



**PREPARING YOUR
HEALTH FACILITY**

10. PREPARING YOUR HEALTH FACILITY

PREPARATION AND MATERIALS

OBJECTIVES

- Demonstrate knowledge on how to ensure the health facility is ready to provide care to survivors
- Gain the knowledge and skills to prepare the health facility and set up a consultation room
- Map out current patient flow and response to sexual assault survivors and identify areas for improvement within the health facility
- Describe what referral resources are needed for sexual assault survivors, determine what resources are currently missing in your network and develop a plan for filling gaps and improving communication between the various organizations.

AVAILABLE TRAINING RESOURCES



Presentation

10. Prepare your health facility



Facilitator guide

10. Prepare your health facility



Activities

10.1 String exercise – privacy

10.2 Mapping – Prepare the entry point, care pathway and consultation room

10.3 Small group discussion – Checklist for clinical care

10.4 – drawing a referral pathway

10.5 Develop an action plan



Participant handouts

10.1 Assessing service readiness

10.2 Checklist of requirements for providing quality clinical care for survivors of rape and intimate partner violence

10.3 Infrastructure considerations, barriers and suggestions to overcome them

10.4 Referral chart

**REQUIRED SUPPLIES
& MATERIALS**

- Laptop, projector
- Pen and blank paper workbook for each participant
- Ball of string or wool
- Flip charts and markers
- Space large enough for participants to form a circle
- Print outs of activities – depending on which activities you choose

KEY MESSAGES

- Prepare your health facility
 - Entry point, care pathway, consultation room
 - Medications, supplies, equipment, documentation, protocols
 - Trained staff
- Identify support services, create a referral directory, coordinate between support services to meet survivors' multiple needs and offer referral to survivors

**FURTHER RESOURCES
FOR FACILITATORS
(OPTIONAL)**

- WHO (2017) Strengthening health systems to respond to women subjected to violence. A manual for health managers (pg 87-90)

PREPARING YOUR HEALTH FACILITY FACILITATOR GUIDE

INTRODUCTION

Slide 1-2 Introduction



PREPARE YOUR HEALTH FACILITY

SLIDE 3-4 PREPARE YOUR HEALTH FACILITY



Slide 4 notes

- Explore and decide on an **entry point, care pathway, patient circuit**
- Ensuring that the number of places that the survivor will need to go to, the number of people they will need to speak to and the number of times they will need to disclose the violence are minimal.
- Think of a code word, colour, image, coupon, CHWs or women's friendly/safe space giving out a green coupon, white flower so the survivor does not need to say anything or disclose an experience of abuse.
- Decide on a **consultation room** to ensure privacy, confidentiality and accessibility— a separate room with 4 walls and a lockable door, where the patient cannot be seen and overheard from outside the consultation room.
- Ideally, all medical care and psychosocial support will be offered in **one accessible, safe, private and confidential location**
- The consultation room should feel welcoming, comfortable, friendly, non-threatening and non-threatening. Consider how to make the space child and adolescent friendly.
- Prepare sign for the door 'Do not disturb' to improve privacy and confidentiality.
- If resources permit, consider having a private, separate or outside entrance to the examination and consultation room, access to a toilet or latrine, and creating a space where children accompanying their mothers can play, watched by other health facility staff. Or Consider changing patient flow so that women can bypass public waiting areas. If this is not possible, instruct staff to ask intake information only in a private space or in writing. Reduce stigma by avoiding explicit names and signs that indicate that those who enter the exam room have been subjected to violence.
- Ensure a confidential space to safely secure documents.
- Ensure the room is accessible for people with disabilities.

Activity 10.1 String exercise – privacy and/or



Activity 10.2 Mapping – Prepare the entry point, care pathway and consultation room

The activity privacy may be done in the module "What every clinic worker needs to know" so do the activity only once in the week either in the module "What every clinic worker needs to know" or here.

SLIDE 6-7



Slide 6 notes

- Prepare **medications, supplies and equipment**
 - ✓ HIV test and HIV PEP
 - ✓ STI medication
 - ✓ Pregnancy tests, emergency contraception
 - ✓ Vaccines, needles, syringes
 - ✓ Analgesia, antiemetics, wound care supplies
 - ✓ Documentation, medical certificate
 - ✓ Protocols and job aids
 - ✓ Lights, an examination bed
 - ✓ Sheets, blankets, sanitary pads.
- Do you have SRH services? Obstetrical care? X-ray? A lab? Counsellors? Mental health services? ARV services? Ensure you can offer referral to other services.
- Ensure adequate and continuous stock of medical products.
- Provide the checklist of medical products to the department caring for sexual assault survivors and ask them to order the individual items in required quantities.
- Instruct the responsible health-care providers to gather equipment and medicines on a shelf, in a file cabinet or in a mobile kit. Establish processes to restock after each client and to check medication expiration dates.



- Ensure there are well displayed visual information, education and communication (IEC) materials service areas of the available CMR/IPV services

Slide 7 notes

- Ensure **documentation** is safely, securely and confidentially stored.



Activity 10.3 Small group discussion – Checklist for clinical care

PREPARE AND TRAIN STAFF TO CARE FOR SURVIVORS



SLIDE 9-10

Slide 10 notes

- **Identify, sensitize and train staff** based on their roles and responsibilities. Develop a training plan
- Identify a **focal person** in the health facility to be responsible for the response to violence, to coordinate, manage and deliver services for women subjected to violence
- A **health-care provider** (nurse, doctor or equivalent) trained in sexual assault care and examination should be **available at all times of the day and night** (at location or on-call).
- Identify who on your staff can be assigned and offer training for this role. An on-call roster system (with appropriate remuneration) may be useful.
- Offer regular follow-up, mentoring and supervision after training.

IDENTIFY AND MAP YOUR REFERRAL NETWORK



SLIDES 11-16

Slide 12 notes

- Survivors of IPV and rape often have **multiple needs**. We should offer support for medical needs and referral to further support services, and establish coordination and referrals between health services and services of other sectors
- **Identify and map the available services** or organizations in your community - particularly those that are reasonably accessible in terms of distance, availability of transport and cost. This includes:
 - **Medical care** - government supported, faith based, INGO or NGO supported and private health facilities, pharmacies, traditional healers and traditional birth attendants, primary care, HIV care, ART, safe abortion care, antenatal and obstetrical care, surgical services are available? X-rays, orthopaedic services? Burn care? forensic medicine services
 - Mental health and psychosocial support - psychosocial support, Mental health counsellor, social worker, psychologist, counselling, psychiatrist or mhGap trained health care worker, Support groups, Safe spaces, social or recreational activities
 - **Community support** - Peer groups, Traditional healers, religious leaders, religious groups, community leaders or community groups, Women's groups, peer support groups, faith-based organizations and organizations working with marginalized groups or special needs populations or people with disabilities, women safe or friendly spaces
 - **Legal support** - legal aid, Legal Assistance Services – information about their rights, representation in courts for protection, divorce or child custody, courts
 - **Protection, safety and security** - safe accommodation, safe House, shelter housing
 - **Police** - law enforcement, security actor, investigators, forensic/medico-legal investigations
 - **Education, economic support** - Financial aid including livelihood or income generation, vocational training, microcredit loans, food assistance, material support
 - **Child protection services and foster services**
 - **Practical needs** - securing/replacing identity documents, transportation assistance, child care, interpreters
 - Other - Crisis centre, one stop centre

Slide 13 notes

- **Assess the accessibility and quality of the support services**, consider: cost, opening hours, wait times, availability of transport, barriers to access, possible groups being discriminated against or excluded in service provision, whether there are any mandatory reporting requirements associated with the referral (for example, whether referral for medical treatment will require the doctor or nurse to report the case to the police)



Slide 14 notes

- Develop a **list with the name of the support service**, Contact name, Contact number, E-mail of a focal person in each referring and receiving service, Address, Type of support service, Description of services provided, Hours of operation, Cost (if any), Procedures to access and obtain services, Population served, Possibilities and limitations for collaboration
- **Know at least one person at that service**, be able to refer to these people by name
- Know **what services are provided**, so that you can tell patients
- Ensure that **all health facilities have a copy** of the directory and if possible develop personal contacts with receiving services.

Slide 15 notes

- **Consider privacy and confidentiality** - minimize points of care and retelling of the story, protect the and confidentiality of her information
- Identify a **focal point for coordinating referrals** – who facilitates referrals, access to care, can follow-up, can improve relationships with other agencies, address any challenges
- Their roles should be to:
 - 1 maintains an updated referral directory with contact details of referral services
 - 2 refers client for services not provided onsite
 - 3 follows up with client and receiving organization
 - 4 documents referral activity
 - 5 conducts quality assurance.
- **Prepare to monitor referrals** - Develop tools for monitoring referrals and coordination including referral cards and documentation forms that assure confidential transfer of medical information, and that enable you to monitor whether women are able to access different services and receive quality care. You can ask stakeholders from the different services, as well as clients, for their views on how the referral process of the health service or facility could better meet the needs of women subjected to violence.
- **Improve coordination**, participate in multi-sectoral coordination mechanisms, or develop this with other support services – establish a common aim, agree on guiding principles (do no harm, respect autonomy and choice, privacy and confidentiality), establish roles and responsibilities, establish informal or formal agreements (memorandum of understanding (MOU) among services, maintain relationships through hosting cross-trainings, workshops or regular meetings, identify gaps and challenges.

Slide 16 notes

Provide information to the survivor about available supports:

- What **support will be available**, location, how to get there, who s/he will see.
- The **benefits and risks** of the service (and whether there are any mandatory reporting requirements associated with the referral)
- That the person has the **right to decline** or refuse any part of an intervention provided by the caseworker and/ or referral agency
- **What information will be shared** about the case in the referral process and with whom.
- Ask **if they have questions**, always check to see if she has questions or concerns and to be sure that she has understood.
- Ask **if they want to be referred** to a service, and **get informed consent**.

If she accepts a referral, here are some things you can do to make it easier for her:

- Offer to **telephone** to make an appointment for her if this would be of help (for example, she does not have a phone or a safe place to make a call).
- Offer to help **make an appointment**, if it helps: Offer to call on her behalf OR Offer to make a call with her OR Offer a private place where she can call.
- Offer to **provide information or documentation** to survivor for the service provider, so that survivor won't have to repeat information – including what happened.
- If she wants it, **provide written information** – time, location, how to get there, name of person she will see. Ask her to think how she will make sure that no one else sees the paper.
- If possible, arrange for a trusted person or staff to **accompany** her on the first appointment. You should talk this through carefully with the survivor, always thinking about safety risks. In some settings, GBV caseworkers are known in the community, so walking a survivor to a medical facility or a police station automatically raises curiosity and may inadvertently put the survivor at risk. If you will not accompany them, is there someone else they trust who can?
- If possible, discuss **childcare** and who can care for her children
- Discuss what might happen if her partner or family finds out she is going to the support services.
- Discuss **transport**, considering offering transport or payment for transport.



Activity 10.4 Drawing a referral pathway and/or Activity 10.5 Develop an action plan



Slide 18 Key messages