivors during a health emergency in crisis-affected countries

Understanding of the lifesaving nature of GBV health services during health emergencies

Inclusion of GBV services in the list of essential health care services

Importance of the health system in responding to GBV

Key role of Health Cluster in gathering essential information to design and deliver response for GBV in humanitarian actions
Methodology: 727 facilities assessed across two states in Nigeria (443 in Ebonyi and 284 in Sokoto) in 22 LGAs using a validated mapping tool on REDCAP.

Findings: Only 12 (3%) facilities met all the minimum criteria for SGBV service provision in Ebonyi State while 1 health facility (0.4%) met this criteria in Sokoto.
Development of an integrated platform for survivors of violence against women in Chile

Giselle Bello, Gabriela Inchauste, Manuel Contreras-Urbina

BACKGROUND

Limited information sharing on VAW cases between public institutions prevents an efficient, coordinated government response. The lack of a single system prevents case monitoring, leading to delays in service delivery and unidentified cases of recurring violence. An effective response requires strengthening response services, strong platform systems for data collection and analysis, and improved coordination.

OBJECTIVE

To understand the situation of VAW and service delivery in Chile, complete a comprehensive diagnostic of relevant public institutions, and propose a roadmap to create an integrated case management platform.

METHODS

1. Quantitative study to characterize survivors and risk factors
2. Qualitative study of the perception of survivors towards the public services offered
3. Operational processes within and across public institutions providing services to survivors
4. Legal requirements needed for safe and ethical information sharing
5. Existing information systems used by each institution

RESULTS

- Distrust in the system is a central reason for not reporting.
- Multiple entry channels can cause confusion for survivors.
- There is a lack of information regarding legal processes, weakening trust and generating revictimization.

There is a need for a new case management model with a logical sequence, the definition of a minimum package of services, and the development of a referral system.

Proposed roadmap for the development of an integrated case management platform

IMPLEMENTATION PHASE

Aim: Model a single gender-based violence case file module to allow for comprehensive case management and early warning.

Next steps:
1. Analyze the processes and data collected for GBV cases and assess their relevance for a single GBV case file.
2. Analyze the regulatory framework to establish inter-institutional agreements for GBV case management.
3. Design and pilot a shared technological tool for State institutions, capable of raising early warnings.

Key institutions will gradually be added
The Impact of capacity building on GBV screening, case identification, and post-GBV-Care: the RISE experience

### Methods

- A total of 120 gender champions were trained in - March 2020 across four RISE implementation States.
- RISE used the behavioural re-engineering- Gender Transformation for Health Toolkit to train health providers.
- GBV data was collected using the GBV register, DHIS and data analysis was conducted using Microsoft Excel, comparing data between a six month period in FY20.

### Impact of Programme

Capacity building of health care providers on IPV/GBV service provision demonstrated an improvement in the quality of GBV identification, and post-GBV care, provided for survivors on the RISE project.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The total number of clients who were screened for IPV/GBV</td>
<td>3,061</td>
<td>28,830</td>
</tr>
<tr>
<td>Total number of survivors provided Post GBV care</td>
<td>7</td>
<td>1,110</td>
</tr>
<tr>
<td>Percentage Increase Screened</td>
<td>89%</td>
<td>Case identification 99%</td>
</tr>
</tbody>
</table>

References:

- Gender transformation for Health A participatory Toolkit , JHPIEGO, 2019;
- Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines, 2014.
VIOLENCE AND SLEEP QUALITY AMONG PREGNANT AND POSTPARTUM WOMEN:
A SCOPING REVIEW
NANDINI AGARWAL, MPH, NAFISA HALIM, PHD

THE GAP

- IPV effects on sleep health are understudied.

THE CURRENT STUDY

- Scoping review, conceptual framework in Fig 1
- IPV in pregnancy affects birth outcomes via sleep health

METHODS

- Databases: PubMed, Psych Info, Embase, WoS
- Keywords: MESH for IPV, pregnancy, sleep
- Criteria: Articles published in English until 09/21

EXPOSURE

<table>
<thead>
<tr>
<th>IPV: Physical, sexual, psychological, financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any IPV during pregnancy</td>
</tr>
<tr>
<td>Any IPV in the past year before pregnancy</td>
</tr>
<tr>
<td>Lifetime exposure to any IPV</td>
</tr>
<tr>
<td>Childhood abuse (ACEs)</td>
</tr>
</tbody>
</table>

RESULTS

OUTCOME

- Sleep difficulties: insomnia, poor sleep quality and latency, time to fall sleep
  - 28%-98%
- Poor sleep quality
  - 49%-64%
- Insomnia
  - 11%-62%
- Difficulty falling and staying asleep
  - 23%-25%

Figure 1: Conceptual Framework
WOMEN’S EXPERIENCE MATTER

Understanding the effects of mistreatment during childbirth

DIAZ, Julia Adriana- Crecer Juntos (NGO), Argentina
MINCKAS, Nicole- University College London
Fortalecer la capacidad del sistema de salud pública a nivel primario en comunidades vulnerables para asegurar el continuo de atención en materia de salud sexual y reproductiva (Guerrero y Oaxaca, 2020-2021)
Synergistic effects of violence on overdose among women who inject drugs: findings from the Women Speak Out study in Indonesia

Claudia Stoicescu, Bethany Medley, Putri Tanjung, Nabila El-Bassel, Louisa Gilbert

Photo: Indonesian Drug User Network
Photographer: © Alexandra Radu
Facility-based assessment tool for SEA/SH prevention, mitigation and response

Dr. Lailuma Tamana, Jhpiego
Afghanistan
September 22, 2022

“This type of violence happens in the very places where we go to heal - the health facility. Now we have a tool to guide improvements for change.”

<table>
<thead>
<tr>
<th>Section</th>
<th>Number of standards</th>
<th>Number of verification criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Availability and appropriateness of services</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>II. Facility readiness and infrastructure</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>III. Communication with clients who have experienced SEA/SH</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>IV. Patient-centered clinical care</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>V. Referral system and follow-up of survivors</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>VI. Training and quality improvement</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>VII. Reporting and information systems</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>48</td>
</tr>
</tbody>
</table>