comprehensive care for SGBV survivors through effective community linkages

The NUMAT experience.

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Goal: To expand access to and increase utilization of quality HIV, TB and malaria Services in Northern Uganda.

Objectives:
• Improve coordination of HIV/AIDS and TB responses
• Increase access to and utilization of quality HIV/AIDS and malaria prevention, care and treatment services.
• Decrease vulnerabilities for specific groups to HIV/AIDS and other infectious diseases
• Increase access of PHA & their families to wrap around services
• Improve use of strategic information
As part of its HIV prevention strategy, NUMAT involved in GBV prevention in communities

1. Trained and worked with 961 community animators on GBV prevention and response in 9 districts (Approx 100 per district); TOTs for supervision (congregational leaders, local council leaders, traditional leaders)

2. Quarterly review meetings with the community animators and TOTs

3. Distribution of IEC materials to communities
TOT taking community animators through IEC materials
Before the PEPFAR GBV initiative (before 2009):

- Most survivors of sexual violence did not report to health facilities
- Significant delays between home, police and health services facilities
- Poor coordination between services and referral sites
- Focus by the community on arresting perpetrator not helping survivor- community courts
- Lack of proper documentation at health facilities
Seven PEPFAR initiative pilot sites

4 hospitals; 3 health centers
PEPFAR SGBV Initiative activities

1. Creating linkages among stakeholders and community members

2. Training service providers, community members, and SV stakeholders

3. Equipping health facilities

4. Developing and distributing IEC/BCC materials
Activities: Creating linkages among stakeholders

- Mapped service providers in the community
- Developed functional referral pathways and referral directory for the health facility
- Initiated monthly health facility coordination/review meetings with SGBV stakeholders (Community animators, district community development officers, NGOs, Police, health workers)
- Facilitated sub-county and district level SGBV cluster working group meetings
Poster showing Referral directory

SGBV TEL. DIRECTORY/HELPLINE

1. Dr. Anam - In Charge Anyaka Hq
   O77-2-565645

2. Onencan - DPC Oyam. O77-2-687511

3. Constable Akwany Doka - Icome
   Police Post - O78-2-726089

4. Sp Locken - OC Otwal. O77-2-18369

5. Dr. Grita - Caum/CooPi. O75-2-767544

6. Janie Abuc (Tot-Nga). O77-4-194286

7. Bonny (Tot-Otwal). O78-2-792905

8. Joan (Tot-Lom/Icome). O77-2-886617

9. Opio Patrick - Clinical Officer. O77-2-368101
Police were trained on appropriate handling of survivors, Community policing, and facilitating justice.
Police constable/TOT explaining the role of police in SGBV prevention and response
Out comes:

- improved coordination among partners
- Improved referral; timely referral (60% get PEP within 72hrs vs less than 30% in 2007)
- Improvement in Service provider attitudes
- More interest in dialogue on SGBV by community initially regarded as taboo
- Increase awareness and prioritization of SGBV in local governments; development of ordinances; by laws on alcoholism and GBV
Percent Survivors referred to other services each month
“Exactly the improvement we have along is that the referral network has become better, you may find that a case is being reported at NUMAT may be to treat the survivor, they will not only stop there, they will refer to the police who will take more further action. So the referral network is improving and cases.”

Lira stakeholders FGD
Community Dialogues Change Norms

- Continuous engagement of community leaders key to changing norms around GBV
- Approach is not to teach ‘ideal’ behaviors, but rather to initiate community dialogues about real life issues
- Community resource person, chosen by community, initiates discussions
- Increasing number of people willing to engage in dialogues
Community Dialogues

“This work is not easy, but I think with continuous engagement of my congregation, attitudes towards some aspects of GBV are slowly changing…now people are willing to educate their children equally…men are realizing drinking and wife battering are leading to family breakdown….”

Church leader in Kitgum (GBV trainer of trainers)
Engaging Health Care Providers

Training, mentorship, discussion and accountability at monthly stakeholder meetings crucial to changing providers’ attitudes towards SGBV survivors

Providers actively involved in developing referral networks and phone directories so that survivors linked directly to legal, psychosocial and shelter services
Focus groups discussions (FGD) explored community knowledge about SGBV, health services, referrals and whether program had any impact:

- The need for survivors to go to health facility as a matter of urgency was mentioned in all FGD
- The availability of HIV and PEP services was mentioned in a majority of FGD; fewer mentioned EC and counseling
- Majority felt that community sensitization has resulted in more survivors reporting to police and health facilities, police being able to prosecute perpetrators and people becoming aware of effects of SGBV
Challenges: In engaging communities

- Community perceptions on Gender relations and GBV prevention activities. GBV considered a women’s issue

- Late and under-reporting by survivors
  - negotiation by parents of survivors and perpetrator
  - Local councils trying to resolve issues in communities

- Negative attitudes of service providers (police, Health workers) take time to change

- Limited follow-up care of survivors
  - Majority of survivors did not return follow-up services

- Inadequate funding of partners leaving gaps in services (mostly relief organizations)
Lessons learnt

- Provision of comprehensive and timely SGBV services depends on community involvement and a strong referral network.

- Multisectoral training (legal, police, health care providers) must be linked to community involvement.

- Engaging opinion leaders (cultural, administrative and congregational leaders) is very essential in communities with very strong culture.
Recommendations

- Ongoing community sensitization tailored to specific communities needed
- Expand referral network to ensure SGBV survivors receive holistic care
- Engaging communities in follow-up care should be encouraged
- Capacity building of local CBOs e.g. Concerned parents Association to carry out GBV work beyond relief NGOs
Acknowledgments

- USAID, PEPFAR
- District local governments
- Health workers
- Police
- Other partners: ARC, IRC, COOPI
- Raising Voices
- Population Council