

Implementing a Community-Based Approach of Gender-Based Violence: Lay counsellors ARE effective in providing survivors with access to facility-based services

innovating to save lives



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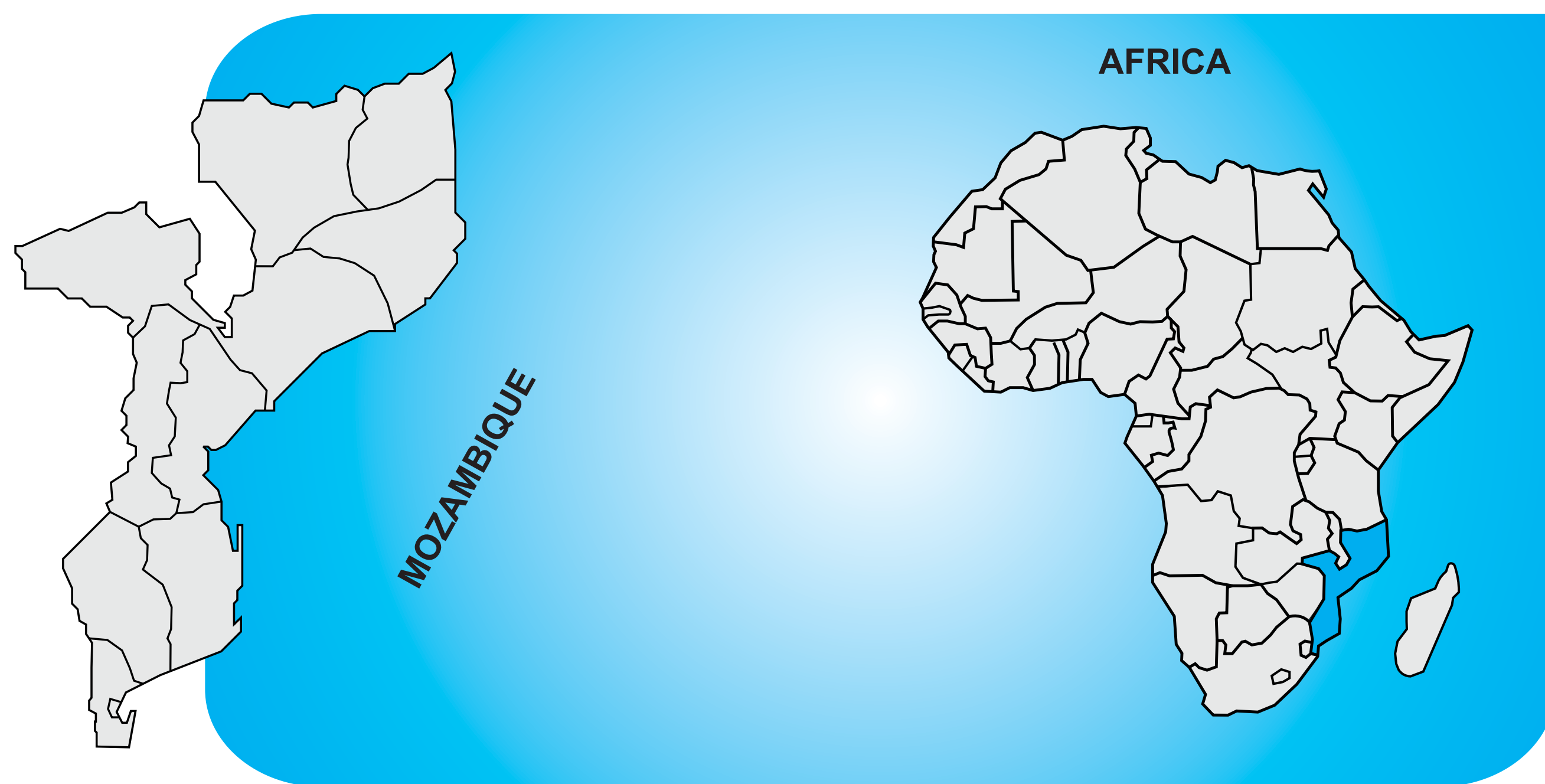
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Background

- Mozambique has 25.5 million habitants, 51.3% are women.
- 6 out of 10 women are illiterate;
- 4 out of 10 women experience some kind of GBV, 1 in 10 has been forced to have sexual intercourse in their lives;
- HIV prevalence is 11.5% (INSIDA 2009).
- Maternal mortality is 169/100,000 live births (INE, 2010)
- 0.027 physicians for 1000 habitants.



- Access to health services in Mozambique is still challenging for most citizens
- Cultural norms and stigma induce environments conducive to gender-based violence (GBV).
- They act synergistically as obstacles in accessing HIV prevention services and receive adequate care.



Fig .1 Lay Counsellors mapping households in Matola district in Maputo Province

Program Description

- In September 2012, with PEPFAR/CDC support, Jhpigo initiated a community approach to GBV with LC as part of HIV testing and counselling in selected sites.
- It was reinforced the HF response implementing GBV services
- Linkages among HF and community were facilitated by peer navigators.
- We trained LC to work door-to-door and provide access to GBV information, education and screening to semirural communities with minimal access to conventional services in Mozambique.
- Conventional health facilities are not actively screening for GBV.

Results



Fig.2 Community leaders talking about GBV at the community.

- The target population of selected site was estimated at 60,000 people.
- From October 2012 to June 2014, LC informed 24,614 individuals, with 14,312 (58%) screened for GBV exposure.
- 180 survivors were found to have experienced GBV:
- 69% sexual violence (121 female and 3 male);
- 43 % were aged 0-19 years;
- 38% of cases were Intimate Partner Violence (IPV);
- HIV prevalence among GBV survivors was 16%.

- 32% suffered sexual violence less than 3 days before screening
- All survivors were referred to post GBV services and 90% reached services timely at Health Facility.



Fig. 3 Home based visit by LC's to a HIV discordant couple during HIV and GBV prevention activities

Discussion and Recommendations

- LCs identified and referred survivors and provided profiles of GBV exposure: age, gender, place, time, perpetrator, type of violence, etc.
- On that role, LCs were the sole opportunity survivors had for disclosure GBV especially given that most violence happens in the household confinement.
- LCs addressed misconceptions, shared the law, and raised community awareness about GBV issues.
- LC effectively linked facility-based services with community services, delivering GBV collective information and education, and individual screening of GBV exposure.

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