MODULE THREE

Prevention of GBV and VAC
Overview of Module Three

- **Session 3.1:** Prevention and Behavior Change Communication (BCC) in GBV and VAC

- **Session 3.2:** Life Skills in the Prevention of GBV and VAC

- **Session 3.3:** Multisectoral Approach to Prevention of GBV and VAC
SESSION 3.1
Prevention and Behavior Change Communication (BCC) for GBV and VAC
Learning Tasks

By the end of this session, participants are expected to be able to:

- Explain levels of GBV and VAC prevention.
- Define the term behavior change communication (BCC).
- Describe the BCC model in prevention of GBV and VAC.
- Explain the challenges of BCC.
- Use the BCC model to change behavior in GBV and VAC prevention.
Levels of GBV and VAC Prevention

Prevention of GBV can also be addressed on four levels, namely:

- Primordial
- Primary
- Secondary
- Tertiary.
Primordial Prevention

- Primordial prevention includes all actions taken before the occurrence of a problem in a population.

- The purpose at this level is to avoid the emergence and establishment of the social, economic, and cultural patterns of living that are known to contribute to the occurrence of GBV and VAC.
Primordial Prevention

Possible interventions include:

- Advocate for gender equality to enhance the status of women and promote gender equity and equality.

- Mainstream gender into existing programs (e.g., school health programs, voluntary counseling and testing, and care and treatment centers).
Primary Prevention

- Primary prevention is all actions taken to reduce the chances for emergence of more cases of the problem.
- The purpose of primary prevention is to reduce the incidence of GBV health-related problems by addressing the precipitating causes and determinants.
Primary Prevention

These factors can be addressed in different ways, such as:

- Sensitize and advocate for raising community awareness on various aspects of GBV (e.g., domestic violence and intimate partner violence) and their negative consequences for women, men, families, and the community at large.

- Strengthen the community’s networking (protection workforce) through better planning, training, and support.
Primary Prevention

- Help communities organize GBV committees to reduce harmful traditional practices, behaviors, and customs contributing to GBV.
- Create an open dialogue with community members about GBV issues at all levels in the community.
Primary Prevention

For children:

- Primary prevention strategies often seek to strengthen family functioning.
- Primary prevention supports children to know and advocate for their own rights.
- The philosophy behind primary prevention is that keeping children safe from abuse and neglect is the responsibility of the entire community.
- The long-term goal of primary prevention is to educate the entire community to create social change that is intolerant of child maltreatment.
Primary Prevention

Examples of primary prevention strategies:

- Educate parents to increase their knowledge and understanding of children’s growth and development and teach them about managing homes and families.
- Educate parents to increase their knowledge and understanding of how their own upbringing influences occurrence of GBV and VAC.
- Encourage communication between parents and their children to enhance bonding.
- Increase parents’ skills in coping with the stresses of caring for children with special needs.
- Conduct life skills training that helps children and young adults learn interpersonal communication skills.
Secondary Prevention

- Defined as all actions taken to halt the progress of the problem at its incipient stage and to prevent complications.
- It involves early detection and management of GBV- and VAC-related problems.

Examples:

- Screening patients/clients to detect forms of GBV.
- Managing physical injuries and psychological effects on survivors.
- Managing the underlying mental health problems of perpetrators.
Secondary Prevention

For children:

- Refer parents with depression or substance abuse issues for psychosocial support when it appears that they abuse their children.
- Link parents or guardians with abused children to resources or services in the community (e.g., legal sector, police, and social welfare) for support.
Tertiary Prevention

- All the measures available to reduce or limit impairments and disabilities, and to promote GBV survivors in adjustment to irremediable conditions.

- The purpose of tertiary prevention is to limit disabilities and to rehabilitate affected individuals.
Tertiary Prevention

- Possible interventions include: counseling, shelter provision, legal support, and establishment of crisis centers for GBV survivors.
- In places where these interventions are available, mitigation of the impact of violence helps to reduce the cycle of violence.
For children:

Tertiary prevention focuses on increasing protection for children who have experienced abuse and will require more intensive or long-term care to promote recovery and reintegration.
Tertiary Prevention

Preventive strategies to mitigate the impact of VAC:

- Conduct individual and family counseling aimed specifically at the child’s recovery and reintegration.
- Seek alternative care for children removed from their families of origin.
- Support specialized health services, such as post-rape care, and specialized education services, particularly for children who have missed years of school.
- Refer parents/guardians of the children for legal support to bring charges against perpetrators and facilitate permanent placement for children removed from their families.
Behavior Change Communication

ACTIVITY
Brainstorming
What is behavior change communication?
Purpose of BCC

- BCC is a process that motivates people to adopt and sustain healthy behaviors and lifestyles.
- Sustaining healthy behavior usually requires a continuous investment in BCC as part of an overall health program.
- Many health and development programs use BCC to improve people’s health and wellbeing, including response to GBV and VAC.
Role of BCC

Increases knowledge:
- BCC ensures that people are given the basic facts about GBV and VAC in a verbal, visual, or other related medium.

Creates demand for information and services:
- BCC can spur individuals and communities to demand information on GBV and VAC from the appropriate services.
Role of BCC

Advocate:

- BCC can lead policymakers and opinion leaders toward effective approaches against GBV and VAC.

Improve skills and sense of self-efficacy:

- BCC programs can focus on teaching or reinforcing new skills and behaviors, such as condom use, negotiating safer sex, and safe injecting practices. It can contribute to development of a sense of confidence in making and acting on decisions.
Main Methods of BCC

Interpersonal communication is the preferred method.

- Choice for targeted interventions as it involves a sustained contact and communication with the target population.
- Mass media can be used to support interpersonal communication efforts and the creation of an enabling environment.
Guiding Principles of BCC

BCC should be conducted in line with the following principles:

- Reinforcement follows behavior and is contingent on it. Performance produces the reinforcement.

- Seek and reinforce positive or appropriate behavior and, if possible, ignore inappropriate behaviors. For example, much of student behavior (appropriate and inappropriate) is reinforced by attention received from others.

- Reinforcement should be immediate. Immediate reinforcement has the greatest strengthening effect on behavior. If the reinforcement is delayed, it will probably influence some behavior other than the one specified.
Guiding Principles of BCC

- Reinforcement should be contingent on accomplishment rather than obedience. Wording is very important. When you reinforce accomplishment, you help the survivor to build independence. Rewards for obedience lead to continued dependence.

- Reinforce small approximations to the goal. Make initial requirements easy to achieve—not too difficult, too long, too precise, or too complex. Establish early success. Then increase requirements until the ultimate goal is reached.

- Reinforce frequently with small amounts. Small but frequent reinforcements are more effective than a few big ones. This is especially true in the early stages of learning any new skill or behavior pattern.
Guiding Principles of BCC

- Start with the act closest, asking supporters to build a chain of connected behaviors. This means start with the last act of the chain and build by adding elements backwards which are increasingly further from the reinforcement.

- Be consistent—follow through every time with the plan you develop.

- Monitor performance; evaluate and adjust plans. Keep a chart of the behavior change and share it with the survivor. Change the plan when a goal is achieved or when the current plan is clearly not working satisfactorily.

- Be patient.
Stages of Behavior Change and Approaches

Stage 1: Pre-contemplation
- Encourage awareness and value change.

Stage 2: Contemplation
- Early contemplation: Promote benefits of the new behavior.
- Late contemplation: Reduce the costs involved in adopting a new behavior (including financial costs and barriers to access), foster social support, and teach relevant skills necessary for the behavior change.
Stages of Behavior Change and Approaches

Stage 3: Preparation for action

- Personalize risks and benefits, start deliberate decision making, and increase self-efficacy and self-esteem and perception of positive change among peer group.

Stage 4: Action and maintenance

- Reward and support change.
- Continue support of behavior change.

Example: Campaigns such as “Tuko Wangapi” and “Kuja Mfano wa Kuigwa.”
Stages of Behavior Change and Approaches

- **Stage 1—Pre-contemplation:** This is about fostering the power within ourselves to address the connection between violence against women and HIV and AIDS—engaging only a small selection of additional community members.

- **Stage 2—Contemplation:** This stage is about awareness, engaging the community to become aware of men’s power over women and how the community’s silence about this power imbalance perpetuates violence against women and its connection to GBV and VAC.
Stages of Behavior Change and Approaches

- **Stage 3—Preparation for action:** This is about engaging the community in offering support to one another—joining their power with others to confront the dual pandemics of GBV and VAC.

- **Stage 4—Action and maintenance:** The action phase is about using our power to create positive change. Its engages the community in using their power to take action, with an aim to normalize shared power and non-violence, demonstrate their benefits, and as a result prevent GBV and VAC.
Challenges of BCC

Culture

- Understand culture
  - Beneficial (promote)
  - Existential (leave as is)
  - Negative (replace, eliminate)
- Be clear about which behavior to change
- Be a facilitator of change and not dictator of change.
Challenges of BCC

Behaviors

- Understand behaviors
  - Deeply rooted behavior—use interpersonal approach.
  - New behavior—use mass media.
  - Promote interactive approaches.
  - Reinforce messages from multiple trusted sources.
  - Compare adopters and non-adopters—why the difference?
  - Start with strategies that work!
  - Start with those who are close to adopting behavior (90%, 80%).
  - Move to the next level (high knowledge and positive attitudes).
  - Think about new ways of addressing those with entrenched behaviors.
Challenges of BCC

Other Challenges

- Economic—Situations that can hinder positive decisions for behavior change.
- Environmental—Circumstances that may cause resistance.
- Social—Norms that go against certain required changes.
- Beliefs—Beliefs that advocate against certain behaviors, like use of condoms.
- Myths and misconceptions—Acceptance of wrong facts, like condoms have viruses.
Uses of BCC Related to GBV and VAC

- Raising awareness and changing attitudes, cultural and social norms, and behaviors are essential for preventing and responding to GBV and VAC.

- BCC programs can contribute to improving the community response to GBV and VAC in developing support systems to facilitate survivors’ access to assistance.

- BCC programs could be made more effective by recognizing that many health focus areas—such as HIV or family planning—are linked to GBV and VAC, hence problems should be addressed simultaneously.

- BCC strategies complement other GBV and VAC prevention and response initiatives by changing the social environment and raising women’s awareness of services.
Key Points

Explain the use of BCC in GBV prevention and response.
Evaluation

- What is BCC?
- What are the stages of the BCC approach?
- Mention the importance of BCC in GBV prevention and response.
Questions
SESSION 3.2
Life Skills in the Prevention of GBV and VAC
Learning Tasks

At the end of this session participants will be able to:

- Define life skills.
- Identify essential life skills for prevention of GBV and VAC.
- Demonstrate appropriate life skills for GBV and VAC prevention.
Life Skills

- “Skills and ability to adopt positive behavior so as to avoid problems that are present in everyday life.” (WHO)
- Includes cognitive, emotional, interpersonal, and social skills that enable individuals to deal effectively with the challenges of everyday life.
Life Skills

- People need skills for avoiding such calamities as HIV and STIs, among others, so as to live a healthy life.
- Life skills are a tool for healthy living.
- Studies show that most children aged 0–8 years in Tanzania may not reach their full potential in growth and development. Therefore, children need support through life skills training to enable them to cope with life’s challenges, such as GBV and VAC.
Life Skills

Some example interventions include:

- Preschool enrichment and social development programs that target children early in life that can prevent aggression, improve social skills, boost educational achievement, and improve job prospects.
- Incentives for youths to complete education to increase their chances of finding employment.
- In practice, these types of programs often overlap; for example, preschool enrichment and social development programs are frequently combined in interventions for young children.
- Interventions targeting adolescents can include both academic enrichment and incentives for completing education.
- The evidence for preschool enrichment and social development programs is by far the most robust, with high-quality studies associating these early interventions with reduced aggressive behavior and violent crime in childhood and later in life.
- Evidence for the effectiveness of academic enrichment, incentive, and vocational training programs, however, is currently limited.
Life Skills Categories

Life skills can be grouped into three broad categories:

- Self-awareness
- Thinking
- Interpersonal relationships.
Skills For Self-Awareness

SELF-AWARENESS SKILLS

Developing self-awareness
Coping with emotions
Coping with stress

Self-esteem
Assertiveness
Self-value
Self-Awareness

- Self-awareness is understanding who you are.
- Clear awareness of your responsibilities to yourself, your family, your society, your country, and the world at large.
- Understanding your needs and values.
- Clear knowledge of health needs.
- Clear understanding of healthy boundaries and relationships.
- Ability to make decisions that guard you and enough assertiveness to defend your decisions.
Self-Awareness

Self-awareness means that you:

- Perform your responsibility to yourself so as to retain good health.
- Remember your body is the most valuable item in the whole world.
- You need to do all that is required of you by your family.
- You have responsibility to your society.
- Act on your responsibility, which gives you peace of mind and therefore good health.
Self-Awareness

Enables the individual to understand his/her values:

- Values are a measure of your inner worth.
- Values guide the beliefs and opinions that you stand for. Because values guide all that you stand for, you know what you do and do not want.
- Your values determine who you are, what you decide, and how you behave.
- Values determine what things you are for (you support) or against (you do not support).
- Proper application of your values results in respect, love, good health, and good habits.
- Your values help to define who you are and help determine the choices you make.
Self-Awareness

- Values develop during growth. Your family and environment influence the development of your values.

- In addition, religion and culture contribute to the development of values.

- Values therefore will differ between people of different families, societies, communities, countries, and races.
Self-Awareness

Self-awareness in health:
Health is physical, mental, spiritual, and psychological wellbeing, not just the absence of infirmity in the body.

- Everyone has the responsibility of guarding their health and the health of their friends, families, and the society at large.
- Women are more vulnerable to many health risks.
- It is important to identify and avoid what would create a health risk in everyday life.
Coping With Emotions

- Emotions are defined by the Merriam-Webster Collegiate Dictionary as “a conscious mental reaction (as anger, fear, joy, or love) subjectively experienced as strong feeling.”

- Emotions are temporary; they will fade in time.

- Never make decisions when you’re experiencing a great deal of emotion.

- Instead, give yourself time to calm down, then analyze the situation and decide what to do.
Coping With Stress

- Stress is defined in the Merriam-Webster Collegiate Dictionary as “a state of bodily or mental tension resulting from factors that tend to alter an existent equilibrium.”

- In stressful situations, people are usually faced with several problems at once.

- In a scenario like this, don’t try to solve all your problems at once.

- Prioritize and solve them according to your list of priorities.
Skills for Thinking

THINKING SKILLS

Lead To

Critical thinking
Creative thinking
Problem-solving
Decision-making

Setting objectives
Correct decision-making
Ability to solve problems
Critical Thinking

- Critical thinking requires us to stay objective and focus on the truth, even if it contradicts what others might say.
- It also requires the ability to see that authority figures or older people:
  - Are not always right
  - May use their position to take advantage of you.
Creative Thinking

- Creative thinking is the ability to think fast and find out new ways for solving an immediate challenge.
- Normally the challenge would be new and unexpected.
Problem Solving

Problem solving is the ability to identify problems and determine acceptable solutions.
Decision-Making

- Correct decision-making leaves you with no regrets and therefore makes you free.
- Making decisions involves knowing and accepting the consequences of those decisions.
- These are important skills that people need.
- Making correct decisions is a key to problem solving.
- Making decisions helps one to set life goals.
Skills for Interpersonal Communication

SKILLS FOR INTERPERSONAL COMMUNICATION

Interpersonal relationships
Empathy
Communication skills

Problem solving
Creating relationships
Advocacy for change
Interpersonal Relationships

- Interpersonal relationships make one feel wanted and accepted, and they provide help when need arises.
- Good interpersonal relationships are built by the following five factors:
  - Respect
  - Responsibility
  - Understanding
  - Working for the relationship
  - Setting boundaries.
Interpersonal relationships should have the following characteristics:

- **Respect**: Showing that you care for the other person, you care for his/her feelings, and you respect his/her opinions even when they are different from your own.

- **Responsibility**: Being dependable; you know the difference between right and wrong and have the ability to care for yourself and the other person.
Interpersonal Relationships

- **Understanding**: Understanding the other person fully including his/her feelings and opinions. The ability to put yourself in the other person's position in order to understand him/her well.

- **Working for the relationship**: Making an effort to build and maintain the relationship; to offer all you have including time, strengths or even resource for your friend.

- **Setting boundaries**: Establishing clear and open expectations in relationships.
Empathy

- Empathy is the ability to put yourself in the other person’s position in order to understand him/her and why s/he does what s/he does.

- In other words, it is the ability to take the other person’s viewpoint in an issue.

- An empathetic person doesn’t judge others; instead, s/he asks him/herself what s/he would do in that situation.
Communication Skills

The ability to clearly express your thoughts and feelings to someone else.
Key Points

- Prevention of GBV and VAC can be addressed at four levels, namely, primordial, primary, secondary, and tertiary.

- Specific considerations for prevention of VAC should be taken by health care providers and social welfare workers.

- Life skills include cognitive, emotional, interpersonal, and social skills that enable individuals to deal effectively with the challenges of everyday life.

- Skills for self-awareness, interpersonal relationships, and thinking are key to managing life’s challenges.
Evaluation

- What are the specific considerations in preventive measures against VAC?
- What does “life skills” mean?
- How can one avoid and manage the difficult life challenges such as GBV and VAC experiences?
Questions?
SESSION 3.3
Multisectoral Approach in GBV and VAC Prevention Services
Learning Tasks

- Identify the pillars of a multisectoral approach to prevention of GBV and VAC.
- Identify various stakeholders and their roles in prevention of GBV and VAC.
- Explain mechanisms of coordination and networking in GBV and VAC prevention.
- Explain referral and feedback mechanisms for GBV and VAC survivors.
Multisectoral Approach to Prevent GBV and VAC

The pillars of a multisectoral approach to prevention of GBV and VAC are:

- **Pillar 1**: Political Level
- **Pillar 2**: Legal and Judicial
- **Pillar 3**: Health Sector
- **Pillar 4**: Education Sector
- **Pillar 5**: Community
- **Pillar 6**: Media
- **Pillar 7**: Social Welfare

In Tanzania, the MOHCDGEC is entrusted with women and children’s affairs and is responsible for GBV and VAC response efforts.
Multisectoral Approach to Prevent GBV and VAC
Pillar 1: Political Level

- High-level political will is an important element in addressing GBV and VAC.

- The government has created policy and management guidelines for managing the care of GBV and VAC survivors, national action plans for addressing GBV and VAC, and the Law of the Child Act No. 21 (2009) and its regulations.

- The Ministry of Health and Community Development, Gender, Elderly, and Children; the Ministry of Home Affairs (especially the police); and the Ministry of Education, Science, Technology, and Vocational Training are the other key ministries involved in the prevention of GBV and VAC.
Pillar 2 of Multisectoral Approach

Pillar 2: Legal and Judicial

- The legal and judicial sectors are the key sectors that ensure enforcement of the laws consistently and reliably at all levels.

- The entire judicial system must be trained to ensure appropriate interpretation and application of the laws in relation to GBV and VAC.
Pillar 3 of Multisectoral Approach

Pillar 3: Health Sector

- GBV and VAC are health crises that result in physiological and psychological damage, both of which can increase HIV risk directly and indirectly.

- The health system must be integrated and strengthened so that HIV and AIDS services can work together with family planning/contraceptive and sexual and reproductive health services.

- It is important to recognize the signs and symptoms of GBV and VAC and to provide high-quality health care, forensics investigations, and referrals for survivors to social protection and legal services.
Pillar 4 of Multisectoral Approach

Pillar 4: Education Sector

- Children are frequently at risk of violence while traveling to or from school or while on school grounds.
- Education is one of the most cost-effective and successful GBV and VAC prevention interventions.
- Yet children who are unsafe are less likely to go to school, putting them at greater risk of GBV and VAC.
- The educational system must universally incorporate a “safe schools” agenda that complements comprehensive evidence-based education in sexuality and VAC and GBV issues.
Pillar 5 of Multisectoral Approach

Pillar 5: Community

- GBV and VAC persist in part because of social norms that teach people to look the other way.
- The community should be mobilized to make sure local leaders, religious leaders, advocates, and survivors speak out against violence and support those experiencing it.
- Such systems have been used successfully for HIV prevention and treatment outreach; these efforts should be linked, particularly given the linkage between GBV and VAC.
Pillar 6 of Multisectoral Approach

Pillar 6: Media

- Governments play an important role in setting norms. They should publicly denounce GBV and VAC through mass media, utilizing the voices of opinion makers of all types.

- The international community should reinforce these efforts by conducting its own outreach and supporting national governments.

- Widespread marketing efforts should be undertaken to demonstrate political commitment and lay the groundwork for systemic change.

- The linkage between HIV and AIDS and GBV and VAC should be made prominent.
Pillar 7 of Multisectoral Approach

Pillar 7: Social Welfare

- The psychological impacts of violence often result in an unending cycle of violence.
- Social welfare systems, psychosocial care, and comprehensive economic empowerment programs accessible by the vulnerable groups are essential to reducing GBV and VAC.
- Ensure GBV and VAC survivors receive counseling services.
- Link survivors to other services according to their need.
GBV and VAC Coordination

- Coordination is the operationalization of multisectoral interagency action.
- In GBV and VAC prevention this means:
  - Promoting participation and identifying and filling gaps in services.
  - Advocating for action (at all levels), including by integrating GBV and VAC prevention and response actions into all sectors.
GBV and VAC Coordination

GBV and VAC prevention is also about:

- Prioritizing urgent needs as defined by the beneficiary population (especially survivors and those most at risk for experiencing GBV and VAC) and assigning roles and responsibilities.

- Service providers should be aware of the GBV and VAC services available in their area and who are the stakeholders and key people.

- Service providers should be able to establish a strong network to ensure that available services are maximized in caring for the survivors.
Networking

- Networking is an efficient tool for the exchange of knowledge and information among different stakeholders.

- Networking should be based on survivors’ needs and their motivation. Networking can also be a tool to disseminate information and knowledge.

- By defining common ground and joining forces, networking serves to strengthen stakeholders’ capacities and negotiating abilities.
Roles of Different Sectors

Health Sector

- Provides compassionate emergency medical examination and treatment for survivors of GBV, including the provision of PEP and ECP where appropriate, for survivors of sexual violence.
- Facilitates girls’ and women’s access to other services in the community through referrals.
- Collects forensic evidence (ensuring women’s safety) when appropriate and provides testimony when needed.
- Raises awareness of the health consequences of GBV in the community.
Roles of Different Sectors

Social Services Sector

- Provides emotional support through culturally appropriate and sustainable mechanisms.
- Promotes girls’ and women’s safety, including by offering survivors safe haven when possible.
- Offers income-generation and skills-building opportunities and training to women and girls (and ensures that men do not have control over the resources generated).
- Conducts community-based education on GBV prevention and availability of services, targeting key stakeholders.
Roles of Different Sectors

Legal Sector

- Provides free or low-cost legal assistance and representation to GBV and VAC survivors.
- Trains law enforcement agents, including peacekeepers and members of the judiciary.
- Advocates for the revision of laws and policies that reinforce gender discrimination and violence.
- Raises awareness of existing legislation.
Roles of Different Sectors

Security Sector

- Implements a zero tolerance policy for police, military, and peacekeeping staff who perpetrate GBV.

- Ensures that refugee camps are designed to ensure the physical safety of their inhabitants, particularly of girls and women.

- Builds or rebuilds law enforcement capacity to assist survivors of GBV without further victimization.

- Conducts community policing and education.
Referral and Feedback Mechanisms for GBV and VAC Survivors

Referrals for GBV and VAC are tailored to meet the needs of three groups:

- Survivors referred from other facilities
- Survivors referred within the health facility to connect with other services
- Survivors referred to other health facilities or other non-health sector services.
Referral and Feedback Mechanisms for GBV and VAC Survivors

Survivors referred from other facilities:

- These survivors are mostly received as referrals from lower level facilities, including communities, to upper level health facilities to get services not provided by the lower levels.

- Referrals of survivors from lower levels may come accompanied or not, but all must come with documentation about the problem they have, the initial services they have already received, and the service they need from the higher level.
Referral and Feedback Mechanisms for GBV and VAC Survivors

Survivors referred within the health facility to connect with other services:

- Get a referral from one unit/department/firm in a health facility to another unit/department/firm; for example, from a trauma and injuries unit to an HIV care and treatment unit.

- This type of referral is geared to connect the survivor with other services within the health facility.
Referral and Feedback Mechanisms for GBV and VAC Survivors

Survivors referred to other health facilities or other non-health sector services:

- Are mostly referred by lower level facilities to upper level health facilities or other key stakeholders to get services not provided by the referring health facility.

- The other key stakeholders include legal or police desks, social welfare workers, or counselors.
GBV and VAC Referral Procedures

ACTIVITY

Referral procedures group activity.
Referral and Feedback Mechanisms for GBV and VAC Survivors

In order for referral networks to be effective, organizations must not think that by making a referral they are washing their hands of the problem, but should instead create mechanisms that allow for follow-up of cases and for monitoring the progress of the referred individual.
Referral and Feedback Mechanisms for GBV and VAC Survivors

Before referring GBV and VAC survivors, ensure that:

- The services/support that the survivor needs are actually offered by the identified organizations.
- The survivor understands the benefits of the services offered.
- There is no delay in the survivor accessing the services; survivors should be informed of the importance of timeliness (e.g., with police and legal matters).
- The issues of gender sensitivity and culture are taken into consideration during provision of service to GBV and VAC survivors.
Referral and Feedback Mechanisms for GBV and VAC Survivors

- Survivors can be referred by directing or accompanying them to the services or by using different individuals in the community (e.g., community leaders, community police, religious leaders influential people, activists, relatives, neighbors, and peers) to do so.

- GBV survivors interact with a vast number of resources and contacts that are often not well trained and not well coordinated. This can be very daunting and confusing to the survivor and may discourage incident reporting or negatively impact the survivor. It is important to set up a clear response system and to have someone act as a case manager for the survivor, helping her/him to navigate the system.
Key Points

- GBV and VAC can be prevented or mitigated through collective efforts of different stakeholders with well-coordinated networking and collaboration.

- Health care providers and social welfare officers should take an active role in reducing GBV and VAC by creating community awareness using existing programs, such as community outreach and school programs.
Evaluation

• What are the pillars of a multisectoral approach in prevention of GBV and VAC?
• Who are the stakeholders in prevention of GBV and VAC?
• What are the roles of health care providers and the social worker?
Questions?