

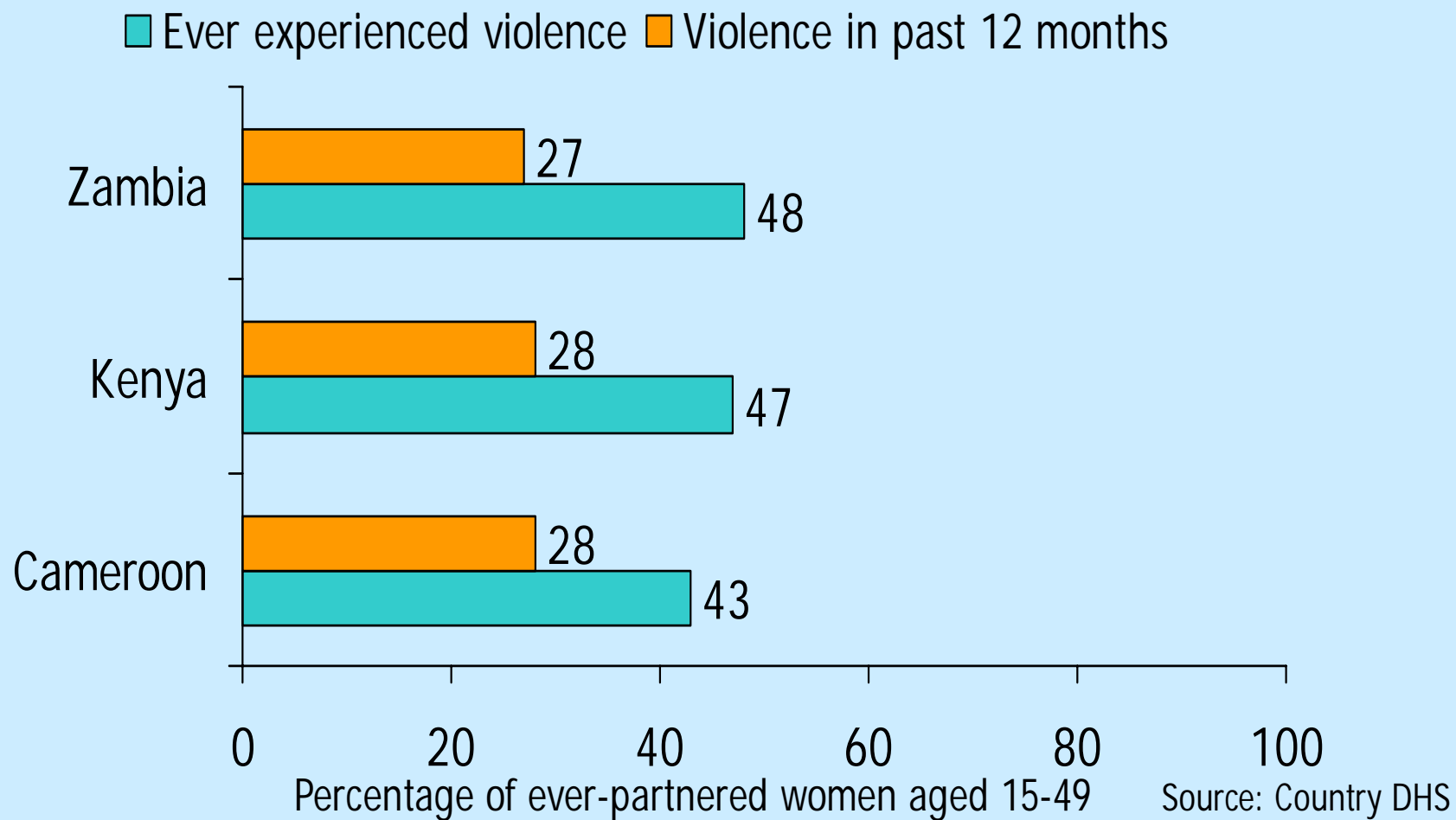
Addressing Sexual and Gender-Based Violence in a Development Context: Emerging Lessons and Issues in Africa

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SGBV is prevalent in the general population in many African countries



Responses to address SGBV

- Prevention
 - Civil society advocacy
 - NGO community-based projects
 - Government media campaigns and ministry mainstreaming
- Criminal-justice
 - Laws and legal procedures (formal / traditional)
 - Evidence gathering and processing
 - Types of justice

Why should the health sector be more fully engaged?

1. Health consequences

- a. Fatalities
- b. Physical injuries, chronic pain
- c. Pregnancy and complications, unsafe abortion
- d. Sexually Transmitted Infections and HIV
- e. Mental health
- f. Active or passive risky sexual behaviors
- g. Self harm

Why should the health sector be more fully engaged?

2. Opportunities to respond

- a. Frequent contact with those at risk and abused
- b. Mandate to address majority of the consequences
- c. Most skills and supplies already exist, albeit dispersed throughout the system
- d. Health staff can be influential in changing norms and behaviors

What can the health sector do?



Behavior change communications by the health sector

- ✓ Engaging with community-based structures and NGOs
- ✓ Orienting and training health sector community outreach workers
- ✓ Awareness-raising / education group sessions in clinics
- ✓ Including messages during consultations

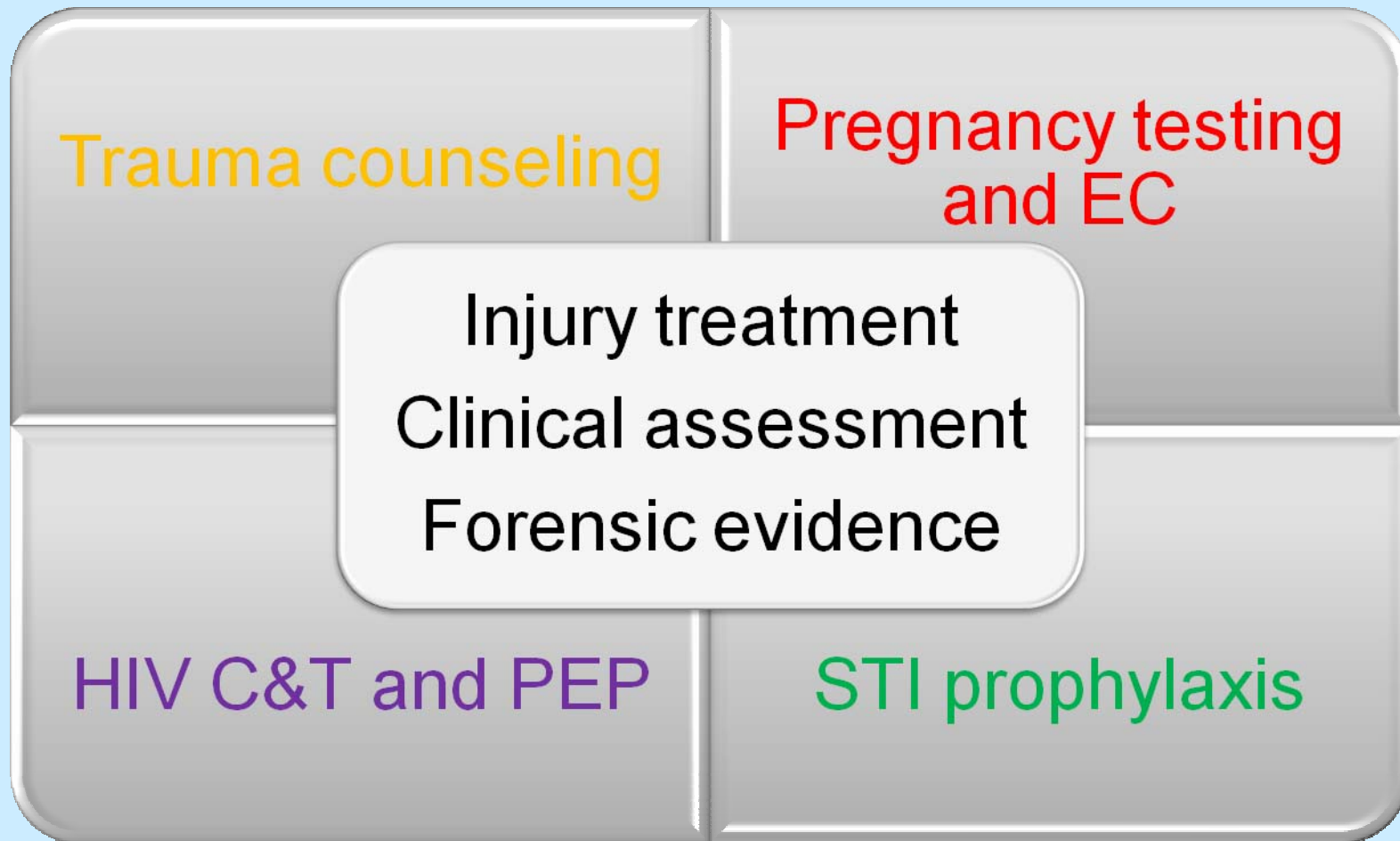
Routine screening for physical or sexual violence among health clients

- In principle, a missed opportunity in reproductive health (and other) consultations
- Proven feasible and effective in countries with strong health systems

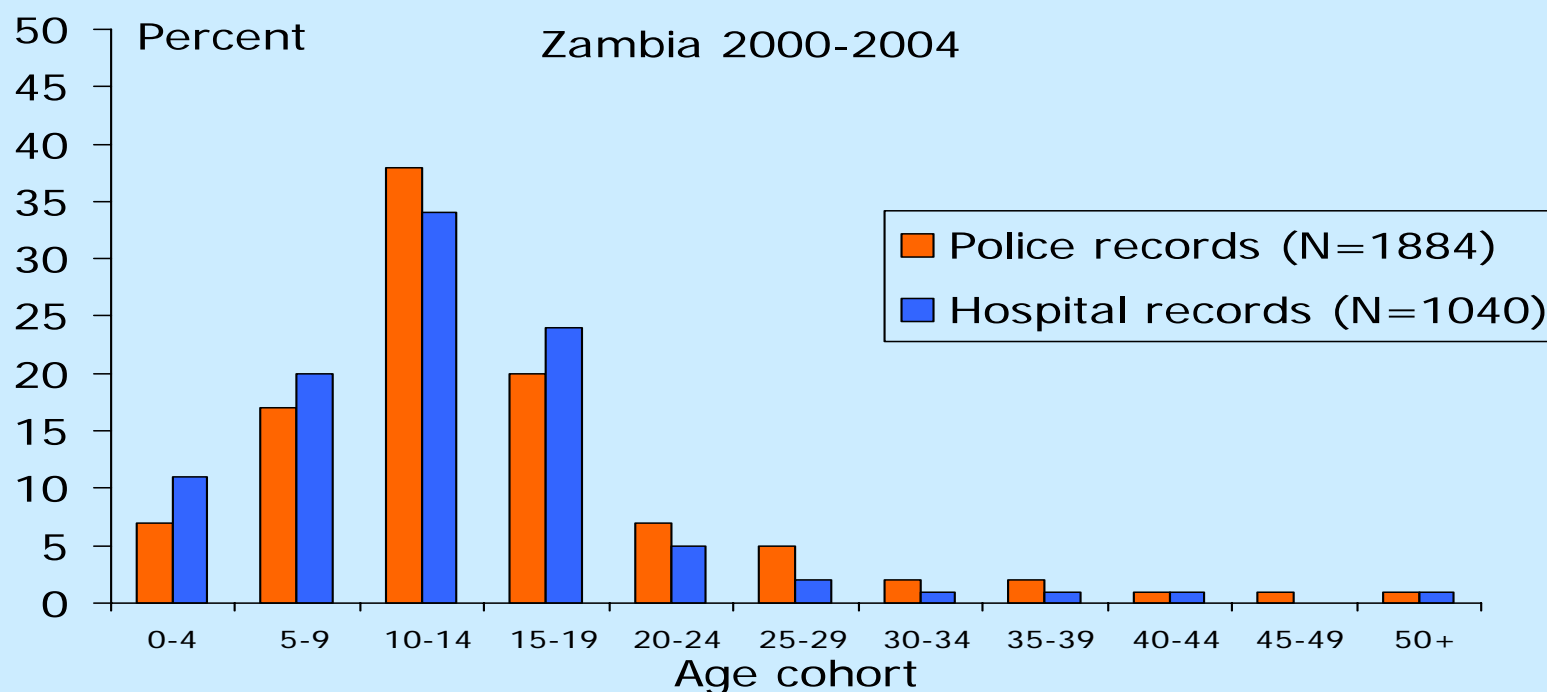
BUT....Concerns about routine screening in weak health systems

- Provider attitudes and competence
- Maintaining confidentiality, privacy and safety
- Capacity to provide services

Treatment and support at health facilities

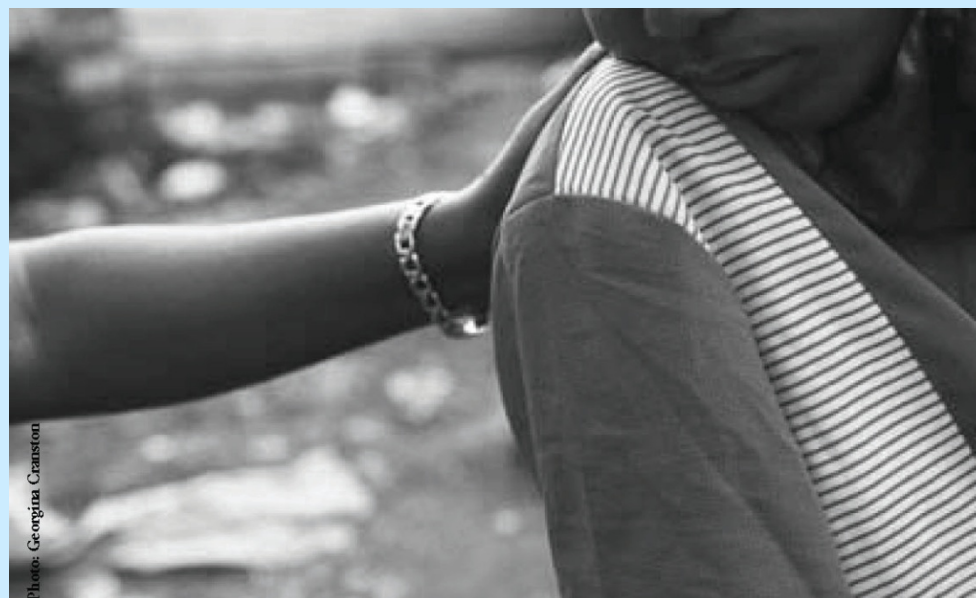


Who presents for sexual assault services, and where?



- Mostly children, mostly girls
- Children more likely to report knowing perpetrator than adult
- Small proportion (~10%) report being related to perpetrator

How to organize responsive services – especially for sexual assault?




Most African countries
characterized by **no** dedicated
medico-legal services ...

or poorly organized and separate
services

Emerging approaches

- a. One-stop integrated medico-legal centers
 - Thuthuzela Care Centers, Gulu
- b. Integrated, comprehensive health services
 - Refentse; Ethiopian Society of Ob-Gyn; Kenya MOH/Liverpool VCT; Nairobi Women's Hospital
- c. Help desks at clinics
 - Thohoyandou Victim Empowerment Program
- d. Strengthening police responses
 - Copperbelt Model of Integrated Care
- e. Establishing bi-directional linkages between police and health facilities
 - Refentse, CMIC, TVEP

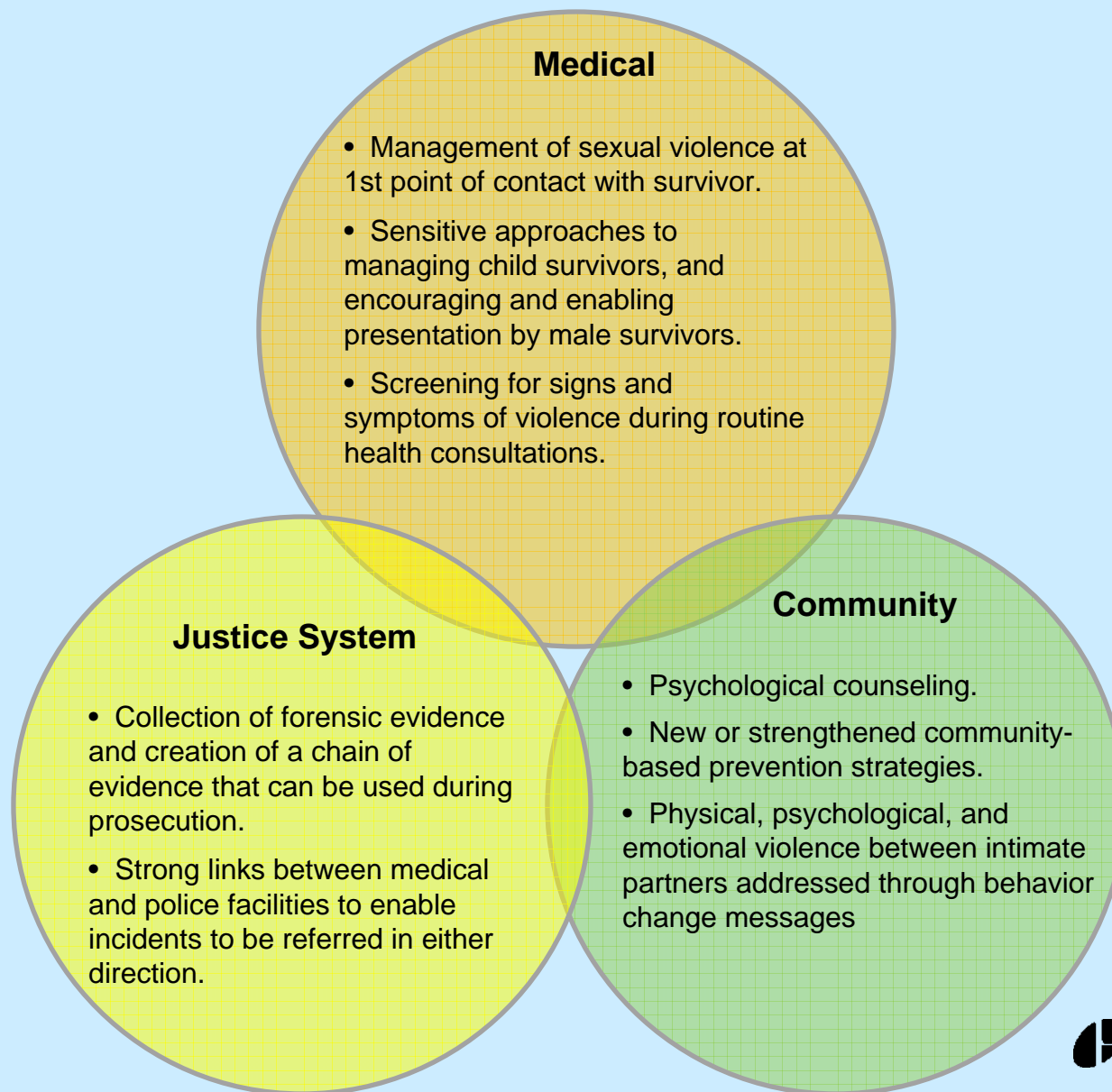
Organizing for an improved response

1. Medical, counseling and legal aid services appropriate for presenting survivors
2. Services available at first point of contact (FPC)
3. Referrals for other services
4. Integration of medical services
5. Capacity of health system to screen routinely
6. Legal requirements for reporting an assault
7. Role of forensic evidence in prosecution
8. Organizing cooperation across sectors  Population Council

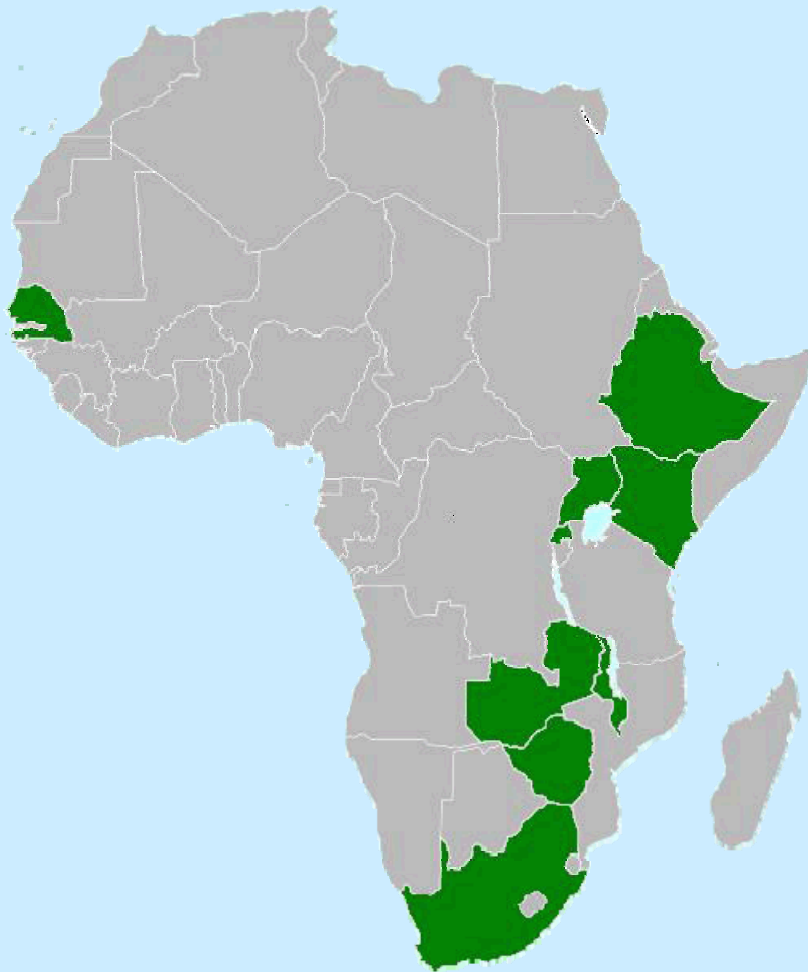
But we are just at the beginning....

- Rapid increase in awareness of the extent of SGBV in the general population
- SGBV laws providing legitimacy for national efforts
- Clear links with HIV adding urgency
- Lack of experience with providing medico-legal services in development context hampering responses
- Multisectoral services means an integrated, comprehensive medico-legal response may “fall through the cracks”

Framework for a comprehensive response



Regional network of partners to increase our understanding



Pilot efforts demonstrating and documenting feasibility of variety of models in different settings

More operations research needed to determine effectiveness and cost-effectiveness of alternative configurations