

# **Review and lessons learned from the project “Health and justice for women facing sexual violence in Central America”**

**2008-2012**

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# partners

- Guatemala, El Salvador, Honduras and Nicaragua (2008-2012).
- Regional partners: Central American Court of Justice, Interamerican Commission on Human Rights, IPPF, IPAS, Latin American Federation of Societies of Obstetrics and Gynaecology (FLASOG)
- National partners: Ministries of Health, Supreme Courts of Justice, Attorney General's Office, Institutes of Legal Medicine, Police, Mechanisms for Women's Advancement, NGOs

# Expected result

- Models of care for women victims of sexual violence developed and integrated into public security, legal medicine, health and justice services in selected countries in Central America

# Methodological aspects

Objectives	Variables	Sources/methods	Ethical considerations
<p><b>Describe the context and processes carried out when developing the comprehensive care models.</b></p>	<p><b>Socio-economic, political and cultural context.</b></p>	<p><b>Documents</b></p>	<p><b>Anonymity, confidentiality, and privacy</b></p>
<p><b>Analyze the methodologies used in the development of the strategies.</b></p>	<p><b>Processes to develop CCM (priorities, coordination, M&amp;E).</b></p>	<p><b>Key informant interviews (65)</b></p>	<p><b>Informed consent</b></p>
<p><b>Examine the profile and role of the partners</b></p>	<p><b>Methodologies for the implementation of strategies: i) Knowledge generation and management, ii) advocacy in public policy, iii) capacity building, iv) communication.</b></p>	<p><b>Reviewing clinical files in ELS, HON, NIC (30)</b></p>	<p><b>Benefits/Do no harm</b></p>
<p><b>Document advances, results and lessons learned about access to and strengthening legal protection systems and health services .</b></p>	<p><b>Partners: roles, coordination, value added.</b></p> <p><b>Results: integrality, of the services, strategies, sustainability and replicability of the models</b></p>	<p><b>Direct observation of services</b></p>	<p><b>Adequate knowledge of the nature and scope of the review.</b></p>

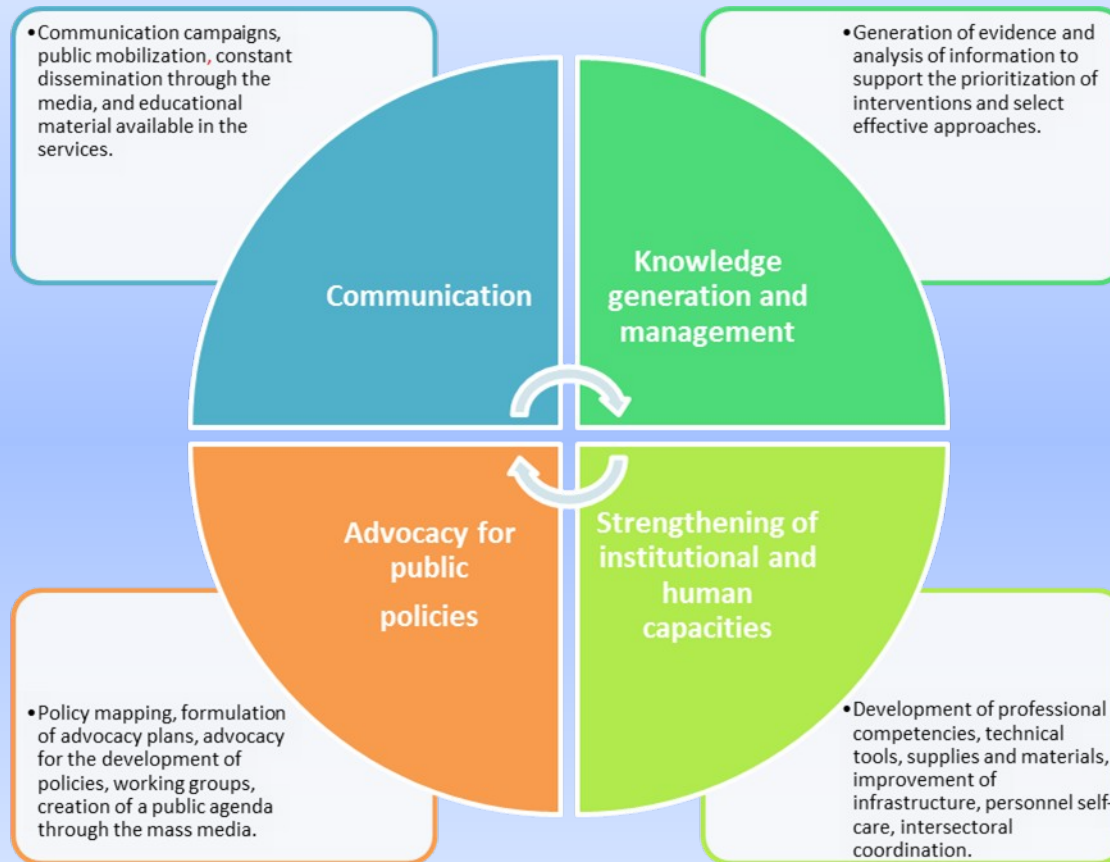
# Dimensions of sexual violence

Percentage of women who reported sexual violence by a partner ever and in the last 12 months among women ever married or in union aged 15-49.

Country and year	Type of survey	Number of persons interviewed	Ever forced to have unwanted sexual relations by husband/partner/ex-partner	Forced to have unwanted sexual relations by husband/partner/ex-partner in the last 12 months
El Salvador (2008)	RHS	9,473	11.5	3.3
Guatemala (2008-2009)	RHS	11,357	12.3	4.8
Honduras (2005-2006)	DHS	14,385	n/a*	4.4
Nicaragua	RHS	15,167	13.1	4.4

\*Not included  
Source: Lucia

# Project strategies



# Components of comprehensive models of care

- Services that respond to the needs of victims/survivors of SV
- Addressing the context and life history of SV victims/survivors
- Inter-sectoral, collective vision and coordination formally established
- Elimination of impunity
- Comprehensive prevention (primary, secondary y terciary)
- Knowledge generation and management
- Institutional and human capacity
- Information systems with common definitions and indicators
- Community and victim-survivor participation.

# Key components to comprehensive models of care: concepts and content

**Types of CCM:** Integrated services in a single, Governmental site (Public Prosecutor's Office, Women's/Children's Police Comissaries) and referral networks as strategies for integrating services

- The integration of the services constitutes a continuum rather than extremes of "integrated services" vs. "non-integrated services"
- The integration requires the defining of prevention and care, sustainable financing, organizational capacity, institutional policies, (protocols, norms, internal regulations), necessary human resources, M&E systems, knowledge generation, intra and intersectoral coordination)



# Key components to comprehensive models of care: concepts and content

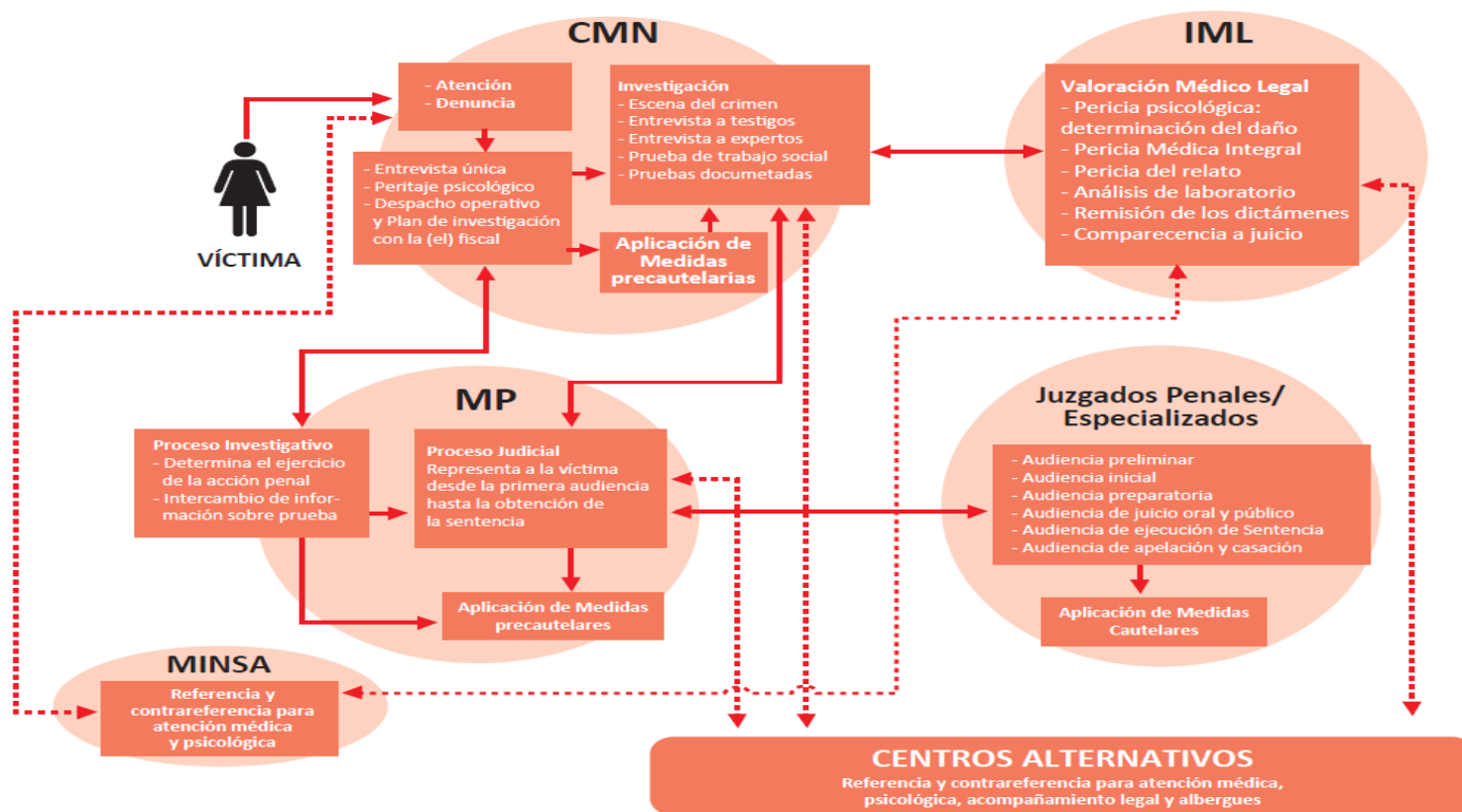
## **CCM - Standardizing the Critical Path of VSSV and the promotion of their rights**

- Entry points for services are defined
- Key interventions within each service
- Steps for each referral
- Key actors and roles
- A package of services for prevention and care

The **Critical Path is contextually specific and responds to the type of CCM** (integrated services in one place, referral networks, or a combination of both)

# Critical care path for the Comprehensive Model of Care in Nicaragua

Gráfica 4: Ruta de atención del MAI en Nicaragua



Procuraduría Especial de la Mujer - PDDH: ejerce la función fiscalizadora en la aplicación del MAI

# Key results

## Advances in:

- Strengthening of inter-institutional coordination for a comprehensive response to sexual violence
- Quality of services
- Improvement in the quality of available records and information on the magnitude of sexual violence
- Improvement in infrastructure
- Design of instruments to provide care to victims/survivors of sexual violence



# Key results

## Reducing the number of interviews and the waiting time to receive services

### El Salvador:

- Reducing the number of interviews depending on the port of entry en the route of care (from 7 to 3 or 4 times)
- Integrated Centers of the Supreme Court, protection measures in DV cases in San Salvador are issued in the same day

### Guatemala:

- Request for protection measures is immediate and following the filing of a complaint. Reduced from 15 days to 8 hours maximum.
- The complaint is entered electronically provided in hard copy to the Public Prosecutor in the Women´s Section of the Public Prosecutors Office immediately . Reduces the process by 3 to 5 days and investigations can begin immediately.

### Honduras:

- Review of the flow of client care in the Public Prosecutors Office reduced the number of interviews from 4 to 1.
- Psychologist was integrated into the care team to provide crisis support, explain the legal process at the Public Prosecutors office, and provide referral to other services

### Nicaragua:

- The number of interviews will be reduced from 8 to 2. A “single interview” will be carried out by an investigator and/or a forensic psychologist.
- In the Women and Children´s Commissaries of the Police, interventions will be reduced from 7 to 4, including crisis intervention.

# Lessons learned

- The collective construction of comprehensive models of care is a learning process that increases the knowledge of institutions, produces attitude changes and sectoral practices on GBV/SV.
- Definition of specific responsibilities by each sector should be accompanied by a definition of financial mechanisms for service delivery, including human resources, training, supplies and infrastructure
- Formal inter-institutional mechanisms such as agreements can guarantee the continuity and expansion of coverage for comprehensive services.
- The lack of reporting on sexual violence (communication to authorities and registration of data) by the health sector is an important obstacle in the development of comprehensive models. Mechanisms to guarantee this need to be developed.

# Lessons learned

- Organizations providing comprehensive services need to be able to identify the barriers to access for VSSV at the institutional, community, family and individual levels and establish measures to address them.
- The creation of specialized police offices in Nicaragua, created by the political will and participation of the State and women's groups, constitutes an important entry point for GBV/SV care through the CCMs, and also can function as sentinel services for surveillance of SV.
- Involve the education sector at all levels in the CCM, because they have a role in preventing and identifying the VSSV, the referral of cases and the development of comprehensive prevention strategies.
- National mechanisms for Women's Advancement and/or Gender Equality must be integrated actively into the design, implementation, and M&E of the CCM. Their expertise in mainstreaming gender in public policies helps ensure that all CCM interventions are sustained on the principles of the gender equality and the good practices developed in this area.

# Sustainability

# Thank you!



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