

Preparing Private Hospitals to Manage Gender-Based Violence

Private Sector Project for Women's Health (PSP Jordan)

August 2010

Gender based violence—A reality in Jordan

More and more governments worldwide recognize gender based violence a violation of basic human rights. Moreover, increasing number of research highlights the health burdens, intergenerational effects, and demographic consequences.¹

The 2007 Demographic Health Survey provides sobering statistics describing the magnitude of violence against women (VAW) in Jordan. Approximately one -third of ever-married women age 15-49 reported they had been hit, slapped, kicked, or subjected to some other form of physical violence.² The prevalence of physical violence is more than twice as high among divorced women (74%) than among either currently married (31%) or widowed women (38%).

The same survey indicated that 90% of women polled found wife beating an acceptable practice, probably explaining the small number of women who seek treatment and support. Only one fifth of women who had experienced violence in the last 12 months to the survey sought assistance to deal with violence.

USAID RESPONSE TO VAW

In 2007 the USAID-funded Private Sector Project for Women's Health project (PSP -Jordan) took the initiative to address VAW practices. In partnership with many leading women's organiza-



Dr. Manal Tahtamouni, IFH Director, lectures Ibn Al Haitham Hospital staff during a Training of Trainers.

tions, high-level officials and government agencies, PSP -Jordan set out to raise awareness on VAW while at the same time mobilize private and non-profit response to provide critically needed services.

The partnership aims to:

- Elevate VAW as a national priority deserving political and policy support by high level decision-makers;
- Support community-based organizations (CBOs) and non-governmental organizations (NGOs) to deliver critical services to women who have experienced gender based violence;
- Raise awareness on and change attitudes towards VAW through outreach

and education conducted by community health workers; and

 Leverage private hospital staff and resources to detect, treat and refer victims of VAW.

(For a comprehensive description of the VAW strategy, please refer to *Violence against women*: *Breaking the silence* policy brief.)

The USAID-funded *Private Sector Project for Women's Health (PSP)* is a sevenyear project (2005 to 2012) to increase availability of quality private sector care services, improve knowledge of how to self manage illness, increase demand for modern contraception and related women's health services, increase early detection of breast cancer, and address violence against women.

¹ United Nations General Assembly, 1991

² Population and Family Survey/DHS2007

Preparing Private Hospitals to Manage GBV Program

To reach private providers in hospitals, PSP-Jordan launched a program entitled *Preparing Private Hospitals to Manage GBV.* PSP-Jordan contracted Institute for Family Health (IFH), a NGO that delivers comprehensive family health services since 1986, to help implement this initiative.

Together, PSP Jordan and IFH systematically consulted all the key stakeholders in Jordan that have a role in helping women who have experienced gender based violence (see text box) while designing the private hospital program, resulting in a five-step approach.

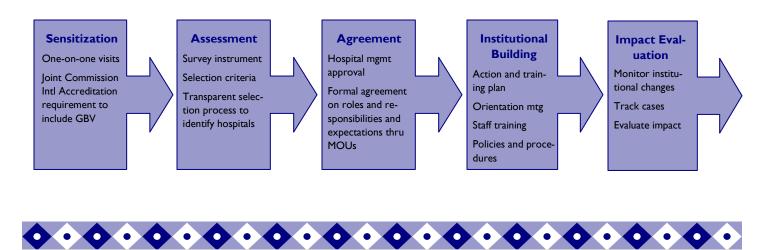
 Sensitization: Initially, PSP-Jordan did not get a positive response from private hospitals regarding the GBV program proposal. IFH team decided to personally visit each of the targeted private hospital to share data on the magnitude of gender based violence in Jordan, to personally explain the program, and to help them understand that VAW is a health problem and obligation. The visits were instrumental in raising awareness, changing attitudes and persuading hospital managers to agree to participate in the GBV program.

PARTICIPATORY APPROACH

PSP Jordan and its implementing partner the Institute for Family Health (IFH) met with all the key stakeholders and counterparts to get their input and buy-in to the *Preparing Private Hospital Approach*:

- Jordan Medical Council oversees CME trained doctors to convey CME credits for the training
- National Council For Family Affairs and the Family Protection Department - Institutions responsible for family and women's social protection - to coordinate cases
- Forensic Medicine Department handles all cases of suspected sexual abuse and honor killings to coordinate cases
- Private Hospital Association certifies member hospitals to include gender based related criteria for accreditation
- Social institutions supporting victims to whom hospitals can refer VAW survivors
- Assessment: PSP-Jordan developed an assessment tool to identify existing practices, attitudes and awareness of private providers at a select number of private hospitals. Twenty hospitals participated in the preliminary assessment. Using clear selection criteria geographic location; high-level approval by management; presence of a training unit or continuing medical education (CME) program; existence of department and/or staff who could receive victims of VAW; and staff assigned to become focal person— PSP-Jordan select nine private hospitals.
- Agreement: Once the nine hospitals were selected and agreed to participate in the *Preparing Private Hospitals program*, PSP-Jordan developed Memorandums of Understanding (MOUs) between IFH and the selected hospitals. The MOUs took care to clearly specify the respective roles and responsibilities between IFH and the hospital, outlining the training and other activities to be undertaken during a three year period and the steps the hospital would take to institutionalize VAW education, detection and referral programs.

Approach to Preparing Private Hospitals to Manage GBV



Case Study: Specialty Hospital in Amman

Specialty Hospital in Amman is an internationally accredited hospital (by Joint Commission International/JCI) that attracts patients from all over the Middle East. Despite the very modern facilities, Hashem Abu-Sineineh, Human Resources Director, noted that staff had a very "hands-off" attitude towards family violence. Staff were concerned that the training would simply increase their workload. However, after discussions with Ms. Ghatasheh/IFH VAW Coordinator about the merits of the program, the hospital signed a MOU with IFH. The hospital formed a committee to raise awareness on VAW among staff, defined a specific policy regarding VAW, established reporting protocols, and integrated orientation on the VAW program for all new hospital employees. In addition to the basic training, several nurses and physicians received additional training — especially those working in emergency rooms who are most likely to see cases of violence. Unlike other participating private hospitals, Specialty Hospital has also included a competency requirement for all its nurses on staff: nurses receive a special orientation and are annually assessed on their capacity to identify and report cases of abuse. Specialty Hospital now employs two social workers, one of whom takes primary responsibility to follow-up on all cases, standard intake forms, and referral requests. Despite initial fears, staff are routinely reporting on GBV tasks as normal part of their jobs. Ms. Noora Al-Said, a Medical Social Worker who recently joined the staff at Specialty, noted there is a cooperative spirit about addressing VAW, that the system is clear and all staff know how to address cases of abuse.

 Institutional Building: Once MOUs were completed, IFH and the participating private hospital developed an action and training plan based on the MOU agreements and the needs identified through the assessment. IFH staff then conducted an orientation seminar at the participating hospital, along with related medical bodies and service provider organizations (see text box on participatory approaches).

During the MOU negotiation phase, PSP-Jordan and IFH developed training materials and standards of practice based on a review of international materials (see text box on training content). The training also included a training of trainers (TOT) for approximately 10 hospital staff members from selected hospitals. The TOTs eventually assumed follow-up training responsibilities with the participating hospitals.

In addition to training, each hospital also formed an Abuse Committee, developed a GBV policy, established protocols for documenting and referring victims, and integrated VAW into staff orientation and CME programs. Impact Evaluation: PSP-Jordan established indicators to track progress towards institutionalizing GBV programs within participating private hospitals and successes in treating and referring victims of VAW (see next section for key results).

TRAINING CONTENT

- presentation skills
- communications and counseling
- case identification
- rules and regulations regarding documentation and reporting
 overview of referral institutions

PSP-Jordan rolled out the *Preparing Private Hospitals program* in two phases. In Phase I, PSP-Jordan and its partner IFH trained staff in 17 hospitals and established policies, procedures and standards for new GBV units.

During the two years under Phase I, PSP-Jordan and its partner IFH learned many lessons which they used to fine tune the *Preparing Private Hospitals* approach. IFH modified the training materials based on the training sessions conducted and finalized its training manual in Arabic. The finalized Training Manual was given to the TOTs who continue to use it in their inhospital training sessions. Also, PSP-Jordan and IFH used the experience in selecting and negotiating the MOUs for the Phase II private hospitals.

Under Phase II, eight new private hospitals were selected representing different geographic areas from the first set of hospitals. Phase I hospitals will continue to receive quarterly technical assistance visits from PSP-Jordan and IFH staff. Additionally, Phase I hospitals will be used as models for Phase 2 hospitals.





Results to Date in Working with Private Hospitals

Hospitals participating in Phase I have seen improvements to the services provided to victims of VAW:

- Six of the nine hospitals now have a social worker on staff to handle cases.
- A minimum of seven and as many as 20 trainings have been implemented at each hospital, resulting in more than 800 staff members trained.
- A case tracking system was established at the hospitals and IFH.

 The number of VAW cases identified in 2009 since the implementation of the project is up to 58.

The program has had an added effect of changing the lives of hospital staff as well. There is anecdotal evidence of staff members using communications skills learned at the training to create a better environment at home, and of staff members self reporting cases of abuse.



Wadi Saqra, Arar St.- Bldg. 215 - 4th floor P.O. Box 930672 Amman 11193 Jordan

Phone: + 962-6-5655423

Fax: + 962-6-5671999

website: www.psp-jordan.com



Private Sector Project for Women's Health

"PSP's program has been particularly important because before doctors were not aware of their responsibilities and rights in these situations. Previously doctors were afraid to involve the police, but the trainings are addressing this." — Madeline Muaddi, Lawyer/Legal Consultant, IFH

Participating Private Hospitals

Phase 1: Ibn Al Haitham Hospital, Arab Medical Center, Istiklal Hospital, Islamic Hospital/ Amman, Rosary Sisters' Hospital, Islamic Hospital/Aqaba, Specialty Hospital, Essra Hospital, Jordan Hospital.

Phase 2: Lozmilla Hospital, Marka Islamic Specialty Hospital, Al-Hamiadeh Hospital, Jordan Red Crescent Hospital, Al Mahabeh Hospital, Italian Hospital, King Abdulla University Hospital, & Shmeisani hospital .

