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GBV TRAINING OF ASHAS IN JHARKHAND | PHOTO CREDIT: KISHLAY ANAND

Case Study

STRENGTHENING GENDER-BASED VIOLENCE RESPONSE IN INDIA

MOMENTUM Safe Surgery in Family Planning and Obstetrics' Work to Strengthen the Health System During the COVID-19 Pandemic

CONTEXT OF THE COVID-19 PANDEMIC RESPONSE

During the COVID-19 pandemic, lockdown and social distancing guidelines restricted movement outside of households, disrupting the livelihoods of many populations, particularly communities where the majority of men participate in the migrant workforce. Government representatives reported that the limited movement outside of homes, combined with reduced employment opportunities and increased rates of alcoholism, led to a rise in the prevalence of gender-based violence (GBV) as the situation increased exposure of women to abusive partners while limiting their access to services (District government official, key informant interview, KII). The National Commission for Women reported a two-fold increase in reported GBV cases between February 27, 2020 and May 31, 2020; the real prevalence was likely much higher as most cases are underreported.

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The Sakhi One-Stop Center scheme, established by the Government of India in 2015, provides integrated support to girls and women affected by all forms of GBV. Managed by the Ministry of Women and Child Development, Sakhi OSCs are established in every district across the country, often in or near the compounds of the district hospital to ease referrals of medical cases to the health facility. OSCs provide: 1) emergency rescue services, 2) free legal aid, 3) assistance in filing cases, 4) psychosocial counseling, 5) emergency medical services, 6) video conferencing facilities, and 7) temporary shelter to women experiencing abuse. Even prior to the pandemic, community members and service providers (including health care providers in facilities and community health workers) had limited awareness about the services provided at OSCs, and many OSCs were not able to provide all essential services as mandated by the government's OSC implementation guidelines.

At the start of the pandemic, the Government of India (GoI) focused on identifying, managing, and preventing COVID-19, as well as procuring and rolling out COVID-19 vaccinations for the country's large population. As a result, resources were diverted from other health services, including those to support survivors of GBV. Staff had to adapt how they were providing support to women in their communities. Some OSCs shifted to providing more rescue transport services to clients, although they struggled to procure transportation to go to women's homes when they received calls on the emergency hotline to report GBV. Though health facilities and One-Stop Centers (OSCs) remained open to provide essential health services, they struggled to provide care. Health facility and OSC staff had to endure long shifts due to staffing shortages resulting from redeployment to support COVID-19 response efforts. Participants from qualitative data collection for the learning activity (Box 1) reported that their families were fearful they would become infected with COVID-19 while at work, and some were forbidden from going to work, further straining other staff at their facilities.

Box 1: Overview of COVID-19 HSS Learning Activity

MOMENTUM Knowledge Accelerator led a multi-country learning activity guided by Bertone et al.'s framework[1] to document the factors facilitating or inhibiting the implementation and outcomes of health systems strengthening (HSS)-oriented COVID-19 activities. Key informant interviews and focus group discussions were conducted with various health system actors for case studies across four MOMENTUM projects in India and Sierra Leone. The findings from the other two case studies and multi-country analysis are available here.

[1] Bertone, Mary Paola, Natasha Palmer, Krista Kruja, and Sophie Witter. 2022. "How Do We Design and Evaluate Health System Strengthening? Collaborative Development of a Set of Health System Process Goals." *International Journal of Health Planning and Management* 38, no. 2: 1-10.

> *"So gender-based violence was a challenge even before COVID started, but it was like under the carpet, as nobody was actually working towards eliminating the gender-based violence. ... But during the COVID times, because of the very stringent lockdown that occurred in the country, everybody was forced to be within their homes. So this actually, in effect, accelerated the gender-based violence because both the perpetrators, as well as victims, were confined together within the closed spaces. ... So with this in mind, there was a huge uproar also within the country about gender-based violence."*
>
> **—MOMENTUM STAFF, KEY INFORMANT INTERVIEW (KII)**

Even with adaptations to improve accessibility, the OSCs did not observe a marked increase in referrals, despite national and state-level data indicating a rise in reported GBV. The lack of a significant increase in referrals despite the rise in reported GBV was tied to the stigma around GBV, lack of visibility of the issue, and lack of training for multiple stakeholders involved in GBV response. These additional challenges strained health actors' and the health system's ability to respond to the rise of GBV during the pandemic and meet the growing need to reach and support GBV survivors.

This case study draws upon KIIs and focus group discussions (FGDs) with project staff and partners about their experiences in potentially strengthening the health system while implementing activities to strengthen the response system for GBV survivors in the context of the COVID-19 response.

THE INTERVENTION TO STRENGTHEN THE GENDER-BASED VIOLENCE RESPONSE SYSTEM

Overview of Gender-Based Violence Activities and Start-Up

In 2021, the global MOMENTUM Safe Surgery in Family Planning and Obstetrics project worked with USAID and the Government of India to address the rise in GBV by strengthening the GBV response system. Specifically, the activity sought to strengthen the means by which communities experiencing a surge in GBV could prevent, identify, and respond to it at community and primary health care facility levels. The GBV-focused activity (See Figure 1) aimed to strengthen individual, community, and institutional capacity to reduce GBV in 25 selected districts across six states in India, alongside an activity to strengthen the management of COVID-19 in health facilities.

The GBV activity, or set of interventions, was not a health systems strengthening activity per se, but rather a short-term investment in response to the emerging COVID-19 pandemic. The activity, funded by USAID and implemented by EngenderHealth, had a rapid start-up phase due to the limited funding timeframe. For the GBV interventions, EngenderHealth sought to work with organizations in India that had experience working on health and gender issues, choosing MAMTA-Health Institute for Mother and Child (MAMTA) and Solidarity and Action Against the HIV Infection in India (SAATHII) as its technical and implementing partners. MAMTA provided technical guidance to the MOMENTUM leadership on the GBV activities, leveraging its technical expertise in addressing maternal and child health (MCH) issues and GBV in India. With expertise in clinical medicine and MCH, SAATHII served as the technical lead for the project's separate COVID-19 activities.

MOMENTUM first developed a project-specific "do no harm" framework for the GBV activities by conducting a risk assessment of the activity's interventions. MAMTA engaged in the development of the activity's GBV training curricula for community members, OSC staff, protection officers, and health care workers, which were enhanced by EngenderHealth's gender, GBV, and male engagement technical resources and mentorship. The GBV curricula and


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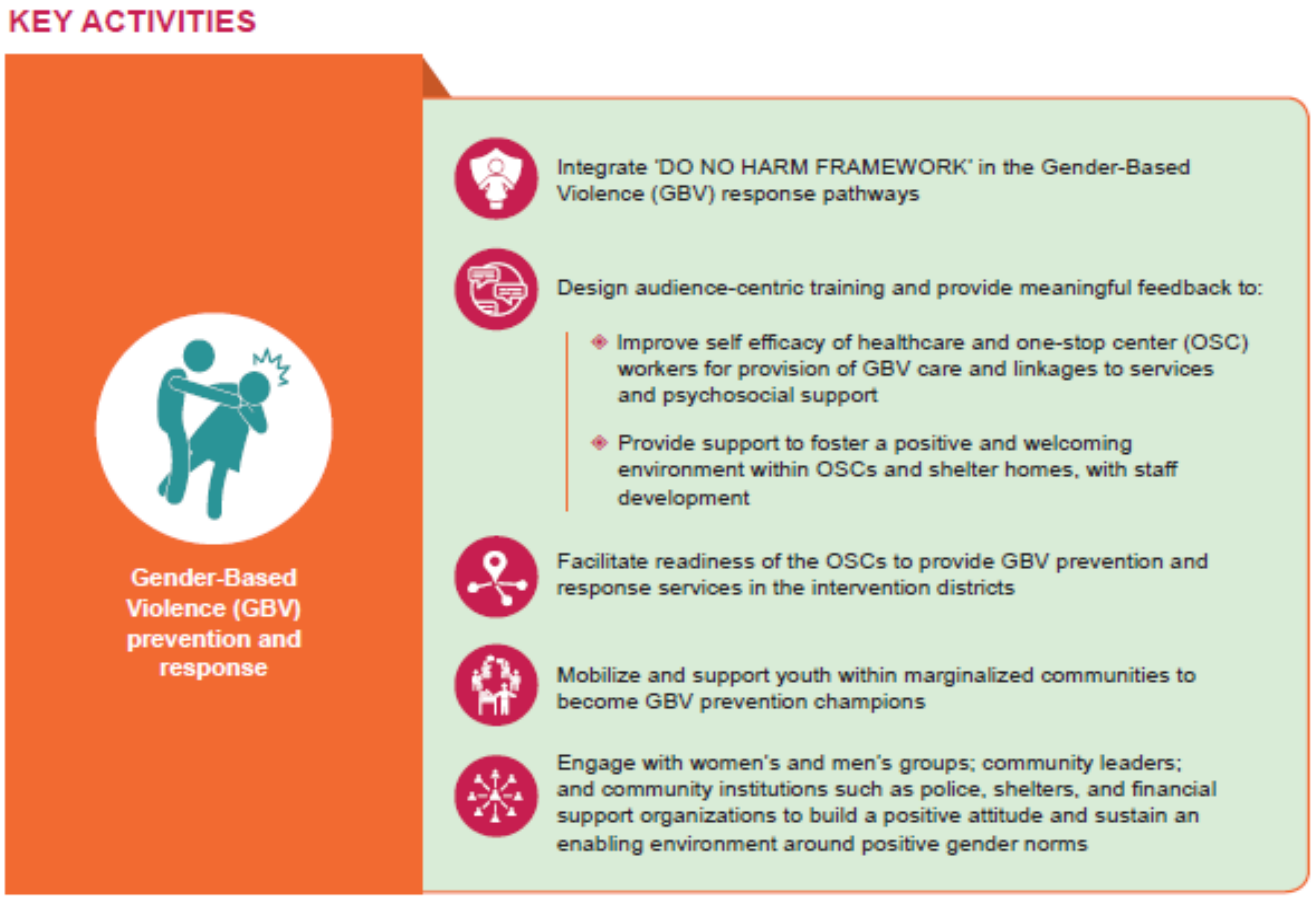
interventions were also informed by the national OSC Scheme Implementation Guidelines and focused on strengthening the existing state and district GBV response system and referral pathways.

Figure 1: Overview of Gender-Based Violence Response Activities



Source: MOMENTUM Safe Surgery in Family Planning and Obstetrics: Gender-Integrated Response to Emerging COVID-19 Priorities in India, "Bridging the Gaps Widened During the COVID-19 Pandemic" Project Brief.

Activities were implemented across 25 districts in six states with a high burden of COVID-19 cases - Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, and Odisha - with MAMTA and SAATHII implementing interventions in three states each under the technical and programmatic guidance and support of EngenderHealth. Across the service-improvement activities from community to facility level, the project had the potential to benefit more than 16.4 million people. At inception, the GBV interventions implemented by MOMENTUM in partnership with key government and community actors (see Box 2) included:

- Training of and support to 180 Sakhi OSC staff, more than 330 protection officers designated under the Protection of Women from Domestic Violence Act, and more than 78,000 community health workers (Accredited Social Health Activists [ASHAs], Anganwadi workers, and mitanins) through a cascade training model to improve their knowledge of gender, GBV response strategies, and appropriate care or referral practices for survivors of GBV.
- Training of and support to more than 380 health facility staff on identifying and delivering care to survivors of GBV, as well as managing medicolegal cases (injuries or client cases requiring the involvement of law enforcement to investigate the case).

- Mobilizing more than 4,600 youth and over 3,600 males to become GBV prevention champions; engaging more than 6,000 community groups and influencers to build an enabling environment to support community-level transformations around positive gender norms to reduce GBV.
- Mapping the referral pathways for GBV cases from the community level to the facility level to develop a referral directory that could be used by every actor along the pathway in each of the 25 districts.
- Conducting multi-stakeholder consultation workshops in 19 districts with all relevant government departments and multisectoral stakeholders involved in the GBV referral pathway.

Building Strong Partnerships and Collaboration Among Health System Actors to Improve Ownership

At the national level, activity implementation was managed by fostering an open and collaborative relationship between the implementing organizations' national and state teams and with the state-level government partners. At the activity's start, MOMENTUM conducted joint meetings with the MAMTA and SAATHII teams to design activities and develop the activity workplan. While EngenderHealth obtained state approvals for activities, the local implementing partners in each district held meetings with their district government counterparts to seek input and approvals for activities in the districts. MOMENTUM and partners designed a broad set of interventions that were adapted to each state's context and implementation needs, under the close supervision and guidance of the national-level team. In most cases, district-level government officials provided significant input on how activities should be conducted and where.

> "*So we set up a framework and then we started then moving to the stakeholders one by one because we could not get everybody in one go. So instead of going into a group meeting, a consultation kind of thing, we went into some consultations with very key stakeholders one by one... So we've also got some feedback on how it would work*."—MOMENTUM Staff, KII

Box 2: Key Government and Community Actors

- Ministry of Health and Family Welfare (state and district levels).
- Ministry of Women & Child Development (WCD; state and district levels).
- One-Stop Center staff.
- Health facility providers, staff, and leaders.
- Accredited Social Health Activists (ASHAs; community health workers).
- Anganwadi workers (WCD community health workers).
- Mitanins (female health volunteers).
- Panchayat Raj institutes (locally elected governing bodies at the village level).
- Women's self-help groups.
- Youth and male champions

The national MOMENTUM staff oversaw activity implementation and provided state teams with technical guidance through weekly virtual meetings that reviewed progress and addressed any challenges requiring adapting activities. State- and district-level government officials were actively engaged to provide input into activities. Since the activities were implemented at both health facilities and OSCs, which are managed by different ministries, the program teams worked closely with the Ministry of Women and Child Development (MoWCD) and Ministry of Health and Family Welfare (MoHFW) offices in each district; the teams served as the bridge to improve coordination across departments (or ministries) and foster government's ownership of activities. This coordination involved hosting regular meetings and joint supportive supervision visits to facilities and OSCs so they could, together, review activity progress and address implementation challenges. For example, project teams participated in the quarterly coordination and district task force meeting, organized by the district office, to raise awareness about GBV issues and ensure each actor along the referral pathway was fulfilling their role in supporting survivors. Many of the GBV trainings were also co-led by district officials from each department.

"*The states were very receptive. ... We had to approach both the health and the WCD department. And so, we would discuss with them exactly what we plan to do, and then they would give their inputs. If they wanted any variations, they would tell us, and if they were interested in those activities, they would tell us and then they would give the approval. So, we would sit and discuss and the same activity would go down to the district and the block levels.*[1] *So it was always like in discussion with the government and whatever adaptations they wanted, we would do that. ... We made a lot of adaptations, too, in consultation with the government and as per their priorities*."—MOMENTUM staff, KII

The activity's system-wide interventions relied heavily on close coordination with the MoWCD and MoHFW departments at state and district levels, which oversee services provided at health facilities and OSCs. The activity also focused on strengthening intersectoral coordination with non-health stakeholders such as legal counselors, police, and social workers who provide additional support to GBV survivors outside of OSCs and health facilities. This required conducting stakeholder meetings with the different administrative departments to advocate for increased communication and information-sharing across departments. These meetings also provided a platform to conduct consultations and review the GBV referral and response pathways with relevant government actors, ensuring they align with national GBV guidelines. In turn, these consultations informed the development of referral directories in every district, which were then shared with the OSCs and all necessary government offices to improve how referrals are managed and coordinated.

> *"So GBV response requires a comprehensive and coordinated, integrated approach. So, the [WCD] department had to work with, collaborate with, the health department, with [the] police department, with the district legal services authorities. So, they have started collaboration with the other departments…Those collaborations have improved over time with the support of the project.*
>
> **—DISTRICT GOVERNMENT OFFICIAL, KII**

[1] A block is a subdistrict-level administrative unit that is comprised of villages. Block-level administrative officers are responsible for overseeing the development and implementation of government programs across multiple villages and report up to district-level authorities.

At the service-delivery level, MOMENTUM conducted orientations and training for providers at multiple points on the GBV response pathway, such as health care workers at the facility level, staff of OSCs, community health worker (CHW) cadres (including ASHAs, mitanins, and Anganwadi workers), and community groups such as locally elected bodies called Panchayat Raj institutions (PRIs), youth champions, and male champions. The efforts built the support of local village and block-level influencers to engage in community mobilization activities and strengthen coordination between the community and service delivery points. Such a comprehensive approach helped build an enabling environment in the community so CHWs and PRI members can support and refer women experiencing GBV to the appropriate services.

Encouraging Adaptability and Flexibility to Improve Processes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During implementation, teams encountered challenges or received feedback from state and district stakeholders and communities that required them to adapt activities to respond to contextual needs and the evolving COVID-19 pandemic. For example, the district teams made a key adaptation to expand their community engagement interventions by conducting additional orientations with influential community members and groups. The activity conducted stakeholder meetings with village-level authorities such as PRIs to foster support for its community-level interventions and increase awareness about GBV and the OSCs' services OSCs. PRI members are important actors within the GBV mitigation referral pathway, often the first to intervene when a household-level dispute or GBV case occurs. PRIs helped connect project teams to youth and male champions oriented on GBV to spread awareness among their peers about it and the services provided by OSCs.

The COVID-19 pandemic presented many logistical challenges that affected how in-person meetings were conducted. The primary challenge was balancing the need to coordinate with many different actors at once to meet the rapid activity timeline while dealing with COVID-19 social distancing guidelines. Many of the virtual trainings or orientations had to be parsed into shorter, multi-day sessions to reduce fatigue with virtual meetings. When it was safe to do so, at the behest of the state government officials, the activity held in-person meetings to train health care workers, OSC staff, and CHW cadres in group settings to foster more engagement and skill building.

Supportive Supervision and Reviews

After state and district teams trained health facility staff, OSC staff, and CHWs, they conducted quarterly supportive supervision visits to provide additional coaching on the delivery of care to GBV survivors; these visits were sometimes carried out jointly with government officials from the departments in charge of each cadre. Using a project-developed supervision tool, district teams focused on how the trained providers were applying their new skills and managing referrals. Supportive supervision visits also addressed service delivery gaps within the health facility or OSC, including how service data were reported into the state and national information systems. Many of the visits with OSC staff revealed gaps in data collection and reporting, specifically the quality of data reported into the electronic health information system they use.

> *"When we do the supportive supervision... we regularly apprise the district authorities about the observation. Because ultimately it is the district authority who can bring the changes because there are a lot of issues to be addressed like lack of equipment, lack of staff, lack of other infrastructure."*
>
> **—MOMENTUM STAFF, KII**

The supervision visits not only helped strengthen the capacity of trained providers, but also allowed the project staff to learn about challenges the providers faced, which they could then discuss with district and state authorities to identify solutions. The project teams' regular debrief meetings with district department officials after the supportive supervision visits also allowed them to work more closely with these key stakeholders. Such regular communication created buy-in that strengthened coordination mechanisms across sectoral departments to address system challenges related to GBV, particularly the support needed at OSCs and facilities.

Reporting, Project Monitoring, and Data Use

MOMENTUM strengthened the capacity of the MAMTA and SAATHII teams to collect, report, and use data to inform their activities. District teams used data and notes from their supervision visits to review how activities were received by facility providers and OSC staff and to make recommendations in activity reports and government meetings on implementation adaptations needed to accelerate progress. To encourage data use by government officials, project staff provided support to district offices during review meetings to review existing data and address gaps in data reporting or collection by analyzing aggregated GBV data from the Health Management Information Systems (HMIS).

OUTCOMES

Addressing Human Resource Needs

The GBV response system relies on human resources (HR) across multiple sectors and government departments. The activity primarily addressed HR needs through training and coaching to strengthen the capacity of individuals who provide direct services to GBV survivors, such as health facility providers, OSC staff, protection officers, and CHWs. The activity trained master trainers, often other GBV experts within the MoWCD and doctors, who provided institutional expertise and could continue leading trainings beyond the life of the activity. The master trainers can also go to other districts to train more health workers on GBV topics. This approach has been so well received by the states that some district and state government officials have verbally committed to including the GBV training module in their next implementation plan.

> "*Because we have done all the activities… not a single activity have done without the coordination, active participation of district block authorities*. … W*e have involved them in each and every activity and we have created a pool of resources among themselves so that even after the project, this orientation and this strengthening through supervision can be continued by them also*."—MOMENTUM project staff

To address HR needs at the service delivery points, MOMENTUM trained medical providers on appropriate counseling and care for GBV survivors as well as medicolegal case management with medical and forensic medicine experts. CHWs and OSC staff also received training on gender, the different types of GBV, survivor-centered care, and the referral pathway, after which they demonstrated improved identification and referral of GBV survivors.

> "*The major achievement of this project is that now in Assam, ... we have almost 5,000 ASHAs, 300 ASHA supervisors, or 8,000 odd Anganwadi workers or another 350 Anganwadi supervisors. ... Previously, the people*

take it as a normal behavior in the urban area as or in the remote areas. Now they can identify [that] this is one of the area of the gender discrimination. So we have updated their knowledge and they have got the capacity to detect or identify the case of GBV and how to link to the appropriate system."—MOMENTUM project staff, KII

GBV trainings at the service-provision level improved the knowledge and skills of frontline health workers (including CHWs) to identify and refer GBV cases, leading to improved reporting and referrals of women to OSCs for care. Informants reported that, after the trainings, the OSCs in general are more functional and access to care has improved, with OSC staff better equipped with the appropriate skills and supplies to fulfill their responsibilities.

Higher-level HR challenges such as staff retention, vacancies, and salaries were voiced often by OSC and facility staff during supervision visits but were out of the activity's scope to address directly. Instead, MOMENTUM staff relayed challenges to district officials during review meetings and advocated for district or state resources to be mobilized to address a specific HR challenge. It is not clear if or how many of those HR challenges were resolved.

Improving Awareness About GBV and Careseeking Among Survivors

The community engagement activities with established influencers and groups (such as youth, self-help groups, and Anganwadi centers) contributed to increasing awareness of GBV and the fostering of an enabling environment that is supportive of changes in behavior and attitudes related to gender equality and domestic violence. Key informants reported perceiving that providers and community members have changed their attitudes about whether GBV can be prevented and the forms of violence that constitute it; they are also more aware of the services available to help women experiencing violence. Most importantly, the activities empowered women to seek support when they are facing an abusive situation or help their peers in the community who are experiencing abuse.

> *"The number of cases who are reporting here now has increased. Earlier women would not disclose this to others. But now with a lot of awareness program and even under the USAID MOMENTUM Project, a lot of trainings have been organized for anganwadi workers and we are doing awareness in the community. So definitely number of cases were reporting have increased."*
>
> **—LOCAL OSC STAFF (VIA INTERPRETER), FOCUS GROUP DISCUSSION (FGD)**

"*There's a lot of the meetings that are happening also with the Self Help Groups that people are becoming... the women are becoming empowered. So… the community is being empowered with a lot of trainings at the community level. Even youth volunteers are trained.*"—Local community health worker (via interpreter), FGD

Improving the Experience and Quality of Care for GBV Survivors

The trainings and joint supportive supervision visits contributed to improvements in the capacity of facility and community service providers to deliver more appropriate and respectful care to GBV survivors, therefore improving the overall quality of care for clients. Health facility providers, ASHAs, anganwadi workers, and OSC staff appreciated the trainings and support provided by MOMENTUM to build their skills; they noted that they can now provide better, more tailored services to women. Respondents in qualitative data collection for the case study perceived that the interventions with service providers helped change health providers' attitudes about their responsibilities to care for GBV survivors. Facility leaders have also been encouraged to address gender discrimination or abuse that health workers experience by appointing facility gender focal points who meet with facility staff to discuss GBV topics. The biggest health facility-level improvement is evident in the provision of better screening and survivor-centered care that maintains patients' privacy. Project staff also reported observing that greater attention is now paid to the

management of medicolegal cases (MLCs) by facility health providers. In general, the activities have increased ownership of GBV-focused services among health system actors and they feel greater responsibility to deliver better quality care to survivors of GBV.

"*In the health facilities... now, GBV cases are given the priority. Initially, it was said that they just have to provide the clinical treatment and the emergency care. But now, you know, they are also looking at the counseling, the psychosocial support and also the other needs of the survivors. And they, you know, refer them to the OSC.*"—MOMENTUM project staff, KII

"We tried to build a strong inter-coordination linkages between the various stakeholders. We involve the community to be more responsive and the most important, we tried to put a referral pathway and referral directory. So these are the main key points which I would say helps a lot."

—LOCAL IMPLEMENTING PARTNER STAFF, KII

The development and dissemination of the GBV referral directory in each district and state also strengthened referral mechanisms by easing coordination when providers need to refer a client or case to another service.

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Respondents felt the interventions—trainings to better equip staff with the skills to provide appropriate care and improved communication between OSC staff and the district WCD office to resolve challenges impeding their ability to fulfill their responsibilities—helped reinvigorate OSCs and ensure they are more functional. Respondents noted that clients are repeatedly referring their neighbors or friends to the OSC for services, a sign suggesting the clients were satisfied with the quality of services they received. Similarly, health facility staff received feedback from clients during follow-up visits or through patient surveys that they are satisfied with the quality of care they received at the facility.

"*Earlier, when cases used to come, they used to have some fear and they were not open to share with the service provider. But after, you know, the counselor has been appointed and she's counseling the patients. So they feel more confident and trust and they are openly discussing their issues with the counselor*." —Local health facility provider, FGD

Despite these improvements, it remains to be seen if or how greater awareness of the care survivors should receive and improved satisfication among community members will translate into improved accountability of the health system to its users.

Improved Data for Decision-Making

The implementing partners' joint supervision visits, conducted with district officials, served as the primary means for achieving strengthened data use and monitoring of GBV services. Due to the sensitive nature of GBV client data reported into the government's HMIS, project staff limited their reviews with health facility or OSC staff to data aggregated at the facility level. They also provided coaching to OSC staff on how to overcome data reporting challenges, collate and review data to assess service quality, and enter and maintain data in the government's online Sakhi dashboard for OSC data. Over the course of the project, quality of data collected at service delivery points and reported into state and national information systems improved, contributing to greater trust from and use of the data by district- and state-level government offices when reviewing GBV activities. MOMENTUM encouraged the MoWCD and MoHFW ministries to use GBV case service data when addressing challenges at OSCs and facilities, bringing more attention to OSCs' vital role within the health system.

> "*We are seeing that there is a change, there is a shift, there is a better understanding of data record keeping. ... And there is more focus, even... the center administrator some places, you will see that there is a dedicated one person... So we have been able to try ... [to] push this agenda that they have to look at the data. ... They are now using the data for the agenda in talking to the senior officials, you know, the OSC is supposed to submit a periodic report to the department, their own department also. So they were not doing it. And now you're seeing some changes*."—Local implementing partner staff, KII

Data reporting has generally improved at OSCs, but OSC staff have noted challenges with the Sakhi dashboard that cause them unnecessary burdens. Previously, protection officers could call into a hotline number and audio record their notes about a GBV case managed in the OSC. Now, the electronic database requires them to enter data manually; further, the system is challenging to navigate because it is in English and not all staff are fluent.

> *"At least in the beginning of the project,* [data] *wasn't recorded very correctly by the OSC staff. So that's something we worked on quite a bit with the staff. We've explained to them how the data has to be recorded because you're using the same format that the government has provided. So, we don't create a parallel format and we actually support them with reporting data correctly to the government itself. So, we've also worked on building OSC staff capacities... at every supportive supervision, on reporting this data correctly, recording sources of referral, et cetera."*—Local implementing partner staff, KII

Stakeholder Ownership of GBV Response Strategies and System

The project's community engagement and mobilization interventions have encouraged local leaders and governance bodies to take ownership of GBV awareness activities. In many districts, trained youth and male champions are supported by local PRIs or district officials and continue to spread awareness of GBV during community festivals or events.

At the facility level, health care providers were appreciative of the GBV training curriculum and reported feeling more empowered and responsible to deliver survivor-centered care to patients. In some instances, facility management has


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established a designated counseling space for women, staffed by a trained counselor who provides a range of reproductive, maternal, newborn, and child health services, including counseling and care for women suspected of experiencing GBV.

Project staff's close partnership and engagement with the WCD and HFW ministry officials during implementation successfully brought attention to GBV and strengthened the ministries' commitments to improve the GBV response system. For example, recognizing the value of their cross-sectoral collaboration to address GBV in the community, the WCD and HFW ministries have continued organizing coordination meetings to discuss GBV. Government officers often accompany project staff during their site visits and dedicate time and resources to supervise CHWs and facilities to ensure solutions are implemented to address identified gaps, showing commitment to strengthening GBV service quality.

> *"One girl... was a youth champion, so she also has helped a lot in creating awareness about gender-based violence. This one Deputy Commissioner of the district has elicited [her help with a training] with the Deputy Commissioner's Conference hall. So by seeing her now, the other peer group members, like other champions, they are also active actively participating in creating awareness in the community."*
>
> **—LOCAL IMPLEMENTING PARTNER STAFF, KII**

> *"That the collaboration between the other departments have definitely improved and [we] have become now more supportive and cooperative. And also, the perspective about the GBV has definitely improved with a lot of trainings and collaborative efforts."*—District government representative (via interpretation), KII

State governments have indicated greater interest in prioritizing GBV response services by mobilizing limited resources to ensure appropriate care is more accessible. In Assam, for example, project staff were invited to participate in meetings to update state guidelines on the GBV response system and provide input on government policy on the prevention of violence against women and girls.

> *"…[the] WCD in November 2022… they have introduced a SOP standard operating procedure [on] prevention of violence against women and girls, and we are one of the contributors in formulating that SOP for the state. Currently, also the Government of Assam WCD department is drafting the state policy for the women, and I am one of the member of this formulation committee also."* **—MOMENTUM staff, KII**

While district and state officials have acknowledged the value of the interventions and have communicated requests for MOMENTUM to expand the activity to additional blocks and districts, they have limited financial resources to fully replicate or continue the activities. Some districts have been able to include additional trainings for health providers within their budgets, but it remains unclear whether resources will be available to continue the level of supportive supervision and community mobilization previously managed by MOMENTUM.

FACILITATORS OF A HSS RESPONSE

While the COVID-19 pandemic was a shock to the overall health system and exacerbated existing weaknesses or gaps in services for GBV survivors, it was not the sole contributor to the rise in GBV cases. Instead, the pandemic shed light on an existing epidemic within India that had been hiding in plain sight. Addressing this "hidden" pandemic required a systems approach that focused on how GBV is addressed at multiple levels of the health system. In general, all respondents, from health care workers to project staff, reported that the activity successfully strengthened the health system to respond to GBV in their districts. They identified the following facilitators to health-system strengthening:

- **Strategies leveraged the government's existing national GBV framework**, which had not been fully operationalized at the state or district levels. Key informants repeatedly noted that the activity's achievements in its short timeframe were due to its activities being designed around and strengthening the national government's existing GBV framework and system. Working from this existing foundation made it easier for MOMENTUM to obtain support from and build ownership among district and state government departments. For example, the content for the GBV training curricula for health facility staff, OSC staff, and CHWs was based on government guidelines and policies. As a result, district officials supported the trainings, helped the activity secure meeting venues, and encouraged their staff and frontline workers under their purview to attend the trainings.
- **Early efforts to engage system stakeholders in project design and implementation fostered significant ownership and support from government decisionmakers and the community members.** Stakeholder consultations brought all relevant actors out of their silos to collaborate and jointly problemsolve, thereby strengthening their commitment to ensuring solutions were implemented. Without multisectoral partners' willingness to participate in coordination meetings, the activity would have found it challenging to reach all service delivery points and gain acceptance for the use of the district-specific GBV referral directories that the MOMENTUM team updated after mapping out district referral pathways.
- **The strong relationships developed by EngenderHealth and local partners MAMTA and SAATHII** nurtured the trust government partners had in the MOMENTUM project. When possible, EngenderHealth, MAMTA, and SAATHII hired local staff and GBV experts familiar with the district and sub-district government officers and community gatekeepers, making it easier to engage stakeholders in such a short timeframe. In many cases the project staff hired on to the project had previously worked in district or state health offices and were able to leverage their networks to coordinate across partners efficiently.
- **The implementing teams remained flexible**, adapting activities to fit communities' different needs. Government and community partners provided feedback on ways to improve project efficiencies and reach, helping to improve activities. The project's willingness to respond to this feedback and adjust to better meet the needs of the community made it more effective.

HSS CHALLENGES AND RECOMMENDATIONS

The activity faced several challenges that were either outside the scope of its mandate or not feasible to address.

- **The activity's 18-month implementation timeframe.** System-wide change requires more time to ensure activities can be sustained and impact health outcomes. For example, health facility leaders and providers

reported having a better understanding of GBV and the management of medicolegal cases and improved screening procedures. However, because the trainings had only recently been implemented, it was unclear how quality of care and health outcomes would improve. Further, the stigma associated with GBV still made it difficult to assess the shift in care-seeking behaviors among community members in the short activity duration.

- **OSC HR challenges.** OSC staff reported high staff turnover and vacancies within their centers, which limited available services. In one district, OSC staff salaries had not been paid in months due to bureaucratic bottlenecks, affecting staff motivation.
- **Reporting and follow-up management challenges.** Health facility staff reported on the need to improve the reporting system for GBV cases or MLC that do not lead to legal proceedings, as there is no process in place to document that a client has experienced GBV without officially recording it as an MLC. There is also a gap in tracking clients once they are referred outside of health facilities or OSCs, as it is difficult for client data to be shared between departments. Digitizing health records could make it easier to collect information, maintain records, and share referral information securely.
- **There is no formal feedback mechanism for survivors to share their experiences of care received at OSCs.**

Many of the lessons learned or recommendations noted by informants relate to the need to invest more resources to properly support service providers to deliver care to GBV survivors; these details were shared with medical providers, OSC staff, social workers, or CHWs. Many informants saw noticeable improvements in care after health providers' capacities and skills were strengthened and noted that more trainings, particularly refresher trainings, were needed, which could be implemented by MAMTA and SAATHIIThey also indicated that the activities needed to be implemented at a wider scale across more blocks and districts to change behaviors, impact population health outcomes, and observe sustained, systemic improvements.

> *"The hospital strengthening activities related to GBV, recurrent workshops, training or refresher things should be continued. Second thing, we have already nominated facility level gender point person for the health facility. So, we will continue and strengthen that person's activities. I also request MAMTA to extend their capabilities and skill related to gender-based violence."*—Local government official, KII

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