

## **“Enacting and Implementing the National Referral System for Battered Women”**

### **Attendance without distinction:**

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### **Introduction:**

MIFTAH has always sought to develop national policies, including sectorial ones, and encourage their positive response regarding equality between the sexes and the elimination of all forms of violence against women. Thus, the health sector has played an essential role that effects and is affected by opportunities for women and girls victimized by gender-based violence to feel safe and have access to services. In this context, MIFTAH devised an action plan for key intervention that targeted the Ministry of Health in its capacity as one of the parties addressed on the national referral system. The intervention includes developing a policy paper that analyses the implementation for the referral system and the obstacles that prevent benefiting from all of its provisions, in a bid to reach best practices. This is through resources in this sector that would contribute to nationalizing the provisions of this system and therefore positively reflect on its services provided to women seeking them.

MIFTAH has held discussions with the three sectors approached with the national referral system in order to devise a policy paper that would lead to the enactment and implementation of this system. A consultation meeting was held with the police, social and health sectors and relevant partners. Another meeting was held to analyze the situation of the health sector, its components and resources, from the perspective of the national referral system for battered women on December 16, 2015. The meeting was based on the conclusions of another meeting between MIFTAH and the Minister of Health, who showed interest in nationalizing this system

in the policies and measures the ministry is looking to implement. This expanded meeting, which was attended by around 16 participants, targeted relevant parties, particularly decision-makers and delegate technicians from the health sector and its partners.

**The aforementioned session concluded several results and recommendations including the following:**

- A weakness in the capabilities, resources and expertise needed for implementing the national referral system for battered women
- Varying levels of awareness and a lack of unified knowledge about the provisions and protocols of the referral system and the obligations of the health sector
- Limited explanations of the system's provisions whereby health sector service providers think the system is only applicable to battered women who have been referred to the sector. This is with the knowledge that a major portion of women turn to the health sector for several purposes, at least one of which is because they have been subjected to one form of violence. This means the health sector must benefit from the preventative and preemptive provisions in the system to detect cases of violence including the date when the violence occurred.
- Miscalculation of the concept of self-determination for the victims and its impact on the wellbeing of the victim, in addition to a miscalculation of the risk level.
- Absence of an action plan for nationalizing the provisions of this system in policies and procedures pertaining to the services provided by the health sector.
- Absence of a sustainable tool to follow up and assess developments pertaining to the system's provisions, namely the absence of a unified linkage between the various components of the sector and the rest of the partners.
- Weakness in coordination between the health sector and the social and police sectors, which has adversely reflected on the chances for development and benefiting from lessons learned; it has also adversely affected the victims of gender-based violence who were referred by the sector to other relevant sectors.
- There is a gap that threatens service-providers, related to their lack of a sense of security while offering these services, which affects their quality.

**Policies for enacting and implementing the national referral system for battered women**

The policies proposed to enact the national system and include it in health sector plans in a bid to complete a system of protection for battered women, aim at the following:

**First: To disseminate information about the provisions of the national referral system for battered women:**

The Minister of Health issues an internal memo from to all the sectors' components, aimed at recirculating the binding provisions of the referral system and eventually preparing one code of conduct to be implemented by all those who provide services to battered women in the sector. It would also obligate them to file reports to the relevant parties on cases of violence against women who are seeking services.

**Second: Developing capacities and raising the competency of provided services:**

Raising the capacities of service providers in primary care centers and emergency departments; providing continuous training to service providers through offering specialized courses on gender-based violence to doctors and nurses in these centers, which will qualify them to implement the national referral system for battered women.

**Third: Reviewing and developing policies and laws**

Developing clear and specific protocols and procedures for dealing with battered women seeking services in the health sector; also for those pertaining to protecting service providers in this sector; constructing an action plan aimed at nationalizing the system and institutionalizing it within the ministry's plans.

**Fourth: Raising the level of coordination and follow-up between the health sector and the social affairs and police sectors**

This policy is implemented through forming a higher technical committee that coordinates at the decision-making level in the directorates and which includes all components of the health sector. This is in order to follow-up the enactment and implementation of the system and to draw up policies to develop the level of health services for women victims of gender-based violence who seek services in the sector; formulating policies on providing psychiatric services for battered women at health ministry centers and providing free primary medical services to victims of gender-based violence.

**Fifth: Institutionalizing the work of the national system for battered women to include components of the sector:**

This can be achieved by developing an operational plan for the newly-created team comprised of focal points that determine tasks and responsibilities, including coordinating relations between the internal groups in the sector and the external group of partners, institutions, and women seeking services.

**The most outstanding recommendations are as follows:**

1. Recirculation of the provisions of the national system for battered women in accordance with internal directives from the minister, to be distributed to all service providers in the directorates and branches of the aforementioned sector.
2. The necessary involvement of all service-providers in the health sector in capacity-building and awareness-raising activities about the system.
3. Organizing internal technical consultations between the various parts of the sector; overseeing the necessary interventions and activities for enacting and implementing the system and including them in the ministry's executive plan so that the necessary resources for implementing these activities and interventions are allocated on the one hand, and their results are followed up on the other.
4. For decision-makers to adopt the outputs of the policy papers as a tool for analyzing the needs of service providers in the sector and to carry out their recommendations. This requires the formation of a technical committee comprised of focal points for all components of the sector that supports opportunities for developing and implementing the action plan in certain activities of the system. Additionally, it gauges the impact of this system on women seeking services towards ultimately adopting the necessary arrangements for designing the best practices in this regard.
5. Supporting opportunities for the involvement of the development and women's health unit and the newly-created team in all the technical committees at the ministry, especially the planning teams.
6. Developing memos of understanding that aim to promote strategic relationships between the Ministry of Health (health, police and social affairs sectors), which allows the various parties to unify their efforts and achieve best practices within the framework of the national referral system for battered women.

7. An in-depth review of legislation that regulates the work of service-providers in the health sector in order to minimize the gaps that allow others to undermine the safety of these service providers for battered women (law of civil service, physicians' union law, social affairs law and the protection centers law)
8. In parallel with internally implementing the national referral system, it is imperative that punitive and procedural regulations if any are reviewed and amended in compliance with the implementation of the system and its provisions; otherwise, developing complete and general punitive regulations for all sectors based on the provisions of the national system.
9. It is imperative that the reports which the victims asks to obtain from health sector service providers in order to begin filing complaints or punitive lawsuits on claims of gender-based violence, are free of charge.