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TARWOC's Drop-in Centre: GBV Prevention and Response in Iringa, Tanzania

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Introduction

Gender-based violence (GBV) includes sexual violence, physical violence, harmful traditional practices, and economic and social violence targeted at individuals or groups based on the basis of their gender.¹ It is a social, public health, and human rights concern with far-reaching consequences for the survivors, as well as their families, their communities, and society at large. Nearly two out of every three married women ages 15–49 in Iringa have experienced emotional, physical, or sexual violence committed by their husbands or partners.² Recognising the need to tackle GBV issues in Iringa, the Tanzania Rural Women and Children Development Foundation (TARWOC) initiated GBV prevention and response activities in 2010. It began with community sensitisation and advocacy on GBV; later, TARWOC trained local police, the judiciary, and staff at the Iringa Regional Hospital.

In September 2011, the Ministry of Health and Social Welfare (MOHSW) approved *National Policy and National Management Guidelines for the Health Sector's Response to and Prevention of GBV*. These new national guidelines, developed in collaboration with the USAID-funded Health Policy Initiative in Tanzania (HPI/Tanzania) and other stakeholders, include policies on the medical management of GBV services, GBV prevention, and linkages to GBV services. However, these guidelines also recognise the lack of shelters for GBV victims as a gap in Tanzania's GBV response. Building on its previous efforts to address GBV, and now supported by national guidelines, TARWOC established a GBV Drop-in Centre in Iringa. The two main objectives of the Drop-in Centre are the following:

1. Provide survivors with psychosocial support; temporary shelter; life skills training; and referrals to medical, legal, and spiritual services; and
2. Prevent GBV through a community-based awareness-raising programme.

Preventing GBV

In Tanzania, violence against women, especially domestic violence, is often tolerated and rationalised.³ TARWOC's Drop-in Centre recruits and trains GBV Ambassadors to challenge and shift harmful gender attitudes, beliefs, and practices at the individual and community levels. Ambassadors come from local communities and understand cultural norms that perpetuate violence against women. They sensitise communities on the role citizens have in preventing and reporting GBV, how to support survivors, and where survivors can access services. Recognising that transforming gender roles and behaviours requires the active engagement of males, the 200+ Ambassadors include both men and women. Between October 2011 and June 2013, community education efforts reached 125,796 people.



Photo courtesy of HPI/Tanzania. GBV Ambassador Deves Swebe, Kwakilosa Ward.

Ambassadors also mediate disputes and provide referrals to the Drop-in Centre and other support services. In a recent assessment of TARWOC's Drop-in Centre, community leaders expressed the positive impact of the Ambassadors, as well as their reputation and recognition within communities, such that individuals and families affected by GBV are aware

and make use of these new services. One community leader in Mlandege ward noted “the message has reached many people. [If affected by GBV] they go straight to the Ambassadors.”

Empowering Survivors

In addition to community education, the Drop-in Centre seeks to reduce the physical and psychological consequences of GBV by providing survivors with counselling and other resources. Services provided at the facility include a safe house; psychological counselling; emergency first aid; mediation; community education; and referrals to medical, legal, and spiritual services. Between October 2011 and June 2013, the Drop-in Centre provided direct services to more than 3,300 clients.

Clients arriving at the Centre receive information about their rights and options. After initial counselling and provision of medical and other services, some survivors wish to be reintegrated with their families. In these cases, the Centre mediates between survivors and perpetrators of violence, with the aim of strengthening the conflict resolution skills of both parties. If survivors are reintegrated into their families, they receive follow-up visits to ensure their safety and progress.

Some survivors need more services than the Centre provides. In these cases, TARWOC uses its referral system to ensure that survivors get access to other required services, like those provided by health facilities, the police gender desk, and the legal system.

TARWOC understands that eliminating GBV takes more than the efforts of one organisation. Consequently, the Centre works closely with stakeholders in the community, including the district and municipal levels of government, police, traditional leaders, religious organisations, health facilities, and social welfare agencies to facilitate effective, efficient, and targeted GBV prevention and response efforts.

Next Steps: Ensuring Sustainability

The Drop-in Centre and its community ambassadors have touched thousands of lives in its short existence; these efforts to address GBV in Iringa have had a positive impact on survivors, their families, and their communities. However, the Centre is still at a nascent stage. TARWOC currently relies exclusively on donor funds to support the Drop-in Centre’s vital services, which are unsustainable.

Furthermore, due to financial, material, and human resource constraints, geographic coverage is limited, and the Drop-in Centre does not provide all services prescribed per MOHSW GBV guidelines. Emergency contraception, post-exposure prophylaxis, HIV counselling and testing, and economic support to survivors are all potential areas of service expansion, if and when additional resources become available.

The Drop-in Centre has developed key relationships with municipal and district governments to convey the severity of GBV in the region and encourage a governmental response. These relationships are crucial for sustainability. In the Drop-in Centre’s short existence, substantial progress through a community-based initiative has been achieved. Challenges in strengthening the Centre remain, and growth is a possibility. The Centre serves as an example of possible innovative solutions to the complex challenge of GBV in Tanzania.

¹ United Republic of Tanzania, Ministry of Health and Social Welfare. 2011. *National Management Guidelines for the Health Sector Response to and Prevention of Gender-based Violence (GBV)*. Dar es Salaam, Tanzania: United Republic of Tanzania.

² National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. *Tanzania Demographic and Health Survey (TDHS) 2010*. Dar es Salaam, Tanzania: NBS and ICF Macro.

³ TDHS, 2010, p.279.

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