THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

Summary of National Management Guidelines for the Health Sector Prevention and Response to Gender Based Violence (GBV)

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BACKGROUND

Gender-Based Violence (GBV) is a serious public health concern and a human rights violation with negative consequences that impact people's lives, particularly those of women, girls, and boys in Tanzania and in many other countries in the world. This situation calls for a comprehensive health sector response and guidelines to support healthcare providers in their efforts to prevent and respond to the problem.

The National Management Guidelines for the Health Sector Prevention and Response to Gender-Based Violence (GBV) were developed with the participation of local and international non- governmental organizations including but limited to the Medical Women of Tanzania, House of Peace, Women's Dignity Project, Women in Law and Development in Africa, Women's Legal Aid Centre, Tanzania Media women's Association, Mwalimu Nyerere Gender Institute, and Pathfinder International.

Tanzania Commission for AIDS, Muhimbili National Hospital, Muhimbili University of Health And Allied Science, Bugando Medical Centre, Kilimanjaro Christian Medical Center, as well as CSOs, development partners, healthcare provider and UN agencies, in particular UNFPA and UNICEF through their participation in the TWG, went a long way towards making the development of these guidelines a reality.

The GBV Technical Work Group (TWG) included the Ministry of Community Development, Gender, and Children; Ministry of Education and Vocational Training; Ministry of Justice and Constitutional Affairs; Ministry of Home Affairs; Ministry of Finance and Economic Affairs, and Prime Minister's Office-Regional Administration and Local Government.

The development of these guidelines would not have been possible without technical support from Health Policy Initiative, Task Order 5, implemented by Futures Group International and UNFPA. Contributions and support also came from: The United States Agency for International Development (USAID), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the United Nations Joint Program on Reduction of Maternal and Newborn Mortality managed by United Nations Population Fund.

These management guidelines are a valuable tool in the hands of health managers and healthcare providers to prevent and respond to GBV.

GLOSSARY

Human rights: Basic rights and freedoms that all people are entitled to regardless of nationality, sex, national or ethnic origin, race, religion, language, or other status.

Consent: Making an informed choice freely and voluntarily to do something. There is no consent when agreement is obtained through the use of threats, force, or other forms of coercion, abduction, fraud, deception, or misrepresentation. Threatening to withhold or promising to provide a benefit in order to obtain the agreement of a person constitutes an abuse of power. Any agreement obtained in such a way, or from a person who is below the legal (statutory) age of consent, or is defined as a child under applicable laws, is not considered to be consensual.

Gender: The term used to denote the social characteristics assigned to men and women. People are born female or male (sex); they learn how to be girls and boys and then become women and men. Gender is constructed on the basis of different factors, such as age; religion; and national, ethnic, and social origin. Gender differs both within and between cultures and defines identities, status, roles, responsibilities, and power relations among the members of any culture or society. Gender is learned through socialization. It is not static or innate but evolves to respond to changes in the social, political, and cultural environment. Gender refers to what it means to be a boy or a girl, woman or man, in a particular society or culture. Society teaches expected attitudes, behaviours, roles, responsibilities, constraints, opportunities, and privileges of men and women in any context.

Perpetrator: A person, group, or institution that directly or indirectly inflicts, supports, and condones violence or other abuse against a person or a group of persons. Perpetrators are in a position of real or perceived power, decision making, and/or authority and can thus exert control over their survivors.

Power: In the context of GBV, power is directly related to choice; the more power one has, the more choices available. Conversely, with less power, fewer choices are available, with potentially increased vulnerability to abuse. Gender-based violence involves the abuse of power when unequal power relationships are exploited or abused. For example, using any kind of pressure to obtain sexual favors from a weaker person in exchange for benefits or promises

constitutes an abuse of power. Gender differentials contribute to men's overall socioeconomic standing. Men are, overall, in more powerful positions than women, and they often control money as well as access to goods, services, and favors. Men often have more physical strength and are bigger than women; more often use weapons; and control access or security. Power is also age-related, and, often, the young and elderly have the least power. Husbands/boyfriends are often older than their wives/girlfriends.

Violence: Control and oppression that can include emotional, social, or economic force, coercion, or pressure, as well as physical harm. It can be overt, in the form of physical assault or threatening someone with a weapon; it can also be covert, in the form of intimidation, threats, persecution, deception, or other forms of psychological or social pressure. The person targeted by this kind of violence is compelled to behave as expected or to act against her will out of fear.

Gender-based violence (GBV): An umbrella term for any act, omission, or conduct that is perpetuated against a person's will and that is based on socially ascribed differences (gender) between males and females. In this context, GBV includes but is not limited to sexual violence, physical violence and harmful traditional practices, and economic and social violence. The term refers to violence that targets individuals or groups on the basis of their being female or male. There are many forms of GBV: Physical abuse (beating, restraining, pushing slapping, throwing objects, breaking objects) or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse (e.g., neglect); and economic deprivation.

Child abuse: An umbrella term that includes deliberate and intentional words or overt actions that cause harm, potential for harm, or threat of harm to a child. Child abuse can take three broad forms: physical, sexual, and psychological abuse.

Survivor: Someone, a child or an adult, male or female, who has been physically, sexually, and/or psychologically violated because of his/her gender.
Drop-in center: A place for information, safety, referral, first aid, and other immediate needs of GBV survivors who need a safe and confidential place for a limited period of time.

Safe house: A place of temporary refuge, suitable for hiding or keeping safe

GBV survivors, witnesses, or other persons perceived as being in danger; a place where a trusted adult, family, or a community or charity organization provides a safe haven for GBV survivors.

Fit institution: An approved residential or approved school, retention home, or a home for socially deprived children and street children. This includes a person or institution that has care and control of children.

Comprehensive: Covering and involving broadly all relevant aspects and key players at all levels.

Multi sectoral stakeholders: Organizations whose roles overlap with that of the MOHSW in GBV-related work, such as the community, relevant government ministries (Ministry of Community Development, Gender, and Children; Ministry of Justice and Constitutional Affairs; Ministry of Home Affairs, Prime Ministers' Office Regional Administration and Local Government), human rights organizations, civil society organizations, and faith-based organizations.

1. INTRODUCTION

Magnitude of GBV worldwide

World Health Organization (WHO) 2005 multi-country study:

- Ever-partnered women's lifetime prevalence of physical violence 13-61 percent
- Sexual violence 6-59 percent
- Both sexual and physical violence 15-71 percent
- First sexual experience was not consensual (24% in rural Peru, 17% in rural Tanzania, 30% in rural Bangladesh, and 17% in rural Ethiopia).

Gender-Based Violence in Tanzania

WHO 2005 study:

- 15-71 percent of the women reported physical or sexual violence
- 15 percent of women reported first sexual encounter was forced
- 4-12 percent reported physical abuse during pregnancy
- More than 60 percent of Tanzanian GBV survivors did not report the violence to police.

DHS 2010

Overall prevalence of violence (women 15-49 yrs) over 45 percent
Physical violence (25%)
Sexual violence (7%)
Physical and sexual violence (14%)
Pregnant women physical abuse (9%)
Controlling behavior (60%)
Perpetrators of sexual violence: Current husbands/partners (48%)
Perpetrators of sexual violence: Former husbands/partners (21%)
Perpetrators of sexual violence: Current/former boyfriends (7%)
Perpetrators (never-married women): 27 percent current or former boyfriends.

Regional variation ever married women

Physical violence: Highest in Dodoma (71%); lowest in Tanga (16%).

Sexual violence: Highest in Rukwa (32%); lowest in Shinyanga (5%).

GBV among Children and Adolescent

National Survey on Violence Against Children (VAC)

- During childhood: Three quarters of girls and boys (girls 73.5%; boys 71.7%) experienced physical violence (punching, whipping, or kicking)
- At age of 18: More than a quarter of girls (28%) and more than 10 percent of boys (13%) have experienced sexual violence.
- Emotional violence: Experienced by one quarter of children (both boys and girls)
- Perpetrators: 60 percent of physically abused girls and boys were abused by a relative (girls 58.4% boys 57.2 %,)

2. SITUATIONAL ANALYSIS OF GBV IN TANZANIA

Tanzania Policy Environment for GBV

- Strong foundation for preventing and responding to GBV evidenced by several policies and strategies that support gender equity: National Development Vision 2025; National Health Policy (2007); National HIV/AIDS Policy (2001); National Gender and Women Development Policy (2000); and National Strategy for Growth and Poverty Reduction (MKUKUTA II, 2010).
- Policy gap: Existing policies, particularly the National Health Policy, do not adequately address GBV issues.
- Absence of GBV policy guidelines: At the national level, there are neither GBV policy guidelines nor GBV management guidelines to guide GBV efforts.

Tanzania's Legal Environment for GBV

The Constitution of the United Republic of Tanzania

- Article 13:6(e): "No person shall be subjected to torture or inhuman or degrading punishment or treatment."
- Article 14: [and] "Every person has the right to life and to the protection of his life by the society in accordance with the law."
- Article 16(1): "Every person is entitled to respect and protection of his person, the privacy of his own person, his family and of his matrimonial life and respect and protection of his residence and private communication."

Law of Marriage Act Revised Edition 2002

- Does not specify actions to be taken related to GBV.
- Provides different minimum legal age of marriage for males (18 years) and females (15 years).
- Allows early marriage: Enables the court to allow marriage below ages 18 for males or 15 for females provided each party has reached age 14. Early marriage is associated with gender-based violence.

Sexual Offences Special Provisions Act of 1998 (SOSPA)

- Improved protection of women and children against sexual violence and harmful traditional practices.
- Section 130 of the Penal Code - reviewed and expanded to include a broader definition of rape.
- Chapter 2 of the Penal Code - classifies a variety of forms of GBV, including intimate partner violence, defilement, rape, sodomy, human trafficking, sexual assault, sexual harassment, socio-economic denial, psychological/emotional abuse, and physical violence.

The Law of the Child Act 2009

- Contains a broad range of protections that reflect the most serious challenges facing children in Tanzania, including issues such as non-discrimination and the right to protection from torture and degrading treatment.
- Silent on corporal punishment and marrying of under-age girls

Strengths:

- The national GBV response includes institutional reforms within ministries to ensure gender mainstreaming.
- Gender focal persons in government ministries play an important role in the fight against GBV.
- Reforms, Tanzania Police Force make the force more responsive to community problems, i.e., GBV.
- The Tanzania Police Female Network gender desks make the police force more accessible to GBV survivors, mostly women and children.

Policy Gaps:

- Number of facilities providing GBV services is inadequate.
- Quality of services is inadequate.
- Resources available to GBV survivors are inadequate.
- Guidelines and protocols for working with GBV survivors are lacking.
- Policies, protocols, or guidelines available to doctors and the police are non-existent.
- There is shortage of staff.
- Staff training to provide GBV care is insufficient and inadequate.
- Awareness of GBV among health service practitioners is lacking.

3. LINKAGES OF HEALTH FACILITY WITH THE COMMUNITY

- Health facility management teams at all levels shall establish links with the community and other stakeholders such as social welfare and law enforcement agencies (police and court).
- Health care providers at all levels shall inform the community and survivors on where to access GBV services, on specific actions to take when GBV occurs and shall implement outreach activities.

3.2. Support Structures for the community GBV Response

- The Dispensary Health Committee shall assist and facilitate the Dispensary Health Management Team to ensure that the annual

dispensary plans that are part of the annual comprehensive ward and council health plans have strategies and resources for empowering the community and promoting community participation in resource mobilization for GBV prevention and response efforts.

- The Council Health Management Team, Health Facility Committees and Healthcare Providers shall assist the community in planning, managing and responding to GBV in the community and ensure that the community is well informed on how to respond to an incident of GBV
- Drop-in center and safe house to facilitate provision of temporary shelter, psychosocial support; access to medical care and other essential services; to provide information, ensure safety, provide first aid and referrals, and assist with reintegration of survivors into their families and communities.

4. STANDARDS FOR MEDICAL MANAGEMENT OF GBV SURVIVORS

- Minimum Standards Comprehensive Management of GBV Services: Staffing, healthcare facility settings, materials, equipment, drugs, medical supplies, and administrative supplies.
- Other: Location, furniture, and setting; availability of trained human resources; medical supplies; medications and administrative supplies.
- The minimum package of services: Informed consent, immediate medical management (history taking, physical exam), treatment for all injuries that the facility has the capacity to treat, HIV test, PEP, STI screening and treatment, basic psycho-social assessment and counseling, referral of survivors to higher level facilities for additional medical care, and referral to other community services available for GBV survivors.

5. GUIDING PRINCIPLES: HUMAN RIGHTS, ETHICS AND COMPASSION

- The healthcare provider shall provide services based on a survivor-centered approach, i.e., respecting the rights of the survivor in such a way as to show to the survivor that gender-based violence is unacceptable and that he/she as the survivor will receive compassion, support, concern about his/her well-being, safety, informed consent, confidentiality, respect, non-discrimination and will be treated with dignity.

6. MEDICAL MANAGEMENT OF GBV (OVER 18 YEARS OLD)

- Medical management of GBV survivors involves emergency treatment of potential life threatening injuries, treatment of infections and provision of time-dependent preventive treatments such as post-exposure prophylaxis and emergency contraception.
- Medical management of GBV survivors involves history taking, examination and taking samples for forensic evidence, laboratory investigations, diagnosis, treatment, psychosocial care and support, referral documentation and follow-up care.
- The general consideration shall include application of the survivor-centered approach to counseling, "Doing Good and Not Doing Harm" and "Not Blaming the Victim" for the incident.

7. MEDICAL MANAGEMENT: CHILDREN AND ADOLESCENT ABUSE

- The medical management of child and adolescent abuse involves providing comprehensive services at health facility settings at all levels.
- The prerequisites for establishing these services at healthcare facilities include availability of basic essentials, adherence to minimum standards of care, and availability of trained skilled staff.
- Medical management of young survivors demands strict adherence to medical ethics of consent and confidentiality; systematic review of history; clinical examination; investigations; definitive diagnosis; medical, surgical, and psychological treatments; and referral and follow-up.
- Care of abused children and adolescents demands sensitivity to clues of forensic procedures, medical legal documentation, and linkage with the police and legal systems.
- Comprehensive care for child and adolescent abuse goes beyond medical management, requiring established linkages to other services for reintegration and rehabilitation of the survivor into their families and community.

- Medical management of children and adolescents involves: Receiving the survivor, establishing rapport, history taking, physical examination, laboratory investigations, diagnosis, treatment, preventive treatments, psychosocial care and support, referral and documentation, and follow-up care.

8. LINKAGES FOR GBV PREVENTION AND SERVICES

Integration and coordination shall be part of the planning and implementation processes for GBV services and prevention at the health facility, council, regional, and national levels. The following health services' administrative structures will collaborate in delivery of GBV services and their integration into every healthcare facility: Council Health services boards, the CHMTs, the ward health committee, the Health Facility Management Teams, health facility committees, and health providers.

9. MONITORING, EVALUATION, AND QUALITY ASSURANCE

- Monitoring and evaluation shall involve integrating the collection of GBV data and reporting into the Health Information Management System of the MOHSW, using a set of selected indicators (Annex 11) to ascertain the provision of high-quality and comprehensive GBV services, and examining the extent to which GBV incidents and their effects are being addressed in the community, by service providers and in the country.
- Quality Assurance shall be an ongoing exercise involving the entire institution. Supervisors and healthcare providers shall participate in the existing ongoing quality assurance/ improvement activities. If none exist, they will develop and use simple approaches and tools.
- High quality of services involves a supportive work environment, appropriate knowledge and skills, supplies and equipment, supportive supervision, good documentation, monitoring, evaluation of results, and research.
- Health care providers shall conduct a review of the processes and documentation of each survivor's GBV standardized forms, discuss the weaknesses identified and develop an action plan to address the problems

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