



CommCare for GBV and Health Workers

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The Gender Gap in India

- India places 105th overall of 135 nations in the WEF's Global Gender Gap Index
- Many forms of GBV in India:
 - Female feticide
 - Early childhood marriage
 - Honor killings
 - Dowry death
 - Human trafficking
 - Prostitution
 - Intimate partner violence (IPV)

Soukhya Project

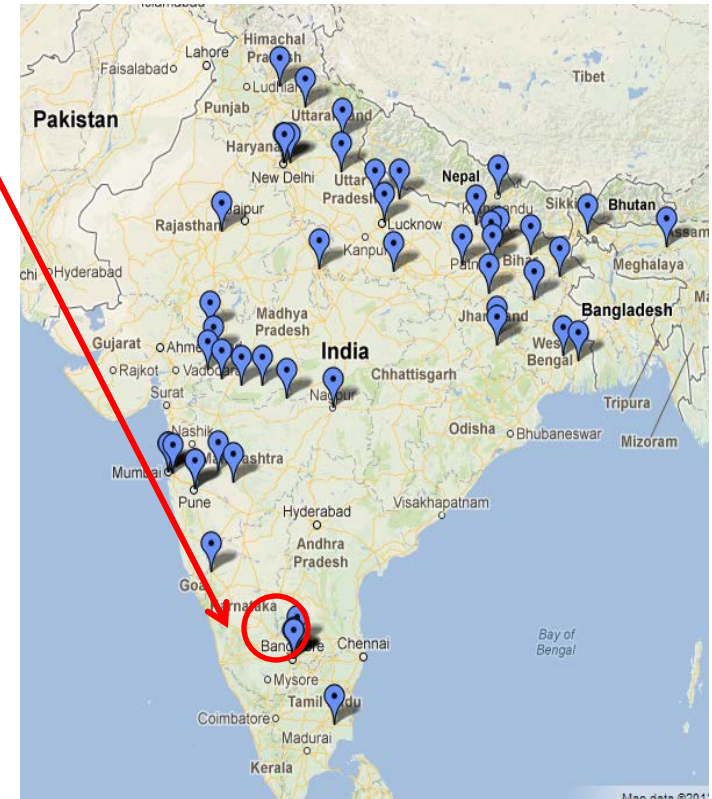


- Bangalore, Karnataka
- Widespread domestic violence (DV) in Bangalore slums
- Every day, 15-20 cases identified across 10 health centers in Bangalore.
 - Causes: Physical, psychological, and sexual DV
 - Perpetrators: Husbands, members of marital family

Proof of Concept to Scale-Up



- Soukhya was 1 of 40 Proof of Concepts launched in 2013 with USAID DIV Stage 2 grant
- April 2013: 10 Auxiliary Nurse Midwives began using CommCare for GBV screening
- 3 year grant from USAID to work on innovation, scale, advocacy and evaluation.



GBV Screening by Frontline Health Workers

- Primary health care offers a safe and timely entry point for intervening on DV
- Extensive GBV training curriculum for Auxiliary Nurse Midwives

Identify



Counsel

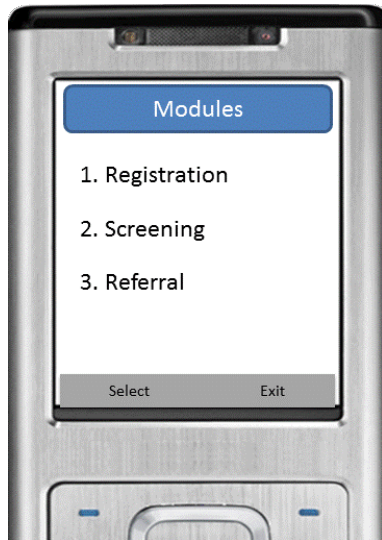


Refer



Soukhya **mobile** or *Smile* Workflow

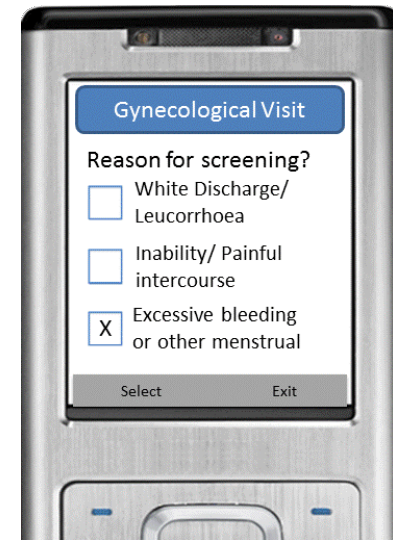
1. Registration & Screening



1. Select module



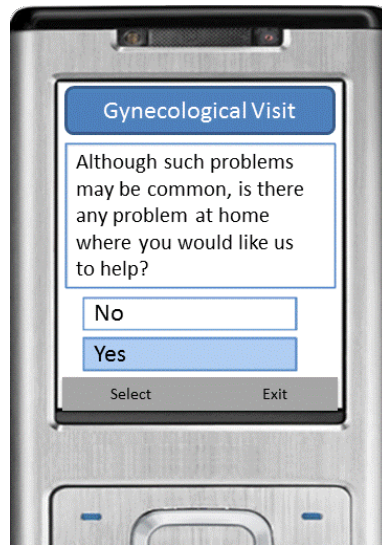
2. Choose patient from list



3. Check for warning signs of IPV commonly associated with the current type of visit (gynecological)

Soukhya **mobile** or *Smile* Workflow

2. Indirect and Direct Assessment



4. If the ANM decides to screen for IPV, pose indirect questions to assess the likelihood of IPV

5. If indirect questions indicate yes, pose direct questions.

Soukhya **mobile** or *Smile* Workflow

3. Referral Services



Referral Checklist

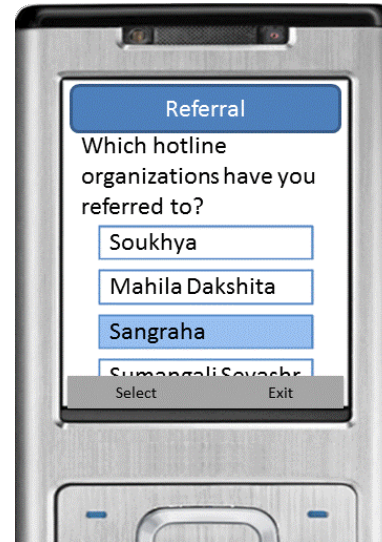
Did you formulate a safety plan for the woman?

No

Yes

Select Exit

6. If IPV identified, complete checklist of pre-referral counseling.



Referral

Which hotline organizations have you referred to?

Soukhya

Mahila Dakshita

Sangraha

Sumangali Seva

Select Exit

7. Fill out referral form.

Examples of risks screened for by ANMs



Antenatal Care

- **Spontaneous abortions:** We know it is not the best thing to happen, but is there any problem at home which you think might have triggered this unfortunate situation?



PNC

- **Weight Loss:** Your symptom is not usual, do you face any problems at home?



Immunization

- **Missed immunization:** Did something or someone stop you from coming here

Ensuring Privacy of DV Survivors

- Abuse can escalate if perpetrator discovers woman has spoken to someone
- Woman does not want others to know due to embarrassment

Technology Considerations:

- Restricting the use of the phone only in the health center
- Allow only one ANM user per phone
- Each user responsible for the safety of their mobile device
- Password protected application
- Rules about how to use the phone in front of clients.
(Viewed as a professional device vs. personal device)

Ensuring Confidentiality

- Reports of DV should not be discussed with anyone ever

Technology Considerations:

- Build in mechanisms in the tool to protect confidentiality (i.e. do not register names or encrypt names)
- Some programs choose not to register names at all
- Reinforce confidentiality practices in training
- De-identify identifying information in data exports

Protection of Safety

- Some CHWs live in the communities where they may be screening for DV. Perpetrators may confront or intimidate them.
- Protect women who have reported DV who might face similar situations

Technology Considerations:

- Add communication mechanism for CHWs to report confrontations to their supervisors
- Focus on education and awareness building

Building GBV Capacity among CHWs

- CHWs live in the same communities where the notions GBV programs are trying to break down are rampant.
- CHWs may have same pre-conceived notions/biases
- Talking about sensitive and taboo topics may be difficult.

Technology Considerations:

- Design phone-based tools to reinforce GBV training for CHWs
- Focus on content that educates and raises awareness in the community

Consent

- Women get concerned when they see their names being registered in a device.

Technology Considerations:

- Explain what is happening.
- Seek consent.
- Don't use the device if there is no consent.

Being Sensitive

- Counseling should be unstructured for GBV.
- Counselors have to be very sensitive about the responses of the survivors.

Technology Considerations:

- System has to be designed for flexibility. Strike a balance between automation and free-flow guidance.
- Focus on interpersonal communication skills with mobile phone during training.
- Build capacity of CHWs on content which makes rely on device less.

Innovation with Soukhya Scale Up

1. Creating standard GBV training apps for CHWs
2. Supervision and Performance Improvement of CHWs
3. Optional Self-Learning Modules in CommCare
4. GBV CommCare App Library

Thank you!

Contact: Mohini Bhavsar (mbhavsar@dimagi.com) or
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Additional Videos:

CommCare Overview Video: <http://youtu.be/ZpfvISKxylE>

CommCare Demo Video with multi-lingual support from India: <http://youtu.be/30Ftk6STM3U>

Recorded Webex of CommCare Presentation given to NetHope: <http://bit.ly/tiLaYy>

Additional Resources:

<http://groups.google.com/group/ict4chw>

<http://www.commcarehq.org>

<http://www.dimagi.com>



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