



## HEALTH POLICY INITIATIVE



# Strengthening Tanzania's Policy Framework to Respond to Gender-based Violence

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## Introduction

Globally, gender-based violence (GBV) is a pervasive health and human rights problem, undermining the safety and well-being of millions of people—the vast majority of them women and girls. In Tanzania, nearly half (45%) of ever-married women have ever experienced physical and/or sexual violence from a partner, and more than one-third (37%) have experienced such violence in the past year.<sup>1</sup> GBV, including intimate partner violence and rape, is largely met with acceptance—viewed as a normal part of life by both men and women.<sup>2</sup> Moreover, the availability and quality of services and support for GBV survivors remain minimal.<sup>3</sup> Reporting rates for GBV are quite low in Tanzania, and the lack of appropriate care further discourages survivors from reporting GBV or seeking assistance.

This situation, while troubling on its own, is particularly worrying given the clear linkages between GBV and HIV. GBV increases the risk of contracting HIV, as women who experience violence in relationships have a fourfold higher risk of contracting HIV or other sexually transmitted infections (STIs).<sup>4</sup> At the same time, HIV status is often a trigger for GBV. In Tanzania, HIV-positive women are more than twice as likely as HIV-negative women to have been physically abused by their partners.<sup>5</sup> Regardless of whether women have experienced GBV directly, the implicit threat of violence may discourage women and girls from negotiating condom use or taking other steps to protect themselves from contracting HIV.

Tanzania's ability to respond effectively to GBV has been hindered by significant gaps in the policy framework. A 2008 policy scan identified the lack of guidelines on GBV as a major barrier preventing the health sector from offering appropriate care to survivors of GBV.<sup>6</sup> The Health Policy Initiative in Tanzania (HPI/Tanzania), funded by USAID and implemented by Futures Group, helped the Government of Tanzania (GOT) and relevant

ministries to close this gap by supporting the creation and adoption of national health sector guidelines on GBV. This has complemented other efforts by the GOT, implementing partners, and civil society organisations to make significant advances in addressing GBV in Tanzania.

## Building Stakeholder Support for Health Sector Guidelines on GBV

In April 2010, with HPI/Tanzania assistance, the Reproductive and Child Health Section (RCHS) of the Ministry of Health and Social Welfare (MOHSW) established a multisectoral technical working group to draft new health sector guidelines on GBV. Chaired by the MOHSW, the group included representatives of government, civil society organisations, and development partners. The United Nations Joint Program on Reduction of Maternal and Newborn Mortality also made technical and financial contributions to this effort.

HPI/Tanzania supported drafting of preliminary versions of the policies and facilitated review and revision of the draft guidelines. This entailed consultations with stakeholders from a variety of sectors. Building consensus proved difficult given the wide range of and often contradictory views, interests, and definitions related to GBV held by these stakeholders.

In September 2011, the MOHSW approved the *National Policy Guidelines for the Health Sector Prevention and Response to GBV* and the *National Management Guidelines for the Health Sector Prevention and Response to GBV*. The policy guidelines outline the roles and responsibilities of the MOHSW and its key partners in the planning and implementation of comprehensive GBV services at all levels. The management guidelines detail clinical protocols for handling the care and treatment of GBV survivors. The guidelines can be used to identify and

mobilise the required resources, materials, and drugs for GBV service delivery points. Moreover, the management guidelines offer inspectors and supervisors a standardised framework for monitoring, evaluating, and supporting the performance of managers and providers of GBV services.

In 2013, HPI/Tanzania supported the translation into Kiswahili and subsequent dissemination of these guidelines.

## Rolling Out the Health Sector Response to GBV

Both government and nongovernmental sectors in Tanzania are rolling out various programmatic responses to GBV. Broad stakeholder engagement on GBV and the establishment of a GBV technical working group has facilitated coordination and information sharing on best practises among dozens of implementers. Furthermore, the *Tathmini* project (led by Futures Group and funded through USAID) is supporting a rigorous evaluation of a President's Emergency Plan for AIDS Relief (PEPFAR) comprehensive multicomponent model that coordinates the delivery of health facility services with community-based programmes for both the support of GBV survivors and the prevention of GBV. Findings will inform continued policymaking and programming for the scale-up of the health sector response to GBV in Tanzania and globally.

## Coordinating a Multisectoral Approach

The health sector plays a key role in responding to GBV, but other sectors also play critical roles. In particular, efforts from community and local

government, law enforcement, justice, and civil society are essential to stop GBV from occurring in the first place and to ensure that survivors have access to the range of services they need.

The Ministry of Community Development, Gender, and Children (MCDGC) has the mandate to promote multisectoral coordination on GBV. In 2012, it identified the need for guidelines to help it effectively coordinate GBV activities of multisectoral actors at both national and local levels. In response, HPI/Tanzania began supporting the MCDGC to draft National GBV Coordination Guidelines in 2013. The guidelines are crucial to fielding an effective national response to GBV. Zonal consultations were conducted to solicit stakeholder input, and draft guidelines were submitted to MCDGC for its review and input in July 2013. However, finalising these guidelines will require broader consultations and more time to complete, beyond HPI/Tanzania's end date. As such, USAID's CHAMPION Project, implemented by EngenderHealth, is poised to assist MCDGC to complete and disseminate the GBV Coordination Guidelines following the close of HPI/Tanzania.

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<sup>1</sup> National Bureau of Statistics. 2010. *Tanzania Demographic and Health Survey*. Dar es Salaam: Government of Tanzania.

<sup>2</sup> Betron, M. 2008. *Gender-based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions*. Washington, DC: USAID | Health Policy Initiative, Task Order 1, Futures Group.

<sup>3</sup> Betron, M. 2008.

<sup>4</sup> Fleischman, J. 2012. *Gender-based Violence and HIV: Emerging Lessons from the PEPFAR Initiative in Tanzania, A Report of the CSIS Global Health Policy Center*. Washington, DC: Center for Strategic and International Studies (CSIS).

<sup>5</sup> Maman S., J. Mbwambo, N. Hogan, G. Kilonzo et al. 2002. "HIV-positive Women Report More Lifetime Experiences with Violence: Findings from a Voluntary HIV-1 Counseling and Testing Clinic in Dar es Salaam, Tanzania." *American Journal of Public Health* 92(8): 1331-1337.

<sup>6</sup> Betron, M. 2008.

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