

CASE STUDY

Identifying Gender-Based Violence through Active Screening at Facility and Community Points: *Bugiri Hospital's Experience*

Background

Gender-based violence (GBV) is a pressing public health issue in Uganda. According to the Uganda Demographic Health Survey 2016, 51% of women and 52% men age 15-49 have experienced some form of physical violence since age 15. In addition, 22% of women aged 15-49 have experienced sexual violence. National guidelines recommend screening patients for GBV during routine health visits to optimize survivor detection and increase access to comprehensive services. Yet, many health care facilities, like Bugiri Hospital, struggle with achieving this recommendation.

In October 2018, Bugiri Hospital, a health facility in East Central Uganda, had sub-optimal GBV survivor detection rates. In that month, the hospital only identified 14 GBV survivor cases against a monthly target of 54 cases. USAID's Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC) supported Bugiri Hospital to establish a work improvement team (WIT) that implemented a quality improvement project to improve GBV case identification and linkage to appropriate support services. As part of this process, the WIT identified various barriers to survivor detection:

1. Service providers were not using the Ministry of Health GBV screening tool to identify GBV survivors. They instead relied on referrals from the police and community, despite being trained on how to use the tool at main service delivery entry-points;



A midwife conducting GBV screening in the MCH clinic at Bugiri Hospital

2. Staff shortages hindered integration of proactive GBV screening of patients at multiple care points within the hospital; and,
3. Limited documentation in the GBV register resulted in under-reporting of identified GBV cases. This affected the response to address gaps in GBV screening and documentation.

Interventions

To address these barriers, USAID RHITES-EC supported the WIT team to implement the following interventions at the Bugiri Hospital:

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- 1. Active screening at the outpatient (OPD) triage point, targeting GBV suspects:** USAID RHITES-EC oriented support staff (e.g., linkage facilitators, village health team-VHT members, and nursing assistants) on how to integrate GBV screening as part of the triage process during heavy clinics days. The support staff improved their GBV screening practices during triage by asking clients if they had experienced partner violence before using the screening tool. This helped ensure that the staff were appropriately referring GBV victims to clinicians who conducted medical examinations to determine the appropriate support needed.
- 2. Community-based screenings, targeting households at high risk of GBV:** USAID RHITES-EC engaged health care workers and VHT members to conduct community-based screenings during the 16 Days of Activism Against GBV (between November 25 to December 10, 2018). Based on the screenings, health care workers and VHT members referred individuals identified as GBV victims to health care facilities or community organizations for appropriate services. This activity ultimately helped raise community awareness, influence behavior and normative changes, and secure high-level political commitment to increase GBV case detection rates. Following the 16 days of Activism Against GBV, VHTs continued to support community-to-facility referrals of suspected GBV cases. This activity has helped to continue increasing community awareness about GBV and improve self- and community-initiated reporting of GBV cases.
- 3. GBV screening integration in maternal and child health (MCH) and antiretroviral therapy (ART) clinics:** RHITES-EC supported both MCH and ART clinics to designate facility-based GBV focal persons to coordinate GBV screening and referral activities at different service points (e.g., MCH and ART clinics). This included ensuring that GBV screening tools were available, GBV screenings were taking place, and the GBV register was being updated).
 - **At the MCH clinic,** support staff profiled individuals at higher risk of GBV. They also line-listed and screened women not testing for HIV with their partners, those

Active screening for GBV survivors at multiple service delivery points and at the community level enabled Bugiri Hospital to achieve a three-fold increase in its monthly GBV survivor detection rate.

with undisclosed HIV status, and those on ART but virally unsuppressed.

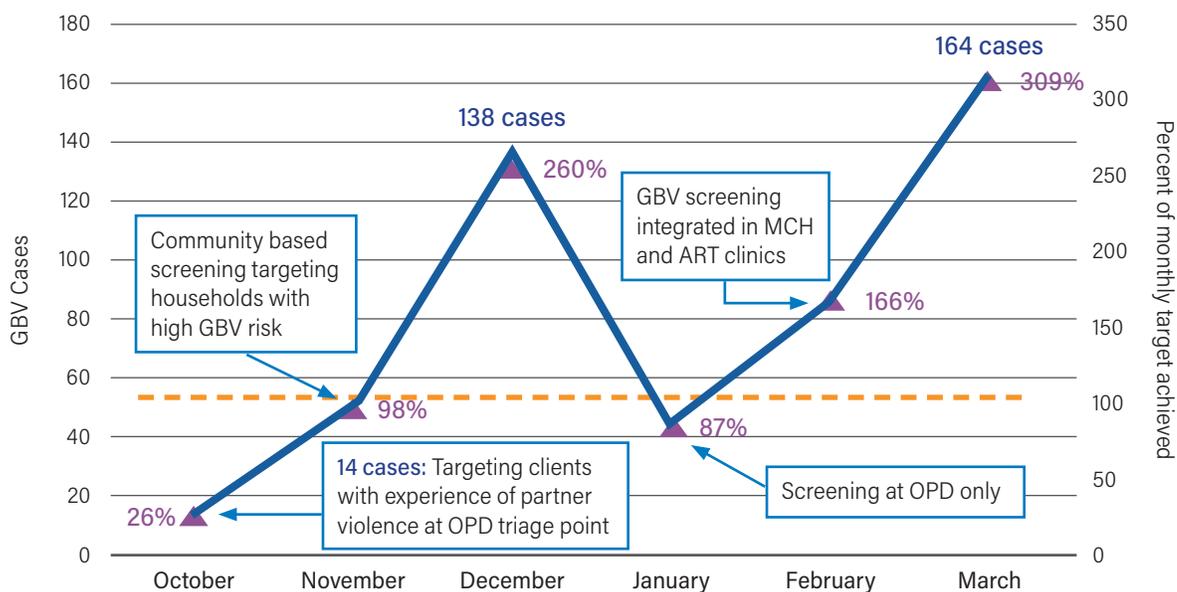
- **At the ART clinic,** support staff profiled individuals at higher risk of GBV. They also line listed and screened clients for GBV who had unsuppressed viral loads, recurrent sexually transmitted infections (STI), and with partners not tested for HIV.

Trained volunteers and health care workers then screened these targeted clients during their scheduled clinic visit days. Identified physical and emotional violence cases received medical treatment for injuries and psychological support/counselling, respectively. Identified sexual violence cases received psychosocial support, referrals to police and legal services, and medical treatment and/or referrals for antenatal care (ANC) or emergency contraceptive and Post Exposure Prophylaxis for prevention of HIV and STIs, as appropriate.

Results

Through improved GBV screening practices, Bugiri Hospital experienced a 91% increase in GBV case identification from 14 cases in October 2018 to 164 in March 2019. The community-based screenings during the 16 Days of Activism Against GBV contributed to the increase in case identification to 138 cases. (see **Figure 1.**) However, the cases significantly decreased to 48 because community-based screenings stopped at the end of the 16 Days of Activism Against GBV. By establishing additional screening points in MCH and ART clinics to complement the Bugiri Hospital's OPD GBV screening, the number of GBV cases increased exponentially to 164. As a result, the Hospital reached 80% of its annual FY19 GBV case identification target in six months (502 out of 630 cases targeted).

Figure 1. GBV Case Identification from October 2018 to March 2019



— No. of GBV Survivors	14	52	138	46	88	164
- - - Monthly Target	53	53	53	53	53	53
▲ Percent of monthly target achieved	26%	98%	260%	87%	166%	309%

Lesson learnt

Active GBV screening in health care facilities at outpatient triage points and MCH and ART clinics can have a positive impact in the number of GBV cases identified. Community-based screenings targeting households at high risk of GBV can also complement health care facility GBV case identification and referrals for clinical management. While

implementation of a combination of facility and community-based interventions creates a greater impact, screening that targets populations at risk of GBV using an appropriate validated tool at multiple specific health care facility service delivery points is critical to increasing access to appropriate services for GBV victims.

