The ‘Sauti’/VOICE Project:

Vio-
Olence Response and Prevention through Information Communication, and Evidence

2nd UNHCR-Population Council Joint Regional Workshop

November 25-26, 2019
Nairobi, Kenya
Builds on:

• A UNHCR EHAGL Africa Bureau-Population Council collaboration based on a 2014 technical cooperation agreement geared toward ‘improving evidence-based programming for SGBV in refugee operations’
Works through:

- A regional network of partners led by the Population Council (‘the Africa Regional SGBV Network’)
  - Made up of SGBV service delivery organizations (‘Network partners’)
  - Work one-on-one with UNHCR IPs to introduce tested SGBV response models into refugee operations
- A platform for learning, exchange, and strategic dissemination
UNHCR EHAGL Africa Bureau plays a facilitative, supportive, and catalytic role for the overall project. Population Council provides overall TA to Network partners and UNHCR IPs to integrate evidence-based SGBV response models into refugee operations.
Sauti/VOICE Project Objectives

- Foster a **regional response** to SGBV in humanitarian settings by **harnessing the resources** of the Africa Regional SGBV Network
- **Amplify the voices** of Network partners and UNHCR IPs in humanitarian settings by showcasing their evidence-based approaches
- **Inform SGBV programming and policy** in humanitarian settings
<table>
<thead>
<tr>
<th>Interventions Selected by UNHCR Country Operations</th>
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<tr>
<td>Djibouti</td>
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<td>Ethiopia</td>
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<td>Rwanda</td>
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<td>South Sudan</td>
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<td>Uganda</td>
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<td>Zambia</td>
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Implemented activities so far
1st UNHCR-Population Council Joint Regional Workshop
Nairobi, Kenya
March 4-8, 2019

• Nearly 60 participants (n=56)
• 8 country operations
• 6 SGBV interventions showcased and trained on
Technical assistance visits

• 21 TA visit sessions held (for provider training and intervention set-up) across 6 countries (i.e., all countries so far, except Sudan)
• About 400 providers trained (from IPs)
• 5 out of 6 interventions currently running
**Intervention monitoring tool**

- Developed jointly by Population Council and UNHCR EHAGL Africa Bureau
- Tracks intervention progress on a monthly basis (quant and qual indicators)
- Submitted by SGBV focal points for each intervention to the UNHCR SGBV focal point concerned
- Monitoring data analyzed periodically by the Population Council, discussed with the Bureau, and fed back to country operations and IPs for intervention adjustment (etc.), as necessary

**INTERVENTION MONITORING TEMPLATE**
SAUTI/VOICE PROJECT

**COUNTRY:** ______________________
**MONTH:** _________ **YEAR:** ________

**Instructions:** Feel free to delete interventions that are not applicable to the country concerned. Ensure that both Parts One and Two are filled out for each intervention applicable to the country.

### PART ONE

**CHAIN OF EVIDENCE INTERVENTION**

<table>
<thead>
<tr>
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A Wide Variety of Program Tools

- Training Materials
- Implementation Guides
- Implementation Aids: e.g., sexual assault kit, SoPs, screening tools, ZTVA templates (MoA, etc.), etc., etc.
Seed funding

- At least USD 50,000 issued/committed so far by the Population Council directly to UNHCR IPs to support training sessions and intervention implementation
Practice-Based Learning: Integrating SGBV Screening into Health Facilities in Refugee Contexts

Introduction
Sexual and gender-based violence (SGBV) ‘screening’ refers to the standardized assessment of clients for SGBV experiences, irrespective of their reasons for presenting at health facilities. This practice has been shown to be feasible and effective in various countries and contexts within the East and Southern African region, resulting in the proactive identification of female survivors, and in their successful referral for comprehensive SGBV care. In the last decade, health facilities in the region are increasingly eager to incorporate such screening into the normal protocols of their health providers.

In collaboration with the Population Council-led Africa Regional SGBV Network, the UNHCR Regional Service Centre has worked to integrate SGBV screening protocols into its country operations since 2017. This brief outlines practical lessons learned from training and implementation efforts in refugee settings.

Intervention Description
The SGBV screening intervention involves training health providers to appropriately utilize a 4-question screening tool with female clients to determine their current and lifetime experiences of SGBV, and to appropriately refer identified survivors for on-site SGBV care. The tools is meant to be used to ask every female client in a certain age range (to be determined by the intervention implementers with guidance from the trainer) about their SGBV experiences each time she presents before the provider, unless she has already been identified as a survivor through this process.

Health facilities are only eligible to participate in this intervention if they have an SGBV Response Unit on-site (to facilitate the referral process), and trained providers are only eligible to begin screening if their workstations provide audiovisual privacy. The provider training session spans a period of one day, and an online training manual of the East, Central and Southern Africa Health Community is available to support the session: [https://www.popcouncil.org/uploads/pdfs/2016RH_IPV-manual.pdf](https://www.popcouncil.org/uploads/pdfs/2016RH_IPV-manual.pdf).

Program Briefs
(to publicize the project and share learning)

- 5 developed in 2019
- 6-8 planned for 2020
The Sauti/VOICE project:

co-sponsored the 2019 SVRI Forum

hosted a side event at the Forum, showcasing the UNHCR RSC-Population Council collaboration as an example of how the Global Compact on Refugees is playing out.
About 20,000 beneficiaries reached in the first 12 months of the project

- Refugees: 11,250
- Survivors: 518
- Other: 7,793
Workshop Objectives

• Facilitate South-South learning, technical exchange, and information-sharing among partners.

• Provide a forum for sharing progress updates, as well as for technical assistance and problem-solving for ongoing interventions.
Thank you
Presentation on Improving the Collection, Documentation, and Utilization of Forensic Evidence

Joyce Acan, UNHCR UGANDA on behalf of Team Uganda

Nakivale/Oruchinga-UGANDA
Implementation overview

Following the need which was identified in the first regional training to train staff on comprehensive SGBV case management, Population council trained a total of 22 staff (Health workers, SGBV partners, Child and protection staff, Tutapona, police in Nakivale and Oruchinga in June 2019.

Two additional complimentary trainings were conducted in the first week of July by ARC and IRC on the same concept.

The Key issue under Nakivale/Oruchinga was mainly the lack of sufficient evidence to present in courts of law;

Weekly sensitization meetings emphasizing evidence preservation and early reporting for all interventions being done;

Following the trainings, improvement of evidence collection interventions started by mid July 2019.

A referral pathway is in place that is known to the community through the weekly sensitization meetings.

Post rape care kits are in place to aid in care of all survivors.

A screening tool was designed for SGBV and is available for screening at health facilities; there is evident documentation for all evidences collected, preserved until it is handed over to Police.
POST RAPE ACRE KIT at one of the health facilities in NAKIVALE Settlement
What’s working well

- Improper filling of forms was a key issue identified in the training in June; This has improved on two fronts, the health workers are now able to fill the forms appropriately, with completeness and the police are now also able to detect the errors in the filling if forms which are then returned to the health facilities for correction. 2 Cases have been detected so far and the forms were corrected before being resubmitted.

- Late reporting of survivors at the health facilities; There is some significant change with the continued community sensitization and now most survivors report at the Health facilities

- Referral pathway is being honored by the persons of concern and followed which has improved the overall quality of care.

- There is now availability of locally assembled post rape care kits to aid in our SGBV healthcare package at health facilities

- Weekly village meetings and community sensitization sessions emphasize early reporting to the health facilities, importance of collecting, and preservation of evidence that could be helpful in incrimination of perpetrators

- There is improved collaboration among the stakeholders in terms of community engagement and follow up of identified cases.
Community awareness session on SGBV causes, contributing factors, effects, referral pathways, and case management in Nakivale Refugee Settlement. This takes place in all the zones on a weekly basis in different villages.
Monitoring information

- (Find attached sample table for monitoring details)
- The monthly monitoring tool is very helpful in monitoring progress and also guiding on areas where there is need for more attention.
- Numbers of cases reported as per the monitoring tool are low compared to the actual number of cases, and we already had a discussion with the affected partners to comply effective December with sharing all the necessary reports.
What still needs work

- Storage and preservation of some pieces of evidence at the various points like at the Health Facilities and the district level is still a challenge due to lack of the appropriate storage facilities such as specimen freezers;

- Documentation on the chain of evidence needs to be improved especially at the Police stations to allow retrieval and subsequent referral to the government chemist.

- Capacity building for all the Police officers on proper evidence handling (storage and preservation) since the training in June targeted only 2 police officers of the over 50 Police force personnel.

- Design a standard screening tool for use at health facilities for comprehensive collection of SGBV data;
Acknowledgement

I would like acknowledge the contribution of the following SGBV partners IRC, ARC, MTI, UNHCR, OPM, Tutapona, HIJRA and RLP

!!!ASANTE SANA!!!
2nd UNHCR Population Council Joint Regional Workshop

Sauti/Voice Project

November 25-26-2019

Trade mark Hotel

Nairobi, Kenya

Progress Update from SSD-Juba

By : Amule Moses Cosmas

Police Officer

Country team Member: Basilica Jurkin and Ayaa
INTRODUCTION:

❖ The government of South Sudan with the support from the development partners initiated a program that addressed the capacity development by creating a special protection unit (SPU) within the South Sudan National Police Services to deal with all SGBV cases within the country besides there are trained Police personal and are now deployed to SPU Units across the country.

❖ The SPU was established in 2008 with about 14 units across the country, where by Six (6) are within Juba at division level.
Key Actors

- UNCHR, UNDP, UNIMAS, UN and Local Partners who are playing important role in mitigating SGVB in the country.

- Other NNGOs which also support in capacity building of the police and survivors physically and mentally include IPCA, Israel Aid among others.
THE FUNCTION OF THE SPECIAL PROTECTION UNIT (SPU)

➢ Receive cases from complainant
➢ Provide Safety of the complainant/survivor
➢ Assist in processing of medical procedures/ forms
➢ Collection of evidence and preserve and produce before the courts of law
➢ Apprehending the offender
➢ Investigate the case
➢ Referral of cases to courts for trial
➢ Monitoring and reporting.
➢ Advocacy.
Activities undertaken

➢ Conducted 8 trainings for police officers including chiefs, social workers, Health workers, religious leaders, youth and women
➢ Reform tress centre launched in Juba central prison
➢ Community Policing in Juba-( this built good working relations between the Citizens and the police).
➢ Juvenile court constructed in Juba
➢ Ten (10) Radio Talk shows on SGBV through Radio Miraya conducted especially on sexual assault/ abuse, exploitation and Rape.
First Success Stories

A woman of 22 years old was forced to have sex by her husband after 2 months from delivering her baby. Due to cultural norms, her husband forced her and the woman conceived immediately, on realizing that the woman was pregnant of five (5) months. The husband again forced her to carry an abortion in which the woman refused because she considered it a murder.

She later reported the issue to the SPU for her protection, and now the woman is under police supervision. Through the radio talk shows and training, the public is now aware of issues of SGBV on how to Report and prevent it.
Cont.
Second Success Story

The picture above is of a woman whose husband raped her daughter of 13 years whom he raised from the age of six (6) to thirteen (13) years. He then forced the girl to have sex with him as a reward for upbringing her up. The mother was later informed by a small child from the neighborhood about what the man was doing with her daughter. The mother of the girl voluntarily came to the SPU and reported the case. The man was arrested and taken to the courts of law and now serving his sentence for the crime he committed.
## Monitoring Information System (September 2019)

<table>
<thead>
<tr>
<th>S/no</th>
<th>Offences</th>
<th># cases</th>
<th>Referred to court</th>
<th>Pending</th>
<th>Dismissed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rape</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Kidnapping</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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</tr>
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<tr>
<td>1</td>
<td>Rape</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>-</td>
<td>8</td>
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<tr>
<td>2</td>
<td>Kidnapping</td>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
<td>Sexual Assault</td>
<td>4</td>
<td>4</td>
<td>-</td>
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<td>14</td>
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What to be done

➢ More capacity building for police and CBOs
➢ More awareness to the community
➢ Monitoring and Reporting
➢ More funding.
Challenges

➢ The delay of court hearing
➢ Late reporting of cases by Complainant/ survivors
➢ Stigmatization by community
➢ Lack of transport for follow up and visiting of crime scene
Conclusion

Thank You
Presentation from South Maban

25th November 2019

Presentation by: UNHCR – Grace Atim/ DRC – Wani James Julius Maban, Operation
Implementation overview

• Interventions commenced as of November because access to the camps were affected following the recent flooding
  • Chain of evidence
  • Case Management
  • SGBV Screening
What’s working well

• Current ongoing SGBV intervention across the four camps;
  • Pilot in two camps because of the existing structures
  • Provide continued guidance on partners on existing interventions.
    • Pilot in two – Doro and Gentil due to the existing structures for the existing interventions.
    • Building upon the existing interventions across the camps
    • Update of the referral pathways reflecting interventions and focal points
• The survivor was forced into marriage against her will at age of fourteen. After SGBV intervention, the perpetrator was sentenced to prison and fined on the accounts of early and forced marriage. Now the survivor is back in school and living with her parents in peace and harmony.
## Case Management

- Monitoring template

### CASE MANAGEMENT INTERVENTION

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Monitoring information

- Chain of evidence

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What still needs work

• Continued interventions to address negative cultural attributes
• Flood greatly impacted on access to camps
• Fear of retaliation
• Delay in the reporting of the cases
Strengthening existing interventions

• Child Rights groups taking the lead in identification and report of the cases
• Involvement of non-traditional structures such as religious leaders in the identification and referral of cases
• Community based structures such as protection monitors.
• Institutional challenge legal (capacity building and advocacy needed)
Snapshot to the flooding - Access
THANK YOU
SGBV Regional Workshop. Collection, Documentation, and utilization of Forensic Evidence and Case Management in Health Facilities in Makpandu Settlement: South Sudan.

Jackline John Lollis
David Tutu
Kunangbanate Andree
Implementation overview

• The Intervention started in Makpandu Settlement in September 2019. Indicate when the intervention started.

• The LVCT team trained the Health, Protection and the police in Makpandu in late August 2019. The training was very fruitful and geared at the health staff in Makpandu to start the intervention in September 2019.

• The Makpandu PHCC has a safe and confidential space for survivors. Police station is just few meters away from the Health facility and the community leaders work hand in hand with the police and the health providers in case of any abuse.
What’s working well

• The Case management of any SGBV case is done at the health facility and the protection unit which is just next to the health facility.
• 3 rape kit was locally assembled and one was used so far.
• Awareness is done at school level to inform the teachers and students on the services available for survivors;
• 2 health personnel were trained to do the Case management of SGBV for child and adult survivor.
• Working relationship have improved between the police and the Health providers
Photo

- No photo available
What still needs work

• For the past two months, 2 points were identified to do Case Management at the health facility. But it was realized that only one point does the Case management (OPD1)

• Survivors report cases late when the 72 hours has passed, No was to collect any evidence;

• Need to improve in awareness to the community to report cases on time to get the support needed;

• To scale up the intervention, UNHCR had a meeting with the staff and they were all encouraged to screen every refugee woman from 14 years and above and if found positive, manage the case.

• We wait to see the outcome this month
Thank you
Improving Forensic Evidence Collection in Kigoma Region, Tanzania

Judith Chan
SAUTI/Voice Project
Nairobi, Kenya 25 November 2019
Implementation overview

• Technical Capacity Training: 46 participants including Police, Public Prosecutors, Health and Protection actors were trained by LVCT on 29-31 October

• Action Plan: Protection, Police & Health actors agreed on common approach
What’s working well

• Convened stakeholders: First time to bring together actors resulting in common awareness of gap in forensic evidence collection practices & action pla
What still needs work

- Funding: PRC kits, secure health facility storage & forensic evidence lab costs (2020)
- Forensic Police investigators (new contingent just deployed & funding 2020)
- Training: turnover in Health actors in 2020
- Awareness raising in the community (16 Days to launch)
- Coordination: between health facilities, police and the National Chemist for collection and preservation of forensic evidence
Thank you!
Case Management Model for Child Survivors in GOROM REFUGEE SETTLEMENT PHCC, JUBA-SOUTH SUDAN.

- BASILICA PAUL
- KIDEN ESTHER WANI
- AYAA HELLEN BENJAMIN
Implementation overview:

Indicate when the intervention started.

Our intervention started in September 2019 after the training

Setting up the rape kit in the health center

Two staff are trained in SGBV screening in the PHCC in Gorom refugee Camp.
Indicate what your intervention looks like on the ground on a day-to-day basis

There are posters indicating type of SGBV cases

We had trained health workers and CoVs in the community who guidance child survivors and support to refer them to Health facility for further intervention and case management.

There is coordination with trained police and link the survivors to legal services. (Consent)

Children is at schools (Teachers or friends) or with their parents.

If a child survivor is identify (what happens)
What’s working well

- Screening of SGBV cases in the refugee settlement and the host community around.
- Community awareness raising about SGBV and available service.
- Child rights education in school and child friendly spaces.
- Advocacy for prevention of early girl child marriage.
- Increase in the No. of cases on in the months of Oct.
SUCCESS STORY

• Children are opening up and report what they have been going through
• 4 children reported rape by close relatives between 2017-2019.
• Some children come on their own
What positive changes are you/the implementers observing so far?

With increase awareness raising women in the refugee settlement and host community around they have known their rights.

There is increase number of women reporting on SGBV cases, in the health center.

Children knew their rights and coming to the health center.

Intervention seem to be going smoothly, or seem to be adding value to the intervention.

SGBV screening and awareness raising both in the camp and host community around.

Women/children are opening up coming for screening and not for health services.
Photo

- CoV during the awareness raising.
# Case Management Intervention

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</tr>
<tr>
<td># of survivors that received other forms of support at the SGBV Response Unit after referral</td>
<td>1</td>
</tr>
</tbody>
</table>
### SGBV OCT MONTHLY MONITORING INFORMATION Sept 2019.

<table>
<thead>
<tr>
<th>Category</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students screened for CSA</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td># of students identified as ever experiencing CSA</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td># of identified student survivors that received school-based counseling</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>(if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of identified student survivors referred to the SGBV Response Unit at</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>the health facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of identified student survivors that received counseling at the SGBV</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Response Unit after referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of identified student survivors that received social support (e.g.,</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>settlement in shelters) at the SGBV Response Unit after referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of identified student survivors that received economic support at the</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SGBV Response Unit after referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of identified student survivors that received legal support at the</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>SGBV Response Unit after referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of identified student survivors that received other forms of support</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>at the SGBV Response Unit after referral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What still needs work

- Awareness raising in the community.
- Culture contributed negatively in SGBV response and management, we create community awareness.
- Delay in SGBV reporting from initial on set of the magnitude hence avoid stigma discrimination in the community.
Presented by

Esther NIKUZE (UNHCR-RWANDA)
and
Emmanuel UWIMANA (AHA HIV & SGBV Program coordinator)

Date: 25-Nov-2019
IMPLEMENTATION OVERVIEW

- Commencement: **August 2019** after staff training

- The service is free, working with other **IPs** (the police station based in the camp, ARC, Kigeme District hospital, and the community involvement).

- The screening is conducted in different services at the health post and data compiled in SGBV service by the focal point persons.

- There is a timetable established for each service (see below).

- Delivered every day, 24/24 hours
WHAT’S WORKING WELL

- At the beginning of camp establishing, people didn’t know where and when to ask for SGBV support.
- Today, after more sensitizations on SGBV conducted in the camp at different levels (community leaders, at the clinic, partner campaigns) and by different partners, people of concern are now informed on SGBV, where to find support, how they can prevent and report cases.
- For example, at the clinic they know that we provide medical support (counselling, EC, PEP, STI treatment, and referrals).
- Almost all of the staff are trained and are able to conduct the screening as well.
## MONITORING INFORMATION

<table>
<thead>
<tr>
<th>Services</th>
<th>August</th>
<th></th>
<th>September</th>
<th></th>
<th>October</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Screened</td>
<td>Positive</td>
<td>Screened</td>
<td>Positive</td>
<td>Screened</td>
<td>Positive</td>
</tr>
<tr>
<td>Antenatal care &amp; Maternity</td>
<td>8</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Family planning</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>HIV</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Out-patient department &amp; Non-communicable diseases</td>
<td>15</td>
<td>0</td>
<td>14</td>
<td>2</td>
<td>35</td>
<td>2</td>
</tr>
<tr>
<td>Nutrition</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>0</td>
<td>48</td>
<td>0</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Inpatient Department</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>0</td>
<td>71</td>
<td>2</td>
<td>136</td>
<td>2</td>
</tr>
</tbody>
</table>
## SPECIFIC CASES

<table>
<thead>
<tr>
<th>Key indicators</th>
<th>August</th>
<th>September</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td># of females screened for SGBV</td>
<td>56</td>
<td>71</td>
<td>136</td>
</tr>
<tr>
<td># of females identified as currently experiencing physical IPV</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># of females identified as currently experiencing psychological IPV</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td># of females identified as currently experiencing sexual IPV</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># of females identified as ever experiencing non-partner rape</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
WHAT STILL NEEDS WORK

Challenges:

1. Refraining from providing information on SGBV due to cultural factors.
2. Survivors who are screened positive refuse to be referred to the SGBV Response Unit.
3. Since the screening is supposed to be conducted in different services, some health staff have presented some challenges that it gets somehow difficult to refer cases once it is screened positive, because it asks to move to the response unit service. For example, one nurse is in OPD and finds a screened positive, she/he has to accompany the client to SGBV service.
POSSIBLE SOLUTIONS

• Continue mobilizations/sensitizations

• Continuous discussions on improving referral system and sharing experience from other sites.

• Working with community health workers in escorting survivors to SGBV responders.
SCA SCREENING IN SCHOOLS

- Training was conducted on the 20/11/2019
- The screening will be conducted in Groupe scolaire de Gasaka and Kigeme B which have two sections i.e: Primary and Secondary
- Age range agreed to be 11 years to 14 years and targeted classes to be between P5 and P6 which sometimes have students who older than 14 years old.
- Parents campaign to be held at the beginning of the term and be done on the same day as the general parents’ meeting as it is difficult to call parents and get them on numerous occasions.
Students campaign to be done once in a term and to be conducting refresher campaigns before all sessions of the screening itself which will be happening once a month.

Psychologists to include partners from the local community such as IZU (Inshuti z’umuryango - National child protection counsellors/advisors).

Due to low intellectual capacity of camp-based cases there is a risk of getting few parental cases but even then for children who will be willing to be screened it was proposed that they get screened as this might raise an alarm of probable abuse.

Genital touching to be explained well to avoid any misinterpretation - Emphasise on the where a child has been touched (Genitals) and how they have been touched (It might be how someone touches their hair, face, back and others).
The screening tool to re-define the meaning of sexual abuse to a child who might have missed the campaign.

The screening tool to specify the kind of help available to the survivor to manage expectations

The screening tool to be translated to Kinyarwanda

Develop a reporting template so that cases can be monitored or tracked most especially those that involve children from the host community as the two schools are fully integrated.

The location of the screening will be in two or three classrooms that will be allocated by the school administration and it will be divided in about two parts using partitions/curtains to make it more private.
THANK YOU
SGBV SCREENING IN MUGOM BWA REFUGEE CAMP-RWANDA

Presented by:

Esther NIKUZE (UNHCR-RWANDA)

and

John RUHIRIMBURA (AHA HIV & SGBV Program coordinator)
IMPLEMENTATION OVERVIEW

• Training on SGBV screening done in July 2019
• SGBV screening at Mugombwa Health clinic started by August 2019 in different services: ANC, FP, HIV/VCT, Nutrition & OPD.
• Intervention for SGBV victims started in 2014 but the real documentation & reporting started in August 2019
• The intervention done is based on counseling support to the victim, HIV testing, provide IEC/BCC & STI prevention treatment and PEP in collaboration with other concerned partners (ARC, District hospital, LAF, RIB) and follow up
WHAT’S WORKING WELL

- Close collaboration with concerned partners in SGBV response,
- Pathway and the referral system improved
- Number of SGBV/IPV cases increased due to SGBV screening strategy,
- Awareness of SGBV victims on their right and to express themselves on IPV.
### Monitoring Information

<table>
<thead>
<tr>
<th>Period Aug-Oct. 2019</th>
<th># Sgbv Screened</th>
<th>#Screened +</th>
<th>Physical IPV</th>
<th>Psychologica IPV</th>
<th>Sexual Abuse IPV</th>
<th>Rape by none partner</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug.</td>
<td>37</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sept.</td>
<td>58</td>
<td>14</td>
<td>7</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Oct.</td>
<td>32</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>127</td>
<td>18</td>
<td>10</td>
<td>17</td>
<td>11</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
WHAT STILL NEEDS WORK

Challenges

• Sometimes survivors refuse to be referred to other partners
• Culture of hiding information related to IPV and survivors decide to live with it.
• Sometimes survivors refuse to reveal to their partners especially in case of teenage pregnant.

Solutions

• Give survivors appointment for next counseling and try to explain how important it is to share this with other concerned partners
• Explain why is this important to share info on children health with partners.
CSA SCREENING IN SCHOOLS

- Training was conducted on the 20/11/2019
- The screening will be conducted in Groupe scolaire de Mugombwa which has two sections i.e: Primary and Secondary
- Age range agreed to be 11 years to 14 years and targeted classes to be between P5 and P6 which sometimes have students who are older than 14 years old.
- Parents campaign to be held at the beginning of the term and be done on the same day as the general parents’ meeting as it is difficult to call parents and get them on numerous occasions.
• Students campaign to be done once in a term and to be conducting refresher campaigns before all sessions of the screening itself which will be happening once a month.

• Psychologists to include partners from the local community such as IZU (Inshuti z’umuryango - National child protection counsellors/advisors).

• Due to low intellectual capacity of camp-based cases there is a risk of getting few parental cases but even then for children who will be willing to be screened it was proposed that they get screened as this might raise an alarm of probable abuse.

• Genital touching to be explained well to avoid any misinterpretation - Emphasise on the where a child has been touched (Genitals) and how they have been touched (It might be how one has touched their hair, face, back and others).
• The screening tool to re-emphasize the meaning of sexual abuse to a child who might have missed the campaign.

• The screening tool to specify the kind of help available to the survivor to manage expectations

• The screening tool to be translated to Kinyarwanda

• Develop a reporting template so that cases can be monitored or tracked most especially those that involve children from the host community as the two schools are fully integrated.

• The location of the screening will be in two or three classrooms that will be allocated by the school administration and it will be divided in about two parts using partitions/curtains to make it more private.
THANK YOU
SGBV SCREENING IN HEALTH CENTRES AND SCHOOL
Rwanda - Mahama camp

Latifah UWIMANA (UNHCR)
Stephanie MUKAYIRABUKE (ARC)
Dina Denis RWAMUHINDA (SCI)
Implementation overview

**SGBV screening in Health Facilities:**
- Training on SGBV screening for health providers and SGBV response caseworkers was conducted in July 2019 by population council and UNHCR before the start of the implementation.
- The SGBV screening in two health centres of UNHCR partners i.e. ARC and SCI in Mahama camp began in August 2019.
- Each Health department conducts the SGBV screening according to the schedule and refers identified cases to SGBV response unit on the ground.
- The SGBV caseworkers are based in the health centres to receive referred cases on rotation.

**CSA screening in Schools:**
- Selected school for intervention rollout: Paysannat L
- Preparatory meetings and a workshop held during October and November 2019.
- Parent and students sensitization are planned for January-February 2020 (the beginning of academic year).
- The screening to be started in March 2020.
What’s working well

• Number of IPV reported cases have increased
• Doctors and nurses now understand the link between some health problems and violence
• Doctors and nurses now understand more on SGBV issues as some of them thought rape is the only type of SGBV
• SGBV case workers have been brought to the health centre to support referred cases on ground
SGBV screening is conducted in the privacy of consultation rooms in both Mahama I and II health centres.
Findings

- Since August, **2894** females (**2822** Women and **72** girls) were screened in the two health centers.

- **179** Females were SGBV positive.

- **135** consented to be referred.

- **68** were counseled by the SGBV Unit. This was due to the fact that most women were not approaching caseworkers after referrals, even though the SGBV unit was in close walking distance from the health center.

- However, in October, after the case workers were based in the Health Centers, the received numbers increased (**33** cases counseled amongst **45** consented to be referred in the first place).
<table>
<thead>
<tr>
<th>Month</th>
<th># of screened women</th>
<th># of screened girls</th>
<th>Total # of screened females over 14</th>
<th># of SGBV positive females</th>
<th># of persons who consented to be referred</th>
<th># of persons received by the SGBV unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUGUST</td>
<td>362</td>
<td>10</td>
<td>372</td>
<td>59</td>
<td>35</td>
<td>19</td>
</tr>
<tr>
<td>SEPTEMBER</td>
<td>718</td>
<td>22</td>
<td>740</td>
<td>61</td>
<td>55</td>
<td>16</td>
</tr>
<tr>
<td>OCTOBER</td>
<td>871</td>
<td>20</td>
<td>891</td>
<td>59</td>
<td>45</td>
<td>33</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2822</td>
<td>72</td>
<td>2894</td>
<td>179</td>
<td>135</td>
<td>68</td>
</tr>
</tbody>
</table>
# of incidents reported by SGBV types

- Physical IPV: 62
- Emotional IPV: 104
- Sexual IPV: 53
- Non-partner rape: 38

# of incidents reported
Gaps/challenges/response

**Challenge 1:**
Referred cases were not reaching the SGBV response unit due to distance.

**Response**
Caseworkers were brought to the health centres to receive cases on ground upon rotation

**Challenge 2:**
Consultation takes too long, hence number of cases received per day are few

**Response**
Screening was scheduled for different days per department

**Challenge 3:**
Some women don’t feel comfortable discussing SGBV issues with male service providers

**Response**
Advocacy to be done for more female staff at both health centres
Screening of Child Sexual Abuse (CSA)

- *Children from the host and refugee communities* attend Paysannat L school adjacent to Mahama Camp.
- The school has a population of over 21000 students. This is where we will pilot the CSA screening exercise.
- Target group (09-17)
- On the 12th of November, we conducted a workshop with *different stakeholders:*
  1. Health and SGBV/CP partners ARC and SCI
  2. ISANGE One Stop Center (SGBV response centre at the district hospital)
  3. Headteachers and Parent teacher association
  4. District, IZU (friends of family) volunteers working in the host community on CP (including child related SGBV cases)
  5. Education partner (ADRA)
  6. Legal aid partner (LAF)
- We decided on the details of the screening exercise (target group, who, where, when, review of the questionnaire and sensitization agenda...) and *drafted a workplan.*
- We will start implementing the workplan by the end of January, when the academic year will restart.
Glimpses of CSA screening workshop
Thank you!!!

Asante sana!!

Murakoze Cyane!
PRESENTATION ON INTEGRATION OF ROUTINE SCREENING FOR SGBV IN HEALTH FACILITIES IN REFUGEE SETTINGS – Rwamwanja Refugee settlement (Rwamwanja H/C 3 and Bwizi H/C 4 in Uganda.

Presenter: Monica Rwotmon – SGBV Project Officer LWF
with contribution from Ouma Mildred UNHCR and Eva Kajumbi from Rwamwanja Health Center 3.
Implementation overview

SGBV screening intervention was rolled out in Rwamwanja settlement in July 2019 up to date. Screening has been ongoing for a period of five – months, (July 2019 to October 2019) in Rwamwanja H/C 3 and Bwizi H/C 4.

The participating departments from Rwamwanja Health Centre included the Antiretroviral Therapy (‘ART’) Department, the Maternity Department, the Outpatient Department, and the SGBV Response Unit.

The intervention involved health providers training, SGBV screening of clients, and referral of SGBV-positive clients, conducted within the time frame of five months.
Provider training on SGBV screening;

Population council conducted a training in July 2019. A total of 38 providers were trained to screen for SGBV in Health facilities.

The training reached out to LWF protection staff and health providers from Rwamwanja H/C 111, Bwizi H/C 4 and Rukunyo H/C 4. The providers trained included nurses, midwives, clinical officers, doctors, and counselors from different departments such as; Antiretroviral Therapy (‘ART’) Department, the Maternity Department, the Outpatient Department, and the SGBV Response corner focal points.

The health centers selected serve both refugees and host communities.

After the training, Rwamwanja H/C 3 and Bwizi Health Center 4 were selected to conduct the screening intervention, because these two health centers had an established SGBV CORNERs and had the capacity to provide Quality and appropriate care to SGBV survivors.
Routine screening for SGBV by Health providers;

Trained providers began implementing SGBV screening in the two health facilities in July 2019.

The screening exercise is being conducted to female clients aged 15 and above. Each female client aged 15 and above was asked questions to pinpoint current experiences of IPV (physical, psychological, and/or sexual) and lifetime experience of non-partner sexual violence.

Each health facility was provided with an SGBV register/record book, box files, printed copies of the screening tool and other stationaries required to document information on clients that had been identified and referred to the SGBV Response Unit.
**Provider referral of SGBV-positive clients to SGBV Response corner;**

Clients were considered SGBV-positive if they answered ‘yes’ to at least one of the screening questions.

Such clients were then referred to the SGBV Corner using a referral slip and referred clients were also escorted to the SGBV Response corner by the provider.

The participating departments from Rwamwanja Health Centre and Bwizi H/C included the Antiretroviral Therapy (‘ART’) Department, the Maternity Department, the Outpatient Department, and the SGBV Response unit were provided with SGBV referral booklets.
What’s working well

• **Survivors willingness to disclose SGBV incidences**, irrespective of social - norms and believes. A total of **1,147** clients were screened by health providers. Of these, **475** clients disclosed exposure to some form of SGBV.

• **High rate of screening and survivor referrals;** (Strengthened) A total **475 survivors** who were screened positive, were referred for comprehensive SGBV care.

A recommended protocol of the screening intervention involved providers accompanying survivors from the initiating department to the SGBV Response Unit upon disclosure of violence.

**Referral adherence,** survivors were escorted by screening providers or LWF staff, where desired by the survivor and where possible.
Complicated rape effects were identified

- Two survivors of gang rape were identified in September and October respectively. A survivor of 48 years old, was gang raped in 2013 never disclosed the incident for six years. She developed VVF (vesical virginal fistula). A 56 years old mother was also identified during screening exercise in October, she was been suffering from Vesical Virginal fistula for 10 years. According to the survivor, the incident happened while she was in Congo in 2009. she later fled to Uganda in 2013 but felt ashamed and embarrassed to disclose to any one. Each time she visit the health center, she presents different complications, finally she got a big relieve after disclosing the incident in October, she was escorted to Mbarara regional referral hospital by AHA medical team where she was operated and now improving steadily.
• **Health Providers satisfaction with implementing SGBV screening is high,**

Providers high satisfaction and willingness in implementing SGBV screening was evidenced in several ways. For instance, SGBV Focal persons escort survivors to receive specialized medical care, they make appropriate referrals and diagnosis where necessary.

Providers do not only identify SGBV survivors, but also make proper diagnosis for clients. Providers satisfaction was often linked to the ability to enhance quality of care for survivors and provide appropriate services after screening.
Community Participation;

Male involvement in SGBV prevention and Response and village meetings;

we realized the need to continue engaging men to enhance the SGBV prevention in Rwamwanja Settlement and also engage men in response.

LWF emphasized male engagement at all levels of intervention through encouraging role model men to inspire other would be perpetrators.

LWF has intensified male engagement through holding dialogues with men only and holding village meetings with both community members and community structures. This has provided a good feedback forum for implementers.
Monitoring information

BWIZI HEALTH CENTRE MONITORING/REPORTING TEMPLATE, ROUTINE SCREENING FOR SGBV Month progress from July to November 2019. Rwamwanja Health Center 111 under the management of AHA

<table>
<thead>
<tr>
<th>Clinic/ Departments</th>
<th>Number of Persons of concern screened within the five months.</th>
<th>Number of persons identified through screening.</th>
<th>Number of people referred for specialized services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiretroviral Therapy (‘ART’) Department, the Maternity Department, the Outpatient Department, and the SGBV Response Unit.</td>
<td>1,147</td>
<td>475</td>
<td>475</td>
</tr>
</tbody>
</table>
What still needs work/ Recommendations.

• **What challenges has the team faced in implementing this intervention and Recommendations?**

• **Need for psychosocial counselors within the facilities;** SGBV service integration could be fostered by ensuring that qualified trauma counselors are stationed at each screening center. Such measures will help to ensure optimum referral adherence rates and greater access to comprehensive SGBV care.

• **SGBV prevention and Response is still under funded; this limits response intervention.**

• **Capacity gap among providers;** high staff turn over rate and transfers, this has been common among the police and health providers. An example was in Rukunyu Hospital with no trained personnel

• **Limited space to ensure confidentiality;** most facilities don’t have counseling space.

• **Need to strengthen a multi sectorial approach on ground;** to help provide meaningful response to survivors.

• **Provide more support for SGBV Corners to make it a one stop center to avoid stock out of medical supplies.**
There’s need to expand screening services to community level especially for Persons with specific needs and the extremely vulnerable, like the elderly and the disabled. Who may not reach the facility easily or could have given up on their health. This can be successful if we strengthen the SGBV community structures in place and referral pathways strengthened.

Integrate an SGBV-informed approach into health services in general to enhance quality of care, the links between SGBV and health in general must be clarified in the context of health facilities. The majority of survivors disclosing various forms of SGBV were in the reproductive age range of 20 to 34 years.

In refugee settlements contexts where the scale of SGBV is likely to be high, it would be important to integrate SGBV responses into reproductive health care particularly, and into general health service delivery, where possible.
• For every challenge, this was how we tried to resolve;

Capacity building community base protection SGBV taskforce on community based psychosocial support to offer community based psychosocial support and promote social cohesion.
Success story.

- Rescued from Sex Addiction: A story of how Intimate Partner violence was brought to an end through ZTVA intervention and SGBV Screening.

Tegose Jeromy of Kikurura B is 42 married to Uwamahoro Sifa with whom he has nine children. He came to Rwamwanja in 2013 with his entire family.

“According to our traditional beliefs and norms a married woman is asset you can do anything with without seeking her consent. I have been married for 26 years and for all these years she never denied me sex even when sick. I have been addicted to it since I could not miss a night or a day without it. My wife never complained since she appreciates our cultural norms. I used to make decisions and she could not say anything apart from accepting it good or bad;” Tegose said.

“When ZTVA was introduced in my village and we were looking for community activists, I applied and was considered. During the training, I heard strange words that I have never heard about. Rights of women over sex and decision-making and family planning for the better of children. These sessions really touched my heart. I felt ashamed and but had to train community members the same message.” Tegose narrated his encounter with the ZTVA activists training.
• “When I went home after the training I asked my wife how she was feeling about my sex acts for all this long; she just cried, and said;
• “It has been painful sometimes, annoying but I couldn’t express to you because I had no choice!”
• Tegose added; “I felt embarrassed and ashamed before my wife!” “I didn’t know my wife was going through all this emotional, sexual, psychological and physical pain for all these years yet for me I was busy enjoying it!”
• “Through the community trainings I was conducting, I learnt more and understood that what I was doing was really bad. Sharing experience with other community members gave me courage to ask my wife for forgiveness and to change my perception which caused me to humiliate and violate my wife’s rights.” Tegose said as he remembered the weight of the responsibility in his hands despite his past.
• “I am now changed. I ask my wife for sex. I also respect her rights to express her opinions during decision making. I see happiness and joy in my wife every time I seek for her consent.” Tegose stated with a tear of joy in his eyes.

• “ZTVA has surely changed my life from being an abusive sex addict to a role model husband. I now enjoy seeing my wife happy through this change.” Tegose said as he appreciated the impact ZTVA made in his life and marriage.

• Thank you LWF-SGBV sector for this project which has helped in shaping my behavior. I also thank LWF’s funding partner UNHCR who enabled LWF to come and intervene in my village. My life and that of my village mates has been changed for good!” Tegose concluded with a broad smile.
Thank you for your Active Participation; Remember the golden rule; TOGETHER WE CAN END SEXUAL GENDER BASED VIOLENCE, IT IS EVERY ONE’S RESPONSIBILITY TO END SGBV.
Presentation from South Maban

25th November 2019

Screening for SGBV in Health Facility and/or School Contexts

Presentation by: DRC – Julius Wani; UNHCR – Grace Atim

Partners: UNHCR in coordination with CYP, Health and Protection partners
Maban, Operation
Implementation overview
Implementation overview

• Strengthening SGBV interventions across the camps – involvement of health and SGBV partners in the camps and host community – County child and youth departments

• Coordination/ referral on identified cases - different actors working across the camps

• Case management process for the cases identified – Health, Legal and PSS by all the stakeholders (UNHCR, partner, CRA and police)

  ❑ Focal point within the school and health facilities reporting on the cases using the template provided.

  ❑ Child and Youth Interventions - Sentisations - Women and girls in the community and schools across the camp (02 so far conducted)

  ❑ 03 Cases identified and cases management process followed – Health, CBSS, legal, PSS
What’s working well

• Current ongoing intervention across the four camps;
  ❑ Awareness raising in schools and health facilities – identification and referral
  ❑ Identification and referral of cases in the community – Community based structures and school structures
  ❑ PTA trained on the interventions and the need to timely refer the cases to the health focal point whenever identified.
  ❑ SGBV partner/ UNHCR liaises with health provider on the reports but this information counter checked with survivors who have received the intervention with the reporting period
  ❑ Legal teams on ground to follow-up on the legal dress in coordination with police and the judiciary
  ❑ Reporting of cases and alleged perpetrators held accountable for their actions.
Interventions

• Tracking of cases reported
• Trend analysis to inform interventions
  ❑ Community reporting the cases – identification at the health facilities and SGBV preventions and response points to inform referral and response but also mitigating exposure to risks
  ❑ Girls report incidences of sexual
  ❑ Continued capacity building sessions in schools and for the health provider
  ❑ Joint targeted sessions with men and community leaders
Recommendations

- Improved documentation and service delivery to survivors
- Health and SGBV provides strengthened coordination and improved identification and timely referral whenever cases are identified
- Child Rights groups taking the lead in identification and report of the cases
- Strengthening legal redress – police expediting the process on evidence collection.
THANK YOU
SGBV Regional Workshop. SGBV screening in Health Facilities in Makpandu Settlement: South Sudan.

JACKLINE JOHN LOLLIS
DAVID TUTU
NGBAMBOLIGBE KUNANGBANATE ANDREE
The Intervention started in Makpandu Settlement in September 2019.

The Population Council team trained the Health and Protection staff in Makpandu in Early September 2019. The training was very fruitful and geared at the health staff in Makpandu to start the intervention in September 2019.

The Makpandu PHCC has a safe and confidential space for survivors. Police station is just few meters away from the Health facility and the community leaders work hand in hand with the police and the health providers in case of any abuse.
What’s working well

- After the Client have been screened for SGBV, the Clinical officer now noticed that the survivor is not just sick from headache but was bitten by her husband.

- Survivors who don’t go to the Protection Unit to seek support are now being identified at the health facility and are referred for any other support that is needed. All is done with the consent of the survivor.
Some women fear of sharing their situation because of fear of being harmed by their partner if he knows that she went to seek support.

- # of females screened for SGBV: 7
- # of females identified as currently experiencing physical IPV: 1
- # of females identified as currently experiencing psychological IPV: 3
- # of females identified as currently experiencing sexual IPV: 0
- # of females identified as ever experiencing non-partner rape: 0
- # of identified female survivors referred to the SGBV Response Unit: 3
- # of identified female survivors that received counseling at the SGBV Response Unit after referral: 3

We feel that things will improve when women and girls gain the confidence and if they get the support they need to speak up.
What still needs work

- For the past two months, 7 points were identified to screen for SGBV. But it was realized that only two points do the screening.
- To improve in the screening process, UNHCR had a meeting with the staff and they were all encouraged to screen every refugee woman from 14 years and above.
- We continue to monitor this month.
Challenges

- Most women deny that they have been abused by their partner;
- Fear to lose their marriage
- Others bear because of children
- Others because their family couldn’t afford to return the dowry
- Thus screening is negative
Thank you!
SGBV SCREENING
KANYAMA LEVEL 1 HOSPITAL, LUSAKA, ZAMBIA

Sandie Petronella Sikazwe
Project Management Coordinator – SGBV, Martha Mvula,
Development Coordinator – SGBV
CARE International in Zambia,
Susan Shanzi- Protection Associate, UNHCR
Implementation overview

- The set up of the intervention commenced with a roll out training of the SGBV screening intervention which was conducted on 8th November 2019 in Lusaka. The training attracted 23 participants (Health Care Workers and Partners - UNHCR – 1, CARE – 2, Kanyama Hospital - 20). For Kanyama Level 1 hospital participants were drawn from OPD, MCH, ART, Labor ward, surgery and the One Stop Center. SOPs were developed during the training and validated thereafter. The screening tool was also localized to the Zambian Kanyama Hospital set up. The actual implementation commenced on 15th November 2019.

- The health facility is based in Kanyama which is a high density location in Lusaka. More than 15000 refugees and asylum seekers are in the urban, and quite a big number are resident in Kanyama. The facility was initially a clinic however it has been upgraded to a first level hospital because of the population increase and the distant location of the nearest referral hospital (The University Teaching Hospital). The facility is very congested and has limited rooms for health service provision, henceforth the upgrade comes with a construction of a new building which will reduce congestion and provide more working conducive working spaces.

- The facility has a one stop center which is supported by an onsite police post with other 5 police posts scattered around the location of Kanyama.

- The facility has departments like OPD, MCH, ART, Mental Health, Eye Clinic, Surgery. The intervention is targeting MCH-post test counselling, VCT- post test counselling and ART Departments. So a client walks in goes through OPD then referred to the department concerning their health problem which can be MCH, ART, Mental Health, eye clinic etc. If the client is referred to MCH and VCT at post counselling the SGBV tool is administered and the client referred to the one stop center if they respond positively to one of the questions on the screening tool.
What’s working well

- The intervention is in its initial stage, the SGBV screening has commenced with women (and girls) aged 16 years old and above. It is though too early to have success stories. The hospital reported that with the few women that have been screened this far, there is some level of openness and willingness to speak out their problems.

- In five days of screening they have managed to capture 7 women, and out of these 6 were referred to the One Stop Center and one refused assistance because she felt it was not necessary.
Kanyama Hospital SGBV Screening training

A session on Practical application of routine screening to prepare providers to be comfortable with screening and to make their clients comfortable.
Delivery of the screening tools

Screening tools delivered on 15\textsuperscript{th} November 2019, on site, for implementation of the SGBV model
Monitoring information

- Interventions began 15\textsuperscript{th} November, therefore there is no monitoring information collected as yet. The monitoring tool has been made available and we shall soon utilize it.
What still needs work

What challenges has the team faced in implementing this?

- Foreseen challenges would be clients refusing the SGBV services being offered the screening process since they went to the clinic for a different problem and not SGBV - need for consistent follow-ups, counselling and also intense awareness raising community through outreach activities.
- Clients might not trust the Health Care workers at the onset but with time they might change their mindsets and appreciate the screening process when understood as a health issue and not as a private domestic issue - quality service provision and reinforcement of privacy and confidentiality will earn the HPs trust from the community.
- If clients are not escorted to the one stop center, they may not reach the OSC.
- There is also need to ensure feedback is provided to the person who referred the client to the OSC to ensure efficient service delivery - need for coordination meetings for HPs to share, learn and address challenges.
- Communication amongst the health providers during referral of clients is highly needed, so there is need to assist the team with talk time for them to talk to each other and make relevant follow-ups on clients.
- We might also probably see trained care workers being shifted to other departments or transferred out...thus creating a gap in the service delivery. So re-orientation of service providers should be ongoing
- **Documentation** Ensure efficient use of the smart card
Anything else

- Zambia is implementing the intervention in two sites Mantapala (Mantapala refugee settlement and Lusaka – Kanyama Hospital (the health post is situated at Makeni transit center) is under Kanyama Hospital so most refugees/asylum seekers end up at the hospital and the location has a large number of UNHCR Persons of concern residing there).
- Need to consider training the Zambia Police services!!!!
- The SGBV screening roll out training in Mantapala settlement will be conducted the week starting 8th December 2019 as a preliminary to the setup of the intervention.
Acknowledgement

- I would like to acknowledge the following partners that contributed to the set up of the intervention and the write up of the presentation: UNHCR, Population council Zambia and Kenya, CARE international in Zambia, Ministry of Health, Kanyama Level 1 Hospital and Makeni Refuge Transit centre.
Asante sana