What We Didn’t Know We Didn’t Know: Lessons from a Year Pilot of a Mobile-Based Gender-Based Violence Referral System

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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
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**
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
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
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
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.
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.
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
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

Business relationships are tricky. While a handshake may not always seem enough, a hug is always too much.
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
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!
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