INDIRA RAMPERSAD - TRINIDAD & TOBAGO COMMENTS - GBV (PAHO/WHO) - OCT. 2015

Health Care Systems:
- The health-care system has a key part to play in a multi-sectoral response to violence against women; that role, however, remains unfulfilled in many settings. Violence against women needs to have higher priority in health policies, budget allocations and in training and capacity building of health-care providers.
- The health system needs to ensure the enabling conditions for providers to address violence against women, including good coordination and referral networks, protocols and capacity building.
- No model of delivery of health-care response to violence against women is applicable to all settings and countries should develop services that take into account resources and the availability of specialized violence-support services.
- Violence against women should be integrated into medical, nursing, public health and other relevant curricula and in-service training should ensure that health-care providers know how to respond appropriately & effectively (Reference - http://dx.doi.org/10.1016/S0140-6736(14)61837-7)

Strategies - Health Care System:
- Brief workshops & clinical case sessions are highly valued.
- Raising of awareness & training of professionals increases detection & improves the health-care response.
- Inter-institutional & intersectoral coordination improves case management.
- Institutional leadership helps with the implementation of measures.
- Leadership, political will & governance.
- Coordination.
- Involvement of women’s organizations & community can raise awareness about violence & services available & promote more respectful & equitable attitudes towards women.
- Human resources & capacity building.
- Health-care infrastructure.
- Financing.
- Monitoring & assessment.
(Reference - http://dx.doi.org/10.1016/S0140-6736(14)61837-7)

Recommendations/Way Forward:
- Providing children & young people with life skills to cope & manage risks & challenges when violence does occur can help reduce the incidence of violence in schools & communities.
- Life skills education helps children develop critical thinking, build their self-esteem to communicate effectively, solve problems cooperatively & protect themselves from violence throughout their lives.
- School-based programmes - as early as preschool, can reduce children’s risk of violence - by helping them stay in school and develop in a safe environment, recreational and sports activities, academic enrichment programmes & interventions. Peer support systems can play an important and positive role.
- Training teachers.
- Community-based interventions to prevent violence.
- Comprehensive & sustained mass media awareness-raising campaigns to shift attitudes, behaviour

**Challenges - Health Care System:**
- There is a need to sustain & reinforce basic training, awareness & competence to manage victims & training should be extended to hospital professionals & support
- Intersectoral coordination to establish clear referral pathways to relevant services should be further improved, especially for women who have been sexually assaulted
- Continued work is needed to improve information systems, data management & research baseline study
- Research and assessment are needed to show the outcomes of interventions for women & their children

**Strategies - Child Violence:**
- Connects trained staff with at-risk youth to conduct conflict mediation, make service referrals and change beliefs about the acceptability of violence
- Early Childhood Home Visitation/Early Childhood Education
- Provides information, caregiver support & training about child health, development & care to families in their homes
- Provides high-quality, early childhood education to disadvantaged children to build a strong foundation for future learning & healthy development

**Preventing - Youth Violence**
- Improve and sustain a safe physical environment in communities and create spaces to strengthen social relationships
- Build viable and stable communities by promoting economic opportunities & growth
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- Build viable & stable communities by promoting economic opportunities & growth
- Facilitate the social cohesion & collective efficacy of the community
- Change the social & structural conditions that affect youth violence & lead to health inequity
- Provide students & school staff with information about violence, change how youth think and feel about violence
- Life skills training teaches anger management & conflict resolution
- Parenting skill & family relationship approaches
- The strengthening families programme teaches parents to use discipline, manage their emotions & communicate with their child & teaches youth strategies to deal with peer pressure, manage stress & solve problems
- Foster safe, stable, nurturing relationships between young people & their parents & caregivers
- Build and maintain positive relationships between young people & caring adults in their community
Challenges - M&E:
Monitoring and evaluation of initiatives addressing GBV can be hampered by several obstacles. These include:

- There is a lack of comparable definitions, indicators and instruments, especially on the prevalence of forms of violence. Challenging to make comparisons across regions. Thus, when developing a M&E system the concepts and terms have to be thoroughly defined, if appropriate, according to international or national standards.
- Many studies measure processes and outcomes, but not impact. For example, there could be data provided on a number of health professionals who have been trained, but no data on the impact the training had on their behaviour or attitude.
- Other means of data collection should be aimed for different kinds of interventions (policy & legal reforms, strengthening health, legal, security & support services, community mobilization, awareness raising campaigns) & different contexts require different evaluation tools & methods.
- M&E plans often lack clear, appropriate conceptual frameworks.
- Interpreting data is often challenging & requires significant expertise and capacity that may not be available in-house.
- Budgets often fail to allocate sufficient resources towards M&E (sound monitoring and evaluation can play to improve the effectiveness of an intervention, factoring in adequate funds is a worthwhile investment).
- Certain evaluation methods that are commonly used to assess the impact of interventions may be unethical in the context of violence against women. For example, survivors of violence might face discrimination or be re-traumatized during evaluation interviews if their specific conditions are not taken into consideration by the interviewer.