Plan/23/-MoH/2016/04

ACTION PLAN FOR HEALTH SECTOR RESPONSE:

ADDRESSING GENDER - BASED VIOLENCE (GBV)

INCLUDING DOMESTIC VIOLENCE (DV) IN MALDIVES

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Date: 17th May 2016

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ADDRESSING GENDER - BASED VIOLENCE (GBV) INCLUDING DOMESTIC VIOLENCE (DV) IN MALDIVES

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Health Protection Agency
Ministry of Health

Supported by:
UNFPA

Action Plan for health sector response:

Addressing Gender - based Violence (GBV) including Domestic Violence (DV) in Maldives

1. Introduction:

Gender-based Violence (GBV) and Domestic Violence (DV)reflects manywider underlying social issues and the ultimate goal of any country is to reduce or eliminate this scourge by implementing preventive action and, at the same time,responding to the needs of the survivors. While accepting that in order to achieve this,all sectors of the state and the society have to make their contribution in a holistic approachand a National Plan of Action to address GBV for Maldives is most desirable,in this exercise the Plan of Action for the health sector response is included and will eventually contribute to the National Plan of Action to address GBV for Maldives.

GBV including DV is a public health issue with the recognition of social aspects affecting mostly women with negative impact on their mental health, physical health and every component of reproductive health. It is also well recognized that most women suffering from GBV, including domestic violence, do so in silence and do not seek assistance due to stigma and other social constraints.

Health system and its providers have a unique opportunity to provide solace to these victims.
All governments in the Region, including that of Maldives, have addressed this issue through the health sector to a varying degree.

Many health policies of the Government of Maldives such as Health Master Plan (2006 –2015), Draft National Reproductive Health Strategy (2013-2017) have included addressing GBV including DV as an important area to be addressed.

Domestic Violence Act 2012 passed by the Parliament identifies domestic violence as a criminal offence and clearly and categorically identifies the roles and specifically the duties of the health professionals which include the “examination of the victim (survivor) to the highest possible degree, assist the victim in counseling support and advising the victim of the support options available”.

In order to discharge these responsibilities and to provide health care services to the survivors of GBV including DV, Ministry of Health (MoH) with the assistance of UNFPA has contributed to the development of a National Action Plan for addressing GBV including DV to be implemented by relevant partners.

2. Duration

The Plan of Action would cover a period of 5 years (2013-2018)

However on account of the urgent need ofsensitizing and supporting the health providersinthe process of implementing the DV Act, actions that need to be conducted within the first 6 months will be identified as a priority.

3. List of Documents reviewed (Details attached as Annexure 1)

a) Health Master Plan 2006 – 2015

b) National Reproductive Health Strategy 2013-2017

c) The Maldives Study on Women's Health and Life Experiences (WHLE Survey)

d) Gender Based Violence in the Maldives: What We Know So Far

e) What is Family Protection Unit? Initial protocol developed for FPU

f) IGMH Guidelines and Protocols for responding to cases of gender-based violence or child abuse

g) Review of Gender based violence project 2004 – improving the responsiveness of the health sector

h) Report and Recommendations on Proposal to Set up Drop-in Centres and Shelters for Women and Children Victims/Survivors of Violence in Maldives

i) Family Protection Unit Indira Gandhi Memorial Hospital Report by FPU

j) Assessment of the Family Protection Unit model in the Maldives

k) National Gender Policy of the Government of the Republic of Maldives

l) Domestic Violence Act Number 3/2012

m) Family Act Number 4/2000 25/9/1421 H. 12/12/2000

n) Study on the Decentralization Process in the Maldives

o) Report of United Nations Special Representative of the Secretary General on Violence against Children, Marta Santos Pais

p) Present Health Structure: Power Point Presentation provided by MoH

4. List of Key Stakeholders met and discussions held with (Details attached as Annexure 2)

a) Hon. Dr. Ahmed Jamsheed Mohamed, Minister of Health

b) Hon.Uz.Azima Shakoor,Minister of Gender, Family and Human Rights

c) Hon.Sh. Mohamed Shaheem, Minister of Islamic Affairs

d) Ms.Geela Ali,Permanent Secretary, Ministry of Health

e) Dr.Sheeza Ali,Director General Health Services, Ministry of Health

f) Ms.Nazeera Najeeb, Programme Manager, Reproductive Health,Ministry of Health

g) Dr.Mohamed Habeeb, Deputy CEO, IGMH

h) Dr. Ali Latheef, Physician, IGMH

i) Hassan Saeed, Chief Judge Family Court

j) Ms. Fathmath Najwa,Nursing Officer, Family Protection Unit, IGMH

k) Deputy Director General of Police

l) Members of the Board of Family Protection Authority (FPA)

m) Members of teaching staff at Faculty of Health Sciences

n) Staff of the Family Protection Unit (FPU) at IGMH

o) Director and staff of Society for Health Education (SHE)

p) Many stakeholders from Eydhafushi, Kendhoo, Goidhoo of Baa atoll.

5. Input from the members of the Study tour to Sri Lanka

a) Dr.Sheeza Ali, Director General Health Services, Ministry of Health
b) Ms.Aneesa Ahmed, Chairperson, Family Protection Authority
c) Ms. Aminath Eenas, CEO, Family Protection Authority
d) Ms. Zulfa Ibrahim, Member, Family Protection Authority
e) Uz. Huzaifa Mohamed, Judge, Family Court

Following points were raised at the discussion:

- It is time to take positive, constructive and unified action against GBV by ALL sectors.
- Collaboration with other stakeholders is very important.
- Awareness raising and preventive programmes are essential.
- Strengthening of medicolegal services is essential and introducing forensic medical services is being planned.
- Counseling services attached to the FCSC should be available to the health institutions at atoll level.
- Services at the FPU should be strengthened.
- Health Protection Agency could contribute much in the health sector response.
- Even for some of the actions in the health sector response linkages with other actors like the FPA need to be established and nurtured.
- Implementing the health sector response will only address part of the problem. In reducing GBV and DV, much needs to be done to prevent them by creating public awareness and also by facilitat ing the means to deal with such issues at their very beginning or even before they start.

The basics of the plan of Action was discussedand modified accordingly.

6. Issues brought out at discussions and in the documents reviewed (From 3,4 and 5)

6.1. The Need for a strong Health sector response is well justified.

National Survey showed that more than 1 in 3 women (34.6%) aged 15-49 reported experience of at least one form of physical or sexual violence, or both,sometime during their life with 1 in 5 having been violated by the partner and 1 in 8 having being violated bysomeone other than a partner.
50% of women who reported physical violence reported severe injuries such as eye and ear injuries, fractures and internal injuries. 6.3% of women reported being beaten during pregnancy and of those, 39% had been punched or kicked in the abdomen.

Health remains the most crucial entry point to break the cycle of violence for women undergoing domestic violence as they access the health system at many events related to themselves or their children.

Health also remains the most crucial component of the legal response by facilitating medico legal assistance.

Therefore all aspects of GBV, particularly Domestic Violence, need to be addressed in the health sector with vigor.

6.2. Domestic Violence Act No. 3/2012 established a duty of care for the health sector

This Act clearly identifies the role and responsibilities of the health sector at individual and professional level.

Section 5.8.a. on Reporting mentions that,"Cases of alleged domestic violence pursuant to Section 8(a) may be reported by any of the following persons: employee of a health or social service provider"

Section5.9 on health care mentions that,"A duty of care is hereby established on health professionals and social workers to report suspected cases of domestic violence… Health professionals and social workers shall further provide full support during the investigative and court stages…"

Section 5.12 mentions that, "A health professional that has been notified by the Police that an act of domestic violence may have been committed on a victim…must carry-out the following:-

(a) Examine the suspected victim to the highest possible degree
(b) Assist the victim in seeking psychiatric or counseling support
(c) Prepare a written report based on the examination of
(d) Submit the report prepared under Section 12(d)(2) to the Police and Authority "

Therefore a streamlined comprehensive response to assist in the implementation of this act is anticipated at national level.

6.3 Lack of adequate access and/or availability of GBV services for GBV survivors evident

The national WHLE survey2showed that very few women who had experienced violence had sought help from formal services due to reported barriers.Authors of the survey commented "that the limited use of formal services clearly reflects the limited availability of such services in the Maldives, particularly outside of Male'."It is important to deal with this group effectively.

At many of the discussions it was pointed out that a dedicated service by the health sector for survivors of GBV is limited to that of the FPU at IGMH and services provided at Regional, Atoll hospitals and Health centres essentially as a fulfillment of a legal obligation.

6.4. Strong Response led by the State health actors is the key to an effective and favorable outcome for survivors

Experience from countries such as Malaysia,Sri Lanka where the health sector response to GBV had been successful was led by the respective MoH but supported by other actors.

Health sector has the widest presence throughout the country providing other services including RH services. As an issue that adversely affect all components of RH and a well-recognized public health issue, public funded health sector inclusive of MoH, IGMH and the peripheral Health services need to take a proactive role and plan an integrated response with assistance from other sectors.

There is lack of clarity or details given to the health care services at different levels of health care delivery system to address the needs of GBV affected persons. There needs to be details worked out on the service provisions at different levels of health services and lack of such detailing obviously limits ministry of health in adequately resourcing the institutional care and its ability in raising the finances.

6.5. Cultural sensitivities, geographical constraints and perceived needs of women must be taken in to consideration when planning the health sector response to GBV including DV

The fact that a national study on violence had been successfully done within a relatively conservative environment shows the importance of the appropriate approach.

Service provision should be survivor-centered and provided in a manner most acceptable to her/him in order to fulfill her/his needs as she/he perceives them rather than in the way of an official prescription. Space needs to be identified for the health professionals to use their expertise and experience to help these survivors.

6.6. Lack of Screening for DV at health facilities

This was brought up in earlier literature and by a number of stakeholders. Universal screening is not practiced in most of the countries in the region but selective screening in identified situations such as pregnancy or in certain injuries such as ear drum rupture, burns or attempted suicides is done, provided the health care providers are trained in the ethical,legal aspects and if the environment is suitable to ensure confidentiality. This may be started at IGMH out-patients department initially and expanded.

6.7. Medico legal services needs to be reviewed and streamlined

As at present medico legal services to survivors of GBV in Male' are provided by the Consultant Gynaecologists at IGMH on an "on call" basis. This service is offered at the FPU during office hours and by the A&E at other times. Police who produce the survivors say that IGMH is their identified service point, except when they need a "second opinion when there is a challenge to the first ".

This situation of having to provide this service, among other clinical services by the gynaecologists adds constraints on the clinical duties and leads to some of the delays experienced by the survivors.

Regional /Atoll hospitals too provide this service but there is lack of clarity on the referral pathway.

Apart from the undergraduate training they have had, no regular training programmes on medico legal services are provided to health care providers.

6.8. Inadequate /ineffective communication,information sharing and collaboration between different sectors involved in responding to GBV

This has been commented upon by previous assessments and by most of the stakeholders. Communication is the key to a response to an issue such as GBV where each sector and each actor has an equally important role to play and without any one of them the response will not move.

A space or a forum where decision makers could share their experiences, concerns and find solutions to challenges together is essential.

At the debriefing meeting it was suggested to identify two levels of coordination. 1. At policy level 2. At technical level .This needs to involve all sectors and be coordinated by Family Protection Authority.

7. Present situation of the Health Sector Response to GBV including DV

7.1. Strengths of the response

- Publication of a national level research which can be used by the policy makers1 (WHLE)
- GBV has been integrated to Policies of the government:
    - Article 13 of the Constitution of the Republic of Maldives, guarantees equal treatment for men and women
    - CEDAW 1993(Ratified)
    - CEDAW Optional protocol 2006(Ratified)
    - Domestic Violence Act 2012
    - Health Master Plan 2006-2015

Section 3 Policy Goals: To prevent and reduce burden of diseaseand disabilities. The strategic Action:"Integrate into health services, care for cases of gender based violence and abuse of all forms "

    - National Reproductive Health Strategy2013-2017 (draft).
    Thematic area No.9 Gender Based Violence and Sexual abuse

- A number of training programmes for health care providers had been conducted by the Health Protection Agency of the MoH to sensitize the providers on the DV Act
- Ongoing Premarital counseling programme is provided by MOIA and also being planned with the NGO,SHE
- FPU at IGMH has been sustained for 7 years

7.2. Challenges facing the health sector

- Lack of national level programme or Plan of action on health sector response to GBV
- Limitation to effectivelyrespond to GBV within the existing constraints of human resources and funding
- Rapid turnover of the health care providers specially medical nursing professionals in a sector with over 80% of expatriate workforce, where huge challenges are faced to orient and train health care workersto addressnational health issues including response to an issue such as GBV
- Lack of health service tier-based guidelines, National level Guidelines, and SOPsto strengthen and streamline the health sector response
- Lack of a planned preventive response as at present from the health sector,FPA or other agencies and necessary IEC material and other instruments to facilitate such a programme
- Constraints in capacity building of the care providers owing to the geography, high turnover and the difficulty in releasing them from service provision responsibilities
- After the initial activities including capacity building of health care providers at the beginningof the response in the implementation of the DV Act, last few years had been very quiet with hardly any activities identifiable as that of health sector response to GBV

7.3. Opportunities available

- Many other RH progammes are being conducted by the Health Protection Agency and sensitiza tion on health sector response to GBV may be included in some of them
- Opportunity may be available in some of the planned activities to integrate GBV response in the Urban Primary Health Care Centre in Male'
- Familiarization course for expatriates if conducted in the future is an opportunity to integrate GBV into curricula of the Faculty of Health Sciences

8. Actions needed to Strengthen the Health Sector Response:

8.1. National Level

8.1.1. Policy

8.1.1.1. Issue: Lack of visibility among other stakeholders that the HealthProtection Agency is the responsible agency in Health Ministry responsible for implementing and coordinating Health sector response to GBV

Result: Constraints in the programme to effectively implement responses to GBV

Solution:-

i. Make all stakeholders aware that HPA is responsible for the implementation of Policy, coordination and collaboration with other sectors and funding agencies

ii. Establish a budget line to support health sector response to GBV

8.1.1.2. Issue: Lack of Funds and Human Resources at RH programme/Health Protection Agency to support addressing health sector response to GBV

Result: Difficulty in conducting health sector response to GBV activities effectively

Solution:-

i. Provide support for 3 years by funding agencies and in the long term to be included in the HPA budget

ii. UN Agencies to coordinate with FPA to implement the proposed Action Plan. FPA could explore the other sources of funding such as the Global Fund or EU as additional resources

8.1.1.3. Issue: Lack of a national guideline targeting the health care providers of all catego ries in responding to GBV

Result: The Health care providers not responding in a uniform and effective manner

Solution: Development of a National Guideline on GBV care for all categories of health care providersand orient on these

8.1.1.4. Issue: Responsibilities of health sector and that of health professionals particularly in providing medico legal services that had been identified by the DV Act 2012 is not adequately addressed

Result: Medico legal services have not been strengthened accordingly

Solution: Medico legal services need to be uniform and streamlined throughout the health sector.Therefore:

- Develop guidelines on provision of medico legal services
- Develop appropriate referral and reporting instruments
- Identify dedicated medical professionals for medico legal duties and train them
- Collaborate with legal authorities in order to enhance the evidence collecting and processing methodology

8.1.1.5. Issue: Lack of a forum where high-level decision makers from different sectors such as Gender,HPA,Police,Legal, IGMH,FPA and funding agencies to share their plans and con cerns which will strengthen the health sector response

Result: Lack of understanding between collaborating partners and misconceptions

Solution:-

i. FPA should take lead in establishing such a committee and health sector to participate. This may be considered in the National GBV Plan

ii. Define the roles and responsibilities of relevant stakeholders

8.1.2. Capacity Building

8.1.2.1. Issue: Lack of clarity on national GBV response including health sector response to GBV among all HCPs owing to the lack of standardized protocols .Also lack of skill in providing such services

Result: Inability of the HCPs to provide comfort, consolation or appropriate referral to available services

Solution:

i. Develop a training module based on the National Guideline developed as suggested in 8.1.1.3,and conduct a ToT for an identified group of trainers including Faculty of Health Sciences to serve as a Trainers Pool "to take part in capacity building activities of the health sector (UNFPA would support this activity)

ii. Develop training module for primary care level health providers including community health officers, Nurses and Doctors on health sector response to GBV. Such a module should include service needs of survivors, responsibilities under the DV Act, availability of Referral services (both in Male 'and in the atolls and islands)(UNFPA would support this activity)

iii. Train health care providers through FHS using the module mentioned in ii

iv. Include health sector response to GBV in the training curricula of the Faculty of Health sciences

v. Develop a module for HCPs in providing medicolegal services including evidence collec tion ,documentation and reporting to authorities(UNFPA would support this activity)

vi. Train health care providers through FHS using the module mentioned in v.

vii. Assist the Faculty of Health Sciences to conduct the above mentioned training pro grammes (UNFPA would support this activity)

viii. Incorporate a brief and simple web based module as one of the requirement to be fulfilled by expatriate doctors and nurses at the point of enrolment or within a fixed period (UNFPA would assist in developing this module)

ix. Include the module in viii in the planned orientation programme for new entrants to the health service

8.1.3. Providing support in the Prevention of GBV Including DV

8.1.3.1. Issue:GBV including DV is a public health issue cross cutting all areas of RH but there is a lack of coordinated preventive activities by different stakeholders targeting the public

Result: Health sector led prevention programmes has not been in place due to lack of a national prevention programmes on GBV and DV resulting in increasing demand for service provision

Solutions:-
i. Public awareness by development and distribution of IEC material7 at national level focusing on the health consequences and effects on children, women, families etc.
ii. Support the premarital counseling programme provided by Family Courts and NGOsby including material on GBV /DV.This could be included in the National GBV Plan
iii. Collaborate and support FPA in including GBV /DV content in the premarital sensitiza tion package

8.1.4. Data collection and Data management

8.1.4.1. Issue: Apart from the information recorded at the IGMH/FPU no data collection or management system is available. What is available at IGMH/FPU also needs reviewing3

Result: Limited information is available for advocacy or planning purposes

Solution:
i. Strengthen the data collection at IGMH and streamline the information, dissemination mechanism through proposed Maldives Integrated Health Information System (MIHIS), MoH

ii. Incorporate GBV reportsfrom the IGMH/ Atolls /islands through primary health worker in to the proposed MIHIS that is being developed

8.1.5. Referrals

8.1.5.1. Issue :Lack of clarity on the referral pathways available within the health sector including the private sector for medico legal services for survivors of GBV

Result: No uniform mechanism and survivors are unable to get help

Solution: Initiate discussion and define a referral mechanism at national level inclusive of the Atoll level,achieve consensus and distribute the information to providers at every level

8.1.5.2. Issue: lack of clarity in certain areas of referral for legal assistance such as the role of the private sector

Result: disconnect between legal and health interests and that of the survivor
Solution:Provide support to the FPA by developing health documents as per legal requirements in order to define the specific referral pathway for medico legal referrals

covering atoll,island levels and the private sector with the consensus of the legal services. This may be considered to be included in the National Action Plan for GBV when formulated

8.1.6. Screening

8.1.6.1. Issue: As at present no inquiry in to GBV/DV is made from care seekers unless they declare themselves

Solution: Initially selective screening by inquiring in certain clinical situations such as ear injury,eye injury,burns to be instituted at certain departments of IGMH such as ER, Casualty, Ortho, Gynae and Paeds. A referral of such cases will be made to FPU for further action. Such a system later on may be rolled out to other hospitals

8.1.7. Research on GBV including DV

8.1.7.1. Issue: Limited health research conducted on the subject

Result: Lack of evidence available at national level to support policy planning

Solution:-

i. Identify research topics on health sector response to GBV such as , attitudes of the health care providers and care seekers towards clients, health care utilization etc and support researches

ii. Institutionalize health research on GBV at FHS including health sector response to GBV. This too may be considered to be included in the National Action Plan for GBV

9. Providing services to Survivors at Dedicated Service points

9.1. Strengthening the FPU at IGMH

FPU at IGMH remains the only service point dedicated to survivors of GBV including DV in the country even 7 years after its inception. However the need to strengthen the FPU has been iterated in many assesments2, 3,

9.1.1. Issue:Medico legal services are provided by gynecologists while attending to other clinical services. Gynaecologists have assigned clinical duties including OPD, IPD and Surgeries

Result: Delay in attending to GBV cases including DV at IGMH /FPU

Solution: Identify dedicated medical officer to provide the basic medico legal services and Gynecologists to provide expert advice

9.1.2. Issue:Gap existing between the expectations of the GBV survivors and the general public on services provided by FPU

Result: Survivors of GBV and the public are not clear on services provided by FPU and process of accessing medico legal services

Solution:-

i. Review the protocol and the pathway of care considering the existingservice facilitiesin cluding follow up visits

ii. Public awareness on existing services at FPU at IGMH as well as on the assistance provided by the FPA, HPA

9.1.3. Issue:No follow up counseling services to deal with health issues are offered by the counselors at FPU

Result: An opportunity to help some victims is lost

Solution:-

i. Conduct follow-up of clients and provide health advice and referral for other services if indicated.

ii. FPU to coordinate with FPA to support clients in receiving counseling and other support

9.1.4. Issue: Inadequate facilities to provide comfort at the visits made by GBV cases

Result: Quality of service is perceived as low

Solution: Establish a mechanism to offer patient friendly services at FPU

9.1.5. Issue : Lack of sensitization on GBV, skill to respond to the needs of the survivors of GBV among the nurses and doctors of the IGMH

Result: Inadequate and ineffective response to GBV

Solution:-

i. In service training to health care providers

ii. Incorporate sensitization on GBV at the point of enrolment by the most appropriate mechanism

9.1.6. Issue: Data collection not synchronized with standard definitions and data manage ment at FPU is not effective

Result: Data is not useable for advocacy and planning purposes

Solution: Data collection and management needs to be reviewed in order to harmonize with international definitions and useable for intervention planning (UNFPA support)

9.1.7. Issue: Lack of visibility of the FPU within and outside the IGMH

Result: Center loses opportunities to serve survivors of GBV

Solution:-

i. Develop and use center specific communication methodologies with other departments of the hospital

ii. Share the monthly statistics including information on services provided with other departments and HPA

iii. Conduct awareness on FPU and its services by FPA, HPA and IGMH

9.1.8. Issue: No referral for legal advice or assistance

Result: Apart from being referred to Police other legal counseling

Solution: Identify an NGO who could provide legal counseling on a voluntary basis with the assistance of FPA

9.1.9. Issue : Lack of a mechanism for collaboration with multiple stake holders who could assist FPU

Result: Opportunity to provide a higher quality services is lost and affects the responses to GBV
Solution: Establish regular meeting with relevant stakeholders under the leadership of the IGMH Director, MGFHR, FPA, HPA of MoH, GBV focal point of MoH, Referring organizations NGOs who assist in providing counseling services SHE, Police UN Agencies to share experi ences, understand their constraints and plan ways of supporting the FPU. Funding and assis tance from UN Agencies may be necessary

9.1.10. Issue: FPU being the only unit providing medico legal services for survivors of GBV in Male',the FPU is not fully institutionalized and needs to be considered as an integral service point of the IGMH with the potential to develop in to a fully pledged foren sic pathology Department of the IGMH / MoH sometime in the future

Result: Lack of clarity and visibility of ownership of the FPU within IGMH

Solution: Administrative changes done with consultation A &E Dept. with OIC of A & E overseeing the unit and a direct reporting mechanism established with the Director of the hospital

9.1.11. Issue:Medico legal /Forensic Pathology is an integral part of health sector response to GBV. IGMH being the only tertiary hospital to the country, along with MoH, has the re sponsibility of delivering medico legal services for survivors of GBV

Result: FPU is attempting to fulfill this but with limited personnel and space

Solution: In view of this, in the long term, future plans of development of IGMH needs to include development of the human resources, infrastructure and laboratory services to be the model service facility for survivors of GBV. MoH and IGMH is currently planning to strengthen the forensic pathology services at IGMH and one of the activities to identify and train specialist / medical officer in Sri Lanka

9.2. Strengthening services at Regional /atoll /Island level

9.2.1. Issues relevant more to Regional /atoll /Island level

a) Smaller communities
b) Stronger role for community leaders
c) Island Councils can take a proactive role in addressing the issues
d) Stigma attached to GBV/DV is a major constraint
e) Easier to establish linkages with atoll level Health institutions and Family Child service center
f) Trained counselors and social workers are available at atoll level
g) Lack of clarity of the pathway for care with respect to medico legal for GBV / DV services
h) Reporting to Police and initiating legal proceedings take a considerable length of time in the islands

9.1.9. Issue : Lack of a mechanism for collaboration with multiple stake holders who could assist FPU

i) Responsibility of filling the medico legal forms when medical officer is not available is not clear
j) Child abuse is reported more relative to GBV/DV

- Under the existing facilities in the atoll and island health facilities opening of dedicated units such as FPU is not desirable in the immediate future.
- However once the activities on awareness raising for public and capacity build ing for service providers had been complete this may be reconsidered at the mid term review at least for Regional level hospitals.

9.2.2. Issue: Close communities with small numbers

Result: maintaining confidentiality is an issue

Solution: Health care providers trained /sensitized in the importance of adhering to guiding principles.(Included in national guidelines)

9.2.3. Issue: Ensuring of security to the HCP, especially in settings which lack the local police presence

Result: Stress and anxiety for the HCPs which in turn will have a negative effect on the care provision

Solution:-

i. Public awareness of the legal obligations and limits within which HCPs could provide services and the need of the public cooperation in providing services .IEC material such as brochures could be developed

ii. Develop an information sheet ratified by the MoH which describes the services that could be expected at different levels of hospitals

iii. Include guidance on avoiding conflicts with clients and their relations in the national guidelines for the HCPs

iv. Seek assistance from FPA to negotiate with Police to provide quick response when the HCPs are harassed

9.2.4. Issue: Lack of awareness of GBV as a health or a criminal issue

Result: Remains an unrecognized issue with survivors not accessing services.

Solution: Use of IEC activities such as leaflets, Posters, (Included in national Action)

9.2.5. Issues: Lack of clarity on the pathway for medico legal services. Some visit/inform the council office first and some would go to hospital first.

Result: Delay and loss of confidentiality and re-victimization

Solution:-
i. Identify the health center as the desired entry point for care
ii. Define pathways for communicating with other actors
iii. Consider informing council on case load for planning and advocacy purposes

9.2.6. Issue: Lack of collaboration between FCSC ,Health Unit to maximally use the availa ble resources particularly for emotional support

Result: Counselor services for GBV are underutilized at FCSC when hardly any counselor ser vices are available at the hospital

Solution:-
i. SOPs and Regular meetings
ii. Counselorto visit the health unit in a regular basis
iii. Include the FCSC in the referral pathway from the hospital

9.2.7. Issue: Emergency contraception is not available at island level health centers

Result: Unable to prevent a pregnancy in cases of rape

Solution: Arrangements made to obtain EC in such an event without any delay

9.2.8. Issue: No separate medico legal forms available for GBV .Common form used for any medicolegal examination are used

Result: Information is limited and not focused

Solution: Develop userfriendly, form to be usedfor GBV at national level

9.2.9. Issue: Coordinating with the regional and Atolls hospitals will be a need to imple ment the capacity building and other activities of the Action Plan

Solution: Identify a focal person from the Regional and Atoll hospitals to coordinate these activities

10. Selected list of activities for the first 6 months

Actions have been identified on the Action Plan Matrix itself

11. Monitoring mechanisms to be developed later

Monitoring mechanisms will be planned once consensus on the Action Plan has been reached
A mid-term Review at the end of two years is recommended

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Policy									
Identify a department/ Directorate and /or a focal point to be responsible for implementation of health sector response to GBV Policy, coordination and collaborating with other sectors and funding agencies to effectively carry out the planned	**MOH**		Officer appointed	✓					**Within 6 Months**
Provide H R support initially by funding agencies and in the long term to be included in the health budget	**MoH/FPA**	UNFPA		✓	✓	✓			**Within 6 Months**
Development of Health Sector Response:Guideline on GBV Care for all categories of Health care providers	**MOH**	UNFPA	Guideline Developed , printed and disseminated	✓					**Within 6 Months**

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Medico legal services needs at Health Facilities to be streamlined and there should be a uni-formity within the health sectoractions	**MoH/IGMH**	Police /MoJ/UN Agencies	**1.** Develop HF guidelines on provision of medico legal services	✓					**1. Within 6 Months**
			2. Review medico legal forms.	✓					**2. Within 6 Months**
			3. Develop & Establish appropriate referral and reporting instruments		✓	✓	✓	✓	
			4. Identify dedicated medical professionals for medico legal duties and provide information and teaching material. Where ever possible train them.	✓	✓				
			In other sites attempt to institute distant learning methodologies						
Establish a Health Sector Response to GBV cases Coordinating committee/ Technical working group led by DGHS with decision level officials from other sectors	**MOH**	MoG,HPA,Police, AttorneyGeneral,MoJ	Committee established	✓					**Within 6 Months**

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Capacity Building									
Capacity building by conducting a ToT for identified Trainers (HFs, FHS and Private HFs) in order to facilitate the activities that follow.	**MOH**	UNFPA	1. Training module developed 2. Training conducted	✓					**1. Within 6 Months**
Sensitization programmes on GBV,service needs of survivors, DV Act, Availability of Referral services targeting Primary care level health providers , Community Health Officers,Nurses and Doctors by using Distant Education technologies (3 x 2 hour sessions)	**MoH/FPA**	Faculty of Health Sciences / UNFPA/Provincial/Atoll Health Authorities	1. Module for IT programme developed 2. Number of programme conducted	✓	✓	✓	✓	✓	
Capacity building on GBV ,Service provision to survivors , DV Act listening skills referraloptions available to Community Health Officers, Nurses and Doctors at IGMH and Atolls (2 Day)	**MoH / Faculty of Health Sciences**	UNFPA	1. Module developed 2. Accepted as a requirement		✓	✓	✓	✓	**Within 6 Months**

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Provide Technical assistance to the Faculty of Health sciences in order to conduct Facility Based and Distant learning training and sensitization programmes	**MoH / Faculty of Health Sciences**	UNFPA		✓	✓				
Incorporate a brief and simple web based module as one of the requirement to fulfil at the point of enrolment of expatriate doctors and nurses	**MoH / Faculty of Health Sciences**	UNFPA	1. Module developed 2. Accepted as a requirement		✓	✓	✓	✓	
Develop a module for medical Officers/other officers performing medicolegal examinations As a distant/Self learning method	**MoH / Faculty of Health Sciences**				✓	✓	✓	✓	
Prevention Activities									
Public awareness by development and distribution of IEC material, Posters hand bills at national level focusing on the health consequences and effects on children.	**MoH/IGMH/HPA**	UNFPA			✓	✓	✓	✓	

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Data collection and Data management Setting up of a MIS									
Incorporate GBV reports from the IGMH/ Atolls / islands through Primary health workers in to the proposed MIHIS that is being developed	**MoH /HPA**	UNFPA	Data collection mechanism set up		✓	✓	✓	✓	
Referrals									
Define a referral mechanism at national level inclusive of the Atoll level ,achieve consensus and distribute the information to Health Service providers at every level	**MoH /HPA**	MGFHR/Police/FPA/ Legal/ UNFPA	Referral Pathways defined Information disseminated	✓	✓	✓			
Define the specific referral pathway for medico legal referrals covering City /atoll,/island levels and the private sector with the consensus of the legal services	**FPA**	Police/MoH/HPA/UNFPA			✓	✓			
Screening for GBV									
Establish selective screening in IGMH	**MoH/IGMH**	UNFPA		✓					

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Development of IEC material7 for public awareness on GBV at national level targeting the health consequences and effects on children.	**MoH/MoJ**	UNFPA	Posters x …. Developed Leaflets x ……Developed	✓	✓	✓			**Within 6 Months**
Conduct Public awareness Programmes by distribution of the IEC material developed	**MoG**		National campaign conducted		✓	✓	✓	✓	
Include GBV content in to the planned premarital counseling planned by HPA of MoH .	**MoH / HPA**	UNFPA	Premarital counseling module with gBV content	✓	✓				
Negotiate with the Family Court to include GBV / DV awareness material in their premarital sensitization package	**MoH**	MoH/ FPA	Material included	✓	✓				
Research									
Conduct intervention based research on GBV	**Faculty of Health Sciences**	UNFPA	Research Reports available		✓				

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Strengthening the Family Protection Unit at IGMH									
1.Develop and use center specific IEC Material to communicate with other departments of the hospital and for public Board/ brochure.	**IGMH/FPU**	UNFPA		✓	✓				**Within 6 Months**
Share the monthly statistics including information on services provided with other departments	**IGMH/FPU**								**Within 6 Months**
Medical officer/s from A&E to provide the basic medico legal services and Gynecologists to provide expert advice if they need advice	**IGMH/MoH**	UNFPA			✓				**Within 6 Months**
Review the protocol and the pathway of care Offer second visits for emotional support, if victims do desire .	**MGFHR**	UNFPA		✓					**Within 6 Months**

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
Incorporate sensitization on GBV at the point of enrolment by including a visit to the FPU as a part of familiarization process conducted at IGMH	**IGMH**			✓					**Within 6 Months**
Data collection and management needs to be reviewed in order to harmonize with international definitions and useable for intervention planning	**IGMH**	UNFPA		✓					
Administrative changes done with consultation A & E Dept. with OIC of A & E overseeing the unit and a direct reporting mechanism established with the Director of the hospital	**IGMH/FPU**			✓					
Establish a regular stakeholder meeting with relevant stakeholdersto share experiences, understand the constraints and plan ways of supporting the FPU	**IGMH/FPU**	UNFPA		✓					**Within 6 Months**

National Action Plan for Addressing GBV in Health Sector

Action / Activity	Leading Agency	Collaborating Agencies	Targets/Indicators	Year of Implementation					ASAP
				1	2	3	4	5	
At Atoll and Island level facilities									
Coordinate with the MG-FHR and utilize counseling services available at FCSC at the health facilities	**FPA**	MoH/ MoG /Councils		✓					**Within 6 Months**
Develop a mechanism to make Emergency Con-traception available for victims of rape at the health facilities	**MoH**			✓	✓				
Identify a focal person from the Regional and At-oll hospitals to coordinate these activities	**MoH**			✓	✓				**Within 6 Months**
Review									
Mid-term Review at the end of two years	**MoH**	UNFPA			✓				

Annexure 1

List of documents reviewed

	Name of the document	Authority	Year	Relevance
1	HEALTH MASTER PLAN 2006 - 2015	Ministry of Health	2006	Policy
2	NATIONAL REPRODUCTIVE HEALTH STRATEGY 2013-2017	Ministry of Health	2006	Policy
3	The Maldives Study on Women's Health and Life Experiences (WHLE Survey)	Ministry of Gender & Family	2004	Prevalence ,Attitudes , Service options
4	GENDER BASED VIOLENCE INTHE MALDIVES: What We Know So Far	Ministry of Gender, Family Development and Social Security	2004	Prevalence ,Attitudes , Service options
5	What is Family protection Unit? Initial protocol developed for FPU	IGMH	2004	Issues related to strengthening FPU
6	IGMH Guidelines and Protocols for responding to cases of gender-based violence or child abuse. FINAL COPY	IGMH		Issues related to strengthening FPU
7	Review of Gender based violence project 2004 – improving the re-sponsiveness of the health sector	Ministry of Gender & Family IGMH UNFPA,WHO	2004	Overview of Health sector response
8	Report and Recommendations on-Proposal to Set up Drop-in Centres and Shelters for Women and Chil-dren Victims/Survivors of Violence in Maldives			Identified aspect of response to GBV Area for Collaboration
9	FAMILY PROTECTION UNIT INDIRA GANDHI MEMORIAL HOSPITAL Report by FPU	IGMH		Issues related to strengthening FPU

	Name of the document	Authority	Year	Relevance
10	Assessment of the Family Protection Unit model in the Maldives	External Assessment UNFPA	2008	Issues related to strengthening FPU
11	Action Plan for health sector response:	Department of Women & Child Protection UNFPA	2008	Identified aspect of response to GBV Area for Collaboration
12	NATIONAL GENDER POLICY OF THE GOVENMNET OF THE REPUBLIC OF MALDIVES	Govt. of Maldives	2006	Law & Policy
13	Domestic Violence Act Act Number 3/2012	People's MajlisGovt. of Maldives	2012	Law & Policy
14	Family Act Act Number 4/2000 25/9/1421 H. 12/12/2000	2000		Law & Policy
15	Study on the Decentralization Process in the Maldives	UNICEF	2013	Law & Policy
16	Report of United Nations Special Representative of the Secretary General on Violence against Children, Marta Santos Paris	UNFPA	2013	Selected issues
17	Present Health Structure Presentation	Director Health Services MoH	2013	Policy

Annexure 2

List of Stake holders with whom consultations were held

Policy maker Expert/ Official/Professional	Position	Area of relevance
Hon. Dr. Ahmed Jamsheed Mohamed	Minister of Health	Planning and implementation
Ms.Geela Ali	Permanent Secretary,Ministry of Health	Planning and implementation
Dr. Sheeza Ali	Director General Health Services Ministry of health	Planning and implementation
Ms.NazeeraNajeeb	Programme Manager RH	Experience sharing , Planning and implementation
Dr.MohamedHabeeb	Ministry of health Director/CEO IGMH	Experience sharing , Planning and implementation
Dr. Ali Latheef	Physician IGMH	Experience sharing , Planning and implementation
Ms. Najwa	Nursing Officer, Family Protection Unit, IGMH	

Non Health

Hon Uz Azeema Shukoor	Minister of Gender	Experience sharing collaborationand support
Hon.Sh. Mohamed Shaheem	Minister of Islamic Affairs Chief Judge	Experience sharing collabora-tionand support
Dr. Uz.Hassan Saeed	Family Court Male'	Experience sharing collaborationand support
Deputy Inspector General of Police	Police	Experience sharing collaborationand support

UN Agencies

Mr. Rune Brandrup	International Programme Coordinator, UNFPA	
Ms.Shadiya Ibrahim	Assistant Representative, UNFPA	
Ms. Mariyam Mohamed	UN Women	

Group Discussions

Staff of FPU with Director and members of administration of IGMH (Meeting 1)	IGMH	Experience sharing , Planning and implementation
Staff of Society for Health Education (SHE)	Director and other staff of SHE (NGO)	Experience sharing ,and assistance
Director/VC and Lecturers of Faculty of Health Sciences	FHS	Experience sharing , Planning and assistence
Members of the board of the Family Protection Authority	FPA	Experience sharing , Planning ,implementation and support
Administration,Consultants,Staff of IGMH and staff of FPU (Meeting 2)	IGMH	Experience sharing , Planning and implementation

Stakeholders consulted with at the field visit

Baa Kendhoo: **(Population 1180)**

1.	Mr. Abdul GafoorGasim	Member	Kendhoo Council
2.	Ms. AishathSuhaila	Member	WDC
3.	Ms. AgisaAfeef	President	WDC
4.	Ms. Nazeera Ahmed	Member	WDC
5.	Ms. Habeeba Ahmed	Member	WDC
6.	Ms. Khadheeja Abdul Sattar	Vice President	WDC
7.	Mr. Ahmed Yoosuf	Administrative Officer	Council Office
8.	Ms. Shaheeda Adam	Senior Admin Officer	Council Office
9.	Mr. Abdul Jaleel Ibrahim	Assistant Community Health Officer	Health Centre (7791311)
10.	Mr. Abdul MuhusinAboobakur	President	Council

Baa Goidhoo: **(Population 700)**

1.	Mr. Abdul Fathaah Mohamed	Assistant Community Health Officer	Health Centre
2.	Mr. Mohamed Amir	President	Council
3.	Mr. Ahmed Niyaaz	Municipal Service Officer	Council Office
4.	Mr. Mohamed Naafiz	Member	Council
5.	Ms. AminathZaeema	Registered Nurse	Health Centre
6.	Ms. Shadiya Ali	Vice President	WDC
7.	Ms. Fatheena Abdul Raheem	Member	WDC
8.	Ms. AishathAmsoodha	Member	WDC
9.	Ms. FathimathMilna	President	WDC
10.	Mr. Ilyas Ibrahim	Admin Officer	Health Centre

Baa Eydhafushi **(Population 3070)**

1.	Mr. Isham Hameed	Corporal	Police
2.	Mr. Rahmath Abdul Rasheed	L. Corporal	Police
3.	Mr. Abdul Salaam Umar	Corporal	Police
4.	Ms. Shifana Abdul Ghani	L. Corporal	Police
5.	Ms. AishathSausan	L. Corporal	Police
6.	Ms. Huzaima Hassan	L. Corporal	Police
7.	Ms. AanisathSaeeda	L Corporal	Police
8.	Mr. Ahmed Waheed	Public Health Coordinator	Atoll Hospital
9.	Ms. AminathShazly	Community Health Officer	Atoll Hospital
10.	Ms. Maimoona Hassan	Asst Community Health Officer	Atoll Hospital
11.	Ms. Azima Abdul Raheem	Senior Registered Nurse	Atoll Hospital
12.	Mr. Mohamed Rasheed	Assistant Manager	Atoll Hospital

13.	Mr. ZahirNaseer	Community Health Officer	Atoll Hospital
14.	Ms. ShiyazaZakariyya	Counsellor	FCSC
15.	Ms. Nusuha Mohamed	Assitant Social Service Officer	FCSC
16.	Mr. Ahmed Nadym	Assistant Counsellor	FCSC
17.	Mr. Ali Shaheem	Assistant Counsellor	FCSC
18.	Ms. Haifa Sidgy	Assistant Social Service Officer	FCSC
19.	Mr. Ahmed Juman	Assistant Officer	FCSC
20.	MS. Shajaath Ibrahim	Member	WDC
21.	Ms. AishathRishmee	Member	WDC
22.	Ms. Aishath Hussain	President	WDC
23.	Ms. Niuma Ahmed	Vice President	WDC
24.	Ms. Hawwa Mohamed	Member	WDC
25.	Ms. Mizna Ali	Member	WDC
26.	Mr. Ibrahim Shifau	Assistant Account Officer	Council
27.	Ms. Niuma Ahmed	Senior Adminsitrative Officer	Council Office
28.	Mr. Mohamed Shakeel	Member	Council
29.	Mr. Mohamed Riza	Vice President	Council

[1]GBV Assessment Asia Pacific Region

[2]WHLE

[3]Assessment of the Family Protection Unit model in the Maldives

[4]Review of Gender based violence project 2004 – improving the responsiveness of the health sector

Health Protection Agency
Ministry of Health

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