A case study from "Vrachi Detyam" (Doctors for Children) in Russia

In St. Petersburg, different organizations used different qualitative and quantitative data for the evaluation of the effectiveness of their work. Consequently, a joint model of identifying survivors of domestic violence in health care settings was developed. Today, if a survivor of domestic violence is identified in the screening process, she will be referred to specialists and will then be provided with telephone numbers of local crisis centres and receive information on counselling services. In order to assess the effectiveness of the referral, both the numbers of identified survivors and the number of survivors who turned to a crisis centre after intervention of the appropriate information was provided, are collected.

The data is then analysed according to the following formula: **E = (B/A) x 100%.**

- **E** stands for the effectiveness of identification and intervention;
- **B** is the number of female survivors identified in the course of screening;
- **A** is the number of women out of the number of identified survivors that turned to the crisis centre for further assistance.

In this particular context, 70 per cent was identified as target for the referral to be considered satisfactory.

For example, 70 survivors of domestic violence were identified by health care providers within one month. Interventions were conducted and contact information of crisis centres was provided. In the same month, 50 survivors turned to the crisis centre after the interventions were done in the health care setting. Based on the above-mentioned formula, the effectiveness of the referral was assessed as follows:

Indicator

Quantity

A. Number of survivors identified
70
B. Number of survivors who turned to crisis centre following referral
50
E. Effectiveness: 50/70 x 100% = **71%.**
 As E exceeds 70%, the referral in this example would be considered effective.