



Zahra, midwife from Bamyan, was trained on gender-based violence. Photo WHO/S. RamoKabul, 18 March 2018 – A WHO project has brought about positive changes in Afghan health care providers' knowledge, attitudes and practice in providing services to survivors of gender-based violence (GBV), a recent evaluation finds. The end-line evaluation of a 2-year project, conducted in 2017, measured the status of knowledge, attitudes, self-efficacy and practice of health care providers, who took part in a training programme between 2015 and 2017.

In this time, altogether, 2892 health care providers were trained on a treatment protocol for victims of GBV in 7 provinces. Of those trained, a further 565 received a refresher training. In addition, 76 health managers received manager training.

The training protocol was developed by the World Health Organization (WHO) and the Afghan Ministry of Public Health to help health workers provide better quality care to GBV survivors and strengthen the overall health sector response to the issue through developing their knowledge and skills.

The 2-year activity implemented by WHO's partner, Youth Health and Development Organization, and entitled, "Building the capacity of health care providers and health facilities to improve the quality of services provided to survivors of gender-based violence", ended in September 2017. It was the first stage of a 5-year project by WHO and the Ministry of Public Health, which aims to train overall 6500 health care providers, including doctors, nurses and midwives, across Afghanistan's health facilities in all 34 provinces on how to properly manage cases of GBV, including physical, sexual and psychological violence, by 2020.

## **Measured effect**

The evaluation, undertaken by JS consultancy, found that with the training provided, the health care provider's knowledge of gender-based violence increased and their attitudes changed positively on counselling victims of domestic and sexual violence and equality between men and women.

Among the results was the finding that respondent's knowledge of emergency contraceptive pills not causing abortion went up by 20%, and the knowledge that emergency contraceptives are effective within 120 hours after rape, went up from a situation of virtually no knowledge (0.6%), to 58% of respondents being aware of it.

In addition, the respondent's knowledge of the performance of virginity tests as a human rights violation with no medical validity doubled, from 31% to 62%.

The training was also found to change attitudes on domestic abuse: the proportion of respondents, who thought that sometimes it was the women's own fault for being abused or assaulted, went down by 20%, from 84% to 62%.

There was also a positive increase in the respondent's self-efficacy to identify, counsel, examine, treat, document and refer GBV clients.

As a result, the respondents in practice identified, counselled, examined, treated, documented, and referred GBV clients more often.

## **A serious and widely spread problem**

Dr Sharifullah Haqmal, WHO Afghanistan gender programme manager welcomed the positive news. "Gender-based violence is not only a human rights violation but also a serious public health problem in Afghanistan, because of its physical, mental as well as sexual and reproductive health consequences."

According to the 2015 Afghanistan Demographic and Health Survey, 52% of ever-married women have suffered from spousal violence, whether physical (46%), sexual (6%), or emotional (34%) and 53% of women have experienced physical violence since the age of 15. 16% of women between ages 15 and 49 reported that they experienced violence during pregnancy, and 80% of ever-married women and 72% of ever-married men believed that a husband is justified in beating his wife under certain circumstances.

He further noted that “health care providers are often the first, and sometimes the only, contacts GBV survivors speak to. This means that health workers must recognize signs of GBV and know how to respond appropriately and effectively when they encounter GBV.”

This has often not been the case.

“We know that a large proportion of health centres do not have adequate facilities, and health providers often do not have the skills to address GBV issues.”

A baseline assessment carried out by WHO Afghanistan in 2015 showed major weaknesses in health service provision to the survivors: only 10% of facilities are well prepared to address GBV. Only a quarter of the 280 health facilities surveyed in 7 provinces had private examination rooms and only 2% of facilities had a protocol in place for GBV care. The capacity of health care providers to respond to cases of GBV was also low. An assessment that was carried out on health sector response to GBV in 7 provinces two years ago shows that close to 70% of health care providers are not in any way trained to manage cases dealing with sexual violence. The vast majority of respondents, (over two thirds), said that they needed training on how to identify GBV, how to ask about it and how to conduct clinical examinations.

The GBV Treatment Protocol was developed to cover the gap and respond to this need. It was developed based on the global 2013 WHO clinical and policy guidelines on responding to intimate partner violence and sexual violence against women. Launched in November 2014, the GBV Protocol for Afghanistan is the first of its kind to be adapted to a country context.

“This Protocol aims to strengthen healthcare response to GBV by providing a standardized guideline for GBV care, ranging from guidelines on how to identify GBV cases, how to speak to survivors, what to say and what not to say, and how to manage rape cases, wounds and burns,”

Dr Haqmal stated.

## **More than training**

In addition to training, the project focuses on overall health facility strengthening, and equipped all targeted health facilities with gowns and curtains with the intention of ensuring privacy and confidentiality within the health facilities. Furthermore, the project equipped all provincial hospitals in all seven provinces with post-rape management kits.

Job aids, community information and communication materials were also developed and distributed to all targeted facilities, and GBV treatment protocol integrated into the syllabus of the community health nursing education programme, with the purpose of ensuring the sustainability of the project in the long term.

Job aids are developed for health care providers and information and education materials are developed and distributed for communities to raise awareness about GBV and health and increase the uptake of health services by GBV survivors.

WHO wishes also to assist the Ministry of Public Health and health worker training institutions to include the GBV Protocol and GBV training into the existing curricula for medical and nursing students.

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