CONCEPT NOTE

Background

Over the past few decades, the international community has increasingly recognized violence against women as a serious public health problem and a violation of human rights. One out of every three women in the Americas reports experiencing intimate partner or sexual violence by a non-partner at some point in their lives\(^1\). Preventing violence and responding to survivors requires action from all sectors, and health services play a crucial role. As noted by the United Nations (UN) Secretary General’s in-depth study\(^2\), health care providers are often the first professionals to have contact with women who experience violence. As a result, training health professionals is an essential part of addressing violence against women around the world. When health care providers are adequately trained to identify survivors and provide them with compassionate and effective care, they have the unique opportunity to prevent the re-occurrence of violence, mitigate negative consequences and break the cycle of violence.

The importance of strengthening health systems’ capacity to identify and provide quality care to women survivors of violence was recognized in two mandates approved by Ministers of Health from PAHO and WHO’s Member States, including:

- **Regional Strategy and Plan of Action on Strengthening the Health System to Address Violence Against Women (CD54/9, Rev.2)** – approved by PAHO’s Directing Council in 2015

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\(^{1}\) World Health Organization (Department of Reproductive Health and Research); London School of Hygiene and Tropical Medicine; South African Medical Research Council. Global and regional estimates of violence against women: prevalence and health effects of intimate partner and non-partner sexual violence [Internet]. Geneva: WHO; 2013

Both documents call on countries to strengthen their health systems’ capacity to address violence against women, including through concerted efforts to train their health workforce.

With the goal of supporting its Member States, PAHO/WHO have developed a series of tools that can be used to improve health care to women survivors, including:

- Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2013)
- Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook (2014)
- Strengthening health systems for women subjected to intimate partner violence or sexual violence.  A manual for health managers.  (2017)
- Responding to children and adolescent who have been sexually abused: WHO clinical guidelines (2017)
- Curricula for health care providers on how to identify and respond to women survivors of intimate partner violence and sexual violence (forthcoming)

PAHO/WHO have also carried out a number of trainings to improve health care managers and providers’ knowledge and skills. Nonetheless, the magnitude of the problem and its greater priority in national, regional and global policy agendas have led to a significant increase in the number of requests from Member States for technical cooperation from PAHO/WHO.

In order to meet this increased demand for support, PAHO/WHO, in collaboration with the Johns Hopkins University School of Nursing (JHSON) and the World Bank will prepare a cadre of trainers in the Caribbean who will be able to train other health care professionals on evidence-based interventions for identifying and responding to survivors of violence against women.

The present training will enable us to train and provide post-training mentorship to an initial cadre of 30 trainers from the following Caribbean countries Bahamas, Barbados, Belize, Bermuda, Cayman Islands, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, and Turks and Caicos.

**Objectives**

**General objective:** To prepare a cadre of trainers in the Caribbean who will be able to strengthen health care providers’ capacity to identify and provide care to survivors of violence.

Specific objectives of the training include building skills and knowledge in the following areas:

1. WHO recommendations and tools to respond to violence against women.
2. Role of health providers in responding to survivors of violence against women.
3. Values and beliefs that affect care to women survivors of intimate partner and sexual violence.
4. Asking about violence, responding appropriately and providing care and support.
5. Effective teaching methods for adult learners.
Activities

1. Train 30 health care trainers from select Caribbean countries (TBD) on evidence-based health systems response to survivors of intimate partner and sexual violence.
2. Conduct a knowledge, attitudes and practices (KAP) evaluation by applying a survey questionnaire with trainees at baseline and immediately following training.
3. Establish a resource network of trainers amongst interested participants.
4. Provide post-training mentorship.

Follow up activities:
- Post-training, JHSON will review training evaluations and debrief with PAHO/WHO to identify any gaps or lessons for follow-up or future trainings.
- PAHO/WHO will work with JHSON to identify strategies to provide mentorship and support for participants of the ToT to insure they successfully implement at least 2 trainings in their home country over 12-month follow-up period.
- PAHO will provide technical support to Member States to strengthen national standard operating procedures (protocols, guidelines) for the provision of safe and effective care to women survivors of intimate partner violence and sexual violence.

Expected outcomes

1. A cadre of 30 participants with evidence-based knowledge on how to offer effective and compassionate health care for women survivors of intimate partner violence and sexual violence and with skills to enable them to train health care providers in their own settings.
2. Training and implementation package consisting of training tools that trainers will be able to adapt and use, including:
   - generic concept note;
   - draft agenda;
   - summary of PAHO/WHO publications on violence against women
   - slide sets;
   - participatory activities, and
   - evaluation questionnaires.
3. A resource network of trained trainers.
4. A summary of the KAP evaluation results, impact, lessons learned, and suggestions for improvement.
5. A post-training mentorship and support strategy for participants for the successful implementation of at least 1 training in their home country over 12-month period.

Profile and selection of participants

Participants from the selected Caribbean countries should fulfill the following inclusion criteria:
- background in medicine, nursing, midwifery, other clinical degrees, or public health
- experience working on violence against women and/or sexual and reproductive health
- training or teaching experience (desirable)
- ability to carry out at least 1 training of health care providers in the 12 months following the workshop.