



# **Gender and Gender Based Violence Interventions in Reproductive and Child Health Section**

**Ministry of Health and Social Welfare**

**Paper presented by RCHS**

**During the Commemoration of Women's Day  
Karimjee Hall, 07<sup>th</sup> March 2011**

# OUTLINE OF PRESENTATION



- Introduction
- Efforts to strengthen Health aspects of management GBV
- Other sectoral responses
- Best Practices and Lessons Learnt

# Introduction



- Gender divulges to the social characteristics ascribed to men, women, boys and girls, while gender-based violence (GBV) refers to violence that targets individuals or groups on the basis of their gender. In this connection, women, men, girls and boys can be exposed to GBV.

# Introduction contd.



- The available health services that can be offered to survivors of GBV in Tanzania include but not limited to:
- Management of life-threatening injuries
- Pregnancy tests and prevention
- Post exposure Prophylaxis (PEP) to prevent HIV Prevention
- Counseling for HIV, FP, STIs
- STI Treatment
- Referral for other services

# PROGRAMMES OF RCHS



- Safe Motherhood Initiative
- Extended Programme on Immunization
- Gender in Reproductive Health
- Prevention of Mother to Child Transmission
- Adolescent Reproductive Health
- Newborn and Child Health
- Family Planning
- Reproductive Health Cancer

# Efforts to Health Aspects of GBV



- In order to provide the required and effective GBV management in our country, the Ministry of Health and Social Welfare (MOHSW) through the Reproductive and Child Health Section (RCHS) has decided to develop Gender Based Violence (GBV) Policy and Management Guidelines to be used by actors/implementers in providing quality care for GBV survivors.

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- This activity involves key Ministries (MCDGC, MOHA, MOFCA MOEVT, MOLEYD....) Development Partners, CSOs, Institutions, Regional/District Authorities, facilities and the community at large.

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- The first meeting for development of the GBV documents mentioned above was held at Future Group Offices on the 16<sup>th</sup> February 2010. The meeting involved four MOHSW/RCHS Officials and staff members from Health Policy Initiative Futures Group Organization. It was indicated that there are no guidelines that service providers can use to handle GBV survivors. The implications of this was considered serious

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- Futures Group reported that in 2008, their staff conducted GBV policy scan in Tanzania and one of the gaps that was identified was lack of guidelines and training materials for management of GBV survivors

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- It was considered necessary to formulate GBV Policy and Management Guidelines for comprehensive GBV care in Tanzanian context. The main actors are government institutions, private sector, civil society organizations, community and faith based organizations, parliamentarians, the media and development partners. This is guided by a Technical Working Group coordinated by MOHSW/RCHS.
- The whole activity is sponsored by UNJP2 and HPI Futures Group Organization (USAID)



# Achievements

- Gender based violence services are carried out by different actors and sectors
- Government and partners are committed in supporting integration, GBV prevention & control
- Have developed Draft GBV Policy and GBV Management Guidelines
- Tanzania Police Female Network established since 2008
- Currently three regions (Dar es Salaam, Coastal and Morogoro) have gender desks in their police stations.

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- In Coast Region e.g. there are currently 17 gender desks. In Morogoro region about 28 police stations have established gender desks and 80 police officers in the region have been trained in 2010 to respond effectively and sensitively to GBV cases Some coverage:

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- Adolescent Reproductive Health has :
- Developed /Reviewed the second strategy (2011-2015) which is now waiting for endorsement.
- Training materials for service providers
- Developed Peer National Standards for Peer Education
- Developed Draft Parent Community Guidelines

# Challenges



- Ministry of Health and Social Welfare has gender health desks in all departments
- However, there are no protocols, guidelines or standard operating procedures for medical management of GBV in place
- GBV is not a part of health care provider's required curriculum (There must be effective coordination and communication between the MOHSW and the training institutes so that the curriculum is standardized.

# Challenges



- Service providers need to be trained to increase their knowledge and skills related to GBV
- There are inadequate funds for capacity building to facilitate the introduction of GBV programmes from grassroots levels.
- GBV is not well mainstreamed in the national training materials including curriculum, manuals and job aids.

# Conclusion



Only when Gender based violence is integrated in Reproductive and Child Health services, can it help to:

- save women's and children's lives
- provide men and women more time and opportunity to care for their children and themselves
- reduce men and women socio-economic burden



THANK YOU