



WOMEN INFLUENCING
HEALTH, EDUCATION AND RULE OF LAW

**Improving the identification, management, and care for
survivors of Gender Based Violence in Nakuru, Kajiado,
Laikipia Counties, Kenya**

Final Project Report

USAID Afya Nyota ya Bonde Project

June 2020 to April 2021



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Acronyms

iDARE	Identify, design, apply and assess, record, and expand
LIVES	Listen, inquire, validate, enhance, safety
GBV	Gender-based violence
PEPFAR	The President's Emergency Plan For AIDS Relief
PGH	Provincial General Hospital
USAID	United States Agency for International Development

About WI-HER

WI-HER, LLC (Women Influencing Health, Education and Rule of Law) is a woman and survivor owned, socially disadvantaged small business that is considered a United States Agency for International Development (USAID) small and underutilized partner. Our organization specializes in gender equity and social inclusion, counter human trafficking and workplace harassment, improvement of services, community mobilization and behavior change, and monitoring, learning and adaptation. Our key role is to facilitate the mainstreaming of gender and social inclusion into public policies and regulatory protections, organizational development, and community norms as part of larger reform processes toward social and economic growth and financial prosperity. We use rigorous monitoring and evaluation systems and tools to maintain excellence in the quality of our work, impact in the results that we measure, and sustainability in the learning that we share.

WI-HER has worked in 35 countries, including across East Africa, and we are currently implementing in Ethiopia, Kenya, Uganda, Tanzania, and Rwanda. Our mission is to employ an integrated, multisectoral approach that links health with education, rule of law, and agriculture to improve outcomes and achieve sustainable development, leading to better, healthier lives for women, men, boys and girls.

Project Background

WI-HER, through the USAID Afya Nyota ya Bonde Project, started the implementation of activities to build local capacity to identify gender-based violence (GBV) and provide survivor-centered care. In a baseline assessment, WI-HER identified the following key gaps in GBV identification and care in Kenya:

1. Low identification and management of GBV survivors in routine service delivery (4% average)
2. Only cases of sexual GBV identified and managed
3. Low identification and management of male survivors of GBV (average 8/ month)

In order to address these gaps and institutionalize the global standard of care for GBV service delivery, WI-HER adopted the following approach: conduct training-of-trainers and cascading trainings, develop training materials, standards of practice for screening clients for possible gender-based violence and indicators to monitor progress in closing gender related gaps in reporting and care. This approach was developed to reach the USAID/PEPFAR Gender and GBV Technical Priorities for HIV Programs.

Due to the global COVID-19 pandemic, in person training of trainers to cascade trainings and transfer knowledge to facilities, was not possible as planned. Therefore, WI-HER adapted in-person GBV training to an *online* training, using an innovative, phased approach in order to achieve rapid improvements in GBV identification, clinical care, and management in select facilities. This innovation would not have been possible without the extensive support of the Afya Nyota ya Bonde Project Leadership and County Government.

This report gives an overview of the WI-HER designed intervention to improve GBV identification, care, and response as well as highlights the progress made to end of March 2021 for eight facilities in Laikipia, Kajiado, and Nakuru counties in Kenya.

Methodology

The innovative online training, was designed to be highly interactive, with specialized breakout and coaching sessions. Trainings were followed-up with individual coaching for participants from facilities in each cohort. The training was designed to be low-dose, high-frequency reaching 28 training hours over the course of a six-week period

This approach was presented and approved by the Afya Nyota team on 1 May, 2020, and was applied by WI-HER to train staff from eight facilities, in two different cohorts. We divided the training group into two cohorts to maximize learning and participation throughout the training interaction in the virtual platform.

The training aimed to meet the USAID/PEPFAR Gender and GBV Technical Priorities for HIV Programs by addressing intimate partner violence through provider training, providing post-violence clinical treatment, improving the linkage between the community and GBV prevention and post-GBV care services, and improving the monitoring of GBV.

The selection criteria for participants from facilities were to include 3 people from each facility – 12 per cohort, 2 counties per cohort. Several facilities identified additional staff to join iDARE teams after the initial training, along with volunteers from the facilities themselves. These individuals were incorporated into the care model post initial training, as appropriate.

Training Content and Critical Tools

WI-HER designed a skill building and practical training to develop the capacity of health workers' knowledge and skills for GBV identification and care over the six-week period. This was done through sensitization on gender, equity, and social inclusion concepts, in-depth practical skills building sessions on GBV, including understanding the survivors' experiences and provider survivor-centered care; in-depth understanding on personal biases' affect on care; application of iDARE to improve GBV response and care; and clinical sessions on sexual assault and psychosocial support.

To ensure sustainability of the intervention, WI-HER adapted existing national tools to meet WHO standards of care. Participants were introduced to these critical tools to support them provide quality care to GBV survivors. These tools included LIVES¹, GBV checklist², GBV Pocketbook³ and the iDARE journal. Health workers had time to practice applying the use of these tools during the virtual training as well as in their facility settings.

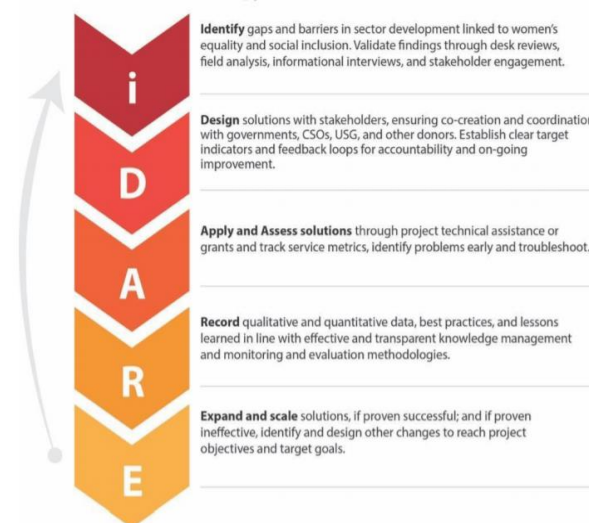
¹ LIVES is a memory aid used by GBV caregivers to help them remember the five steps in GBV first-line support. Stands for Listen (listen closely with empathy and no judgement), Inquire (inquire about their needs and concerns), Validate (validate their experiences by showing you believe and understand), Enhance (enhance their safety), Safety (support them to connect with additional services)

² The GBV checklist is the national GBV checklist revised to incorporate international standards for quality GBV care.

³ The GBV pocketbook is a provider tool containing quick reference guidance with content on screening survivors, referral services and general care checklists, including the LIVES memory aid and GBV checklist. It is designed for ease and access to fit into a coat pocket.

iDARE Methodology⁴

The iDARE methodology to gender integration is based on the science of improvement. The methodology involves identifying gaps, designing locally contextualized programmatic interventions and activities to effectively address the root cause(s) of the problem, applying the solutions designed, and expanding and scaling-up what works. The first activity was a gender analysis to understand what issues affect GBV in the targeted communities. Subsequently, health providers were sensitized on the identified gender issues in their communities, trained on the minimum package of GBV services, and supported to design contextual solutions to the issues affecting identification and management of GBV in their counties. This is followed by testing each solution at facility level supported by low-dose high-frequency coaching, and cross learning of what works and what does not work.



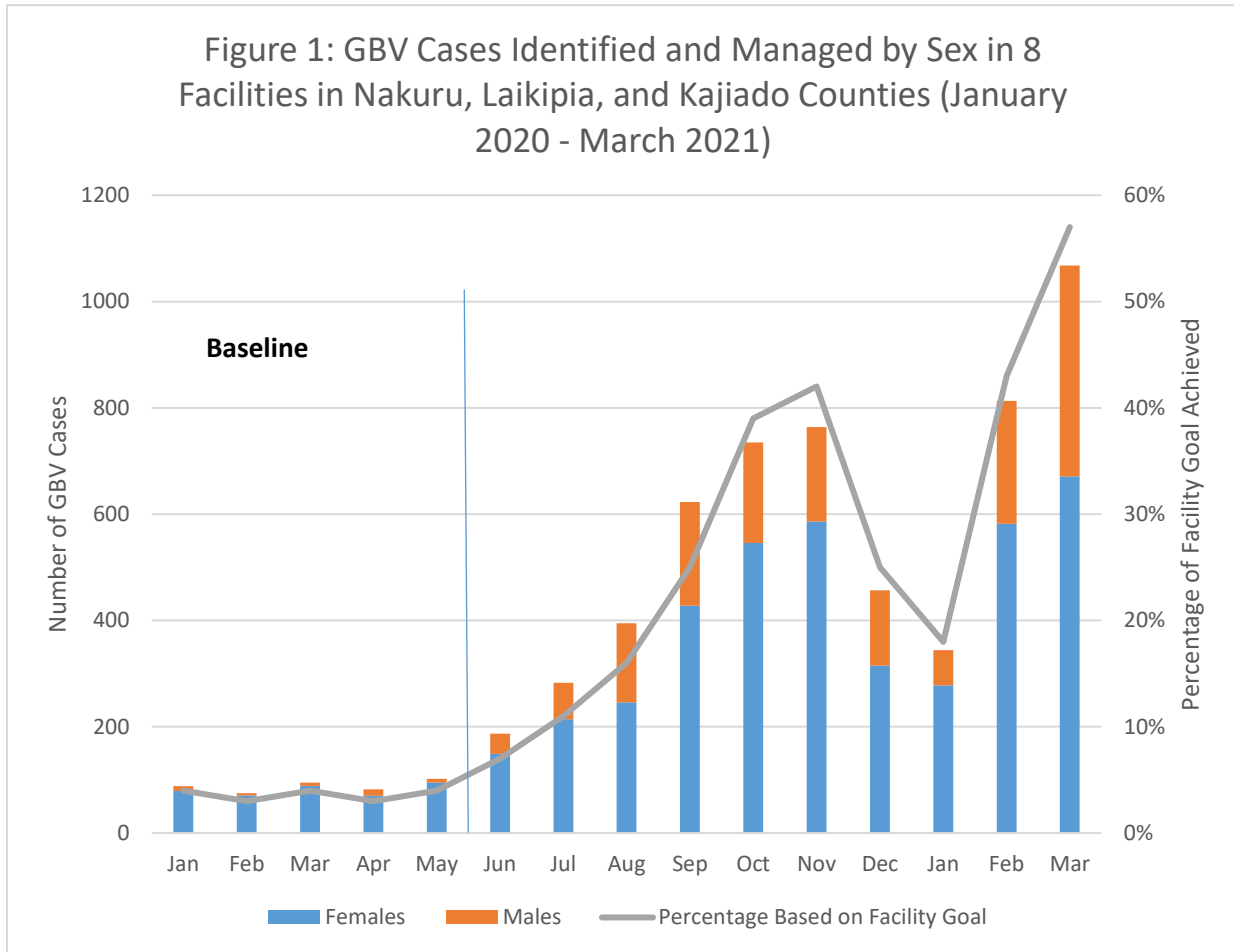
Results to date

Based on a baseline assessment at 8 facilities from January 2020 to May 2020, a total of 442 cases of GBV were identified, at an average of 89 persons per month as can be seen in figure 1 below. These numbers equate to 14% of the USAID/PEPFAR estimated targets based on facility and catchment size, developed by United States Strategy to Prevent and Respond to Gender Based Violence Globally. During the baseline assessment healthcare workers identified barriers to providing GBV care, including the lack of reporting tools that included categories of GBV outside of sexual violence and a lack of identification points.

In 10 months of implementation, the eight facility based iDARE teams (of original and expanded membership) have been able to apply WI-HER's iDARE methodology and increase GBV identification and response by 641.29% for male and female survivors of all four forms of violence. Including addressing the baseline barriers to care identified in the baseline assessment. Figure 1 shows the progress to date; notably, the facilities have increased identification of men from on average 8 survivors per month (during baseline) to 165 male survivors per month (June 2020 through March 2021), resulting in a 2,176% increase in male survivors per month identified and managed. These results demonstrate the significant progress made by the facilities in the three counties, despite the COVID-19 pandemic and the health worker "go slow" in December 2020 and January 2021. Since the go slow, results have begun to pick up again as providers have begun

⁴ iDARE is a methodology developed by WI-HER, based on the science of improvement, which guides the integration of gender and social inclusion into service delivery, policy development, and organizational management through the application of locally developed and led solutions. iDARE teams are a group of facility team members trained in iDARE, whom work together to implement iDARE solution packages.

working to their capacity. From June 2020 to March 2021, a total of 5669 cases of GBV were identified, at an average of 567 persons per month.



Highlight on Provincial General Hospital (PGH)

Provincial General Hospital (PGH) is the largest of the 8 facilities trained in iDARE to improve GBV identification and care by WI-HER. Located in Nakuru County, it consists of 2 facilities: the primary hospital and the Drop-in Center, which typically caters to underserved populations. Implementation for this facility began in June 2020 where 4 providers were identified and trained as iDARE team members. At baseline from January through May 2020, on average PGH identified 33 GBV survivors per month or approximately a case a day. After implementation, between June 2020 and March 2021 an average of 259 GBV survivors were identified, equating to approximately 9 survivors a day as can be seen below in Figure 2.

During implementation the iDARE team worked to identify gaps in the GBV care at their facility and then work to address each gap with solutions that were facility owned and implemented. Including, the core 4 iDARE team expanding to 12 members to increase the coverage and alleviate overload and burnout. Below in table 1 is a summary of solutions implemented at the PGH hospital in order to address the facility-based gaps in GBV care and management. By addressing the gaps, PGH was able to increase their case identification and management by 793%.

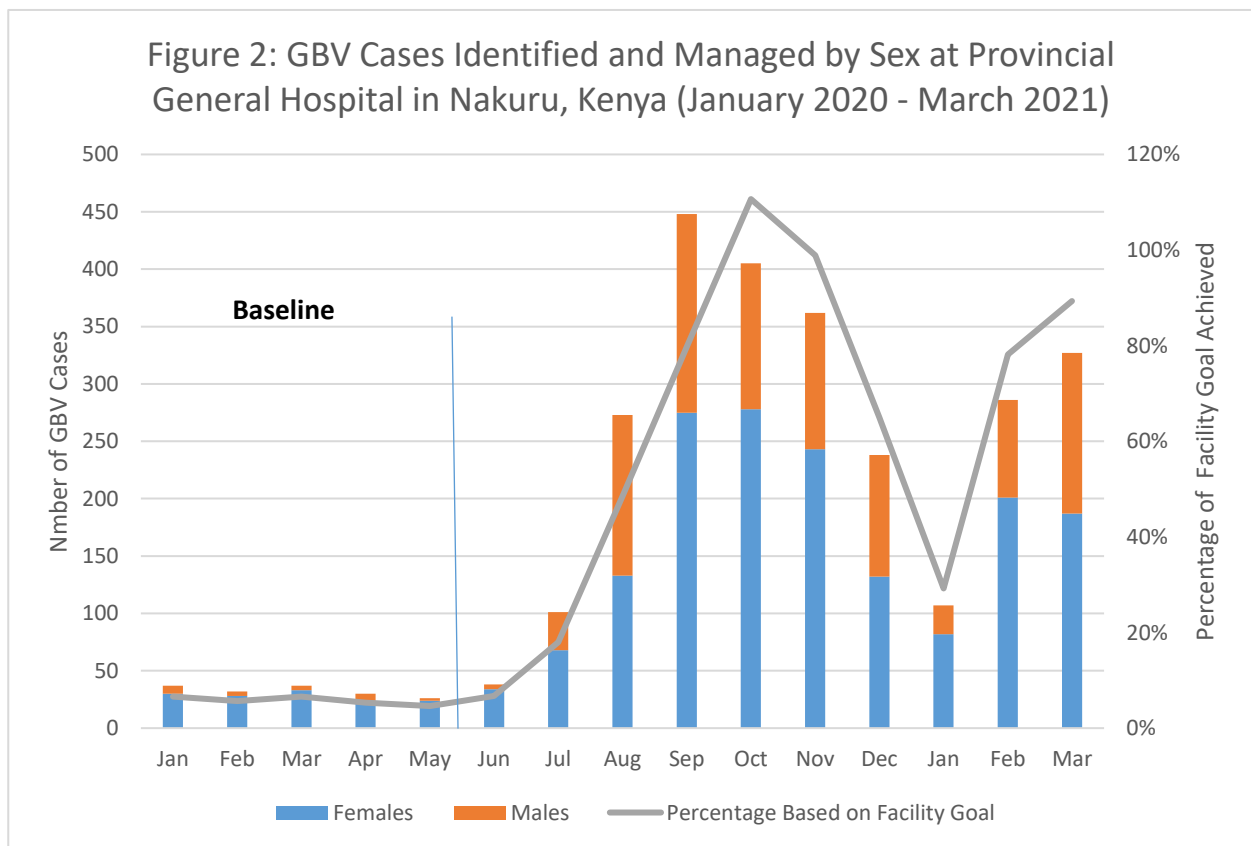


Table 1: Identified Gaps and Solutions by Provincial General Hospital iDARE Team

Gaps in GBV Care	Solutions
Lack of identification points	Sensitize management and other departments, including training on screening and referral of survivors to the GBV clinic
Lack of provider knowledge and skill to care for GBV survivors	
Reporting tools only identify sexual GBV	Implement new registry that reports on physical, emotional, financial and sexual violence
Single registry for case reporting, and no registry at the drop-in center	Provide registry for each department
	Provide registry for the drop-in center
Staff shortage and workload	Sensitize and train community health volunteers and community health workers on GBV care
Lack of community knowledge of resources	Provide health talks to the community, targeting survivors
	Providing literature to survivors with information on services
Disorganized GBV data management across departments	Form a WhatsApp group to assist in the management of data

Sustainability of the Intervention

WI-HER took active steps to ensure the intervention will have long lasting, sustainable results by applying a three-pronged approach. First, WI-HER leveraged the iDARE methodology, which is a proven, sustainable intervention that empowers individuals to identify issues, design solutions, apply and assess the implementation of solutions, record lessons learned, and expand successful solutions. iDARE applies local solutions to local problems and can be adapted and applied in any context, with low-cost implications. Once individuals have received training on iDARE and coaching support, they will be able to continue application beyond the project and/ or intervention period as they can integrate application of iDARE into their daily work. Second, WI-HER adapted existing Ministry of Health tools, approaches, and standard operating procedures to meet international standards and trained participants on their usage. Participants immediately began testing the tools in their facilities and provided their feedback in real time to the WI-HER team to ensure tools are practical and contextually relevant. Third, WI-HER engaged County Government officials to participate in the trainings, which resulted in their buy in and support for the training and intervention. Additionally, to ensure and measure GBV care quality within facilities WI-HER developed the Quality Assurance⁵ to assess resource-constrained or facilities that are new to providing GBV services' ability to provide the minimum package of care.

⁵ The GBV quality assurance tool utilizes direct observation, inquiry with providers and facility managers and review of clinical records, guidelines, protocols and documents to assess facilities based on the following domains: availability and appropriateness of services, facility readiness and infrastructure, case findings of survivors of GBV, survivor-centered clinical care and provider-survivor communications, forensic examination and handling of evidence, referral system and follow up with survivors, reporting and information systems, training and quality improvement, and health care policy and provision.

Next Steps

The Afya Nyota ya Bonde project ended mid-April 2021, however WI-HER has committed company funds to continue the ongoing work in improving the identification of GBV and care for survivors. In partnership with the local district health administrators, WI-HER's field team will continue to work with the iDARE teams, both in-person and virtually to ensure the sustainability of the project, as well as the continue to improve health outcomes.