

What We Didn't Know We Didn't Know:

Lessons from a Year Pilot of a Mobile-Based Gender-Based Violence Referral System

Jen Curran

Elizabeth Motshubi

Shelah Bloom

Irene Ramatala

Katherine Scurria

Aswin Rajeevalochana

Phemelo Maiketso

19 September 2017

Sexual Violence Research Initiative Forum 2017



Overview of the System

Gender Affairs Department (GeAD) GBV Study in 2012 revealed that gender-based violence (GBV) is highly prevalent in Botswana:

- More than two-thirds of women in Botswana have experienced some form of GBV in their lifetimes
- Almost 30 percent of women experienced GBV in the previous 12 months (Machisa & van Dorp, 2012).
- Following the global pattern, most instances of GBV occur in intimate relationships, with three in every five women (62%) experiencing intimate partner violence (IPV)
- Care and support for survivors of GBV in Botswana tends to be fragmented and ineffective. The rate of loss to follow-up (LTFU) of GBV survivors receiving standard case management is high.
- Government of Botswana (GOB), international agencies, and funders have identified GBV as a significant driver of HIV and consider it a cross-cutting priority.

Overview of the System

Background:

- MEASURE Evaluation started working with Gender Affairs Department (GeAD) in 2013 at the request of USAID/BW
- Initial stakeholder meetings revealed the need for a 'formalized' referral system for GBV survivor care and technical assistance in M&E.
- Human resource capacity at GeAD is minimal and not ideal for regular data collection, analysis, and reporting
- Decided on a 'mobile' approach due to country-wide infrastructure capacity, lack of human resources for paper reporting, inefficiency of current paper-based reporting, and availability of 'real time' data

Overview of the System

Background:

- Application developed in conjunction with GeAD and National Reference Group stakeholders by U.S. subcontractor, Mantra Solutions
- Phase I in April 2016 included set-up of Ministry of Nationality, Immigration and Gender Affairs (formally Ministry of Labour and Home Affairs) server and initial training of individuals at 20+ institutions
- Phase II and pilot launch August 1st, 2016

Brief Overview

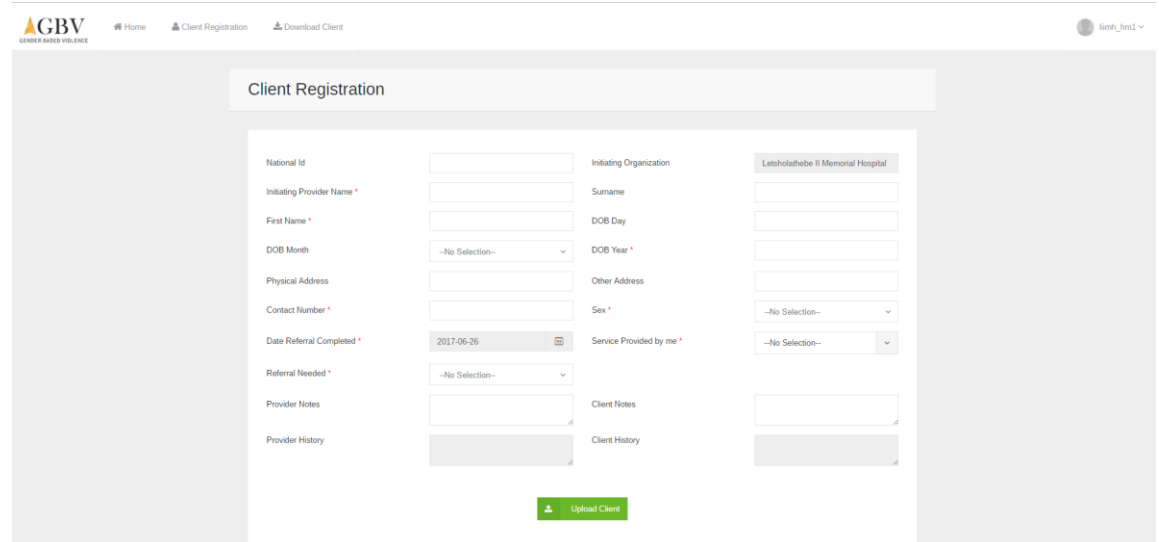
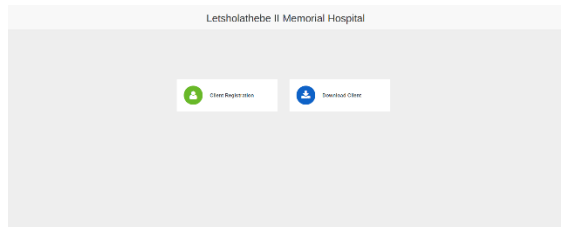
GBVRS Application

Four main technologies

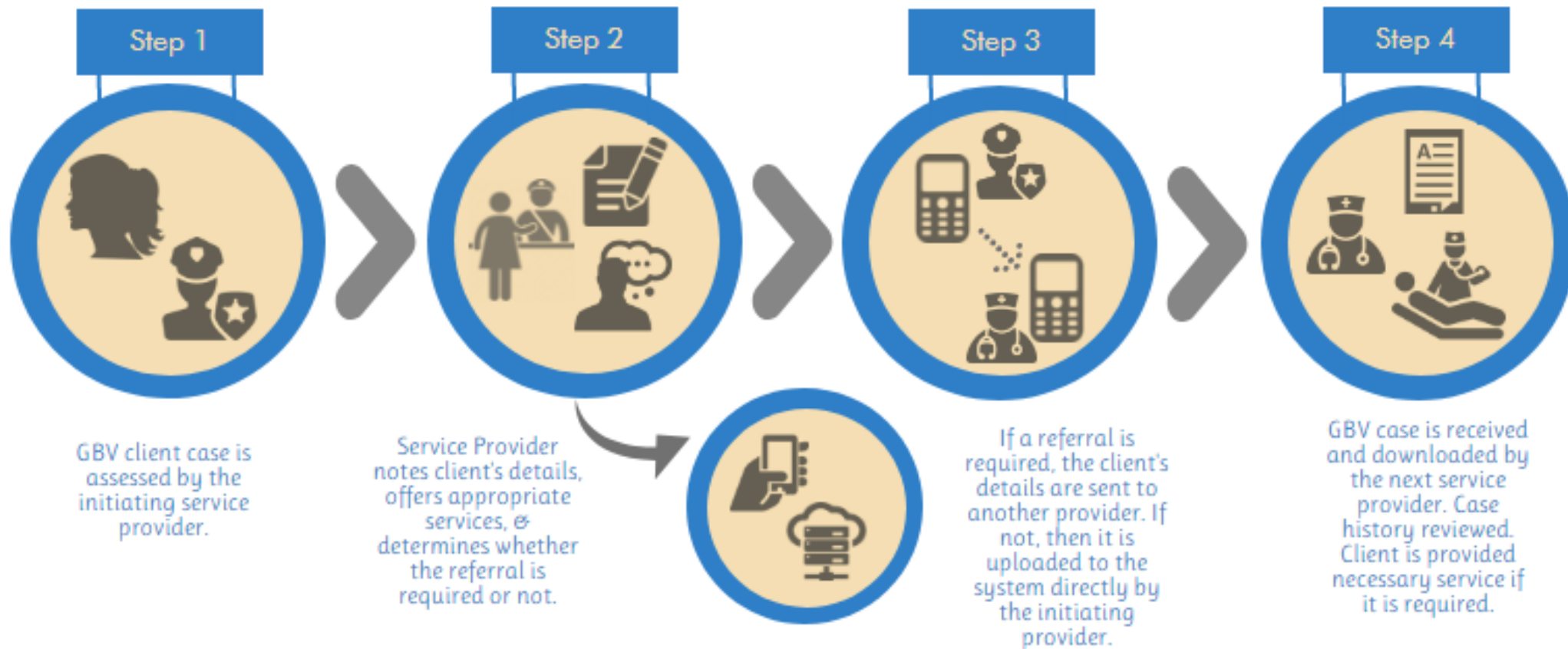
- GPRS (2G)
- SMS: “You have a new referral. Please log into your GBVRS application and download your client’s information”
- eMRS – case history and service/treatment history of client follows from sp1 → sp2 → etc...
- Web Application



Nokia 110 aka the 'brick phone'

A screenshot of the GBVRS Client Registration form. The form is titled 'Client Registration' and includes fields for National Id, Initiating Provider Name, First Name, DOB Month, Physical Address, Contact Number, Date Referral Completed, Referral Needed, Provider Notes, and Provider History. It also includes dropdown menus for Initiating Organization, Surname, DOB Day, DOB Year, Sex, and Service Provided by me. There are text areas for Client Notes and Client History. A green 'Upload Client' button is at the bottom right.

How the System Works



* SMS reminders are sent to initiating and receiving providers reminding them to follow-up on clients, when new referrals have been made to them, and when referrals have not been completed (and continue every 24-48 hours)

Components of the GBVRS

Dashboard to view current statistics:

- GBV cases uploaded
- # of referrals initiated
- # of referrals completed

Library View
Jen Curran Log Out

Options
Start Date
2016-08-01
End Date
2017-06-26
Region

Type of Service

Service Provider

Referral Dashboard Data refreshed Jun 26, 2017 at 5:42:34 PM
Back [Icons] 80% search report

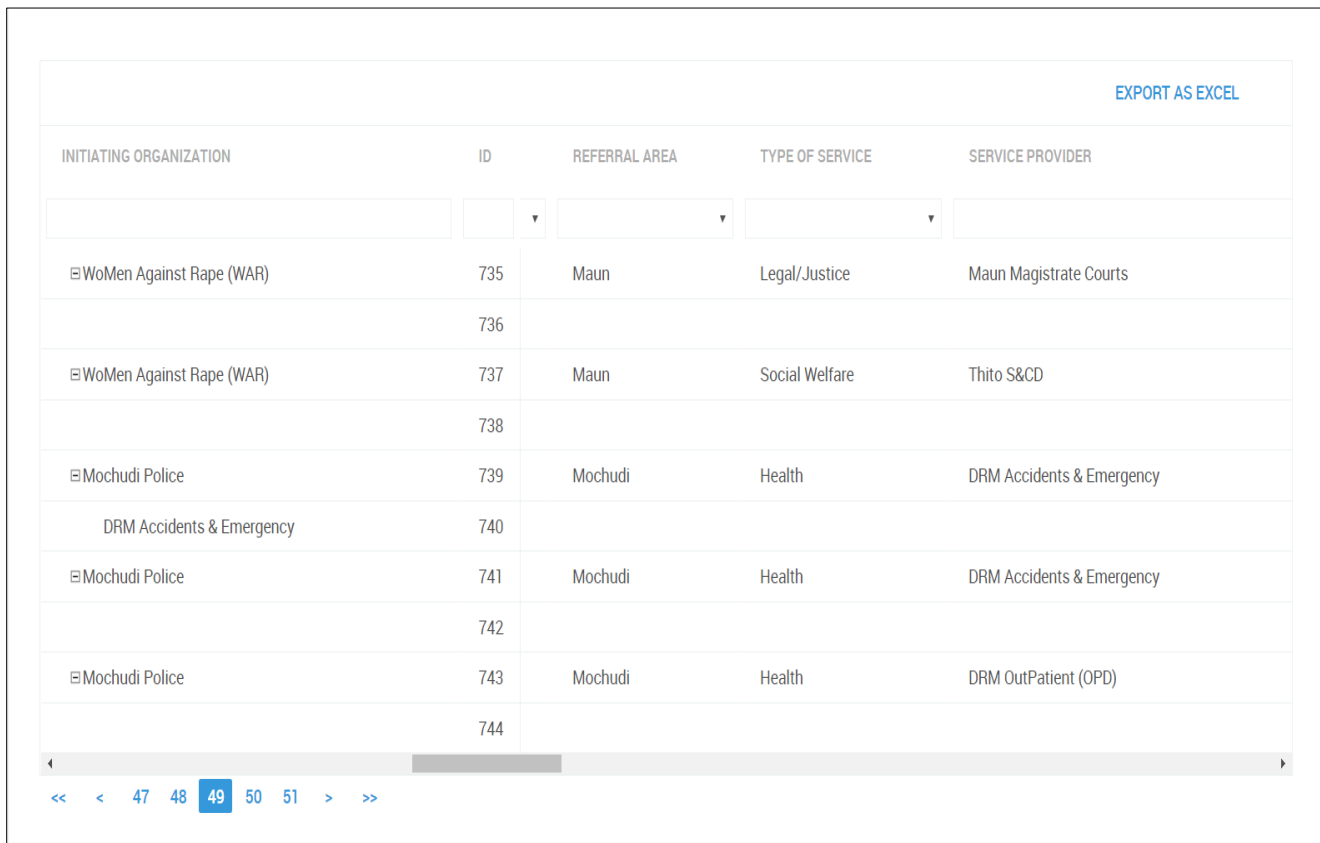
Referral Dashboard

Characteristics		Referral Initiation			Referral Completion		
		# referrals initiated by	# GBV cases entered	% cases referred	# referrals completed	# referrals initiated to	% referrals completed
Geographic Area							
	Maun	93	298	31.21 %	27	93	29.03 %
	Mochudi	27	69	39.13 %	5	27	18.52 %
	Shorobe	5	9	55.56 %	3	5	60.00 %
Type of Service							
	Social Welfare	3	39	7.69 %	1	32	3.12 %
	Education	3	3	100.00 %	0	0	0.00 %
	NGOs/CSOs	47	194	24.23 %	18	31	58.06 %
	Health	27	56	48.21 %	3	25	12.00 %
	Legal/Justice	45	84	53.57 %	13	37	35.14 %
Clients Characteristics							
Sex							
	Male	19	72	26.39 %	4	19	21.05 %
	Female	106	304	34.87 %	31	106	29.25 %
Age							
	<18	28	68	41.18 %	8	28	28.57 %
	18-24	25	69	36.23 %	4	25	16.00 %
	>24	72	239	30.13 %	23	72	31.94 %
Total		125	376	33.24 %	35	125	28.00 %

Apply Reset

Components of the GBVRS

- Raw data ‘feed’
 - View live cases as they are uploaded (limited usage by GeAD staff only)
 - Trace cases and referrals that are ‘incomplete’ to allow follow-up with providers
 - Understand referral pathways, trends in completion/incompletion, respond to issues in service provision sooner



The screenshot displays the GBVRS raw data feed interface. At the top right, there is a link labeled "EXPORT AS EXCEL". Below this is a table with five columns: "INITIATING ORGANIZATION", "ID", "REFERRAL AREA", "TYPE OF SERVICE", and "SERVICE PROVIDER". The table contains several rows of data, including cases from "WoMen Against Rape (WAR)", "Mochudi Police", and "DRM Accidents & Emergency". At the bottom of the table, there is a pagination bar with a range of numbers from 47 to 51, with 49 highlighted. Navigation arrows are present on both sides of the pagination bar.

INITIATING ORGANIZATION	ID	REFERRAL AREA	TYPE OF SERVICE	SERVICE PROVIDER
☐ WoMen Against Rape (WAR)	735	Maun	Legal/Justice	Maun Magistrate Courts
	736			
☐ WoMen Against Rape (WAR)	737	Maun	Social Welfare	Thito S&CD
	738			
☐ Mochudi Police	739	Mochudi	Health	DRM Accidents & Emergency
DRM Accidents & Emergency	740			
☐ Mochudi Police	741	Mochudi	Health	DRM Accidents & Emergency
	742			
☐ Mochudi Police	743	Mochudi	Health	DRM OutPatient (OPD)
	744			

Components of the GBVRS

Ongoing GBV awareness outreach and community education

- Aunties and uncles groups
- Yundrimaz 'edutainment' drama group
- Community outreach advocates
- Utilizes 'SASA!' methodology for community conversations on GBV



Source: Yundrimaz 2016

Components of the GBVRS

Service Providers

Mochudi: **39** Service Delivery Points

Artesia: **5** Service Delivery Points

Maun: **37** Service Delivery Points

Shorobe: **4** Service Delivery Points

Primary Users & Stakeholders



Lessons learned and recommendations

Government buy-in and support: Ownership

- Government partners need to show ownership and be visible and accessible for ultimate success of program
- Keep all stakeholders apprised of successes and challenges and solicit assistance and feedback when necessary
- Official scopes of work (SOWs) to include GBVRS needed for service providers
- Ownership of phones and other materials can be messy
- Buy-in from ALL stakeholders at all levels (national, regional, district, and local management levels) at the beginning and continually throughout

Lessons learned and recommendations

Government buy-in and support: Accountability

- Government partners must be accountable and hold stakeholders accountable as active participants.
- Consortium of partners may allow for accountability across ministries or working groups and help collectively solve problems or fill in gaps of need.
- TWGs at all levels of process key in keeping all stakeholders accountable for end goals and to assess/reassess strategy for success
- Data use and data sharing across partners should be emphasized
 - Data Use agreements should be set up in the planning stages with written agreements

Lessons learned and recommendations

- Those who will be our 'champions' might not be those doing the ground work...
- Management at institutions need to play a critical role in identifying the right providers
- Individual service provider trainings on the referral system use and institutional sensitizations on GBV need to happen early and consistently



Lessons learned and recommendations

Trainings and GBV focal person identification:

- Standardization of tools and definitions is critical
- Never assume a training has actually trained the intended trainee, constant follow-up is crucial

Gender-Based Violence in the broadest terms, is violence that is directed at individuals based on their biological sex, gender identity, or deviation from culturally-defined expectations of what it means to be a woman and man, girl and boy.

Financial

Physical

Psychological

Sexual

It includes *physical, sexual, financial and psychological* abuse, threats, coercion, arbitrary deprivation of liberty and economic deprivation, whether occurring in public or private and is rooted in economic, social, and political inequalities between men and women.

It can occur throughout the lifecycle, from infancy through childhood and adolescence, the reproductive years and into old age.

Logos at the bottom: USAID, MUSAAL Evaluation, orange, and WAR.

Lessons learned and recommendations

- Defining GBV no matter how 'standardized' will be nuanced and subjective
- If you feel like you've done enough GBV awareness, you probably haven't...
- Continual engagement with service providers keeps them feeling supported, engaged and motivated (even if they aren't making referrals)
- Planning is imperative, plans are useless
- Don't underestimate the value of **relationships**



Successes

Referral system metrics:

- 401 GBV cases registered with the GBVRS
 - 324 females and 77 males
- 134 Referrals made for GBV services
 - 113 females and 21 males
- Over 200 service providers trained in pilot areas
- Over 20 institutions sensitized through MEASURE subcontractors for GBV awareness

GBV Cases Reported by Region

August '16 to April '17 Data

■ Maun 86.7% ■ Mochudi 12.1% ■ Shorobe 1.2%



GBV Mochudi Cases – Gender Breakdown

August '16 to April '17 Data

Male 25%

Female 75%



Successes

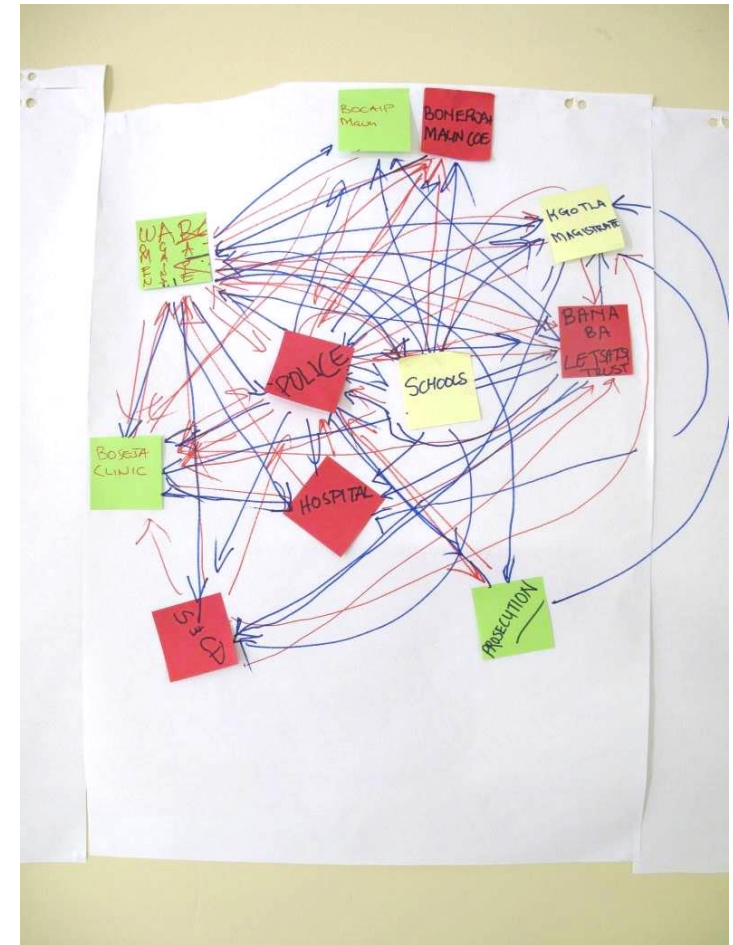
Referral system metrics:

- Approximately 2,700 community members reached with GBV messaging in Mochudi and Artesia
- Approximately 4,000 community members reached with GBV messaging in Maun and Shorobe



Successes

- Monthly user group meetings are very well attended and on average in Maun there are 50 +/- service providers every month!
- Strong and cohesive network of service providers in both pilot areas :
 - Providers say they have built a network of trust, mutual respect and reliance on one another
- Flow of information between providers has strengthened—i.e., case history and follow-up.
- GBV awareness and assessment has increased within service delivery points through sensitization activities



See the trees...



Ke a leboga!



This presentation was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government.

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