An overview of 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 comprehensive care.
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 seeking medical care

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, quality of care can be compromised by:
- Low provider awareness of necessary procedures and treatments, including the provision of PEP.
- Numerous referrals across hospital departments.
- Incomplete collection of forensic evidence.
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, are key 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
  ▫ What is the nexus between formal and traditional courts?
  ▫ In the African context, what type of forensic evidence is most useful in securing prosecutions?

• 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.

*Population Council*