



CONCEPT NOTE

SUPPORT TO THE MOHW FOR THE IMPLEMENTAION OF THE SEXUAL ASSAULT PROTOCOLS AND SOP PREPARATION OF TRAINING FOR HEALTH WORKERS IN JAMAICA

Introduction and background

The European Union (EU) and the United Nations (UN) have embarked on a new, global, multi-year initiative focused on eliminating all forms of violence against women and girls (VAWG) - the Spotlight Initiative. The Initiative is so named as it brings focused attention to this issue, moving it into the spotlight and placing it at the center of efforts to achieve gender equality and women's empowerment, in line with the 2030 Agenda for Sustainable Development.

The Initiative responds to all forms of VAWG, with a focus on domestic and family violence, sexual and gender-based violence and harmful practices, femicide, trafficking in human beings and sexual and economic exploitation. In line with the 2030 Agenda for Sustainable Development, the Initiative will fully integrate the principle of leaving no one behind.

Over the past few decades, the international community has increasingly recognized violence against women and girls 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. Preventing violence and responding to survivors requires action from all sectors, and the health sector plays a crucial role.

As noted by the United Nations (UN) Secretary General's in-depth study, health care providers are often the first professionals to have contact with women and girls who experience violence. As a result, training health professionals is an essential part of addressing violence against women around the world. In fact, many of the nurses and midwives who are at the forefront supporting survivors of VAWG are women, and have been victims of gender-based violence themselves. 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 its negative consequences and break the cycle

The importance of strengthening 'the capacity of health systems to identify and provide quality care to women who have experienced violence was recognized in the following mandates which were approved by Ministers of Health from the Pan American Health Organization (PAHO) and the World Health Organization's (WHO) Member States:

- ✓ Regional Strategy and Plan of Action on Strengthening Health System to Address Violence Against Women (CD54/9, Rev.2) – approved by PAHO’s Directing Council in 2015;
- ✓ Global Plan of Action on strengthening the role of the health system, within a national multisectoral response, to address interpersonal violence, in particular against women and girls, and against children.

Both documents call on countries to strengthen the capacity of their health systems to address violence against women.

Spotlight Jamaica

The Spotlight Initiative Country Programme for Jamaica uses a multi-sectoral, multi-layered, interlinked community-centered approach to the implementation of the interventions on the following six Outcome Areas based on the socio-ecological model for addressing Sexual and Gender-Based Violence:

- Pillar One: Legislative and Policy Frameworks;
- Pillar Two: Strengthening Institutions;
- Pillar Three: Prevention and Social Norms;
- Pillar Four: Delivery of Quality, Essential Services;
- Pillar Five: Data Availability and Capacities;
- Pillar Six: Supporting the Women’s Movement and CSOs.

Survivors of sexual assault are seen every day in health facilities across the island. They appear as survivors of rape, incest, sexual abuse and a range of legally sanctioned sexual acts that may be accompanied by varying degrees of violence. Survivors come in every age and gender identity, although young women and adolescent girls are most common. This is reflective of both patterns of offending and patterns of reporting, as men and boys are less likely to be victimized, and when victimized, are far less likely to make a report. Sexual assault cases accounted for 9% of the intentional injuries seen in Accident and Emergency Units in Public Hospitals in 2018¹. Sexual assault can lead to the spread of STIs, unplanned and underage pregnancies, poor sexual and reproductive health outcomes among other risks.

There is a wide range of international guidelines for the health sector that inform the scope, content and ethical approach taken in the development of health protocols. WHO has prepared several guidelines that provide a benchmark for the development of systems for the treatment of survivors/victims of sexual assault. These WHO Guidelines include detailed steps and standards for the examination of different types of sexual assault survivors/victims, including facility requirements,

¹ MOHW data Source

reference tools, recommended treatment regimens, checklists and other resources needed to provide adequate, patient-centered care to sexual assault victims. These international guidelines have informed the development of the country-specific protocols and practices outlined below. They are based on an intervention model that is designed to address patient needs holistically, with a focus on emotional and practical support.

The Sexual Offence Protocol supplements other guidelines and procedures developed by the Ministry of Health and Wellness. They include Guidelines on Interpersonal Violence and Trafficking in Persons, as well as Child Abuse Guidelines developed by the Bustamante Hospital for Children. In addition, the University Hospital of the West Indies has led in the research and development of sexual offense protocols and practices and their internal procedures, treatment regimen and best practice guidelines have been integrated throughout this protocol. Further, the protocol captures the requirements for use of the Sexual Assault Forensic Examination kits utilized by the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) in the collection and processing of evidence, and documents practiced guidelines that are consistent with the protection of evidence for the benefit of the criminal justice system.

The impact of sexual assault – on individuals, societies and health systems – sits at the intersection of health, justice and gender equality issues and development objectives. Highly functional partnerships and communication systems between the health, police, justice and social support sectors are identified in this protocol as critical to the development of systems that provide a comprehensive approach to patient care.

The protocol addresses a range of different types of sexual assault activities, including acts that do not require sexual penetration and is not solely focused on rape. It also speaks to a wide range of victims/survivors, taking a life cycle approach to the sexual and reproductive health and psychosocial needs of a given victim/survivor based on their age and gender; the vulnerabilities, stigma and discrimination that they may face are also addressed. The protocol highlights the medical, ethical and legal considerations surrounding the treatment of sexual assault among certain groups of victims/survivors, including children, persons with disabilities, men, victims of intimate partner violence, persons who identify as LGBTQI, commercial sex workers, non-English speakers and the elderly. The implementation plan with the Monitoring & Evaluation Framework for the Sexual Assault Protocols and Standard Operating Procedures at Public Health Facilities in Jamaica were developed in phase 1 of the Spotlight Initiative under the guidance of the Family Health Unit of the MOHW.

To effectively roll-out of the Protocol and Standard Operating Procedures for the management of victims of sexual assault at public health facilities, UNFPA and the MOHW are planning to implement the following activities:

Activity	Timeline	Items
<p>To contract the services of a consultant to cost the roll out of SOP and Protocol considering the 6 outcome implementation plan and human resource gap analysis already developed</p>	<p>From October 2022 to February 2023</p>	<p>Main consultant</p>
		<p>DSAs for two days visits to each of the 4 RHAs (290x8 days)</p>
		<p>(If needed) a IC with financial background in health to review the part related with maintenance and depreciation of equipment and facilities as well as inflation.</p>
<p>Graphic for the IEC material + Printing</p>	<p>March 2023 to May 2023</p>	
<p>Workshops to present the SOP, Protocol and IP plan</p>	<p>March 2023 to May 2023</p>	<p>4 workshops 1 day for 25 participants</p>