Towards an integrated and scaled-up health-sector response to violence against women: An analysis of State-level responses in Malaysia

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Overview

- Background (Malaysia response to GBV)
- Aims and methodology
- Results
  - Challenges at individual/health care provider level
  - Challenges at health care level
  - Challenges at policy level
- Finding implications
- Conclusions and recommendations

Malaysia and the health sector-response to IPV

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- Basic legal framework: national law on violence (1994) and 1996 Health national directive
- First OSCC established in 1994 in Kuala Lumpur
- Strong NGO movement
- Committed "champions" in health services
- Integration of IPV services into health care
- Institutional senior-level support, at both Ministerial and hospital level
- Guidelines and pathways of care – and systematic training about them

However, very limited data on extent of policy implementation and scaling up in other settings outside the capital

Research aim and main objectives

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- describe how a national level policy has been implemented in two States in Malaysia, considering primary, secondary and tertiary hospitals;
- analyse the barriers and opportunities to implementation in these settings.

Study sites and methods

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Methods

- **In-depth interviews** with over 70 respondents
- **Facility observations** (7 hospitals' OSCCs)
- **Document analysis** related to IPV (i.e. policy and regulatory documents, hospital guidelines)

Sites

- **Kelantan:** 3 hospitals (1 tertiary, 1 secondary, 1 district one)
- **Penang:** 4 hospitals (1 tertiary, 1 secondary, 2 district ones)

The One Stop Crisis Centre model

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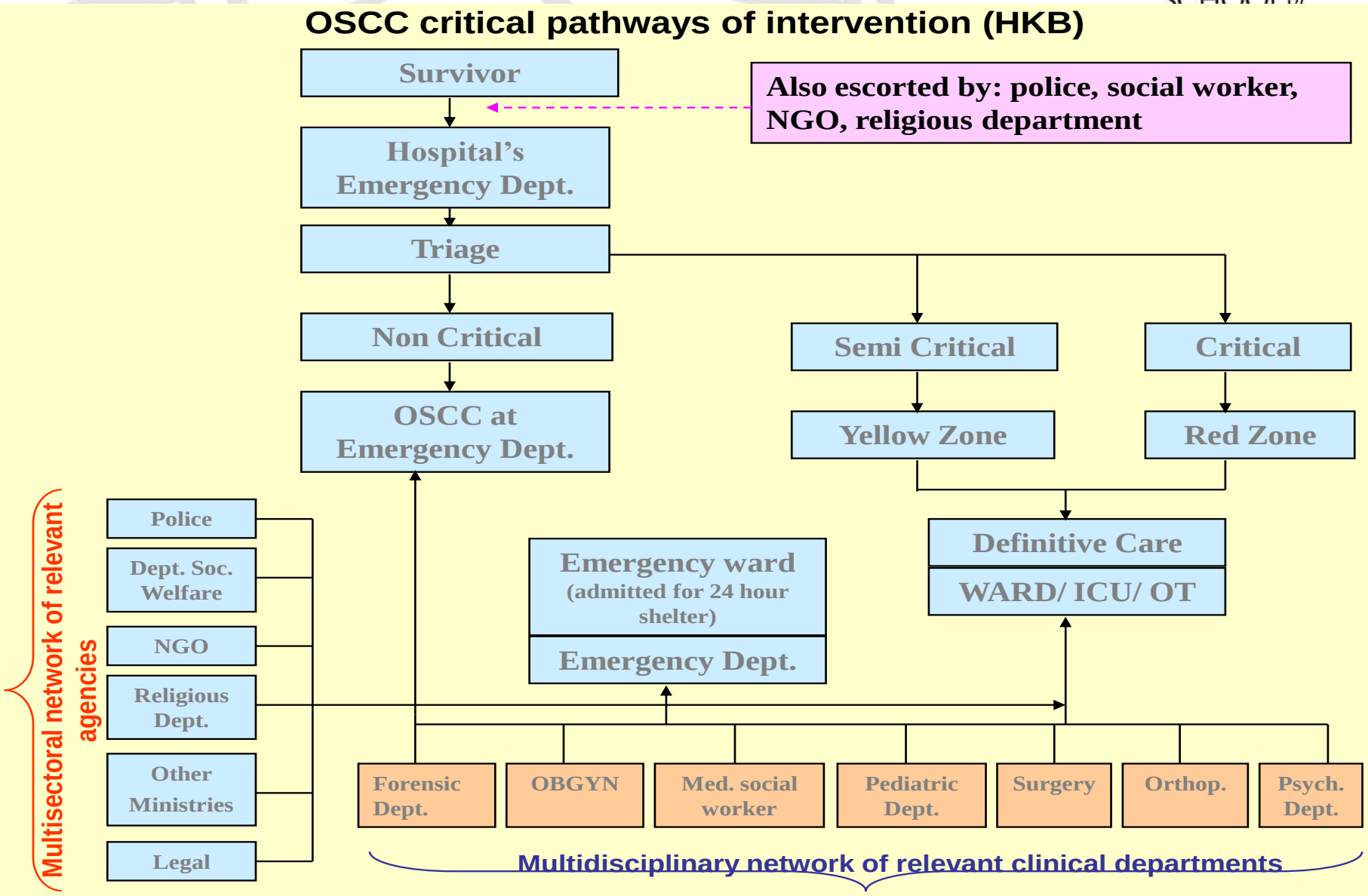
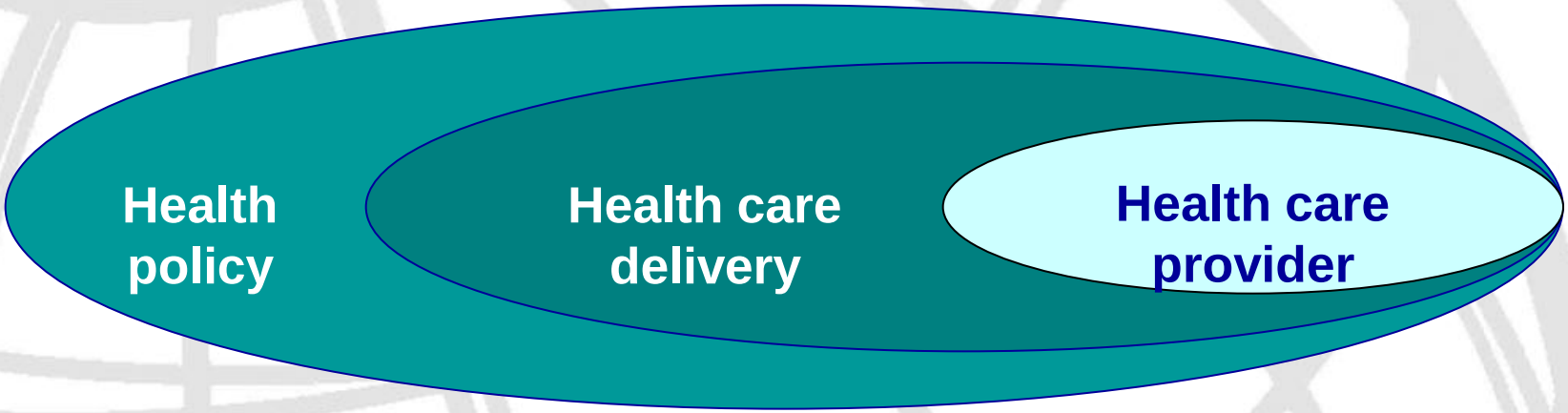
- integrated comprehensive services to abused women and children at the same location
- multi-sectoral approach: interdisciplinary medical team and inter-agency networking
- respect for women's needs and privacy
- located at A&E (24 hour care)

Pathways of care for IPV cases



Source: Hospital Kota Bharu. *One Stop Crisis Centre*. 2005, p.8

Results: Challenges behind IPV integration at individual, health care delivery and policy levels



Health care provider level

IPV seen as a social/family issue

"… No need for 24 hours, unless they got injury, physical injury needs exam treatment only. That one we can take care of. But basically, what they are facing is more a social problem rather than life threatening injury" (medical officer, secondary level, Kelantan)

Traditional versus medical 'advocacy' role

"… I think it is very important for the medical officers to tell the patients that they do have these options available to them. I think that is role of the medical officers. (medical officer, tertiary level, Penang)

Feeling of inadequacy: anxiety about their knowledge (felt under-trained and poorly supported to help women)

Frustrations because of women

Colombini M., et al. "I feel it is not enough…" Health providers' perspectives on services for victims of intimate partner violence in Malaysia. *BMC Health Services Research* 2013.

Health care delivery level

- Scarcity of human resources
- Time constraints
- Lack of/insufficient specific training
- Limited knowledge of SOPs
- Lack of specific guidance/poor guidelines
- Fragmented care and limited collaboration across units and agencies
- Limited referral system and scarcity of local external support services

*"..[OSCC] it is **not a smooth procedure**... ok, registration, clerking, physical examination, referral to the counsellor, referral to the social worker.. it sounds nice, isn't it? But actually it **takes a longer time**, **waiting period is quite long**, sometimes if we are **busy outside**. [*During*] Office hours is ok because we have quite a number of doctors here.... **At night**, there are only 2 doctors....if it is busy here* [at A&E]*... so the patients **have to wait** sometimes an hour or more ...". (medical officer, tertiary level, Kelantan)*

Health policy level

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*"… I don't have I mean the… time to concentrate on domestic violence. I have to do all this other things: family planning and all that….look at cancer, cancer, and cancer. People will look at cancer more than other things. So this is what we call as **competing priorities**". (policy-maker, Kuala Lumpur)*

*"..I tend to pay more attention to the cardiovascular diseases…. well, why is that so, because these are the.. sorry to say but these are the disease that we can see you know, the numbers, how many are dying, how many are getting the complications. **Domestic violence, I don't have any** …". (policy-maker, Penang)*

- Competing priorities and less visibility
- Limited commitment and priority given to IPV
- No specific allocated budget for OSCCs
- No monitoring from national management level (limited guidance)
- Disconnection between national and regional

Findings implications: the need for a systems-approach to integrated IPV services

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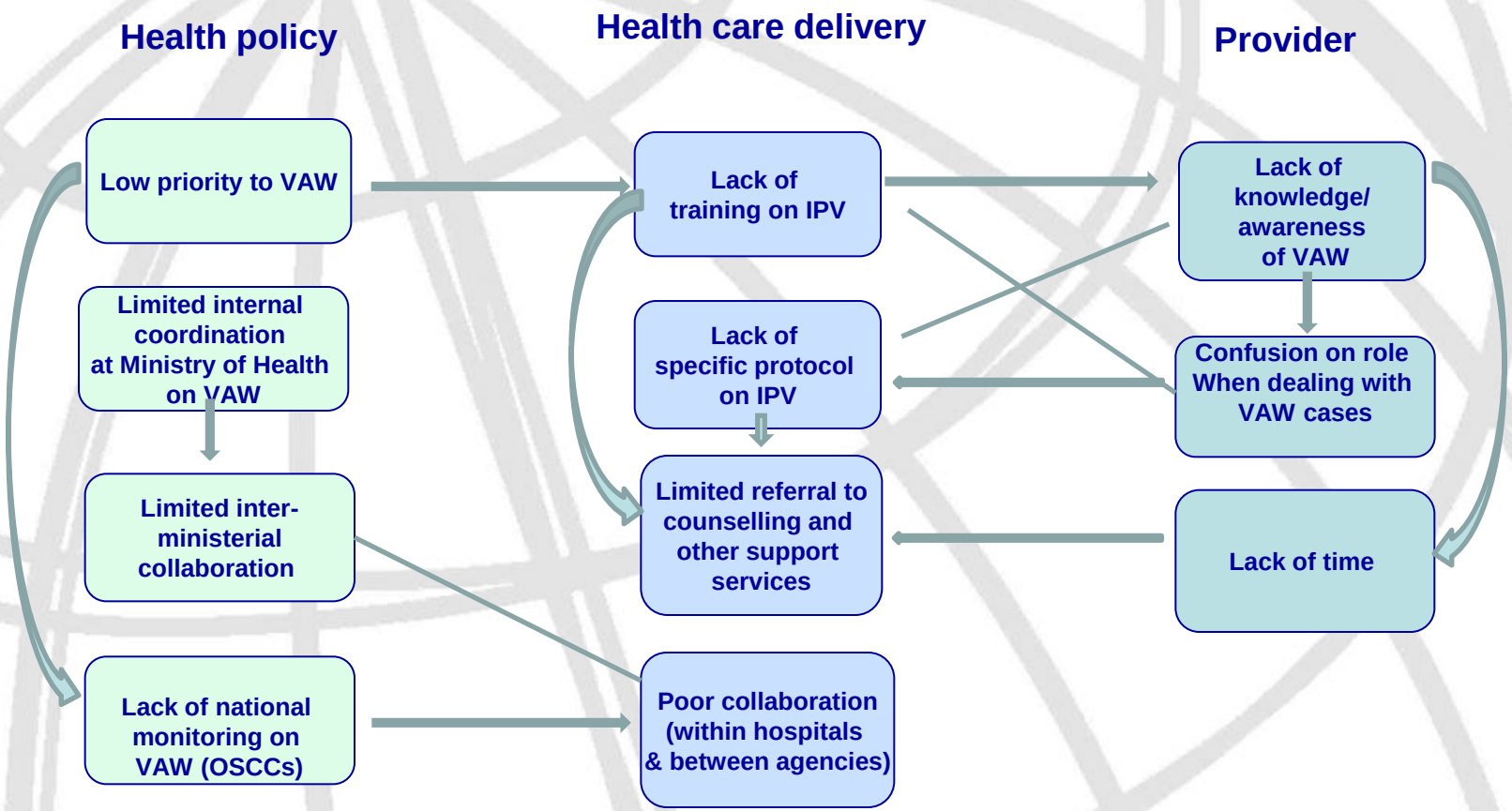
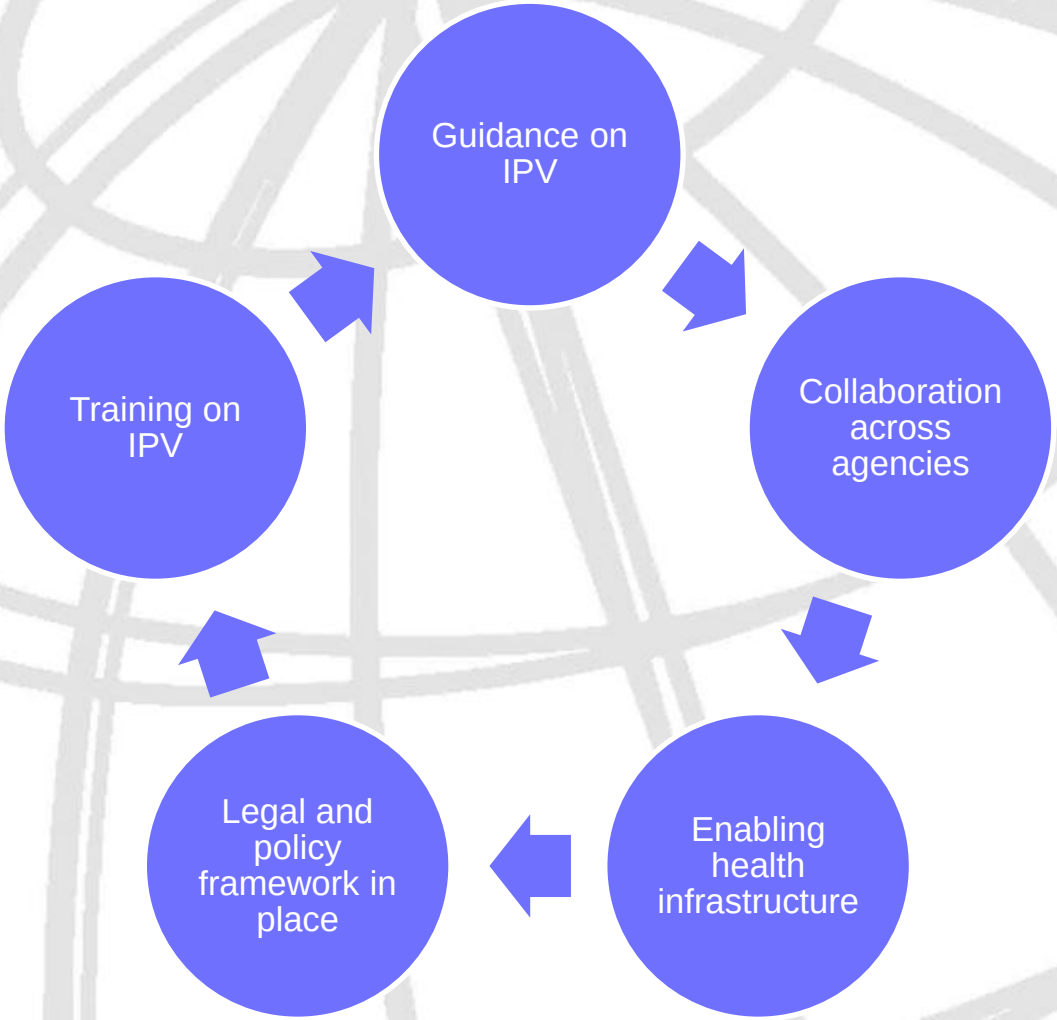


Organisational and policy factors can help full scaling up of OSCCs



- Sufficient training on procedures and focus on gender and violence issues
- Specific protocol for IPV
- Sensitive staff with clear understanding of what to do
- Strong referrals between hospital units and better coordination across agencies
- Clearly defined roles among various health and non-health actors involved
- IPV prioritised by senior policy-makers (financial allocation)

Conclusions and learning outcomes

Adaptation

- Integration cannot be implemented **without adequate support and adaptation**:
  - long replication process to all public hospitals
  - adaptation to district facilities without assessment of local resources, organisation of training or adaptation of OSCC procedures

No single model

- **No single integrated model** for all levels of hospital care: adapted version of OSCC approach at each level
- Scaling up of pilot interventions needs constant adaptation of the service model at local level

Systems approach

- A **system approach** should be adopted for a health sector response to address constraints faced at all levels.
- Important to establish **effective referral** within the health sector, and with local non-health services

Updating information

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- Reducing violence against women has been included in the country's five year plan
- 2011 The Ministry of health has come out with updated modules for awareness and intervention of IPV and CA
- Almost all district hospitals has been allocated with medical social workers to assist in social-health intervention services
- The state level interagency collaboration has been activated in Kelantan

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