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

Ana Baptista, MD
ana.baptista@jhpiego.org
Jhpiego GBV Coordinator – Maputo Mozambique
This research has been supported by the President’s Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) under the terms of Cooperative Agreement Number U2GPS001468.

The findings and conclusions presented in this manuscript are those of the authors and do not necessarily represent the official position of the CDC.
Educational Objectives

At the end of this presentation, you will be able to:

- Know a bit more about Mozambique
- Identify lessons from incorporating a new approach of using lay counsellors for GBV community activities in a context where there is a scarcity of health care workers and the access to health services is minimal and gender-based violence is reinforced by cultural norms and stigma.
- Identify types of gender based violence in the community and survivor’s profile.
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
This is what we do to address GBV in Mozambique
Program Description

- In September 2012, with PEPFAR/CDC support, Jhpiego 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 facilitate by peer navigators.

Fig. 3 Lay Counsellors during training activity
Program Description

- 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.

Fig. 2 Lay Counsellors during community outreach activities in Maputo Province
Results

- The target population of selected site was estimated at 60,000 people.
- From October 2013 to June 2014, LC informed 24,614 individuals, with 14,312 (58%) screened for GBV exposure.

Fig.4 Community leaders talking about GBV at the community.
Results

- 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. 5 Home based visit by LC´s to a HIV discordant couple during HIV and GBV prevention activities
Results

Fig. Impact of Community Outreach
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.

Fig. 6 Lay Counsellor (Ana Ngomane) with children GBV survivors identified and referred for post GBV care
Discussion and Recommendations

- LC effectively linked facility-based services with community services, delivering GBV collective information and education, and individual screening of GBV exposure.

Fig. Lay counsellor during community outreach in Gaza Province – Mozambique
Fig 8. Women from Gaza Province performing as part of the campaign “16 days of activism against GBV”