LESSONS LEARNED IN PROVIDING SGBV SERVICES IN AFRICA

A REVIEW OF EMERGING EVIDENCE

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Background

- Services to meet the needs of survivors are weak
  - Limited public awareness, social stigma
  - Lack of documented experiences with what works
  - Focus on prosecuting the perpetrator, rather than caring for the survivor
- Needs of survivors vary greatly depending on:
  - Female, male
  - Adult, adolescent, child
  - Nature of assault
  - Disease epidemiology
  - Legal options available
  - Socio-cultural context

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How to organize responsive services – especially for sexual assault?

Most African countries characterized by

- ***no*** dedicated medico-legal services …
- or by poorly organized and separate services

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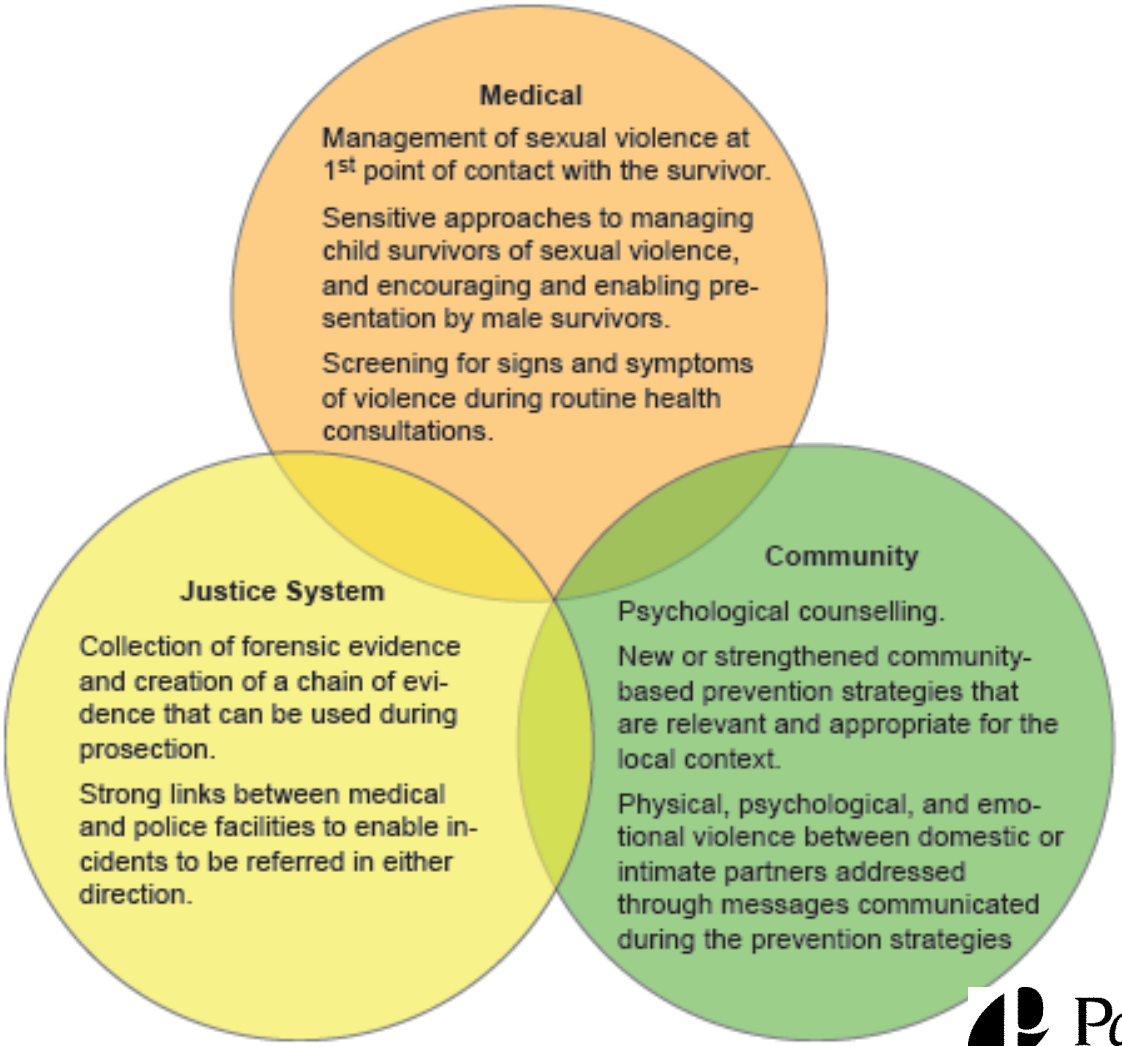
Which services could – or should – be included in a comprehensive response?



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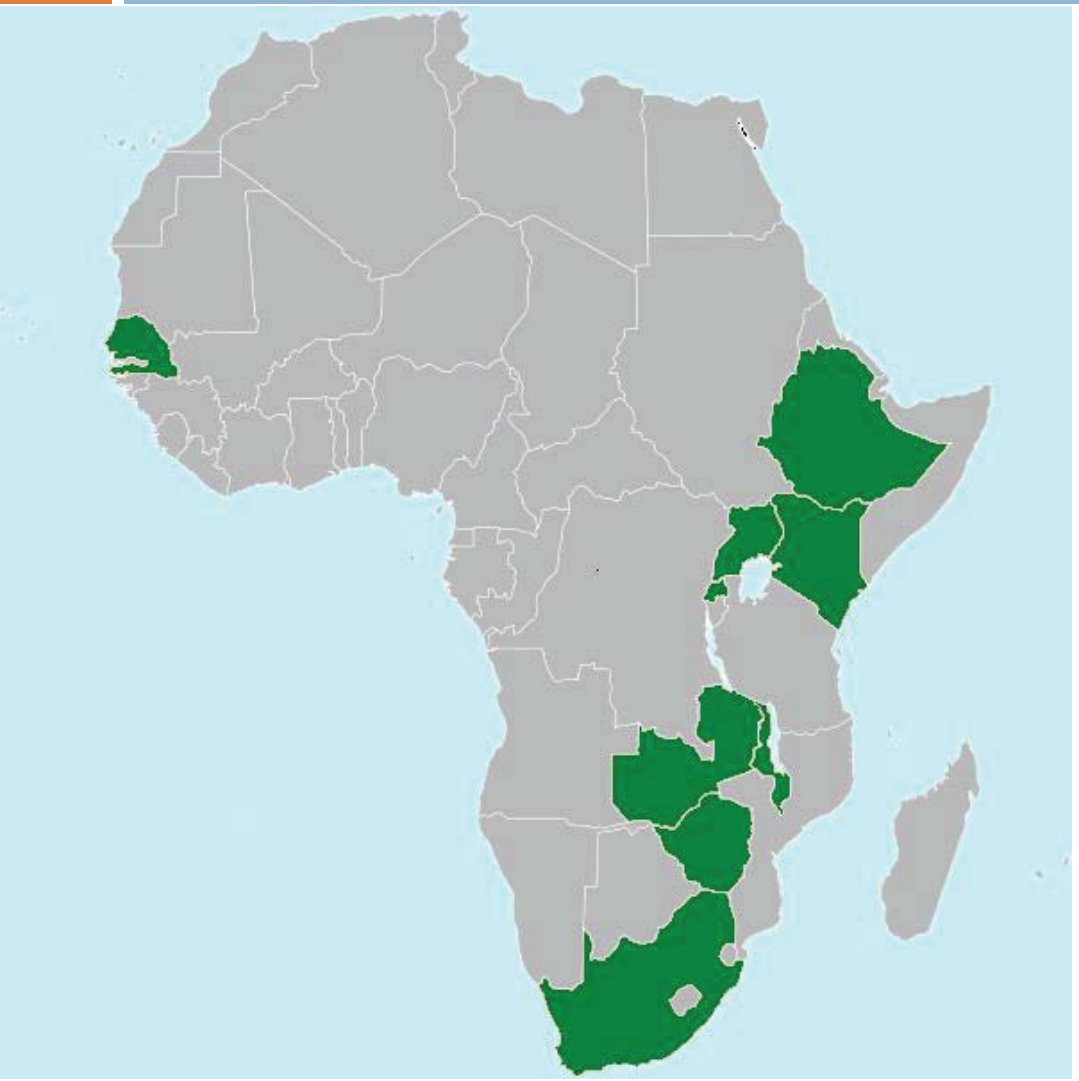
The African regional SGBV network



9 countries

20+ partners

Supported by:

- Swedish-Norwegian HIV/AIDS Team
- OGAC- PEPFAR
- USAID- PEPFAR
- CIDA- GESP

Objectives of the SGBV network

- *Pilot* innovative approaches to SGBV service strengthening
- *Document* the feasibility of these approaches
- *Promote* evidence-based policies and programs across the region

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Lessons Learned

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Lesson 1

Legislation and policies, guidelines, protocols, and validated training curricula are **necessary, but not sufficient** for ensuring coordinated responses to SGBV

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Necessary, but not sufficient

- In many countries, existing guidelines are un- or under-utilized
  - Uganda, Malawi, South Africa

- In many more, guidelines being currently developed through multisectoral processes
  - Will this improve implementation?

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Lesson 2

"One stop shops" are not the only– or the ideal – model for delivering SGBV services

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What do we mean by "one-stop"?

- Centralizing all clinical services in one facility
  - Evidence demonstrate improved health service delivery

vs.

- Centralizing police, legal and medical services in one (stand alone) facility
  - No evidence on appropriateness or cost-efficacy

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Alternate models

- Integrated care within existing health facilities, linking to police (Malawi)
- Strengthening police services and linkages to health centers (Zambia)
- Victim advocate, or "buddy system" where integrated services not available (South Africa)

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Lesson 3

Majority of survivors reporting sexual assault are children or adolescents...yet services are commonly designed for adult women

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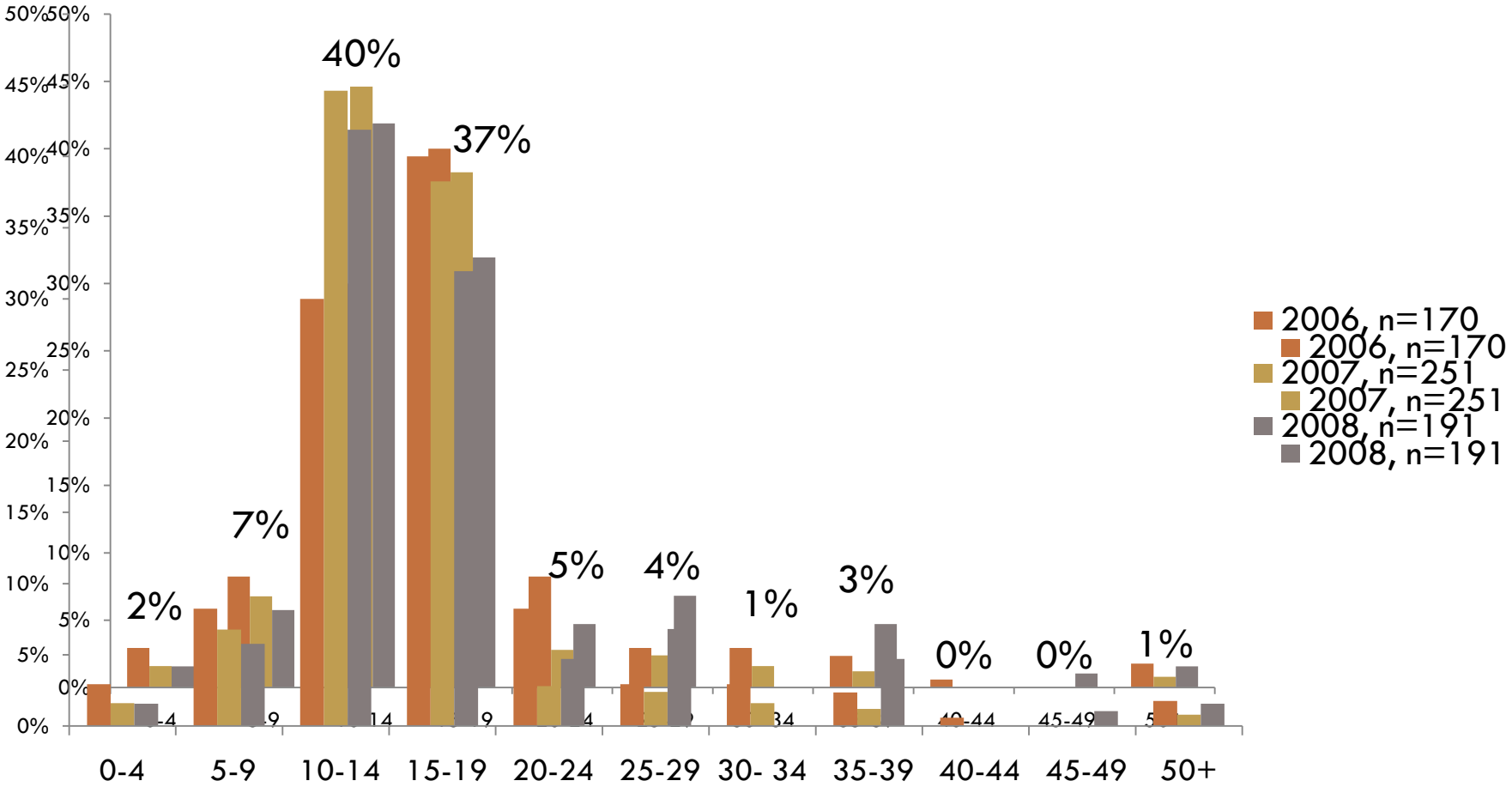
Majority of Reported Cases are Children
(Zambia 2006-2008)



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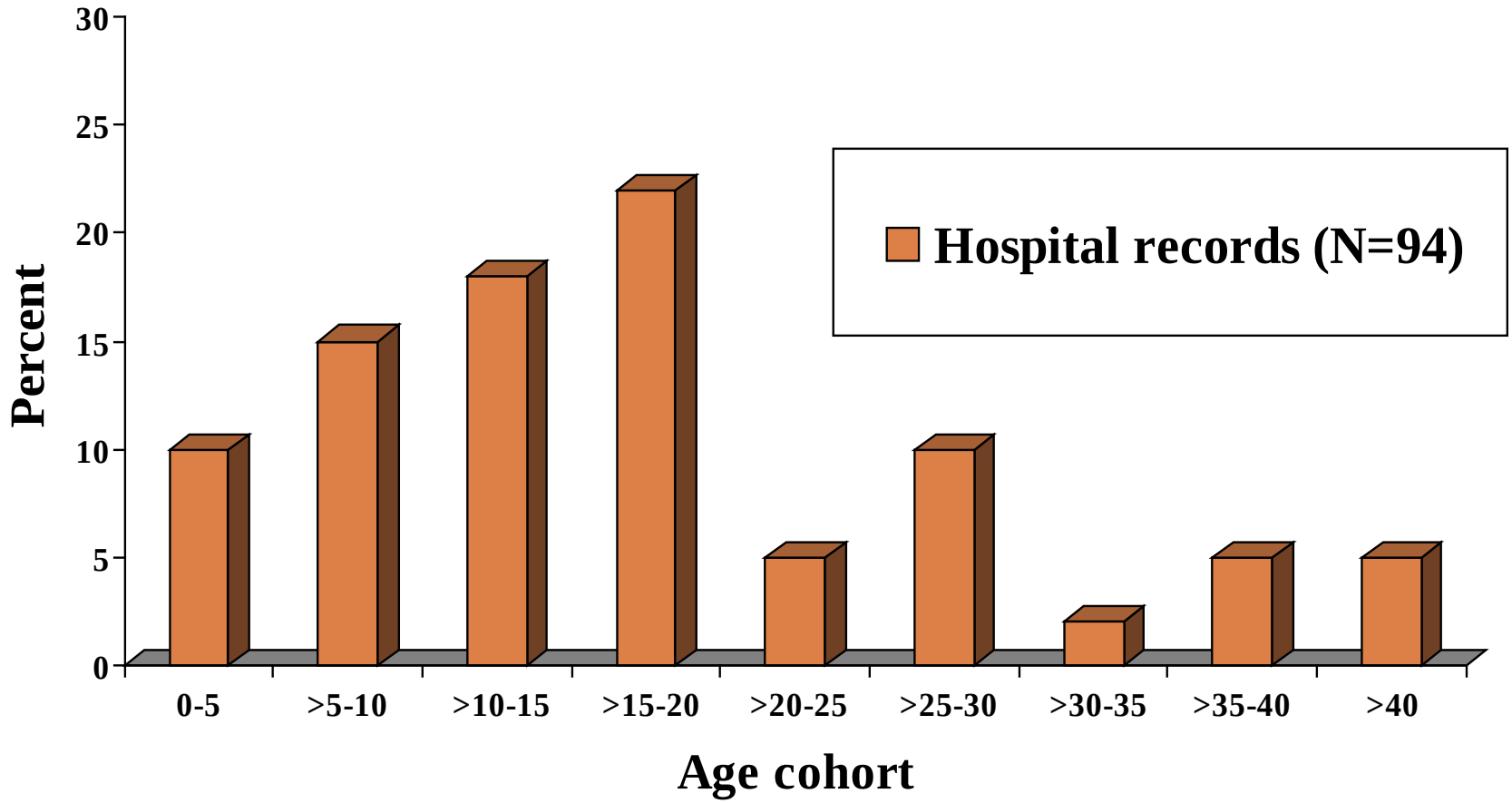
Majority of Reported Cases are Children
(Kenya, 2003-2004; MOH, LVCT Data)



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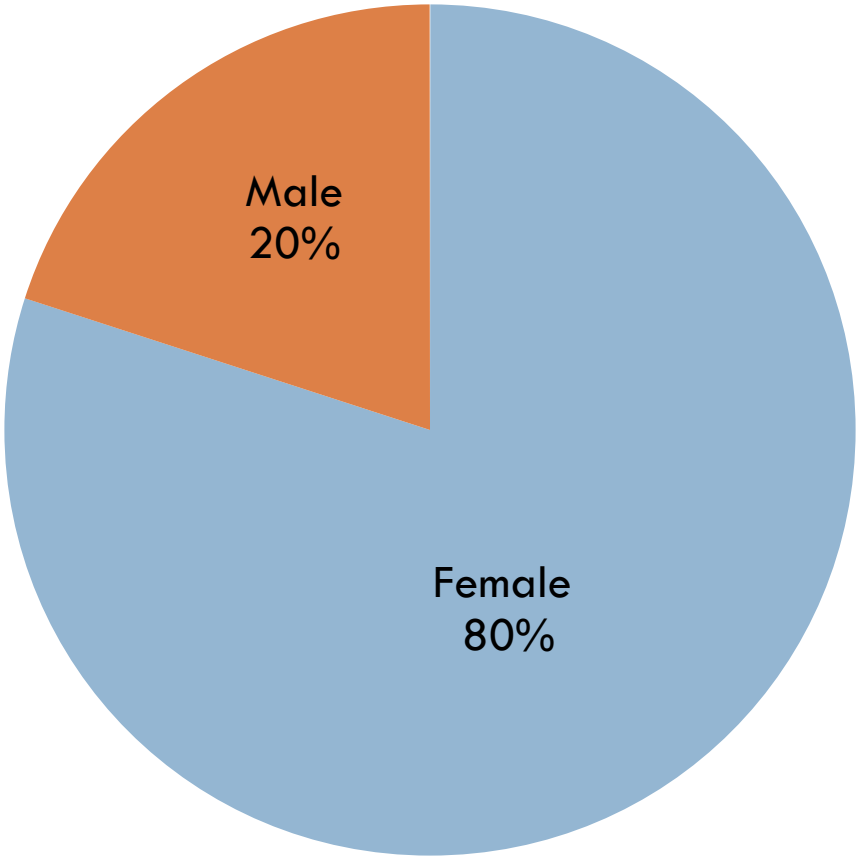
High numbers of male survivors in Mombasa, Kenya August 2007- May 2009



Source: International Center for Reproductive Health- Kenya

DV more prevalent than SV

Country	**Source**	***Ever experienced physical violence (all women)***	***Ever experienced sexual violence (all women)***	***HIV Prevalence (male and female)***
Kenya	DHS 2003	39.8	15.7	6.7
Ethiopia	DHS 2005 WHO '05	NA 49	NA 59	1.4
Zambia	DHS 2002	53.2	14.8	15.6
Malawi	DHS 2004	28.1	NA	11.8
Rwanda	DHS 2005	30.7	12.9	3.0

Lesson 4

Medico-legal procedures can serve as a barrier to accessing medical and other management services.

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Legal barriers to health care

Among the public:

- Limited (or incorrect) awareness of requirements for receiving care
- Unwillingness to prosecute family members
- Police most often first– and only– point of contact

Among care providers:

- Limited (or incorrect) awareness of requirements for delivering care
- Limited awareness of forensic evidence collection and procedures
- Unwillingness/ Inability of health workers to present evidence

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Lesson 5

Very little is known about:

a) addressing the immediate and long-term psychosocial needs of survivors in Africa

b) the feasibility, safety and effectiveness of addressing IPV / DV within low-resource health services

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Concluding messages

- ✓ Increased realization of prevalence and seriousness of SV in general populations
- ✓ Current and desired service responses poorly understood
- ✓ Need for strategic and coherent programme of action to stimulate national responses

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