POPULATION COUNCIL'S
REGIONAL GBV NETWORK

Introduction
### The ‘Dual Epidemics’

<table>
<thead>
<tr>
<th>Country</th>
<th>Data Source</th>
<th>Ever experienced physical violence*</th>
<th>Husband/Partner was the perpetrator of physical violence*</th>
<th>Ever experienced sexual violence *</th>
<th>HIV Prevalence (15-49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>DHS 2003</td>
<td>40</td>
<td>57.8</td>
<td>16</td>
<td>6.7</td>
</tr>
<tr>
<td>Kenya</td>
<td>DHS 2008</td>
<td>39</td>
<td>51.8</td>
<td>21</td>
<td>6.3</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>DHS 2005</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>WHO 2005</td>
<td>49</td>
<td>--</td>
<td>59</td>
<td>--</td>
</tr>
<tr>
<td>Zambia</td>
<td>DHS 2007</td>
<td>46.8</td>
<td>59.6</td>
<td>15</td>
<td>14.3</td>
</tr>
<tr>
<td>Malawi</td>
<td>DHS 2004</td>
<td>28</td>
<td>43.2</td>
<td>--</td>
<td>11.8</td>
</tr>
<tr>
<td>South Africa</td>
<td>DHS 1998</td>
<td>6</td>
<td>--</td>
<td>7</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>National HIV/STI Strategic Plan 2007-11</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>18.3</td>
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</tbody>
</table>

* Question asked of women only
The African regional GBV network

10 countries

20+ partners

- Implementers
- Technical assistance partners
- International experts
- Donors

Phase I: 2006-2009

Phase II: 2010-2012
Overall development objective

- Reduce the incidence and impact of GBV by strengthening the capacities of the medical, legal and justice sectors to care for survivors of such violence.
Project Purpose

- Develop an Africa-specific evidence base on best practices in GBV response to inform policy and practice in the region
Proposed results

1. Best practices in GBV service provision tested and rigorously documented;

2. South-South technical assistance provided through a network of implementing partners;

3. Policy and programs influenced through the dissemination of best practices to key audiences.
# Framework of Comprehensive Response to GBV

<table>
<thead>
<tr>
<th>Sector</th>
<th>Key components of response</th>
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<tbody>
<tr>
<td><strong>Health</strong></td>
<td>Pregnancy testing and EC</td>
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<tr>
<td></td>
<td>HIV diagnostic testing and counseling and PEP</td>
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<td></td>
<td>Prophylaxis for sexually transmitted infections</td>
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<td></td>
<td>Vaccination for Hepatitis B and Tetanus</td>
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<td></td>
<td>Evaluation and treatment of injuries, forensic examination and documentation</td>
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<td></td>
<td>Trauma counseling</td>
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<td></td>
<td>Referrals to/from police and social support sectors</td>
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<tr>
<td><strong>Police/Justice</strong></td>
<td>Statement-taking and documentation</td>
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<tr>
<td></td>
<td>Criminal investigation</td>
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<tr>
<td></td>
<td>Collection of forensic evidence and maintaining the chain of evidence</td>
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<tr>
<td></td>
<td>Ensuring the safety of the survivor</td>
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<td></td>
<td>Prosecution/adjudication of the perpetrator</td>
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<td></td>
<td>Witness preparation and court support</td>
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<tr>
<td></td>
<td>Referrals to/from health and social support sectors</td>
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<tr>
<td><strong>Social Support</strong></td>
<td>Assessment of the need for psychosocial services</td>
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<tr>
<td></td>
<td>Referral to short-term or long-term psychosocial support services</td>
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<tr>
<td></td>
<td>Provision of safe housing, relocation services, if required</td>
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<tr>
<td></td>
<td>Reintegration into family/household, if required</td>
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<tr>
<td></td>
<td>Long-term psychosocial counseling and rehabilitation</td>
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<td></td>
<td>Referrals to/from police and health sectors</td>
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<td></td>
<td>Community awareness- raising and stigma reduction</td>
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Phase I

What did we learn?
Documented client characteristics

- Children constitute a significant proportion of survivors who seek services
  - Under 14: 67% (ICRH, Kenya), 49% (CMIC, Zambia)

- Girls and women represent the bulk of survivors, but boys and men also seek care
  - 14% (TVEP, SA), 20% (ICRH, Kenya)

- Common barriers to seeking care cross-countries
  - Preference for community settlement, stigma, corruption
Guidelines are necessary, but not sufficient

- The process of developing national guidelines can spur multisectoral collaboration

- Development and implementation of guidelines is often reliant upon a champion

- Recognition of the need for guidelines and services specifically for child survivors is increasing
Health services

- Several models of comprehensive, integrated care have proven feasible and effective

- Ensuring and enabling HIV PEP adherence requires particular attention
  - TVEP: 82% received PEP, 55% completed course

- Requirements that doctors collect forensic evidence undermine a survivor’s access to justice and healthcare

- Children are underserved by adult-oriented programs
  - Providers less comfortable with exams, forensic documentation
Police and legal responses

- Police are often the first and only point of contact for survivors.
- Police provision of emergency contraception can strengthen multisectoral collaboration and response.
- Cross-sectoral training can improve linkages between police and health sectors.
  - 93% referred from police to hospital in Zambia, 92% in Malawi.
- Greater access to legal services does not necessarily entail greater utilization.
  - TLAC: 37% of survivors presenting to hospital sought legal care.
- Police officers require more training on handling child survivors.
Psychosocial support

- Interpersonal skills at the first point of contact are a critical, but often overlooked, component of quality care

- Safe houses and temporary shelters are costly to maintain

- More evidence is needed on effective models for providing long-term psychosocial care
Key themes for phase II

- Underserved groups:
  - IPV intimate partner violence
  - male survivors
  - children

- Community involvement and prevention
  - Women and adolescent girls

- Improving services through innovative responses
  - Forensic evidence collection in low-resource settings
  - Expanding access to EC, PEP
## Partner projects

<table>
<thead>
<tr>
<th>Partner</th>
<th>Country</th>
<th>Study/project focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>TVEP</td>
<td>South Africa</td>
<td>Testing the feasibility of the Zero Tolerance Village approaches to prevent GBV and increase reporting</td>
</tr>
<tr>
<td>Kenyatta National Hospital</td>
<td>Kenya</td>
<td>To assess the acceptability &amp; feasibility of screening for IPV in Kenyan public health care settings</td>
</tr>
<tr>
<td>LVCT</td>
<td>Kenya</td>
<td>Evaluating a locally-assembled evidence collection kit for low-resource settings</td>
</tr>
<tr>
<td>MOH/ Police</td>
<td>Zambia</td>
<td>Scaling-up police provision of EC (CMIC model)</td>
</tr>
<tr>
<td>MHRRC, Police</td>
<td>Malawi</td>
<td>Replicating the Zambian model of integrated police/health care/community response</td>
</tr>
<tr>
<td>SWAGAA</td>
<td>Swaziland</td>
<td>Working with in-school girls to prevent violence; developing SOPs for providing minimum standards of care</td>
</tr>
</tbody>
</table>
Additional studies

- Appropriate models of psychosocial care
- Review of legislation/sentencing guidelines on GBV from across the continent
- Policy briefs (3)
  - Effectiveness of ‘one-stop shops’ and alternative models for GBV services
  - Scaling-up sustainable, comprehensive models
  - Suggestions?
Network Activities

- Annual network meetings
- Partner exchange visits
  - Identify needs now
- Project website and online discussion
  - www.svri.org/popcouncil.htm
- Ensuring network sustainability
Contributing to policy dialogues

- Strengthening regional dialogues on GBV
  - GBV advocacy SADC, EAC, ECSA-HC, donors

- Peer-reviewed publications and conference presentations
Final products

- Final project/ partner case studies
- Final synthesis report of best practices
- Evidence-based guideline for policy and practice
This workshop

What are we doing this week?
Meeting objectives

- Expose partners to emerging global debates, resources and research on GBV

- Facilitate information-sharing among partners and other experts
Expected outcomes

- Partners’ knowledge and networks on GBV expanded

- Opportunities for technical exchange visits among partners identified