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GLOBAL HEALTH POLICY CENTER

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IN TANZANIA

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Cover photo: Poster on wall of health clinic, Iringa, Tanzania, 2012. The poster reads, in Swahili, "Beating will not treat a disease. Let's discuss and get treatment together. STIs are treatable." Photo by Janet Fleischman.

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# GENDER-BASED VIOLENCE AND HIV

## EMERGING LESSONS FROM THE PEPFAR INITIATIVE IN TANZANIA

*Janet Fleischman*<sup>1</sup>

### Executive Summary

*We cannot stop the epidemic of HIV unless we also address the epidemic of violence against women.*—Secretary of State Hillary Rodham Clinton, June 2, 2011

The dual global epidemics of HIV/AIDS and gender-based violence (GBV)<sup>2</sup> exert a destructive and disproportionate impact on women and girls, especially in high HIV-prevalence countries in Africa. Yet despite bipartisan political consensus on the intersection between HIV and GBV, efforts to address this area have not attracted the attention or resources necessary to drive the program innovation that could demonstrate progress. However, new momentum is now being brought to this agenda with the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) GBV initiative. Although still early in implementation and facing many challenges, the GBV initiative has the potential to yield important lessons about synergies and cost-effectiveness in reducing GBV and HIV, with clear implications for U.S. global health investments.

The GBV initiative, which focuses on Tanzania, Mozambique, and the Democratic Republic of Congo (DRC), is a U.S. government interagency effort to integrate activities to address GBV into existing HIV programs at the health facility and community levels, as well as at the national policy level. The initiative stems from a global body of research showing a strong and complex set of

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<sup>1</sup> Janet Fleischman is a senior associate with the CSIS Global Health Policy Center. She conducted the mission to Tanzania with Phillip Nieburg, also a senior associate with the CSIS Global Health Policy Center.

<sup>2</sup> Gender-based violence (GBV) is violence that is directed at an individual based on his or her biological sex or gender identity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation. Women and girls are the most affected by GBV, but boys and men can also experience GBV, as can sexual and gender minorities, such as men who have sex with men and transgender persons. See Alia Khan, *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs* (Arlington, VA: AIDSTRAR-One/USAID, October 2011), [http://www.aidstar-one.com/sites/default/files/AIDSTAR-One\\_GBV\\_Guidance\\_lowres.pdf](http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_GBV_Guidance_lowres.pdf).

linkages between GBV and HIV,<sup>3</sup> with violence being both a risk factor for HIV acquisition as well as a consequence of being HIV infected.<sup>4</sup> The urgency of finding ways to address these mutually reinforcing epidemics is highlighted by recent country-level studies that show alarming levels of physical and sexual violence against women and girls, and reveal that women who experience violence in relationships face a four-fold higher risk of HIV and sexually transmitted infections (STIs).<sup>5</sup>

However, the challenges ahead are daunting. At the country level, these include widespread gender inequalities that fuel GBV and contribute to underreporting of cases, weak national health systems (and legal, police, and social welfare systems) with severe human resource constraints, and limited or nonexistent community referral networks, all of which present risks for survivors of GBV who seek services and report cases. From the U.S. government side, the challenges involve the varying capacity of PEPFAR's implementing partners to implement GBV programs, ongoing issues of U.S. government interagency collaboration and the accompanying tensions, and limited resources and short time frames for tackling deep-rooted problems and evaluating impact. To be sure, GBV is a sensitive and complicated issue, which many national and international officials, donors, and implementers are wary of addressing.

This paper examines how the GBV initiative is being introduced in Tanzania, one of the GBV focus countries, based on interviews in Tanzania in April 2012 with U.S. government officials, nongovernmental organizations, and implementing partners, as well as interviews in Washington, D.C. It describes the importance of this initiative for the work of PEPFAR and the Global Health Initiative (GHI), impediments to progress, why this program has the potential to provide valuable and timely lessons for achieving HIV-related goals and for improving health outcomes for women and girls, and priority steps for getting the best results in the future.

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<sup>3</sup> World Health Organization (WHO) and UNAIDS, *Addressing Violence against Women and HIV/AIDS: What Works?* (Geneva: WHO, 2010), p. 1, [http://new.paho.org/hq/dmdocuments/2011/Addressing\\_violence\\_against\\_women\\_HIV-AIDS\\_eng.pdf](http://new.paho.org/hq/dmdocuments/2011/Addressing_violence_against_women_HIV-AIDS_eng.pdf).

<sup>4</sup> GBV relates to HIV in many direct and indirect ways, including: fear of violence may keep women and girls from getting tested for HIV, disclosing their HIV status, and/or seeking care and treatment, just as such fear of violence may prevent women and girls from negotiating condom use. In addition, forced sexual intercourse increases the likelihood of HIV transmission, and experience of sexual and physical abuse can lead to risky sexual behaviors, which can increase the risk of HIV infection. See Michele Moloney-Kitts, "PEPFAR Gender Programming: Past, Present and Future," AIDSTAR-One, n.d., <http://www.aidstar-one.com/sites/default/files/MichelleMaloneyKitts.pdf>.

<sup>5</sup> Data collected by the Centers for Disease Control (CDC) Division of Violence Prevention found that women in relationships with violence have a four-fold higher risk of HIV and other STIs and that violence is associated with increased HIV risk behaviors, including sex with multiple partners, sex with unfamiliar partners, sex with older partners, decreased ability to negotiate condom use, transactional sex, and drug use. Janet Saul, PhD, special adviser to the director, Division of Violence Prevention, CDC, "Violence Against Women and HIV: Data, Gaps, & Opportunities" (paper presented at the White House Meeting on the Intersection of HIV/AIDS, VAW & Gender-related Health Disparities, Washington, DC, March 14, 2012).

## Policy Options

The PEPFAR GBV initiative signals the achievement of a new threshold in the U.S. government's bipartisan commitment to address GBV as a critical driver of the HIV epidemic, and it forms part of a broader effort by the Obama administration to make reduction of GBV and mitigation of its harmful effects an overarching policy goal.<sup>6</sup> At this time of deep uncertainties surrounding the future of funding for global health programs, the GBV initiative illustrates potentially innovative and cost-effective ways to leverage the PEPFAR platform to achieve the important goals of preventing and responding to HIV and GBV and, thus, constitutes a timely and valuable direction for U.S. programs and policy. In addition, by working in partnership with the government of Tanzania, the initiative has the potential to build the credibility and sustainability that are inherent in country ownership.

To demonstrate success, the GBV initiative will have to show: that the national government has made GBV a national policy priority; that integrating GBV into HIV platforms produces constructive outcomes in prevention and access to services at the clinical level, and in the development of support structures and referral networks at the community level; that these programs are sustainable over the longer term, by becoming part and parcel of public-sector health services and training; and that bipartisan support in the United States can be maintained and expanded.

The advancement of the GBV initiative, and of HIV-GBV programing overall, presents important opportunities for U.S. policy development. Key policy options include the following:

- Identify milestones to success in GBV-HIV prevention and response programs and incorporate the lessons learned into other HIV and reproductive health programs. This includes moving beyond simply counting numbers of people reached in clinics and communities to evaluating outcomes and impacts of activities and programs.
- Provide training and supportive supervision to health care providers in HIV and GBV programs, and ensure that facilities are equipped with commodities—including HIV tests, post-exposure prophylaxis (PEP), emergency contraception (EC), and treatment for sexually transmitted infections (STIs). The goal of these efforts is to ensure quality of service delivery, safety, and confidentiality and to avoid further victimization of GBV survivors.
- Build political accountability and fulfill pledges on GBV by working with the national government, civil society organizations, and other donors to ensure that these programs are budgeted within expenditure frameworks. This step includes encouraging the national

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<sup>6</sup> See U.S. Agency for International Development (USAID), “Gender Equality and Female Empowerment Policy,” March 2012, [http://transition.usaid.gov/our\\_work/policy\\_planning\\_and\\_learning/documents/GenderEqualityPolicy.pdf](http://transition.usaid.gov/our_work/policy_planning_and_learning/documents/GenderEqualityPolicy.pdf); U.S. Department of State, “New Initiative Responds to Gender-Based Violence as Part of Global HIV Response,” March 14, 2012, <http://www.state.gov/r/pa/prs/ps/2012/03/185777.htm>. In addition, the U.S. government will be submitting to Congress a new strategy on GBV, which is being coordinated by the White House and is expected to be released in June or July 2012.

government to invest in GBV prevention and mitigation for both the community-level and clinical response and for other international donors to support those plans.

- Promote a multisectoral, evidence-driven response to GBV-HIV that goes beyond the medical model to include social support, legal assistance, drop-in centers/shelters, community mobilization, economic empowerment for women and girls, and programs within communities. This is especially important to help ensure protection for GBV survivors.
- Sustain high-level leadership, at the country level and in Washington, to emphasize the importance of addressing the intersection between GBV and HIV and to ensure adequate resources. This includes building ongoing support for the GBV initiative in the U.S. Congress so that congressional and staff delegations visiting Tanzania can see the opportunities provided by this approach.

## U.S. Government and Tanzania

Given that all U.S. health programs are now effectively subsumed under the umbrella of the Global Health Initiative (GHI),<sup>7</sup> it is significant that improving the health of women and girls is a stated priority for the GHI in Tanzania and that programs to address GBV are a particular priority. Although PEPFAR also falls under GHI, it accounts for over three-quarters of the U.S. government budget for health in Tanzania, so the targeting and outcomes of PEPFAR-supported programs carry enormous implications for what GHI can hope to achieve.

Tanzania has become a key U.S. partner and a major recipient of U.S. assistance, notably in global health. The importance of U.S. health investments in Tanzania, which account for over 70 percent of USAID's funding in the country, is evidenced by the sheer number of U.S. initiatives.<sup>8</sup> Many of these health investments—including more than \$1.4 billion in PEPFAR alone since 2004<sup>9</sup>—are being used as platforms from which to provide more comprehensive services, support health systems strengthening, and improve health and development outcomes in Tanzania.

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<sup>7</sup> The U.S. Global Health Initiative (GHI) was announced by President Obama in May 2009 as a six-year, \$63-billion program to develop a comprehensive U.S. global health strategy, which would serve as an overarching umbrella over all existing U.S. global health programs in more than 80 countries. It is guided by seven core principles, the first being a focus on women, girls, and gender equality. See GHI, "Guidance for Global Health Initiative Country Strategies," <http://www.ghi.gov/resources/guidance/164904.htm>.

<sup>8</sup> U.S. health and development initiatives in Tanzania include: the Global Health Initiative (GHI), the President's Emergency Plan for AIDS Relief (PEPFAR), the PEPFAR GBV Initiative, the President's Malaria Initiative (PMI), Feed the Future (FtF), the Pink Ribbon Red Ribbon Alliance (PRRR), as well as Tanzania being a USAID family planning priority country and one of the PEPFAR PMTCT Acceleration Plan countries. Tanzania also has the largest compact to date with the Millennium Challenge Corporation (MCC) and is one of the Partnership for Growth (PFG) countries.

<sup>9</sup> U.S. Department of State, "Background Note: Tanzania," December 2011, <http://www.state.gov/r/pa/ei/bgn/2843.htm>.



This is a time of distinct opportunities and challenges in Tanzania. To improve health outcomes and to meet the country's own development objectives, these recently strengthened GBV and HIV programs will require sustained commitment from both the U.S. and Tanzanian governments.

While Tanzania has benefitted from a stable political environment and continued projections for economic growth, it confronts serious challenges in the areas of health and development, especially for women and girls: almost 75 percent of the population live in rural areas, with limited access to health and social services; HIV prevalence for females is 7 percent and 5 percent for males, with young women aged 15 to 24 infected at rates up to four times higher than men their age; 44 percent of ever-married women have experienced physical and/or sexual violence from a partner, and 37 percent of ever-married women experienced spousal violence in the last 12 months; unacceptably high maternal mortality rates (460 per 100,000); and 60 percent of government health positions are vacant, resulting in severe shortages of health workers, especially in rural areas.

## Background on PEPFAR and GBV

*Gender-based violence...directly promotes the spread of HIV/AIDS by limiting women's ability to negotiate sexual practices, disclose HIV status, and access medical services and counseling due to fear of GBV.*—Ambassador Eric Goosby, U.S. Global AIDS Coordinator, May 12, 2010

The intersection between HIV and GBV has become an area of increasing focus in recent years, including by PEPFAR under both the Bush and Obama administrations. In the first phase of PEPFAR, reducing violence and coercion was one of the five gender strategies that country programs were encouraged to pursue.<sup>10</sup> In 2007, PEPFAR launched a special initiative on sexual and gender-based violence that focused on sites in Rwanda and Uganda.<sup>11</sup> Most importantly, the legislation reauthorizing PEPFAR in 2008 specifically included language calling for plans to address the needs of women and girls, including by integrating GBV screening and assessment into HIV/AIDS programs and by promoting HIV/AIDS counseling, testing, and treatment into GBV programs.<sup>12</sup> These efforts provided a critical foundation for the current GBV initiative.

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<sup>10</sup> PEPFAR's five gender strategic areas are: increasing gender equity in HIV/AIDS activities and services; reducing violence and coercion; addressing male norms and behaviors; increasing women's legal rights and protection; and increasing women's access to income and productive resources.

<sup>11</sup> See Jill Keesbury and Jill Thompson, *A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa* (Washington, DC: USAID, November 2010), [http://www.popcouncil.org/pdfs/2010HIV\\_PEPFAR\\_SGBV\\_Toolkit.pdf](http://www.popcouncil.org/pdfs/2010HIV_PEPFAR_SGBV_Toolkit.pdf).

<sup>12</sup> See HR 5501, "Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS,

Under the Obama administration, this focus on GBV was enhanced by high-level leadership, including by Secretary of State Hillary Clinton and by Ambassador Eric Goosby at the Office of the Global AIDS Coordinator (OGAC). In 2010, PEPFAR announced that reducing violence and coercion would be a cross-cutting but specific budget code, which for the first time allowed PEPFAR to capture information about how much money was being used for GBV activities and required its partners to monitor and track GBV-related interventions.<sup>13</sup> In 2011, GHI issued supplemental guidance on its Women, Girls, and Gender Equality Principle, which included monitoring, preventing, and responding to GBV as a core element for GHI country strategies.<sup>14</sup> In March 2012, the State Department's Office of Global Women's Affairs and PEPFAR announced a \$4.65 million project, funded by PEPFAR, to provide small grants to grassroots organizations to address GBV, with links to HIV prevention, care, and treatment.<sup>15</sup>

## PEPFAR GBV Initiative in Tanzania

*The consequences of GBV are facing a lot of us—our mothers, ours sisters, our brothers. GBV is our own issue.*—Interview with CHAMPION (Channeling Men's Positive Involvement in the National Response to HIV and AIDS) community action team member, Iringa, Tanzania, April 19, 2012

With rising attention to the links between GBV and HIV risk for women and girls, PEPFAR launched its GBV initiative in May 2010. The initiative is a three-year, centrally funded project in three countries—Tanzania, DRC, and Mozambique—totaling \$48 million, with \$3 million for the evaluation project in Tanzania. Tanzania will receive \$21 million, and the evaluation project will be undertaken in one of the three provinces to examine overall effectiveness and impact.<sup>16</sup>

The initiative aims to use the opportunity presented by women, men, and children seeking testing, care, and treatment through PEPFAR platforms to provide comprehensive services for survivors of GBV; it also seeks to strengthen community-based responses and referral networks, including targeting men to change attitudes and behaviors around GBV. The initiative also

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Tuberculosis, and Malaria Reauthorization Act of 2008,” <http://www.pepfar.gov/documents/organization/108294.pdf>.

<sup>13</sup> PEPFAR, “FY2010 Country Operational Guidance: Programmatic Consideration,” June 2009, <http://www.pepfar.gov/documents/organization/127185.pdf>.

<sup>14</sup> GHI, “Supplemental Guidance on Women, Girls, and Gender Equality Principle,” <http://www.ghi.gov/resources/guidance/161891.htm>.

<sup>15</sup> U.S. Department of State, “New Initiative Responds to Gender-Based Violence as Part of Global HIV Response,” media note, March 14, 2012, <http://www.state.gov/r/pa/prs/ps/2012/03/185777.htm>.

<sup>16</sup> Daniela Ligiero, senior gender adviser, OGAC, “The Global Health Initiative, Gender, and Integration: How GHI Is Meeting the Broader Health Needs of Women and Girls” (presentation at CSIS, Washington, DC, March 13, 2012), <http://smartglobalhealth.org/page/signup/the-global-health-initiative-gender-and-integration>.

requires the three countries to report on three new PEPFAR GBV indicators that are being piloted.<sup>17</sup>

PEPFAR's support for the GBV initiative in Tanzania is based on four key factors: the high GBV prevalence in Tanzania; that GBV is a contributing factor to HIV prevalence; that GBV constitutes a barrier to accessing HIV services; and that Tanzanian leaders and government plans support the focus on GBV and recognize the links between GBV and HIV. To oversee the initiative, PEPFAR created a position for a full-time technical adviser for GBV programming, who is employed by USAID. Funding for the position is split between PEPFAR's GBV funds and USAID.

Awareness about GBV has grown considerably in Tanzania in recent years,<sup>18</sup> but especially since 2010, due in part to two national surveys that provided disturbing data about the prevalence of GBV. The 2010 Tanzania Demographic and Health Survey (DHS) for the first time included a module asking about GBV within the household. Its findings were sobering: 44 percent of ever-married women have experienced physical and/or sexual violence from a partner, and 37 percent of ever-married women experienced spousal violence in the prior 12 months.<sup>19</sup>

The second survey was the Violence against Children (VAC) survey, conducted in 2009 by the UN Children's Fund (UNICEF), the Centers for Disease Control (CDC), and Muhimbili University, and supported by Together for Girls, a public-private partnership that includes the United Nations and U.S. government agencies to address sexual violence against children. The VAC study, which was published in 2011, attracted considerable attention in Tanzania. It found that almost 3 out of 10 females and 1 out of 7 males had experienced sexual violence before the age of 18 and that nearly three-quarters of females and males have experienced physical violence by an adult or intimate partner before the age of 18.<sup>20</sup> The VAC study also found links between

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<sup>17</sup> The indicators are: number of people reached by individual, small group, or community level intervention or service that explicitly addresses GBV; number of GBV service encounters at a health facility; and percentage of health facilities with GBV services available.

<sup>18</sup> Tanzania was included in the 2005 World Health Organization (WHO) multi-country study on violence. See WHO, *WHO Multi-country Study on Women's Health and Domestic Violence against Women* (Geneva: WHO, 2005), [http://www.who.int/gender/violence/who\\_multicountry\\_study/en/](http://www.who.int/gender/violence/who_multicountry_study/en/).

<sup>19</sup> National Bureau of Statistics and ICF Macro, *Tanzania Demographic and Health Survey 2010* (Dar es Salaam: National Bureau of Statistics, April 2011), p. 279, [http://www.measuredhs.com/pubs/pdf/FR243/FR243\[24June2011\].pdf](http://www.measuredhs.com/pubs/pdf/FR243/FR243[24June2011].pdf).

<sup>20</sup> It should be noted that the VAC study defined sexual violence quite broadly: "any sexual act that is perpetrated against someone's will and encompasses a range of offenses, including a completed nonconsensual act (i.e., rape), attempted nonconsensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment)." See UNICEF, CDC, MUHAS, *Violence against Children in Tanzania: Findings from a National Survey 2009* (Dar es Salaam: UNICEF, CDC, and Muhimbili University of Health and Allied Sciences, August 2011), [http://www.unicef.org/media/files/VIOLENCE\\_AGAINST\\_CHILDREN\\_IN\\_TANZANIA\\_REPORT.pdf](http://www.unicef.org/media/files/VIOLENCE_AGAINST_CHILDREN_IN_TANZANIA_REPORT.pdf).

violence and HIV, in that those who had experienced sexual abuse before the age of 18 engaged in behavioral practices that increased their HIV risk, including having multiple partners, less use of condoms, and being more likely to engage in sexual exploitation or prostitution.<sup>21</sup>

The PEPFAR GBV initiative in Tanzania is designed to strengthen the coordinated delivery of health facility-based services and community-based programs for support of GBV survivors and prevention of GBV. Although slow in getting started—the program didn't officially start until October 2011—activities are now focused in three regions of the country (Dar es Salaam, Mbeya, and Iringa). In the second year, the GBV work will be expanded into another region, Mara, where the DHS data revealed extremely high levels of sexual violence. PEPFAR also provides national level support to the government of Tanzania to develop policies and a training curriculum for health care providers.

A separate evaluation is being planned in one of the regions to assess the outcomes of program interventions, including reduction in experience of GBV and utilization of services by GBV survivors. The study also will look at changes in community awareness, attitudes, and practices related to GBV, and linkages among GBV, HIV, and other services. Results are intended to inform GBV program design and scale-up in Tanzania and globally. At this writing, it appears that the evaluation will focus on the province of Mbeya, where the U.S. Department of Defense (DOD) is working.<sup>22</sup>

In 2010, the three regions selected for implementing the GBV initiative were based on a few criteria: the HIV prevalence, where some data existed on GBV from the World Health Organization (WHO)<sup>23</sup> (this took place prior to the 2010 DHS or the VAC study), and where there were strong PEPFAR platforms to build on. The three regions corresponded to where the key U.S. agencies had based their respective programs—USAID in Iringa, CDC in Dar es Salaam, and DOD in Mbeya—so the pursuit of collaboration also reflected the interests of each agency.

The mandate from PEPFAR's Gender Technical Working Group for this initiative was to move beyond pilot projects and to develop a comprehensive model that could be scaled up nationally. Information on GBV is now supposed to be shared across a number of working groups to encourage discussions about strategic and technical directions. Though regionalized, each U.S. government agency is supposed to integrate GBV into key aspects of their PEPFAR activities, whether their partners focused on HIV prevention, care, or treatment, prevention of mother-to-child transmission (PMTCT), orphans and vulnerable children (OVCs), home-based care, health systems strengthening, or policy and advocacy. As called for under USAID's new Gender Equality

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<sup>21</sup> Interview with Andy Brooks, chief of child protection for UNICEF, Dar es Salaam, April 17, 2012.

<sup>22</sup> To many observers, this was a somewhat surprising choice, given DOD's limited experience in GBV programing compared to USAID or even CDC, but it has been justified on technical and programmatic grounds. The idea is that lessons learned about GBV in other parts of the country will be applied in Mbeya and that the program model will be more easily evaluated and replicated elsewhere.

<sup>23</sup> WHO, *WHO Multi-country Study on Women's Health and Domestic Violence against Women*.

Policy, GBV is also supposed to be addressed in other areas of the U.S. government's work, such as nutrition and agriculture (Feed the Future), economic development, and democracy and governance.

The GBV initiative is clearly a complex undertaking, involving a large group of some 20 U.S. implementing partners, as well as government entities in the three geographic regions, and addressing both health facility and community-level responses. No new request for application (RFA) was developed for this project; rather, the various partners were assigned different components, based on their existing work. As one implementing partner put it, "it was a very prescriptive initiative—they told us what they wanted and how to be organized."<sup>24</sup>

While the U.S. government processes contributed to the slow start, many of the delays reflected the sheer number of partners involved and the fact that the program required new policies, guidelines, and curricula, which take time for government ministries to develop.

Given the tremendous variability of experience in GBV programming among the partners, a lead partner was identified in both the community (EngenderHealth) and clinical (Pathfinder) areas. One of the roles of EngenderHealth is to help coordinate information sharing on emerging best practices on GBV prevention, which included organizing a visit by representatives of Raising Voices of Uganda to Tanzania and a subsequent visit by Tanzanian partners to Uganda to learn more about the organization's SASA! approach, a community-based response to GBV that has received significant attention for its successful work.<sup>25</sup> On the clinical side, Pathfinder has been assigned to provide technical and logistical support to the Ministry of Health and Social Welfare to develop the in-service training curriculum for all cadres of health workers. (Pathfinder is also engaged in a community piece, see below, and EngenderHealth is also a clinical partner.) The curriculum should be completed and operationalized before the end of 2012.

Although the program in Tanzania is designed to include comprehensive GBV-prevention efforts with an important community-based component, the GBV initiative has a strong facility-based focus, building on the clinical PEPFAR platforms. This focus is reinforced by the stronger, better funded, and more organized engagement of the Ministry of Health on the clinical side, as opposed to the limited response of the Ministry of Community Development, Gender, and Children on the community side (see below).

However, an important finding in the 2010 DHS showed that most survivors of violence, especially sexual violence, do not seek services at health facilities. U.S. officials recognize this, as one U.S. official in Tanzania noted, "the facility is not the hub of the wheel."<sup>26</sup> This gap underscores the importance of working with communities to raise awareness about GBV and to create a network of responses—through health facilities, as well as through police, social, and legal

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<sup>24</sup> Interview in Dar es Salaam, April 16, 2012.

<sup>25</sup> Seeing "Raising Voices," <http://www.raisingvoices.org/>.

<sup>26</sup> Interview in Dar es Salaam, April 16, 2012.

services—that can serve as entry points for survivors of GBV and increase the focus on prevention.

The DHS data also reveals the critical need to understand what services women need and what information they have: Do they know where services are available? Do they fear secondary victimization by providers at health facilities? Is distance a barrier? Do family members, in-laws, religious leaders, police, or others discourage them from reporting abuse? In the end, communities have to recognize GBV as a violation of human rights, as opposed to viewing GBV as the woman’s “fault” because she burned the food or refused to have sex.<sup>27</sup> A representative of the Muhimbili University of Health and Allied Science (MUHAS), highlighted the importance of addressing safety components and linkages to services, referral, and support, “to coordinate the wave of services, without exposing the survivors to danger and making sure they are safe.”

PEPFAR has had to delay the rollout of the facility component due to the government’s concern that national guidelines be developed, which has now been completed, and then a standardized national training package on the medical management of GBV has to be finalized. Some of the partners that had begun implementing programs on the clinical side were told by PEPFAR to stop until a standardized package was developed and approved. Despite the delays, this reflection of the Tanzanian government’s ownership of the program was seen as a positive development by the U.S. government. One of the partners described this as a problem of sequencing: “the partners had the money but not the tools,” and this caused some tensions with the government, which wanted to ensure that the initiative would adhere to government standards.<sup>28</sup>

Whether meaningful outcomes can be demonstrated in two years, and what intermediate outcomes might be included to capture changes in attitudes and behaviors on GBV, remains to be seen. If the program is successful, there will likely be an increase in reporting of GBV in the initial phases. Rather than indicating a real increase in GBV incidence, this would likely indicate that individuals and communities are becoming less tolerant of GBV and more supportive of survivors of violence and that capacity to document GBV cases has been improved.

## Government of Tanzania’s Response

The government of Tanzania, particularly the Ministry of Health and Social Welfare, has played an important role in developing a supportive policy environment, including guidelines, protocols, and policies to help health care providers address GBV.<sup>29</sup> In December 2011, the government

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<sup>27</sup> UNICEF, CDC, MUHAS, *Violence Against Children in Tanzania*, p. 83.

<sup>28</sup> Interview in Dar es Salaam, April 25, 2012.

<sup>29</sup> Legislation in Tanzania to support the prevention of and response to GBV include: the Constitution of the United Republic of Tanzania of 1977, which prohibits discrimination on the basis of gender and provides for equality (Articles 12-24); the Law of the Child Act, which supports efforts to reduce violence against children; the Sexual Offences Provision Act 1998 (SOSPA), which provides severe punishments for sexual offenses, and includes sexual violence (rape), trafficking in persons, sexual harassment, and for the

issued national guidelines for GBV prevention and response in the health sector,<sup>30</sup> which clearly outline the challenge of GBV in Tanzania:

Many studies conducted in Tanzania indicate unacceptably high levels of GBV, ranging from 30–50 percent, that lead to physical, sexual, and psychological injury and trauma in all age groups, particularly among children and women. GBV can have fatal outcomes, including suicide, HIV infection, and maternal morbidity and mortality; as well as non-fatal outcomes, such as acute and chronic physical, sexual, and psychological injuries...GBV violates the survivors' human rights and negatively affects family stability, structure, and livelihoods, which ultimately has a negative impact on overall socioeconomic development.<sup>31</sup>

Recognizing the need to address GBV as a public policy issue, the government aims to establish linkages between the health sector and the community and other multisectoral actors, designed to strengthen the capacity of the Ministry of Health and Social Welfare to prevent and respond to GBV.<sup>32</sup> The government's guidelines also acknowledge the challenges of GBV prevention, response, and mitigation, including insufficient funding, gaps in laws and policies, inadequate multisectoral coordination, and weak referral mechanisms for GBV prevention and response services.

The Ministry of Health also issued national management guidelines to provide a framework for comprehensive medical management and referral of GBV survivors for relevant services at all levels for both adults and children. The document aims to guide provision of standardized medical management of GBV survivors and strengthen referral linkages between the health facilities and communities to increase the use of comprehensive GBV services.<sup>33</sup> PEPFAR's GBV initiative aims to improve the partnership with the Tanzanian government on GBV issues, with the creation of an advisory board of government representatives to provide input.<sup>34</sup>

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first time, a prohibition on female genital cutting (FGC) within a section titled "Cruelty to Children." However, some laws are ambiguous and some are contradictory, which deters reporting and prosecution of cases. In particular, the Law of Marriage Act Revised Edition, 2002, does not address domestic violence and does not recognize marital rape. See United Republic of Tanzania, Ministry of Health and Social Welfare, "National Management Guidelines for the Health Sector Response to and Prevention of Gender-Based Violence (GBV)," September 2011, [http://www.healthpolicyinitiative.com/Publications/Documents/1466\\_1\\_MANAGEMENT\\_GDLINES\\_TO\\_MOHSW\\_SEPT\\_FINAL\\_acc.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/1466_1_MANAGEMENT_GDLINES_TO_MOHSW_SEPT_FINAL_acc.pdf).

<sup>30</sup> Futures Group provided technical support to MOHSW in developing these guidelines.

<sup>31</sup> United Republic of Tanzania, Ministry of Health and Social Welfare, "National Management Guidelines for the Health Sector Response to and Prevention of Gender-Based Violence (GBV)," p. 13.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Tracy Carson, senior adviser for policy at OGAC and former PEPFAR coordinator in Tanzania, "How GHI is Meeting the Broader Health Needs of Women and Girls" (presented at conference on "GHI,

It seems clear that the government will not introduce new services, but rather will focus on a package of existing services and training for health care providers to ensure appropriate interface with the clients. The guidelines focus on sexual violence and rape, so the services will include post-exposure prophylaxis (PEP), emergency contraception (EC), screening for sexually transmitted infections (STIs), and trauma counseling. Although screening is not included in the government's GBV guidelines, a GBV screening component has been included in the national clinical training curriculum. There will also be specific training designed to deal with violence directed at children. Since the PEPFAR partners who will support the government rollout of GBV clinical services are HIV partners, they will have to expand beyond their usual spheres of work on HIV to implement this program.

The Ministry of Community Development, Gender, and Children also has an important role to play in coordinating the national response to GBV, although its response has been fairly limited thus far. Like most ministries of gender, it has a relatively small budget and limited capacity, so its efforts have been overshadowed by the Ministry of Health. Nevertheless, the Ministry of Community Development has established a national committee on violence against women and children and is developing a strategy on community sensitization on GBV.

## Program Examples

This is a small sample of some of the GBV programs being undertaken by more than 20 implementing partners in the GBV initiative in different parts of the Tanzania.

- ***Tutunzane*** (“Let’s take care of each other”) is an integrated community home-based care program, run by Pathfinder International in three municipalities of Dar es Salaam and in 16 districts across the country, and funded by PEPFAR through CDC. The program works through the PEPFAR-funded community home-based care providers (CHBCPs) and has built a GBV component into the program. Pathfinder is developing training to sensitize communities about GBV, focusing on assisting GBV survivors and developing referral systems. The CHBCPs regularly visit homes in their communities to provide information to caregivers about basic nursing skills, as well as HIV- and GBV-prevention information, emotional support, and referrals for other health and social services. The CHBCPs work with both HIV+ clients and other clients seeking health information within the household, which minimizes the stigma often associated with HIV. As of February 2012, the program was providing home-based care to nearly 30,000 people living with HIV/AIDS (PLWHA), through a network of over 1,250 community health workers. Pathfinder has begun training the CHBCPs about GBV to promote community sensitization and mobilization.<sup>35</sup>

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Gender, and Integration,” CSIS, Washington, DC, March 13, 2012), <http://smartglobalhealth.org/page/signup/the-global-health-initiative-gender-and-integration>.

<sup>35</sup> Interviews with Pathfinder, Dar es Salaam, April 17 and April 18, 2012.



- ***The CHAMPION Project*** (Channeling Men’s Positive Involvement in the National Response to HIV and AIDS), led by EngenderHealth, works to promote dialogue about men’s roles in HIV and reproductive health, including by training community members and local leaders in GBV sensitization and prevention. The project receives PEPFAR funding through USAID. Working through community structures and local nongovernmental organizations (NGOs), it supports community action teams (CATs) to reduce high-risk sexual behavior, to decrease GBV, and to increase uptake in services through group education and community outreach activities. It has adapted EngenderHealth’s global Men as Partners (MAP) curriculum and the SASA! Approach from Raising Voices in Uganda, both of which focus on community engagement in GBV. On the national level, CHAMPION has been engaged in GBV training, capacity building, and technical support for the Ministry of Community Development, Gender, and Children and has provided technical assistance to PEPFAR’s GBV prevention partners. CHAMPION is working with partners to map existing services and assess community perceptions related to GBV in Dar es Salaam, Iringa, and Mbeya, which is intended to inform the scale-up of GBV programs in Tanzania and to increase the availability, quality, and utilization of GBV services.<sup>36</sup>
- ***The Tanzania Rural Women and Children Development Foundation*** (TARWOC) runs the Iringa Family Centre GBV program, a drop-in center for GBV survivors, with PEPFAR support from the Futures Group through USAID. The center provides temporary shelter for survivors of GBV, while also providing psychosocial care and support and referring survivors for other services, including health, police, and legal aid. In addition, community sensitization and mobilization about preventing GBV is conducted through community volunteers. Between October 2011 and April 2012, the center received 321 clients and reached 2,644 people in community outreach activities. Their cases have involved child abuse, inheritance issues, and beatings by husbands or partners.<sup>37</sup>
- ***Pamoja Tuwalee*** (“Together we care”) is an orphan and vulnerable children (OVC) program funded by USAID to support the Ministry of Health and Social Welfare in addressing the needs and coordinating the national response to orphans and other vulnerable children, including HIV prevention and GBV. The activities are implemented by local NGOs and community-based organizations, with technical support and supportive supervision from Africare. The goal is to engage and sensitize communities about GBV, to link survivors of GBV with legal and clinical services, and to strengthen

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<sup>36</sup> Interviews and information provided by EngenderHealth, April and June 2012.

<sup>37</sup> Interviews and information provided at TARWOC’s Iringa Family Centre GBV Program, April 21, 2012.

the capacity of communities to address and prevent GBV. As part of the project, Africare has assisted 174 sexual offense cases to be reported to the gender desk of the police.<sup>38</sup>

- **Other GBV Programs.** In Zanzibar, Save the Children Tanzania is working to address GBV as well as violence against children, in conjunction with the government of Zanzibar. These efforts have led to the establishment of a One Stop Center (OSC) in 2011 at Mnazi Mmoja Hospital, with funding from the Swedish International Development Agency (SIDA). The OSC has been integrated into the broader child protection system in Zanzibar, which was strengthened in 2011 to include greater coordination of health, legal, and psychosocial services and the opening of women’s and children’s desks at police stations.

The OSC provides a range of services at one place, allowing survivors of violence who come to the hospital to access a range of health services, while also reporting to the police (who are not in uniform at the OSC) and accessing legal assistance, counseling, and referrals. The health providers and police have been trained to collect forensic evidence in order to prepare for possible prosecution. To reduce the stigma associated with GBV, the OSC is located in the out-patient department of the hospital. The OSC is open 24/7, and there is no charge for services. In 2011, 1,168 cases were reported to the OSC, most of which involved sexual abuse. Despite the increased awareness about violence against children in Zanzibar, there is still a significant problem of underreporting of cases. PEPFAR is trying to learn from the OSC model and to apply those lessons to projects in mainland Tanzania.<sup>39</sup>

## Conclusion

The GBV initiative has generated considerable attention and enthusiasm in Tanzania and is leading to important policy and programmatic advances. Nevertheless, there are a number of challenges that will have to be addressed to ensure progress. Beyond the lengthy delays in program rollout stemming from the U.S. and Tanzanian government processes, the main challenges involve ensuring that an appropriate balance is struck between the community and facility components of the programs so that they are both effective and mutually reinforcing. On the U.S. side, the large number of implementing partners combined with the burdens of interagency coordination, and some underlying rivalries within PEPFAR, present challenges to planning, coordination, and effective scale-up. The initiative will also have to show that it is cost-effective and draws bipartisan support.

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<sup>38</sup> Interviews and information provided by with Stella Mdawah, GBV-Child protection specialist for Africare, Iringa, April 19 and 20, 2012.

<sup>39</sup> Save the Children, “One Stop Center at Mnazi Mmoja Hospital, Stone Town, Zanzibar,” 2012, and interviews with Mubarek Maman, Zanzibar Representative, Save the Children Tanzania, and at the One Stop Center, April 24, 2012.

Important questions remain about whether the GBV initiative will be able to show impact and get traction beyond the short life of this PEPFAR funding, and whether the U.S. partners and the Tanzanian government will do their parts to take this GBV work forward, making the initiative a vehicle for a more sustainable response. Despite efforts to develop a multisectoral approach, most of PEPFAR's partners are in the health sector, which inevitably leads to an emphasis on a facility-based model to respond to GBV. Yet achieving the initiative's goals will require strong and effective linkages with communities and with other sectors beyond health to address the complex realities of GBV.

The opportunities and challenges of the initiative were summarized by a GHI official in Tanzania: "There's a lot of political interest in the GBV initiative—people are watching for results to be demonstrated. And they created a position to oversee the project with a pot of resources that's not fungible, and a dedicated political climate. That's a plus. The minus—this is a profound social, cultural phenomenon, it's a project of generational change."<sup>40</sup> Ultimately, those planning and implementing the initiative are striving to ensure that at the end of the three years of funding, it will have had a lasting, catalytic effect.

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<sup>40</sup> Interview in Dar es Salaam, April 25, 2012.











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