

ANNEX 1 KEY ELEMENTS OF QUALITY HEALTH CARE FOR WOMEN SURVIVORS OF GENDER-BASED VIOLENCE

Key elements	Why this element is important
Institutional values and commitment	The values, mission and overall commitment of an institution can have an enormous influence on the professional culture of frontline providers in any organization. Heise et al. and others have argued that the most effective way for health services to respond to violence against women is for the whole institution to make a commitment to the issue (a “system’s approach”) rather than simply letting the responsibility fall on the shoulders of individual providers. Ideally, senior managers should be aware of gender-based violence as a public health problem and a human rights violation, and they should voice their support for efforts to improve the health service response to violence.
Alliances and referral networks	Before encouraging staff to discuss violence with patients, health programs have an obligation to investigate what referral services exist in the local community and to compile this information into a format that health care providers can use. This manual contains a series of recommendations and tools for developing referral directories and networks (section e of this chapter). Networks and alliances with other organizations are important for other reasons as well. For example, they allow the health sector to play a role in the broader policy debate by raising awareness of violence against women as a public health problem.
Privacy and confidentiality	Privacy and confidentiality are essential for women’s safety in any health care setting given that providers can put women’s safety at risk if they share sensitive information with partners, family members or friends without consent. A breach of confidentiality about pregnancy, rape, contraception, HIV status, abortion, or a history of sexual abuse can put women at risk of additional emotional, physical or sexual violence. Moreover, women who have already experienced violence need privacy in order to disclose those experiences to providers without fear of retaliation from a perpetrator. To protect confidentiality and privacy, health programs need adequate infrastructure and patient flow, as well as clear policies outlining when and where providers are allowed to discuss sensitive information.
Understanding local and national legislation	Educating providers about laws related to gender-based violence can prepare them to inform women about their rights and can alleviate their concerns about getting involved in legal proceedings when a patient discloses violence. Both managers and service providers need to be familiar with local and national laws about gender-based violence, including what constitutes a crime, how to preserve forensic evidence, what rights women have with regard to bringing charges against a perpetrator and protecting themselves from future violence, and what steps women need to take in order to separate from a violent spouse. Health care providers also need to understand their obligations under the law, including legal reporting requirements (for example, in cases of child sexual abuse) as well as regulations governing who has access to medical records (for example, whether parents have the right to access the medical records of adolescents).
Ongoing provider sensitization and training	Providers’ attitudes, knowledge, and skills about gender-based violence can have a major impact on quality of care. When patients disclose experiences of physical or sexual violence, providers who respond inadequately can inflict great emotional harm, for instance when expressing a judgmental or blaming attitude. Moreover, providers who fail to consider the possibility of violence while counseling women about contraception, STIs, HIV prevention or health issues may be ineffective. Ignorance about links between health and violence may lead health workers to misdiagnose certain conditions and overlook the risks that some women face. Each institution must decide how much sensitization and training it can afford to provide. At a minimum, staff should be aware of the health dimensions of violence, a human rights framework for understanding violence, and a basic understanding of local legislation. They should be able to respond to survivors in a compassionate way and be prepared to care for women in crisis.

Protocols for caring for cases of violence	<p>Protocols for identification, care, and referral of gender-based violence cases can be essential tools for health services. Developing protocols in a participatory way allows managers to engage staff in a dialogue about the best way to improve the health care response in resource-poor settings. Having written protocols readily available to health care providers can make it easier for staff to respond in an appropriate way. Moreover, anecdotal evidence suggests that clear policies and protocols can diminish the risk of harm to patients posed by negative attitudes from staff.</p>
Emergency contraception and other supplies	<p>Emergency contraception is an essential service for women who experience rape and other forms of non-consensual, unprotected sex. Research suggests that women who live in a physically violent relationship often experience sexual violence, have difficulty negotiating contraceptive use, and may experience higher rates of unwanted pregnancy than women who do not live in situations of violence. Health programs have an obligation to ensure that clinics not only stock emergency contraception, but that their staff members know how to provide it to women.</p>
Informational and educational materials	<p>Displaying and distributing information in the clinic about gender-based violence (for example, in the form of posters, pamphlets, and cards) is an important way to indicate the organization's commitment to combating violence. These materials can raise awareness of the problem, educate patients about the unacceptability of gender-based violence, and inform women about their rights and local services where they can turn for help.</p>
Medical records and information systems	<p>Information systems play an important role in the response to violence in several ways. For example, health organizations have an obligation to ensure that providers know how to record sensitive information about cases of gender-based violence. Documenting information about violence in medical records may be important to complete a woman's medical record and in some cases may provide evidence for future legal proceedings. In order to protect women's safety and wellbeing, medical records need to be securely stored. Information systems are also important for monitoring a health organizations' work in the area of gender-based violence. For example, health care organizations can gather service statistics on the number of women identified as survivors of violence, information that can help them determine the level of demand for other services.</p>
Monitoring and evaluation	<p>Monitoring and evaluating the quality of care is another essential way to ensure that health services are responding to violence in acceptable and supportive ways. At the level of management, administrators should receive ongoing feedback from providers to identify any problems and ways to improve the services. The input of women who have experienced violence can also be crucial for successfully refining the design of health services.</p>
Regular opportunities for providers and managers to exchange feedback	<p>Practice has shown that it is essential for managers to maintain an ongoing dialogue with front-line providers. In the experience of IPPF/WHR, the changes made throughout the organizations worked best when providers were allowed to participate in those decisions and to make improvements as the changes were put into practice. An ongoing challenge for many of the clinics, however, was to find enough ways to provide ongoing feedback to providers about the outcome of specific cases. Health care providers are often the first step in the referral process, and they may find it frustrating when there is no formal system for following-up with women who disclose violence.</p>

Source: IPPF 2010