2023 CLA CASE COMPETITION

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Case Title:

Improved Screening and Case Identification Rates of gender-based

Name:

Sylverius Obafemi, Dr. Chioma Oduenyi

Organization:

USAID'S MOMENTUM COUNTRY AND GLOBAL LEADERSHIP

Summary:

USAID Momentum Country and Global Leadership Project, preventing and responding to gender-based violence Project in Nigeria is implemented through six local organizations in two states - Sokoto and Ebonyi. The project implements GBV primary and secondary prevention approaches, working closely with the government in target states to develop health worker capacity to provide quality survivor-centered first line post-GBV care. Prior to commencement of project implementation in October 2021, GBV screening was not done at the primary health centres in Sokoto and Ebonyi States. However, our intervention successfully developed the capacity of over 300 healthcare providers from across 237 primary health centres in the two states on GBV screening and case identification, service provision and referrals for non-clinical GBV services using a state approved GBV referral directory. Post-training supportive supervision and routine mentoring visits were also conducted on-sites to deepen on-the-job learning and ensure quality screening and case identification. Identification of expected number to be screened is through comparison of total screened at the priority service units (OPD, ANC, FP) vs total facility attendance in those units. Total number screened is also compared with cases identified viz a viz what prevalence data shows i.e. 1 in every 3 women have survived one form of GBV or the other. Screening quality and case identification were monitored and initial issues observed were low uptake of screening and case identification and this prompted the convening of a pause and reflect meeting (after action review) to identify the problem and provide solutions.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

USAID Momentum Country and Global Leadership Project VAWG Project in Nigeria is implemented through six local organizations in two states - Sokoto and Ebonyi. The project implements GBV primary and secondary prevention approaches, working closely with the government in the target states. Capacity of healthcare providers was built across 237 primary health centres on GBV screening and service provision, including referrals for further services. Prior to the commencement of the project facility implementation in October 2021, GBV screening was not done at the primary health centres in Sokoto and Ebonyi States. Sequel to the training on provision of LIVES, the project conducted post-training supportive supervision to the sites to ensure quality implementation and this later became routine mentoring visits.

GBV Facility Process flow: In a typical health facility, once a client visits out-patient (OPD), Antenatal (ANC) or FP (family planning) units, healthcare workers screen them for GBV as part of the triage process. Screening involves getting their consent and asking them some questions in a place where audio visual privacy is assured, particularly on forms of violence experienced. Clients positive-to-screening are then taken to see the GBV focal person who does further cross examination/investigation using LIVES (Listen Inquire Validate Ensure Safety through referrals) to determine the form of violence experienced, safety assessment of the survivor as well as survivor centered care required. Survivors who prefer to receive additional services are referred to other sectors such as law enforcement (if he/she wants to lodge complaints), legal aid (for those seeking mediation, legal counsel etc.), temporary shelter or psychosocial support counseling services.
Quality of the screening process and case identification was monitored during spot check visits to the sites. Identification of expected number to be screened is through comparison of total screened at the priority

2. **What two CLA Sub-Components are most clearly reflected in your case?**

Internal Collaboration

Pause & Reflect

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

On identifying the issues above i.e. low screening rates and case identification through monitoring and evaluation with dashboards, we convened a pause and reflect meeting with core MCGL team including local implementing partners to discuss the concern and identify opportunities for improvement. The meeting helped to unravel the cause of the low screening, following interactions with the healthcare workers by the implementing partners. Highlighted below are the problems and solutions reached.
PROBLEMS/SOLUTIONS
1. Inadequate Human Resources for Health: In many facilities, only one trained provider is available to attend to all the clients and thus are usually overwhelmed. Therefore, instead of screening according to guidelines, they screen only few persons when convenient.
Solution: Train volunteers at the sites to screen clients and document accordingly. In addition, screening guidelines were updated to ensure only ‘ first visits ’ are screened instead of routinely screening everyone attending facility visits.
2. Misconception of HCWs that GBV screening and case identification is a special task and thus the project should pay them for it:
Solution: Integrated Ministry of Health (MoH) staff who now lead the supportive supervision team to ensure government ownership of the process.
3. Non adherence to screening guidelines: For the few persons that are screened, HCWs also do not adhere to the guideline of ensuring audio-visual privacy which reduces the confidence of the survivor to ‘ open up ’ on what they may be experiencing
Solution: Closely supported the sites to ensure screening is done on one-on-one basis and in rooms where audio visual privacy is ensured; also setup quality improvement teams who continually hold meetings aimed at reviewing performance and quality issues onsite and proffering solutions.
4. Poor documentation: This was also noted as part of the problems where even when the screening is done, there is no proper documentation due to staff being overwhelmed and non-availability of designated record officers.
Solution: Trained volunteers on how to properly document in the GBV screening and post-GBV register.

Following the solutions preferred, there was remarkable improvement especially in GBV screening as well as case identification as indicated in the data below:
Screening rates at baseline and 9 months later
Screening rates at baseline (FY22Q1): Ebonyi – 45%; Sokoto – 11%
Screening rates 9 months later (FY22Q1): Ebonyi – 93%; Sokoto – 58%

Case identification rates at baseline and 9 months later
Screening rates 9 months later (FY22Q4): Ebonyi – 1%: Sokoto – 1%
Case identification rates 9 months later (FY22Q4): Ebonyi – 1%: Sokoto – 4%
Actions taken resulted in continuous improvements as shown in the summary above and repeated meetings continued to lead to consolidated improvements. However, despite the adaptations, there appears to be no remarkable progress on case identification for Ebonyi State.
Additional adaptations were made with respect to screening in October 2022 by updating the guidelines such that only first visits are screened for GBV based on suggestions from P & R sessions. While we are optimistic that this will improve case identification, we will continue to monitor the trend overtime and determine if there is need to change strategy during the next round of pause and reflect. Additional plans

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

B. ORGANIZATIONAL EFFECTIVENESS

Right from commencement of the project i.e. formative assessment phase (March – August 2021), we had CLA incorporated. As a project, alongside stakeholders and local implementing organizations, we collaboratively learned what the situation was in each of the state with respect to social norms and GBV service provision by conducting some assessments including Social Norms Exploration (SNET), Behaviorally focused and applied political economy analysis (BF-APEA), GBV services mapping and integrated technical organizational capacity assessment (ITOCA). These social norms exploration helped to unpack all the negative norms exacerbating GBV at the communities in project states while the ITOCA was an assessment of the capacity of local partners, to identify the baseline before implementation. BF-APEA helped to understand how local leaders were contributing to GBV prevention and sensitization efforts or otherwise, viz a viz implementing of GBV laws. The assessment helped unpack barriers to domestication of GBV laws at the community level. Lastly, the GBV mapping was used to understand what and where services are for survivor of GBV across the sectors i.e. health, law enforcement, psychosocial support, temporary shelter amongst others. These findings all fed into the co-creation meeting with stakeholders where we collaboratively designed the intervention in 2021. Hence, unlike the traditional approach of just commencing implementation without formative assessments, we leveraged on formative research and the use of evidence to inform programming based on what we learned. At the health facilities, we picked low performing sites based on the GBV mapping conducted, with the aim of building their capacity to be able to provide the minimum post-GBV services. Some of the outstanding changes that characterized this project, because of CLA are:

1. Making decisions on what project intervention to implement in 2021 was based on the inputs of state government stakeholders
2. Improvement in screening rates, particularly in Ebonyi and case identification rates especially in Sokoto.
3. Quality screening of GBV clients and community engagement efforts through QI meetings
4. Training of implementing partners on CLA has resulted in them deploying the approach even in other projects that they are implementing.
5. Continuous adaptation of implementation guidelines at the health facility level.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

Given that Collaborative learning and adaptation is part of the project design from inception, we factored resources into our plans including funding, staffing and time. For instance; data driven review and learning meetings with healthcare workers at LGA levels are capital intensive as the activity holds on a quarterly basis in all the project supported LGAs with service providers. Furthermore, some adaptations have led to additional resources being required e.g. printing of data collection tools which have been updated thrice since the project started in 2021 due to outputs of pause and reflect meetings, particularly with USAID. Project management also demonstrated strong commitment to ensuring outputs of pause and reflect sessions are implemented as much as possible, including the one that require resources. Implementing partners have continued to demonstrate commitment to implementing CLA in their work and extended to other awards they have.

In terms of impacts on organizational culture and processes, given that pause and reflect was implemented prior, although not in conformity with the full guidelines, integrating into organizational culture was easy and straightforward because of its enormous advantages.

Overall, MCGL has very limited challenge implementing CLA as we usually ensured that recommendations for adaptations are simplified enough, prioritizing the low hanging fruits before the ones requiring resources. In essence, the key solution to resource constraint is to always incorporate CLA into project workplan and allow some flexibility in budgeting. For projects that do not have CLA as part of their objectives, strong advocacy should be paid to the management with proven evidence of how CLA has worked for them, using the low hanging fruits.