

**Lessons learned in a pilot program to  
screen and provide GBV care in selected  
health facilities in  
Dar es Salaam**

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# BACKGROUND:

- Nearly half of the women in Tanzania experience physical or sexual violence
- GBV increases HIV transmission
  - directly through physical trauma
  - indirectly by limiting one's ability to negotiate safe sexual practices, disclose HIV status, and access services
- Integration of GBV into health care services is imperative to meet the needs survivors and also mitigate HIV transmission

# METHODS:

- MUHAS trained eighty health care providers from seventeen facilities in Dar es Salaam
- Providers were trained to integrate GBV into HIV counseling and testing.
- GBV management guidelines and other tools were used for training
- Participants were given tools to work with

# FINDINGS (1)

- Initial lessons learned from the pilot program indicate that integration of GBV into existing HIV services is feasible.
- A number of facilities were already providing GBV services to survivors, and the additional training was viewed as instrumental for provision of standardized, quality care.
- The integration approach is promising in terms of strengthening response services and targeting a large number of hidden GBV survivors.

# FINDINGS (2)

- However, the pilot also encountered a number of challenges
  - (1) Perceived extra workload led some providers to have negative attitudes towards incorporating GBV
  - (2) GBV is a new area, not taught in basic training, requiring ongoing job training
  - (3) Critical human and material resources gaps exist

# FINDINGS (2)

- (4) Clinic space too limited to provide necessary privacy and confidentiality
- (5) Lack of well-established referral and support networks for continuum of care
- (6) Need for harmonized documentation system for GBV
- (7) Questions about sustainability of integrated services

# CONCLUSION

- Integration of GBV into HIV services is promising.
- Further training should focus not only on screening and on provision of GBV services but also health care providers' beliefs and attitudes.
- Health care provider basic training curricula should include GBV modules
- Mapping of the existing response services offered to people who have experience violence and establishing referral and support networks for continuum of care
- Need for harmonized documentation system for GBV