

POPULATION COUNCIL'S REGIONAL GBV NETWORK

Introduction

The 'Dual Epidemics'

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

* 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

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

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



Phase II

Further developing the evidence base

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

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

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, ECOSA-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