Lessons learned on SGBV in Africa
The African regional SGBV network
Goals of the SGBV network

- Strengthen comprehensive treatment services for survivors of sexual violence.
- Produce and document lessons learned to strengthen programs throughout the region.
Review of all literature on SGBV in Africa

Focus on:
- medical management
- Police and legal issues
- Community engagement
- Psychosocial care

Key programming booklet intended as a resource for programmers
Framework of Comprehensive Care

Medical
Management of sexual violence at 1st point of contact with the survivor.
Sensitive approaches to managing child survivors of sexual violence, and encouraging and enabling presentation by male survivors.
Screening for signs and symptoms of violence during routine health consultations.

Justice System
Collection of forensic evidence and creation of a chain of evidence that can be used during prosecution.
Strong links between medical and police facilities to enable incidents to be referred in either direction.

Community
Psychological counselling.
New or strengthened community-based prevention strategies that are relevant and appropriate for the local context.
Physical, psychological, and emotional violence between domestic or intimate partners addressed through messages communicated during the prevention strategies.

Population Council
Lesson 1

Standardized, multi-sectoral frameworks, guidelines and protocols are essential for ensuring coordinated medico-legal responses to SGBV.
Partner activities

- In Zambia, the Population Council is collaborating with government bodies to develop national protocols for medical management and police responses to SGBV.

- In Kenya, LVCT is developing an evidence base to inform national procedures on forensic evidence collection and utilization.

- In South Africa, TVEP and TLAC are developing innovative models to implement existing guidelines.
Lesson 2

The special needs of child survivors are under-addressed in police, medical, legal and long-term care settings.
Majority of **Reported Cases are Children** (Zambia, 2000-2004)
Lesson 3

Enabling access and utilization of the full range of medical (and medico-legal) services remains a core challenge of SGBV programs.
Barriers to quality medico-legal services

FPC may be a non-medical institution.
- Most often police.
- Referrals are inhibited by limited knowledge and linkages.
- Transportation costs may act as a disincentive to visiting a second point of contact.

Once at health facilities, forensic evidence collection be compromised by:
- Low provider awareness of necessary procedures and treatments.
- Numerous referrals across hospital departments.
- Limited awareness of forensic evidence collection procedures.
Partner Activities

- South Africa’s TVEP program and Thuthuzela Care Centers (TCCs) offer innovative models for minimizing the attrition between points of contact.

- Network partners are testing different approaches to overcoming these barriers,
  - One-stop-shops for post-rape care (ESOG, TCCs)
  - Integrated services within hospitals (TLAC)
  - Linking rural health centers and police stations (Zambia)
Lesson 4

Training and capacity building of service providers is necessary for increasing quality of care and improving provider attitudes.
Lesson 5

Specialized police units, or Victim Support Units, present a promising approach to strengthening medico-legal responses.
Partner Activities

- In Zambia, VSU officers successfully provide EC and referrals to survivors

- In Malawi, sensitization of VSU officers and communities creating greater awareness of SGBV concerns

- Understanding why survivors seek police support and legal redress (TLAC)
Emerging model for medico-legal responses

• Clear protocols and forms that outline linkages between police and health workers in regard to:
  1) referrals between facilities;
  2) forensic evidence collection procedures.

• Community and civil society engagement on the policy and program levels.
Still much to learn....

- **Medical**
  - When DNA testing is not available, should national guidelines still include it as a potential resource?
  - What cadre of health care provider can give evidence in court?

- **Legal**
  - In the African context, what type of forensic evidence is most useful in securing prosecutions?
  - What is the nexus between formal and traditional courts?

- **Social**
  - What is ‘justice’ for survivors, and how can programs best ensure that?
Next steps for the SGBV network

• Enabling technical exchanges and information-sharing between network members.
  ▫ Maintaining a current and accessible database of SGBV resources.

• Identifying and documenting emerging best practices.
  ▫ Developing core indicators to monitor and evaluate progress of regional SGBV programs.

• Engaging in policy dialogues to promote evidence-based interventions.