

Scaling Up Health System Response To and Prevention Of Domestic Violence In Primary Healthcare Settings Of A District In Maharashtra, India: A Cluster Randomised Trial

Project Overview

What does our project aim to achieve?

- Establish a continuum of care for survivors of domestic violence by integrating a comprehensive response in primary healthcare settings
- Testing the effectiveness of approaches to implementing health systems' response to and prevention of domestic violence at the primary health care level in LMIC settings

How will this intervention prevent VAWG?

- Capacity building of health workers (HWs) and system strengthening will contribute to identification of abuse, mitigation of health consequences, and prevention of recurrence of violence
- Community Health Workers (CHWs) potential to contribute to establishing violence as a health issue through community awareness and increasing survivors' access to support services

Learnings from Implementation of Interventions

- Provide a model for implementing the legal mandate of health system responses to VAW, as outlined in India's National Health Policy (2017)
- Highlight key health system interventions, including the role of CHWs in preventing VAW

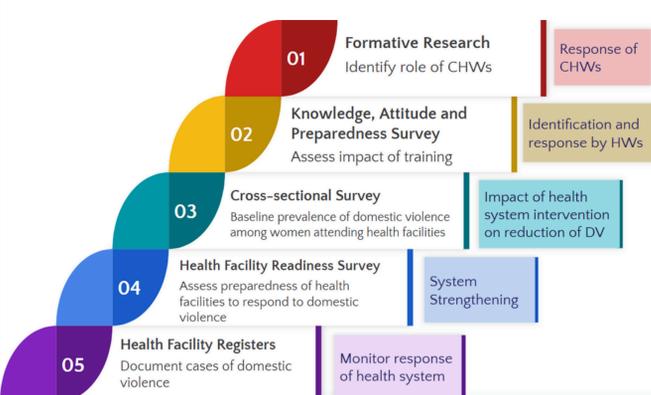
Relevance of Research Questions to Prevention of VAWG

- Examine the health systems and CHW interventions' influence on service uptake and women's perceptions of quality of care.
- Determine factors that improve HWs' clinical practice and skills in identifying and responding to domestic violence.
- Identify factors that improve health facility readiness to deliver care to women survivors of domestic violence.
- Establish a costing of the health intervention to respond to domestic violence.

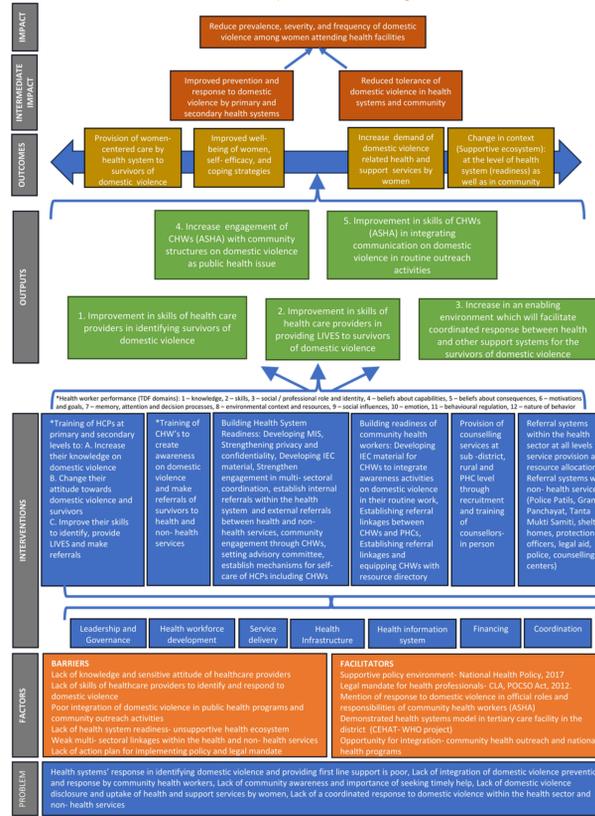
Intervention Activities



Research Activities



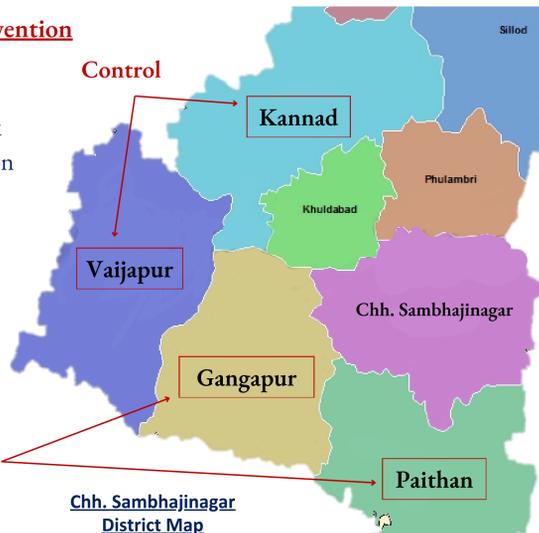
Theory Of Change



Study Design/ Intervention

A cluster randomised control trial with block as unit of randomisation

Four blocks of Ch. Sambhajinagar of Maharashtra: Two intervention and two control



Stakeholder Engagement

- Health workers at Primary Health Centres, Rural Hospitals and Sub-District Hospitals
- Community Health Workers from two blocks
- Women accessing healthcare from health facilities in intervention blocks
- Stakeholders providing VAW support services.

Making Programming and Research more Inclusive

- Consultations with HWs to inform the design of the intervention
- Involvement of CHWs inform and guide the intervention making it inclusive and participatory

Adapting To Challenging Global Political Climate

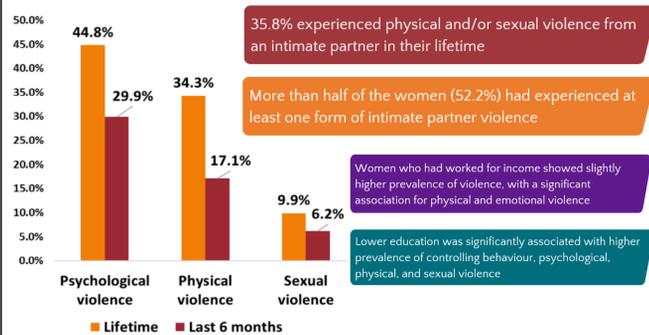
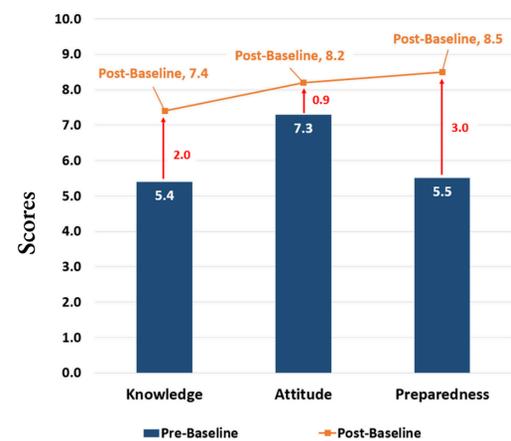
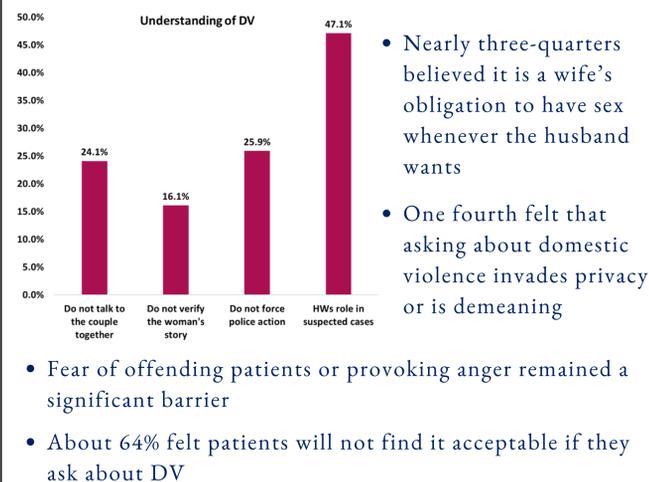
- Strengthening partnership with local institutions, stakeholders and communities
- Focus on evidence based approaches and survivor centric principles to address inequity and sustain impact

Notable Achievements Till Date

- Approval from Maharashtra state Government to include indicator on violence against women in Health Management Information System (HMIS) of health facilities in Ch. Sambhaji Nagar district of Maharashtra



Baseline Findings



- CHWs: Role should focus on awareness raising and referrals, support from community structures is essential, moving beyond capacity building; Resources & IEC material
- Strengthen HWs capacity beyond basic awareness to emphasize skills
- Regular trainings to bring change in attitude of HWs
- Mental health complaints as entry points for identification of domestic violence
- Need to strengthen system level preparedness

Accountability and Ethics

- Capacity building of all HWs including CHWs to develop intersectional perspectives.
- Response to survivors is informed with an intersectional lens, addressing specific discrimination related to disability, marital status, religion, sexual and gender diversity, and occupational status, amongst others
- Mechanisms for receiving feedback from the community/women

Participation in What Works 2

Cross learning from other Global South organisations about their VAW programs and their contribution to the feminist movement in efforts to eliminating VAW