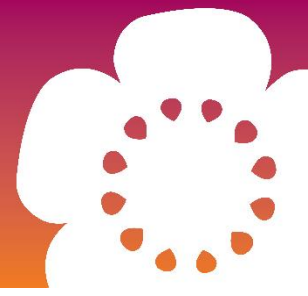


One-Stop Center for Provision of High-Quality Care for Gender-Based Violence and Violence against Children Survivors: A Case Study from the Mount Meru Regional Referral Hospital in Arusha, Tanzania



Background

Gender-based violence (GBV) and violence against children (VAC) is widespread in Tanzania and beyond. Globally, nearly one-third of women have experienced physical and/or sexual violence in their lifetimes (WHO 2021). Further, prevalence of lifetime intimate partner violence among married or partnered women is estimated to be 38% (WHO 2021). In Tanzania, approximately 40% of women aged 15 to 49 have experienced physical violence and 17% have experienced sexual violence during their lifetimes (MOHCDGEC 2016). However, GBV and VAC can also affect men and boys.

In some cases, GBV occurs when women and adolescent girls seek health services; this often occurs in situations where a client's partner does not wish for them to seek care or does not wish to pay for such care. GBV and VAC survivors are less likely to be able to make their own decisions regarding care or to access and utilize available care services, either because they lack the necessary financial resources or because their family members are unsupportive, particularly when the source of violence is a relative. This can also affect the social and economic development of the survivors, as they may be unable to actively participate in their communities and in the workforce as a result of their abusive relationships and out of associated fear and shame. Comprehensive and integrated approaches to addressing GBV and VAC is therefore crucial.

The USAID Boresha Afya North and Central Zone project has been supporting the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) in implementing gender-transformative approaches to improve access to comprehensive, high-quality, integrated sexual and reproductive health (SRH) services in Arusha, Dodoma, Kilimanjaro, Manyara, Singida, and Tabora. EngenderHealth implemented components of the USAID Boresha Afya North and Central Zone project under the leadership of the Elizabeth Glaser Pediatric AIDS Foundation and in partnership with the MOHCDGEC. EngenderHealth provided technical leadership in support of gender-transformative change interventions.

The project's main objective was ensuring the target population could access the SRH services they needed; and, providing care services for GBV survivors at project-supported sites was a critical need identified among this population. However, a shortage of human resources and poor access hindered service delivery and uptake, especially in remote and hard-to-reach areas.

Routine, integrated, comprehensive services, provided by skilled healthcare providers and related professionals, is critical to supporting positive health outcomes. Integrating multiple health services—such as counseling, screening, testing, and treatment for HIV and other sexually transmitted infections—with SRH care in one delivery setting is an effective way to respond to the comprehensive health needs of un- and underserved populations, especially GBV and VAC survivors. The one-stop GBV center at Mount Meru Referral Hospital in Arusha is a great example of how comprehensive health service models can improve SRH services, particularly for GBV and VAC survivors. Building upon the success of other integrated health service models in Tanzania, the project adopted an integrated service delivery model to meet the needs of GBV and VAC survivors through SRH care.

The One-Stop GBV Center at Mount Meru Regional Referral Hospital

Our team met one seven-year-old girl and her mother at the one-stop GBV center at Mount Meru Referral Hospital in Arusha in August 2021. Her mother shared a heartbreaking story of how her daughter was sexually assaulted and threatened by her schoolteacher. The school was apathetic and refused to punish the teacher for this horrendous behavior. The girl's father also refused to support her and her mother in seeking medical care and justice and stopped providing the financial support the girl needed to continue to attend school. The mother therefore consulted local leaders in her community, who informed her of the one-stop GBV center at Mount Meru Hospital. At the one-stop GBV center, the girl received medical care from the medical department and she and her mother received VAC counseling and psychosocial support from the social welfare office, which also referred the case to the police to pursue legal action against the schoolteacher. Together, the medical, social welfare, and police departments have been collaborating ever since to support this girl and her mother and to ensure justice is served, and hopefully prevent this teacher from violating other girls in this manner.



Photo Credit: USAID Boresha Afya North/Central Zone

This is just one example of the 1,496 clients (1,177 females, 319 males) served through the one-stop GBV center at Mount Meru Referral Hospital with support from the project, since the center was established in September 2019. Through the center, the project has helped address multiple challenges for GBV and VAC survivors, who were previously required to spend a significant amount of time seeking separate assistance from different providers based in various (often far away) locations. The center offers direct access to police services, to psychological counseling, to psychosocial support and guidance, and to the critical, comprehensive medical care that survivors need—including treatment for physical injuries, emergency contraception, and time-sensitive HIV post-exposure prophylaxis as well as referrals and linkages for additional HIV care and treatment services. The center also provides referrals to temporary, safe accommodations; collects forensic evidence for prosecuting GBV and VAC cases; and links survivors with other services, as needed (see Table 1). This centralized approach has helped with managing documentation of case information, which has been difficult to coordinate across multiple sites and has, in some cases, hindered care of critical evidence needed for judicial proceedings. The center is also collaborating with community



Grace Munisi, USAID Boresha Afya North Central Gender Advisor, receiving a certificate of recognition for the establishment of the Mount Meru Hospital one-stop GBV center

Photo Credit: USAID Boresha Afya North/Central Zone

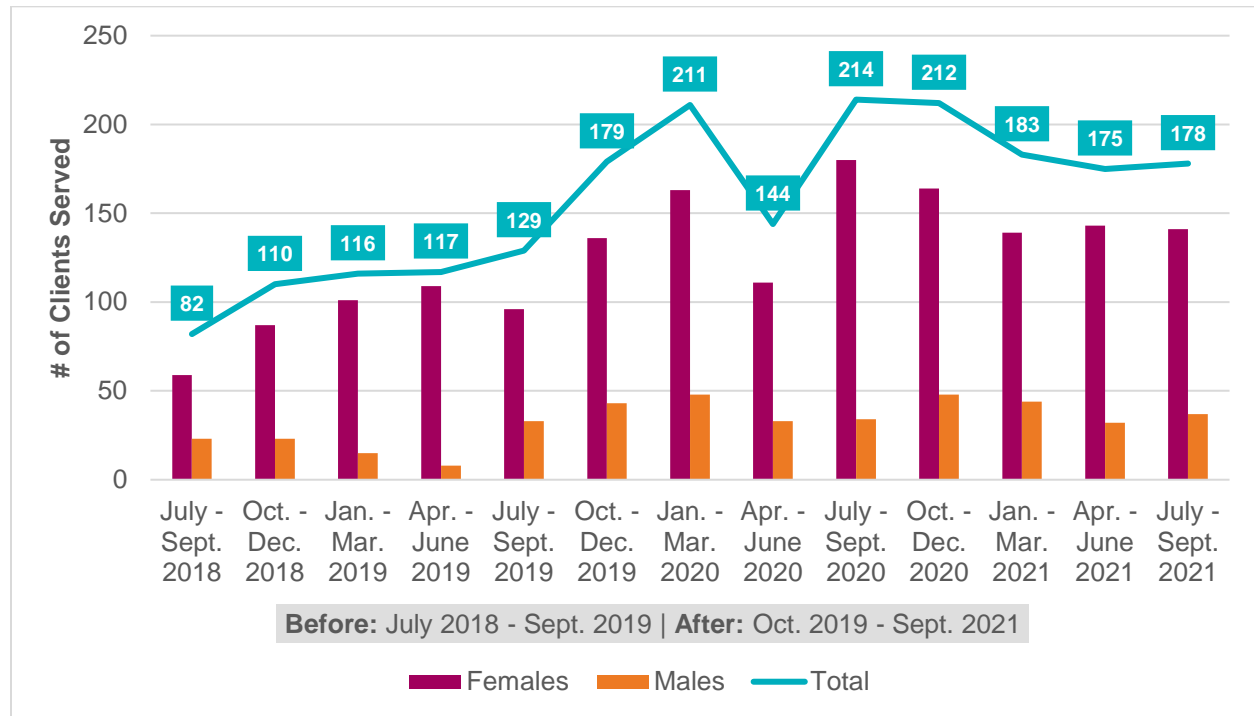
development and social welfare offices to engage communities and other stakeholders in other initiatives to prevent GBV and VAC.

Table 1: Services Available at the One-Stop Center at Mount Meru Regional Referral Hospital

Service Department	Services Offered
Social Welfare Department	<ul style="list-style-type: none"> • Overall coordination of the center, including record keeping related to meetings and services provided • Maintenance of a database that tracks providers' respective trainings • Provision of counseling and other psychological and psychosocial support • Safe shelter provision and referrals • Approval of medical fee waivers for survivors • Legal and related support for children and minors in line with the 2009 Child Protection Policy and other relevant frameworks • Referrals and linkages to additional services • Follow-up health support and other GBV care services
Police Department (Children and Gender Desk)	<ul style="list-style-type: none"> • Survivor protection support • Criminals arrests • Investigation and submission of evidence to case investigators, such as Police Medical Examination form (PF3), which hospitals require for treating survivors • Appeals support • Other routine police responsibilities
Medical Department (Diagnosis and Treatment)	<ul style="list-style-type: none"> • Counseling services • Medical diagnosis and treatment • Collection of scientific evidence for legal proceedings • Completion court-required forms (e.g., PF3) • Follow-up medical status monitoring • Court representation

Service data trends demonstrate an overall increase in the number of GBV and VAC survivors served by the hospital since the establishment of the one-stop center (see Figure 1). There was a decrease in the number of clients served between April and June 2020, due to the initial outbreak of COVID-19, when fewer individuals sought hospital care for these services. However, hospital services normalized beginning in July 2020. Of the 1,496 clients (759 females, 256 males) served by the one-stop center between October 2020 and September 2021, 68% were young people (under 18 years of age). Our findings align with national-level data, which indicate that more females experience violence than males and that female survivors are more likely to seek care services than male survivors.

Figure 1: Trends of GBV and VAC survivors Served at Mount Meru Hospital, Before and After the Establishment of the One-Stop GBV Center



Achievements and Successes

Since the establishment of the center, the project has trained a variety of staff to ensure delivery of sustainable, high-quality services to survivors. This includes five medical doctors, one nurse officer, four social welfare officers, and three police officers who are now equipped with critical skills in such areas as GBV screening, quality assurance, data collection, survivor interviews completion of PF3 forms, and collection and transfer of forensic evidence for prosecution. In line with World Health Organization’s recommendations for scaling up comprehensive, accessible, and high-quality survivor-centered services for women and children affected by violence, the project has supported the center by strengthening the capacity of stakeholders across related sectors—including healthcare, justice, and social welfare systems. The center has also served as a learning opportunity for healthcare providers in the local community and neighboring communities and regions.

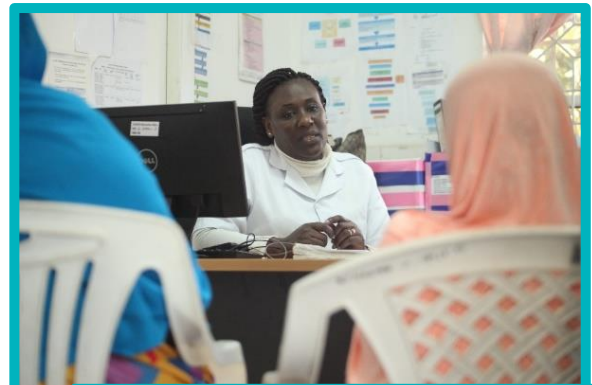


Photo Credit: USAID Boresha Afya North/Central Zone

The establishment of the one-stop GBV center at Mount Meru Regional Referral Hospital demonstrated several benefits, as observed and recorded by project staff, center staff, and other local stakeholders.

- Increased awareness of services available for GBV and VAC survivors among Mount Meru Hospital staff and in communities near the facility
- Justice for survivors in cases where assailants are prosecuted and imprisoned (in the 2020/21 timeframe, a total of 11 suspects were convicted; 7 received 30 years in prison sentences and 4 received life sentences)
- Rapid identification and treatment of sexually transmitted infections and HIV through comprehensive, integrated healthcare, which in turn prevents long-term effects
- Increased cooperation between the center and critical community support services, including safe houses and other resources

Tumaini Mng'ong'o, the project's gender officer in Arusha, highlighted select successes of the center,

“ The center resulted in so many benefits but most important is the improvement of quality of post GBV and VAC services provided at the hospital. For example, improved documentation of services, collection of forensic evidences, and increased number of reported and resolved cases. The center has also been a learning area for other health facilities on provision of comprehensive services. It is therefore very important to establish other similar centers elsewhere. ”

Conclusion

Innovative, comprehensive SRH services, such as those provided at the Mount Meru Regional Referral Hospital's one-stop GBV center, offer the opportunity to address a multitude of critical needs of at-risk and un- and under-served populations, particularly women and girls. Coordinated responses can also ensure better response to and prevention of GBV and VAC. Further, these types of integrated service delivery models can address a variety of barriers to care, including by reducing the costs and time required to seek these services. Service integration is especially critical for GBV and VAC survivors, who often lack familiarity with the various services required to address both immediate and longer-term needs. Implementing integrated delivery models requires strengthening the capacity of service providers (including through refresher trainings and follow-up support to safeguard skill retention) to ensure access to sustainable, high-quality services and to maintain an effective continuum of care. Collaborating with local government authorities, health management teams, and other stakeholders to generate awareness around GBV and VAC prevention and response at the community level is likewise essential for mitigating and addressing GBV and VAC.

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Acknowledgments and Citation

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