

Health system readiness to address domestic violence: development and evaluation of an outreach centre intervention in central Nepal

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Background

- Domestic violence (DV) pervasive
- 72% of women with physical or sexual violence have not sought any help

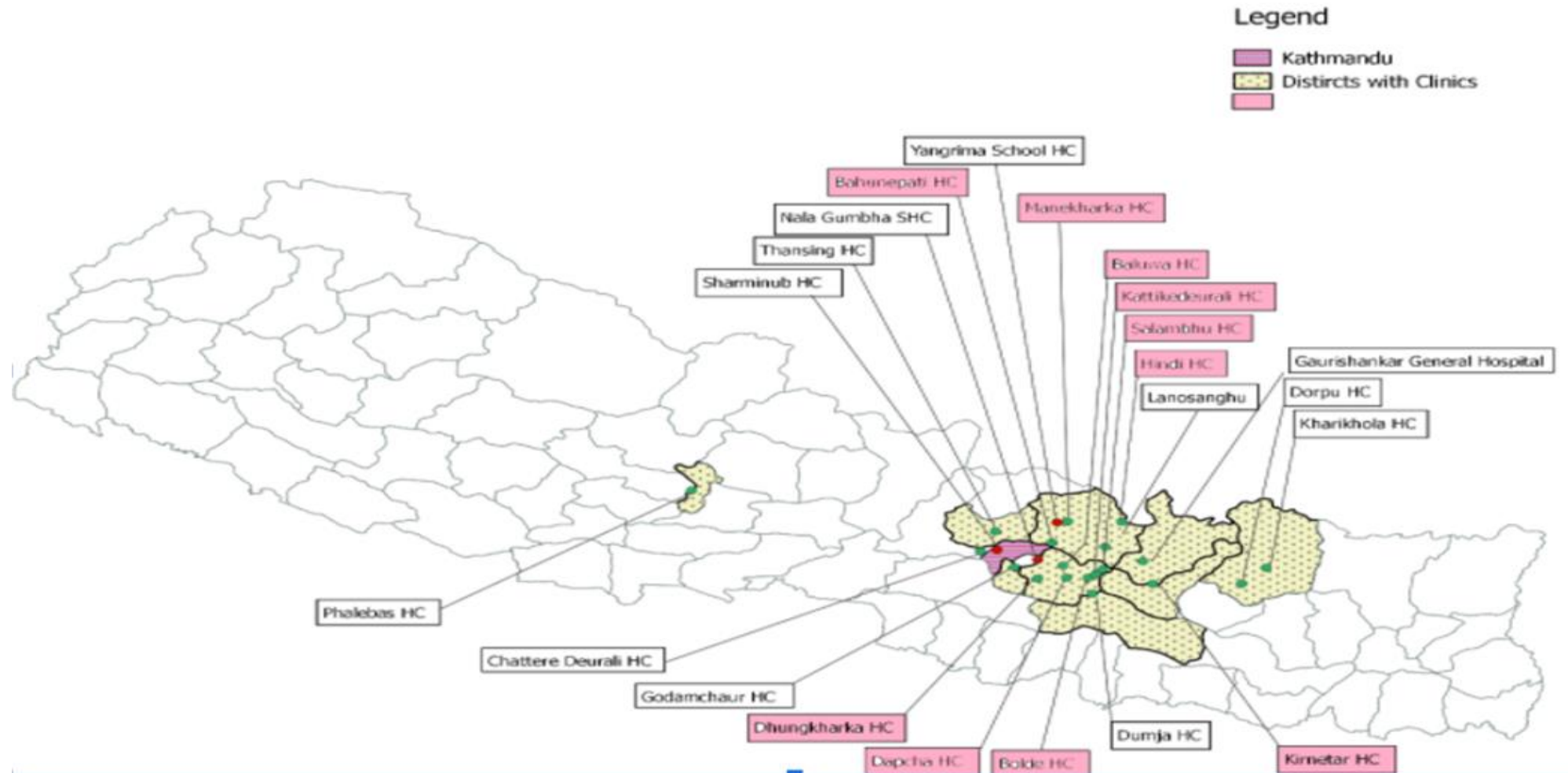
(NDHS 2021)

- Adverse health consequences, threats to safety and well-being
- Health facility can provide a window of opportunity to seek help early
- Limited evidence on health system readiness and health care intervention, especially in LMICs

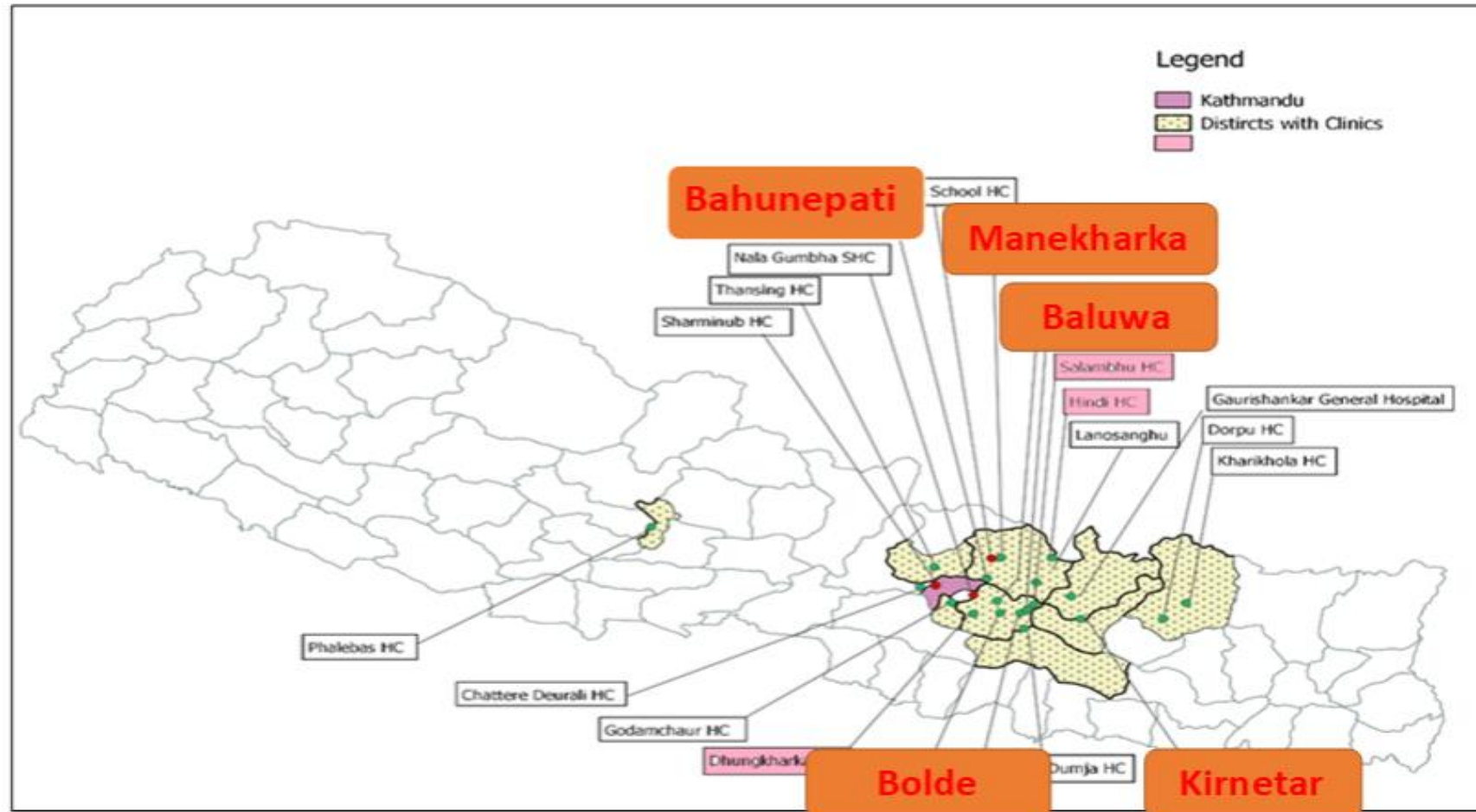
Objective

- To develop and evaluate a complex intervention for healthcare providers (HCPs) in Nepali primary care settings for identifying and responding to women experiencing domestic violence

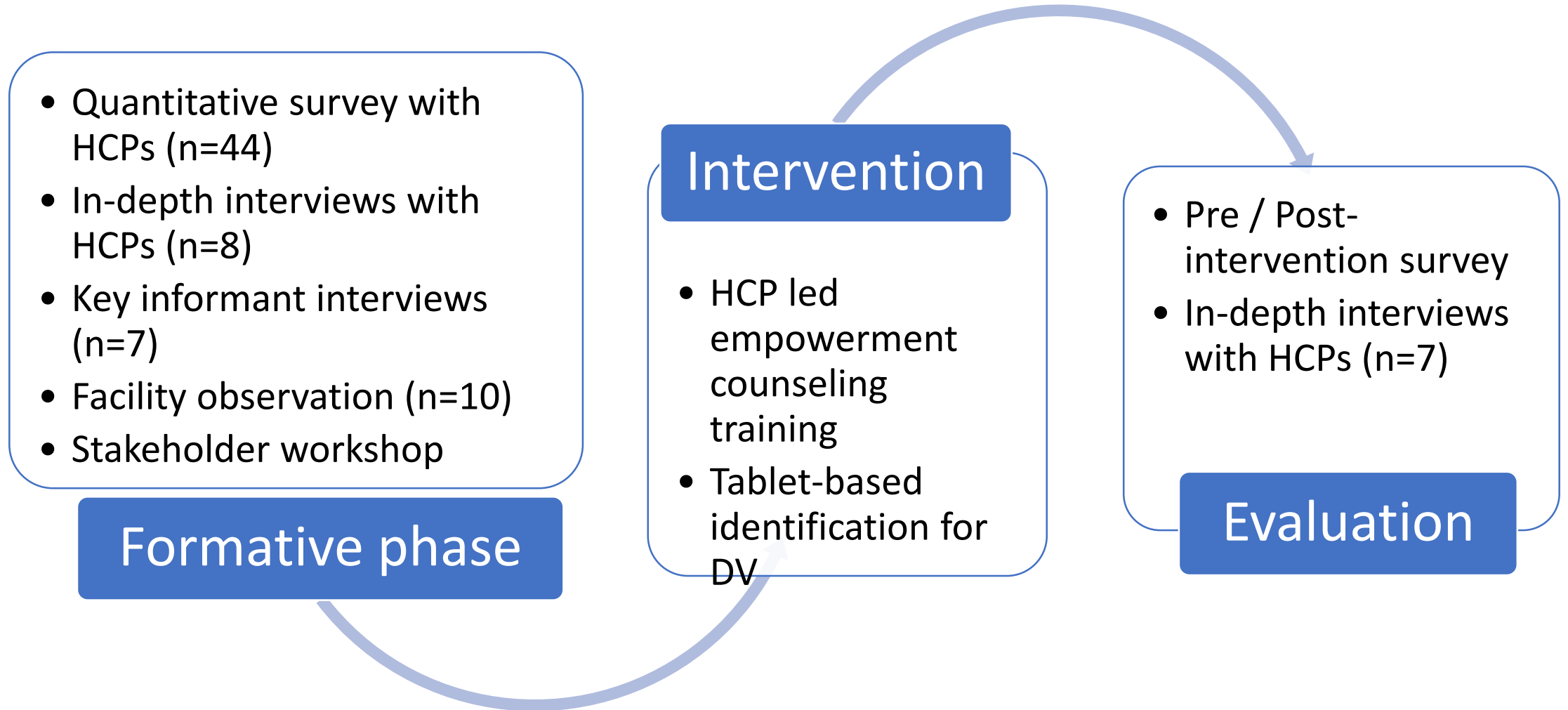
Study Sites



Intervention sites



Methodology



Findings from the formative phase

Individual level readiness

Beliefs and values on DV

- HCPs had varying definition of DV, but mostly about physical forms
- HCPs' judgemental attitudes towards DV

Knowledge and practice to identify and respond

- Practice of asking women about DV
- Inadequacy in HCPs' knowledge due to lack of training

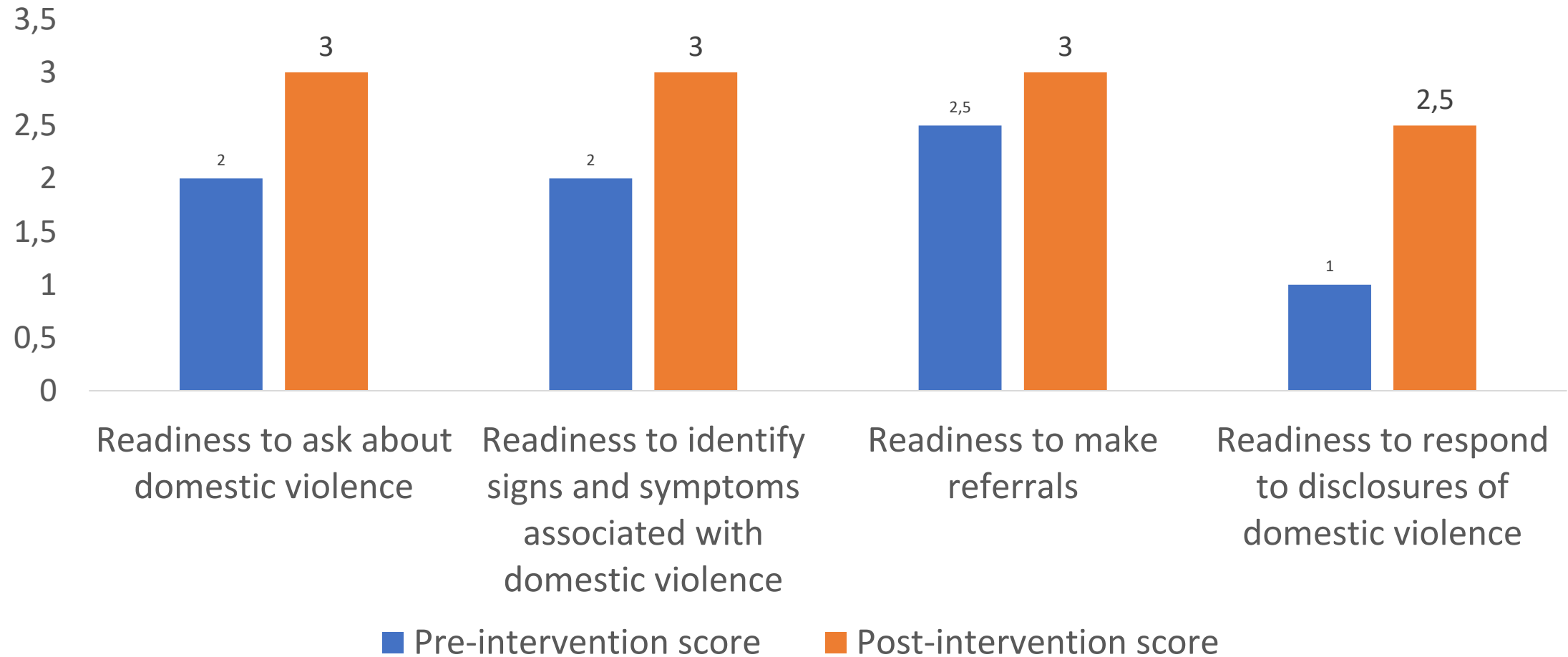
Organisational and service level readiness

Challenges at facility level

- No standard guidelines and protocols
- No specified space for DV documentation
- Lack of formal training opportunities
- Difficulty in maintaining privacy and high workload
- Existing coordination with other agencies is haphazard

What changed after the intervention?

Change in Median Readiness Score after the intervention



What changed after the intervention?

Individual level readiness

- Change in perception about DV and own role as a provider
- HCPs' change in communication skills
- More thoughtful of privacy and improved sense of personal safety while asking
- Awareness of support services
- Confusion on the documentation system introduced

Organisational and service level readiness

- Persisting facility challenges hindering implementation of learning from the training
- COVID-related challenges in implementing the learning

Business

Earlier, when I had not received the training, I used to feel why to interfere in their family matter. Now, after the training, this feeling comes that I must interfere in this matter. I have found such change within myself, otherwise I used to feel that their family would disrupt.

DV and own role as a provider

on skills

and improved sense of

es

entation system introduced

Bar and service level readiness

HCP, Auxiliary Nurse Midwife

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Conclusion and Implications

- The tailored intervention brought some improvement in individual health care providers' readiness, although facility-level challenges persisted.
- Addressing these challenges, like establishing clear guidelines and providing regular training opportunities, is crucial.
- This intervention training curriculum can be integrated as a training package or a shorter refresher training package for the HCPs

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Thank you