



Gender Integrated Response to Emerging COVID-19 Priorities in India

STRENGTHENING GENDER BASED VIOLENCE REFERRAL AND RESPONSE PATHWAYS

BACKGROUND

Gender-based violence (GBV) is one of the most prevalent human rights violations in the world. In India, recent data from the National Family Health Survey (NFHS)-5 (2019-21) shows a 30% prevalence of GBV at the national level among women aged 18-49 years, indicating that one in three women face violence.¹ World over, COVID-19 posed an unprecedented challenge to public health systems and, as per the United Nations, GBV emerged as a shadow pandemic in the crisis. In India too, the incidence of GBV, especially intimate partner violence (IPV), early marriage of girls, unwanted pregnancies, and impaired psychological well-being of people also increased, burdening the health system further.² The National Commission for Women (NCW) documented a more than two-fold increase in domestic violence and sexual assaults in the first week after the lockdown.

USAID's MOMENTUM Safe Surgery in Family Planning and Obstetrics project, implemented by EngenderHealth, received funding through the American Rescue Plan Act (ARPA) to implement activities through a Gender Integrated Response to Emerging COVID 19 Priorities in India. This work addressed the critical need for strengthening gender-based violence (GBV) response and prevention mechanisms at district, community, and facility levels. The activities were implemented in Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh and Odisha across 25 districts in collaboration with the state National Health Mission (NHM) and Department of Women and Child Development (WCD), along with implementation and technical support from MAMTA-Health Institute for Mother and Child (MAMTA-HIMC) and Solidarity and Action Against The HIV Infection in India (SAATHII), from September 2021 to August 2023. The goal of this work was to build resilience and capacity of individuals, communities, and the health system to mitigate COVID-exacerbated GBV.

APPROACH

The three overarching project approaches to this work included:

- **Systems strengthening:** A focus on engaging with the public and private sectors and civil society, particularly in emergency prevention, preparedness, and response. For strengthening the GBV referral and response mechanism, the project used a framework of overall systems assessment and strengthening.

¹ International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), 2019–21: India. National Family Health Survey, India. 2021 Apr 19.

² Data Domestic Violence Complaints at a 10-Year High During COVID-19 Lockdown. c2020 [Thehindu.com](https://www.thehindu.com/data/data-domestic-violence-complaints-at-a-10-year-high-during-covid-19-lockdown/article31885001.ece) Available from: <https://www.thehindu.com/data/data-domestic-violence-complaints-at-a-10-year-high-during-covid-19-lockdown/article31885001.ece>

- **Multi-sectoral linkages:** Multi-sectoral linkages are necessary for convergence between various departments and individuals on the pathway to ensure survivors have access to redressal mechanisms and that services are sustainable.
- **Collaboration, coordination, and building partnerships:** Including local partners and communities is an important approach to provide survivors of GBV with access to timely and confidential services and to create an enabling environment to empower survivors to seek redressal when required. Partnership and coordination to address GBV helped to enhance effective response, ensure standards are met, and increase accountability to affected populations.

INTERVENTION AND RESULTS

Strengthening GBV referral and response pathways

- **GBV referral pathway mapping:** The project mapped various stakeholders involved in the GBV referral and response pathway to understand the challenges and limitations of existing referral pathways and barriers to accessing GBV services.
- **Preparation of updated GBV referral directory:** The project prepared updated district level referral directories for 25 districts, in coordination with OSCs as well as district level functionaries, and shared with all relevant stakeholders to improve coordination and collaboration for enabling and strengthening GBV referral and response mechanisms.
- **Multistakeholder consultations for strengthening GBV referral and response pathways:** 19 District Consultations were held with various district level officials and non-governmental and civil society organisations involved in GBV referral and response, to sensitize them on and strengthen the GBV referral and response pathway. By raising awareness about the issues faced by survivors, the stakeholders also gained a deeper understanding of the urgency and importance of addressing GBV effectively.

Strengthening the capacity of various stakeholders involved in GBV referral and response

- **Rapid assessment of Sakhi One-Stop Centers (OSC) to provide need-based support:** The project conducted a rapid assessment of 25 OSCs to understand their functioning and provide need-based support. According to the assessment, 28% (7 OSCs) were providing all 7 essential services as per OSC guidelines, 64% (16 OSCs) reported using the online mechanism for registration with generation of unique ID for each case. Inter-department coordination including with health was a concern voiced by several OSCs. Training needs were identified that included sensitization on gender and GBV and staff role-specific skills.
- **Development of training packages for various stakeholders involved in the GBV response and referral pathway:** The project focused on adapting and developing training material for capacity building on GBV prevention, identification, and roles and responsibilities for various cadres of functionaries based on existing material and government guidelines as well as the training needs identified through the rapid assessment. Seven training packages were developed for facility level and community level stakeholders, with a focus on 'Do No Harm' to prevent backlash and for a survivor-centered approach. These packages were developed for OSC staff, Protection Officers, health care providers, community health workers (CHWs), community members, and youth and

“We have witnessed so many cases of gender-based violence but never realized that it can be prevented in many ways especially taking the support of existing mechanisms.” - AWW, Titabor, Assam

male volunteers. Additionally, a guide was developed on conducting multi-stakeholder consultations for strengthening the GBV referral and response pathways.

- **Capacity building of OSC Staff and supportive supervision of OSCs:** The project strengthened the capacity of 180 OSC staff across 24 project districts through orientations on their roles and responsibilities, including data management, and followed up with supportive supervision visits.
- **Capacity building of district level officials, facility-based staff, and CHWs:** Under the project, 331 Protection Officers were oriented on their roles and responsibilities pertaining to the Protection of Women from Domestic Violence Act, 2005. Over 3,800 healthcare providers including medical officers, nurses, community health officers, and auxiliary/general nurse midwives and over 78,000 CHWs including ASHAs, AWWs and their supervisors were capacitated. For the sustainability of project activities and GBV referral and response pathways, Master Trainers were capacitated to carry out cascade trainings.

Community engagement for awareness creation, sensitization, and demand generation

- The project enhanced community engagement and created a network of champions to mitigate GBV and act as peer educators by capacitating 8,300 youth and male volunteers.
- Sensitization of community group members to create an enabling environment included self-help groups and Panchayati Raj Institute members.
- Engaging with local community radio for broadcasting and narrowcasting activities pertaining to GBV prevention and response facilitated conversations and discussions within the communities. The project reached over 3,00,000 community members in eight districts directly through narrowcasting, including women's groups, community influencers, and floating groups.
- Development and display of IEC materials and WhatsApp messages were used for increasing awareness and visibility of OSCs within the community and to provide information on the key features of the OSC, who can utilize their services, and the types of services provided.



Sensitization of SHG members on GBV response and referral pathways in Puri, Odisha on December 6, 2022. Photo credits: Karishma Behera

KEY LEARNINGS

Key learnings from the project include:

1. Multistakeholder collaboration and convergence among health systems, NGOs, various government departments and agencies, and community groups and volunteers is important to reduce GBV and strengthen the referral pathway. Advocacy efforts with relevant government departments such as Women and Child Development (WCD) and Health are crucial in addressing GBV issues.
2. Community involvement is important to reduce GBV and promote more gender-equitable norms across individual, household, community, and institutional levels, and also to promote community linkages with redressal mechanisms for survivors.
3. GBV redressal requires a multi-sectoral response, in which health systems have an important role to play. Health professionals at all levels are often the first point of contact for victims of GBV and can

provide a safe and effective response to survivors, linking them with appropriate services. Thus, integrating care for GBV survivors within health services is critical.

RECOMMENDATIONS

1. Addressing GBV requires a multi-sectoral approach involving collaboration between government and private stakeholders including non-government, civil society, and community-based organizations. Strengthening these partnerships can lead to coordinated efforts and maximize impact, thereby working towards creating a conducive and responsive ecosystem.
2. Working with and leveraging existing resources, personnel, and systems has a multiplier effect and is important for sustainability. Assessing ground realities and adapting project interventions based on learning gained during implementation through assessments or other adaptive learning results in need-based interventions that produce effective results.
3. Engagement with the community is important in creating an enabling environment for identifying and referring GBV survivors and for mitigating the prevalence of GBV.
4. Increasing involvement of the health sector in GBV prevention and response requires strengthening both system and staff capacity to respond to the issue.



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