

The Gender-Based Violence & Recovery Center Coast Province General Hospital



Coast General Hospital
County Government of Mombasa
International Center for Reproductive Health Kenya
UNFPA
Professor Marleen Temmerman, ICRH-Global



ICRHK

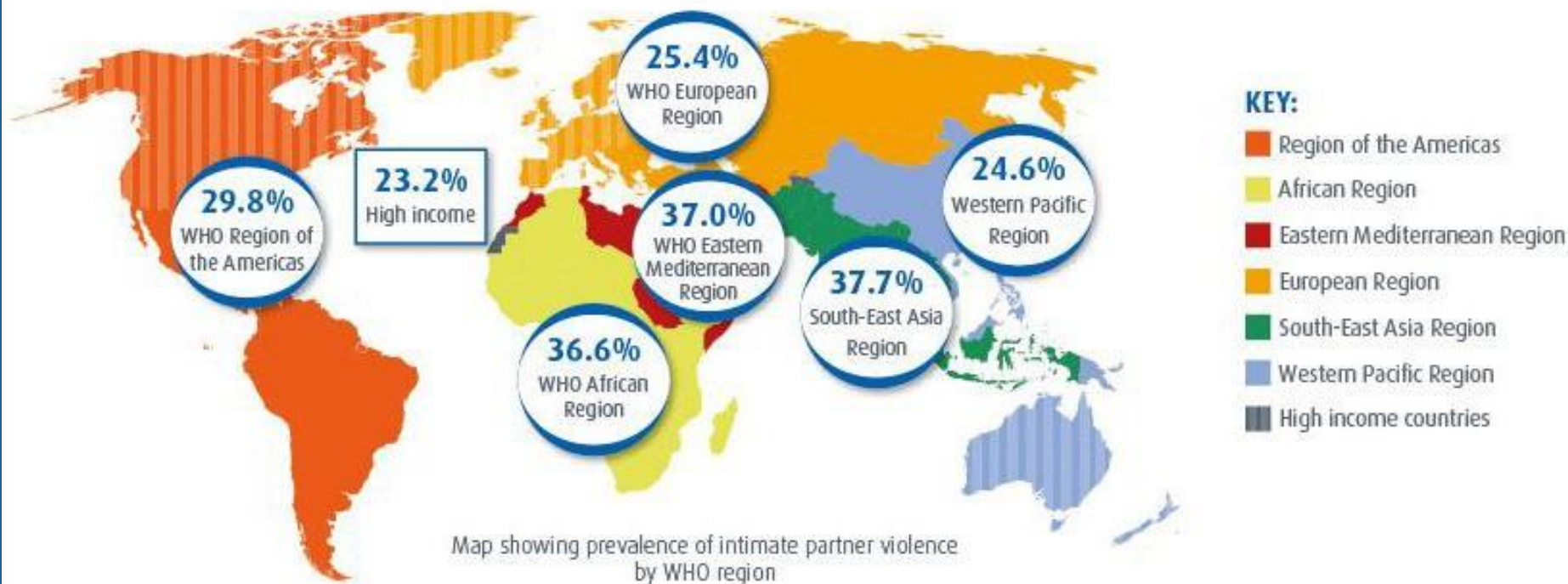
Violence against women takes many forms



The most common form of violence experienced by women is intimate partner violence

1 in 3 women

throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



All statistics can be found in the report entitled Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, by the World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council, found here:

<http://www.who.int/reproductivehealth/publications/violence/en/index.html>



Health consequences of physical and/or sexual intimate partner violence (WHO, 2013)


HEALTH IMPACT: Women exposed to intimate partner violence are →


Mental Health

TWICE 
as likely to experience depression

ALMOST TWICE 
as likely to have alcohol use disorders

Sexual and Reproductive Health

16% 
more likely to have a low birth-weight baby

15 TIMES 
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

Death and Injury

42% 
of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

38% 
of all murders of women globally were reported as being committed by their intimate partners

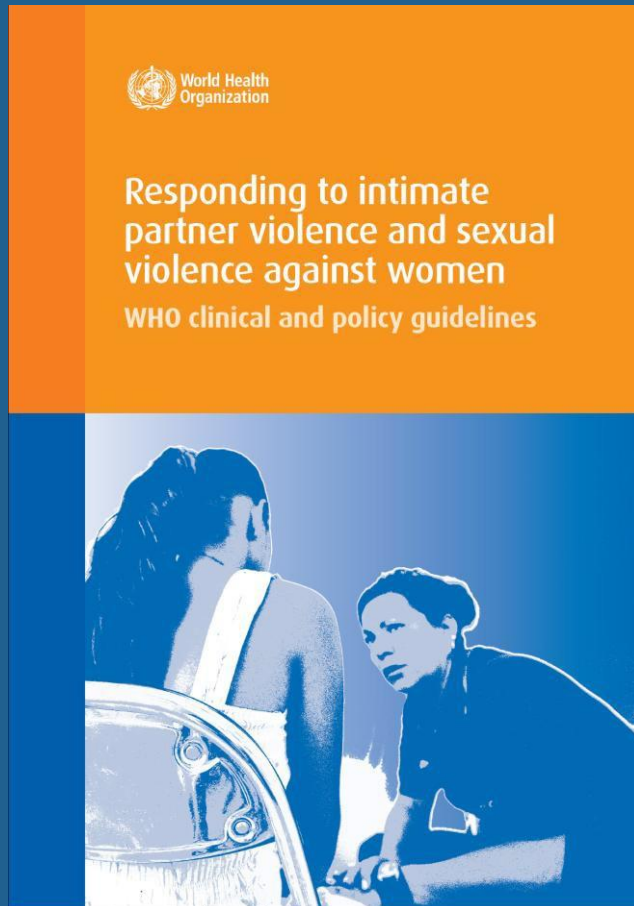


Recent Achievements

- WHO Multi-country study on women's health and domestic violence against women (10 initial countries, 2005, and now over 20)
- Preventing intimate partner violence and sexual violence against women (2010)
- Global and regional estimates on prevalence and health effects of intimate partner violence and non- partner sexual violence (2013)
- Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines (2013)
- Workshops to disseminate WHO VAW guidelines (12 country teams in SEARO and WPRO; 6 Francophone countries in West Africa on prevention and response: national workshops with China, Vietnam and with Syrian Ob/GYNs on WHO VAW guidelines).



VAW Clinical & Policy Guidelines



- Guidance to policy makers on how to deliver training and on what models of health care provision may be useful
- Inform educators designing medical, nursing and public health curricula regarding the integration of training on intimate partner and sexual violence

GUIDELINES FOR HEALTH SECTOR RESPONSE➔

WHO's new clinical and policy guidelines on the health sector response to partner and sexual violence against women emphasize the urgent need to integrate these issues into clinical training for health care providers. WHO has identified the key elements of a health sector response to violence against women which have informed the following recommendations:



Women-centred care:

Health-care providers should, at a minimum, offer first-line support when women disclose violence (empathetic listening, non-judgmental attitude, privacy, confidentiality, link to other services).



Training of health-care providers on intimate partner violence and sexual violence:

Training at pre-qualification level in first-line support for women who have experienced intimate partner violence and sexual assault should be given to healthcare providers.



Identification and care for survivors of intimate partner violence:

Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.



Health-care policy and provision:

Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service.



Clinical care for survivors of sexual violence:

Offer comprehensive care including first-line support, emergency contraception, STI and HIV prophylaxis by any perpetrator and take a complete history, recording events to determine what interventions are appropriate.



Mandatory reporting of intimate partner violence:

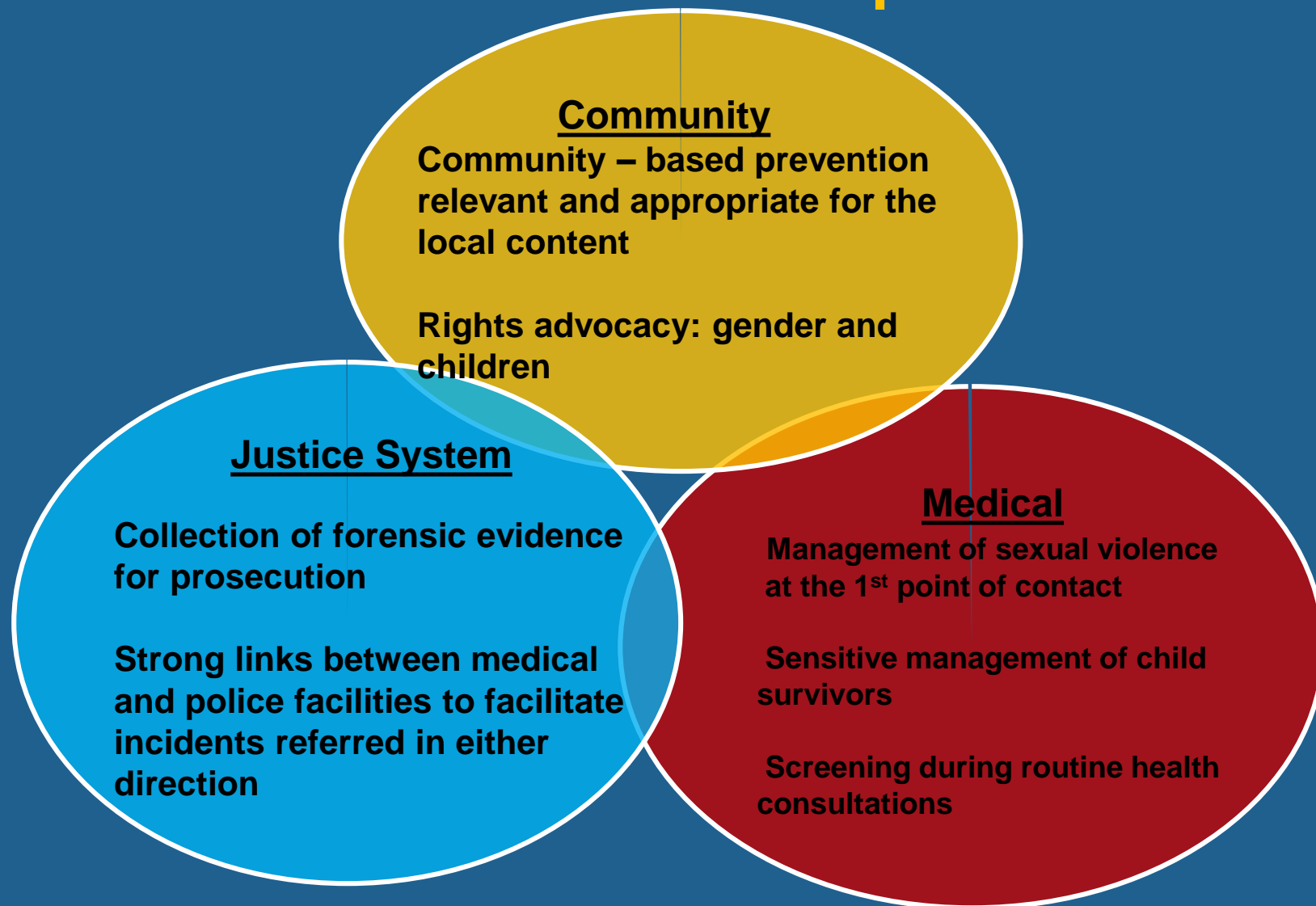
Mandatory reporting to the police by the health-care provider is not recommended. Health-care providers should offer to report the incident if the woman chooses.

SGBV: The Evidence

- SGBV is one of the most intractable health issues of our time:
 - Unwanted pregnancy
 - HIV/STI
 - Physical and mental problems
- SGBV is equally a legal/justice and community issue, where cooperation and coordination is essential



GBVRC: Framework for Comprehensive Care



Adapted from Population Council 2006



Gender- Based Violence & Recovery Centre (GBVRC) CPGH- Background

- The concept was to provide 24hour access to care for victims, hence a hospital setting
- The task force wanted;
 - To set up a demonstration interventional project at casualty department CPGH, aiming to learn from this experience
 - To provide the data to the national authorities to roll out the concept of care and support to GBV victims



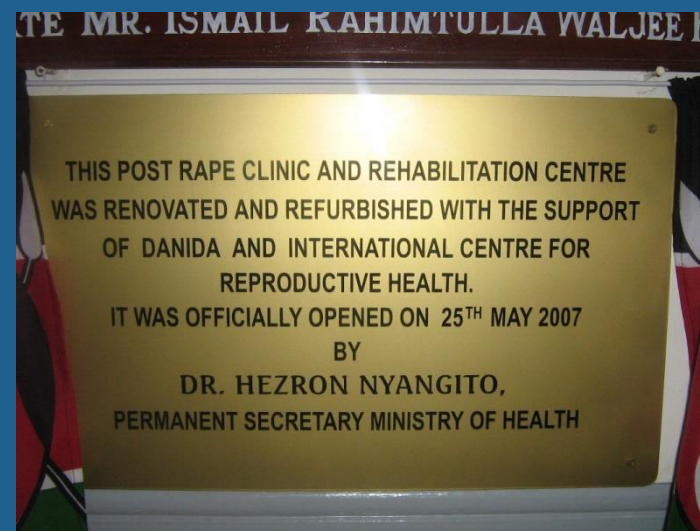
GBVRC background

- Sourcing for funds was challenging but in 2006 ICRH managed to secure support from DANIDA to set up program
- GBVRC inaugurated in May 2007; service initiated Aug



OFFICIAL OPENING of the GBVRC, Mombasa

- First public hospital GBV clinic was opened on May 25th 2007; PPP GPGH and ICRH



GBRVC: Collaboration

- **NGOS & UN** agencies in collaboration with the **Kenyan MOH**
- **ICRH – K:** M&E, research interventions; Health & Legal Rights Programme; community outreach
- **Steering Committee:** CPGH, FIDA, ICRH, KAPC, MYCC, Kenya Police
- **CPGH:** Clinical and lab services; police and hospital staff training



GBVRC- CPGH

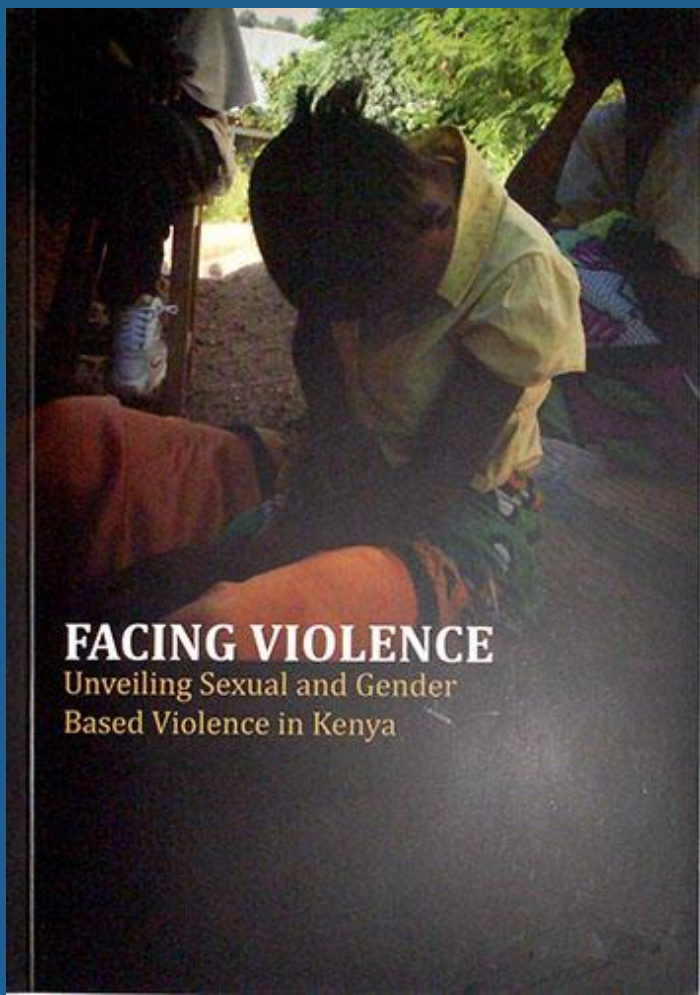
- Dedicated Casualty Department for urgent care
- GBVRC for recovery:
 - Medical exam & forms
 - Immediate trauma counseling, follow-up appointments
 - Lab tests, follow-up treatment if required
 - VCT and PEP; Emergency Contraception
 - Police statement & forms
 - Legal follow-up care



GBVRC 5th Anniversary- 2012



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GBVRC 2017

Over 7300 survivors

85% women and girls

80% under 18, more than half younger than 15 years old

75 % neighbours or family

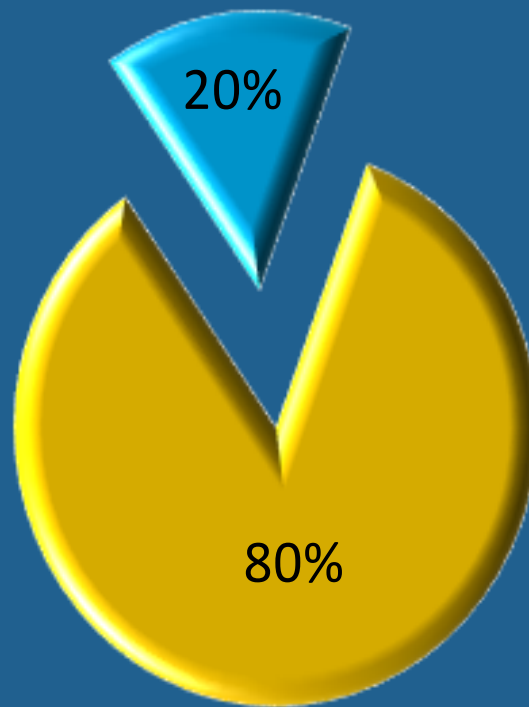
169 court cases- 5 convictions



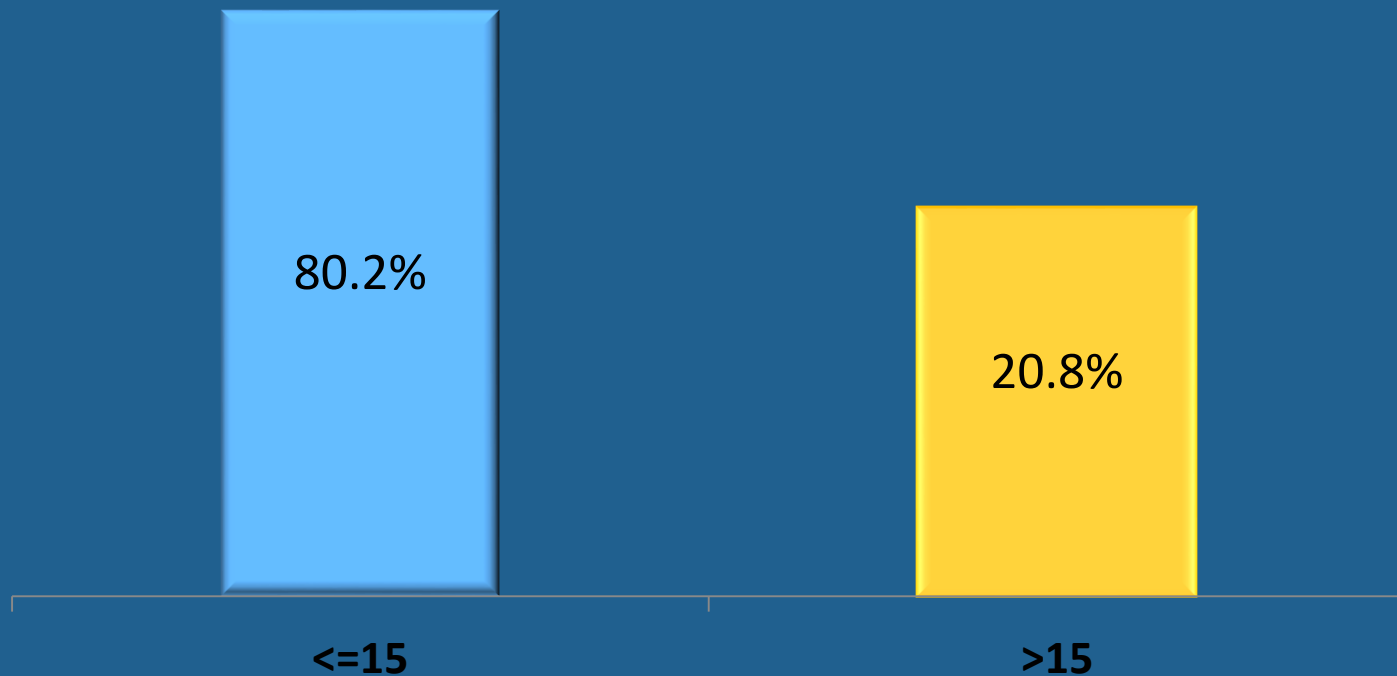
GBVRC: Clients by Gender (2007 to 2017) (n=7,207)

■ Males

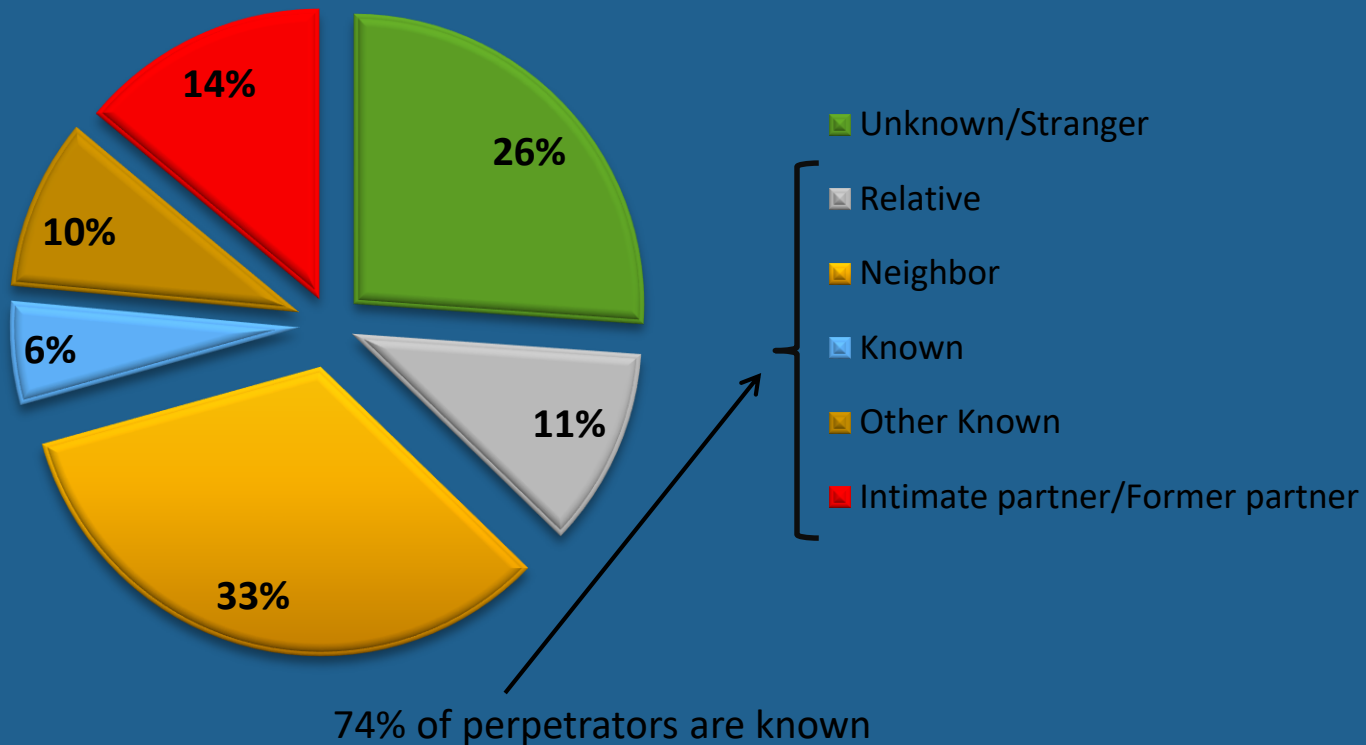
■ Females



GBVRC: Clients below age 18 years (n=1315)



GBVRC: Perpetrators' Relationship to Survivors (n=1160)



GBVRC: Achievements 2017

Administration & Management

- Enhanced hospital- & community-wide **awareness** via regular training: ICRK-K, UNFPA, Action Aid
- **Increased Hospital Engagement** : Casualty Dept taking lead role in urgent care; CPGH medical review committee meets monthly
- **Role of ICRH**; secretariat, scientific support, training



Wendy Stone

- Active plan for **full Ministry of Health ownership** for sustainability







ICRH Kenya
INTERNATIONAL CENTRE FOR
REPRODUCTIVE HEALTH - Nairobi

USAID
FROM THE AMERICAN PEOPLE

APHIA PLUS
NAIROBI - COAST

MINISTRY OF HEALTH

UNFPA KENYA

fhi360
THE SCIENCE OF IMPROVING LIVES

WALIMU WA MARIKA

Tuungane tukomeshe unyanyasaji wa kijinsia

COAST GENERAL HOSPITAL &
ICRH KENYA

GBVRC

GENDER BASED VIOLENCE
RECOVERY CENTRE



Organisation
des Nations Unies
pour l'éducation,
la science et la culture



• Chaire UNESCO
• Santé Sexuelle & Droits Humains



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PARIS
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PARIS 7

Awarded with the Label of the UNESCO Chair 2016



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GBVRC: Support and Thanks

- CPGH
- Ghent University
- UNICEF
- DANIDA
- UNFPA
- Division of Reproductive Health/ Ministry of Health-Kenya
- Office of the President-Kenya Police
- Open Society of East Africa
- Planned Parenthood Federation-International
- Staff at GBVRC



Wendy Stone

