

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

**Summary of
National Policy Guideline for the
Health Sector Prevention and
Response to Gender-Based Violence
(GBV)**

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BACKGROUND

This National Policy Guideline for the Health Sector Prevention of and Response to Gender-Based Violence (GBV) was developed to address the critical and largely unrecognized problem of gender-based violence in Tanzania. GBV is a gross violation of fundamental human rights and has severe, long-term negative consequences on the physical, sexual, and mental wellbeing of the survivors, family and community. The comprehensive prevention of and response to GBV calls for not only the involvement of the health sector, but also the inclusion of other sectors responsible for psychosocial, police, and legal services.

The guidelines outline the responsibilities and roles of the Ministry of Health and Social Welfare (MOHSW) and its key partners in joint planning and implementation of comprehensive GBV services at all levels. The prevention of GBV and provision of quality services to the survivors shall be integrated into the existing national health delivery infrastructure. The provision of GBV services to survivors at each service delivery point shall be guided by adherence to and respect for human rights, professional ethics, and compassion. To this end, these Policy Guidelines will inform the preparation of the National Management Guidelines for Health Sector Prevention and Response to Gender-Based Violence.

The MOHSW acknowledges the contribution of the Technical Working Group of the Directorate for Reproductive and Child Health Section and development partners: United States Agency for International Development (USAID)/Tanzania; the President's Emergency Plan for AIDS Relief (PEPFAR); the Health Policy Initiative (HPI), Task Order 5 under Futures Group; the United Nations Joint Program-2; consultants and several organizations and individuals.

GLOSSARY OF TERMS AND CONCEPTS

For the purpose of this document, these terms and concepts shall have the following meanings.

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.

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 provide a safe haven for GBV survivors.

Fit institution: An approved residential or approved school, retention home, or 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.

Multisectoral 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 [MCDGC]; Ministry of Justice and Constitutional Affairs [MOJCA]; Ministry of Home Affairs [MOHA], Prime Ministers' Office Regional Administration and Local Government [PMO-RALG; human rights organizations; civil society organizations; and faith-based organizations.

1. INTRODUCTION

Gender-based violence [GBV] has been de-scribed as “perhaps the most shameful human rights violation, and the most pervasive.” GBV leaves deep psychological scars, damage the health of women and girls in general, including their reproductive and sexual health, and in some instances, results in death. GBV is a serious problem that limits the ability of men, women and children to enjoy their basic human rights and fundamental freedoms; it reflects and reinforces inequities between men and women and compromises the health, dignity, security, and autonomy of survivors. Women’s subordinate social, economic, and legal status often makes it difficult for them to get help once violence occurs. GBV is highly prevalent in many counties of the world including Tanzania but is not widely recognized as a human rights violation.

2. SITUATION ANALYSIS OF GBV IN TANZANIA

The reported overall prevalence of domestic violence in the country among women (ages 15–49 years) was 45 percent; and three quarters of children experience some form of physical violence by a relative, teacher, or other authority figure by the time they are 18 years old. More than 60 percent of GBV survivors have not taken any action to report the violence to any formal or law enforcement authorities.

The Tanzanian government is signatory to several international and regional instruments related to Humana Rights, gender and GBV, including the Millennium Development Goals. There is a national vision and strategy; policies, and plans under key ministries supportive of prevention and response to GBV. There is an enabling legal and regulatory environment in Tanzania that includes the Constitution, the Law of the Child Act, the Sexual Offences Provision Act 1998 (SOSPA) and the Penal Act (revised 2002); the Human Trafficking Act No. 6 of 2008; and Prevention Act No. 28 of 2008. However their application is constrained and weak.

There is a functional national health and social welfare service delivery infrastructure that includes health promotion, disease prevention, as well as curative, rehabilitation and social welfare services. Tanzania has a total of 5,718 health facilities and a referral system comprising of dispensaries, health centers and hospitals. GBV response and prevention has been

limited to routine care at health facilities, psychosocial support, and gender desks at police stations, legal aid and advocacy by civil society organizations [CSO]. There are many challenges and gaps.

2.1 Challenges

Challenges related to GBV in Tanzania include traditional and cultural practices which represent risk factors (for GBV), limited community involvement, and inadequate information and knowledge on the magnitude of the problem. There is lack of GBV policy and management guidelines for survivors in different key sectors, inadequate funding, and ambiguous national laws – some of which contradict each other and are discriminatory for women and children. Socioeconomic status, including poverty and lack of employment, contributes to GBV along with gender and adequate enforcement of human rights.

2.2 Gaps in the GBV Response

The key gaps in the Ministry of Health and Social Welfare (MOHSW) include lack of guidelines; inadequate financial and human resources; inadequate integration of GBV services; the referral system; and insufficient information and data. Limited understanding and coordination of GBV services exist among MOHSW, Legal (Police and Judiciary) Services, key ministries such as Education, and other stakeholders, including the community.

3. RATIONALE AND OBJECTIVES

Given the magnitude of the problems, consequences, challenges and gaps related to GBV, the MOHSW and key stakeholders developed this GBV policy guideline under the national health policy to strengthen its response to GBV and ensure the provision of comprehensive, high-quality services at all levels. The policy guideline shall provide direction to health facilities at all levels regarding their role and responsibility in integrating and providing GBV services, including referrals. The policy guideline shall inform the development of GBV management guidelines for healthcare providers who deliver care to survivors.

The overall objective of the policy guideline is to strengthen the efforts of the MOHSW to prevent and respond to GBV. The policy guideline will direct the health sector and help establish effective linkages with the community and multisectoral actors.

The Specific Objectives include providing a framework to inform development of GBV medical management guidelines and protocols; guide the MOHSW in a well-coordinated implementation of GBV prevention and response efforts; guide the establishment of comprehensive systems for monitoring, evaluating, and documenting GBV interventions under the MOHSW, and support linkages among the MOHSW, community, and other multisectoral stakeholders in GBV-related service provision.

4. POLICY DIRECTIONS

The GBV policy guideline includes comprehensive management of psychosocial and legal support for GBV survivors at all levels. The guideline addresses advocacy and behavior change communication (BCC), establishing linkage mechanisms, and improving coordination, supervision, monitoring and evaluation (M&E) of GBV services at all levels. The Community, Dispensary Committee and Dispensary Management Team shall ensure allocation of adequate resources for prevention and provision of comprehensive high-quality GBV services in annual dispensary plans. The plan shall ensure the availability and adequacy of safe houses and drop-in centres in the community.

5. INSTITUTIONAL FRAMEWORK

The institutional framework for the implementation of prevention of and response to GBV under the MOHSW is organized under three levels: central, regional, and council.

5.1 Central Level

Central Level by office, departments and sections shall integrate GBV services into their core business. The Reproductive and Child Health Section is responsible for providing leadership to the National GBV Technical

Working Group and sub-technical working groups that support sector-wide approaches (SWAps) in health, as well as task forces that oversee implementation of GBV prevention and support.

5.2 The Regional/City Councils

The regional/city councils that include Regional Health Management Teams (RHMTs) and Regional Hospital Management Teams shall ensure the inclusion and allocation of adequate resources for comprehensive GBV prevention and response services in the five-year strategic and annual regional/hospital plans as well as integration of GBV prevention and response services into existing services.

5.3 District/Municipal Council

The District/Municipal Council include the Health Service Board, Council Health Management Teams (CHMTs), District Hospital Governing Committee, District Hospital Management Teams, Facility Health Committees, and Health Facility Management Teams at Health Centers and Dispensary. They shall ensure planning, adequate allocation of resources, and effective integration and implementation of comprehensive GBV services and prevention activities under the annual Comprehensive Council Health Plan (CCHPs). This includes the establishment of adequate drop-in centers and safe houses.

6. MONITORING, EVALUATION, AND RESEARCH

Monitoring and evaluation of GBV prevention and response efforts shall be implemented at all levels, including the RCH Section at the central level; RHMTs at the regional level; CHMTs at the district level, and Facility Management Teams at health facilities. Each level shall: Receive, compile, and disseminate to stakeholders relevant information and data on GBV prevention and the response from the RHMTs; analyze gathered information and data to evaluate the performance of GBV-related service providers; identify areas for improvement, as well as research by relevant level.

6.1 GBV Indicators for the Health Sector

GBV indicators for health sector at central, regional, district and facility levels shall include: Number of persons provided with GBV services by type of services, age, and sex by level.

- [i] Proportion of health facilities with service providers trained to provide GBV services; by level oriented on the National Management Guidelines; have documented and adopted the National Management Guidelines and have essential supplies and equipment for the management of GBV by level.

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