

Feasibility and Acceptability of Screening for Gender-Based Violence in Health Facilities in Humanitarian setting

Findings from implementation among refugees in Kenya and South Sudan



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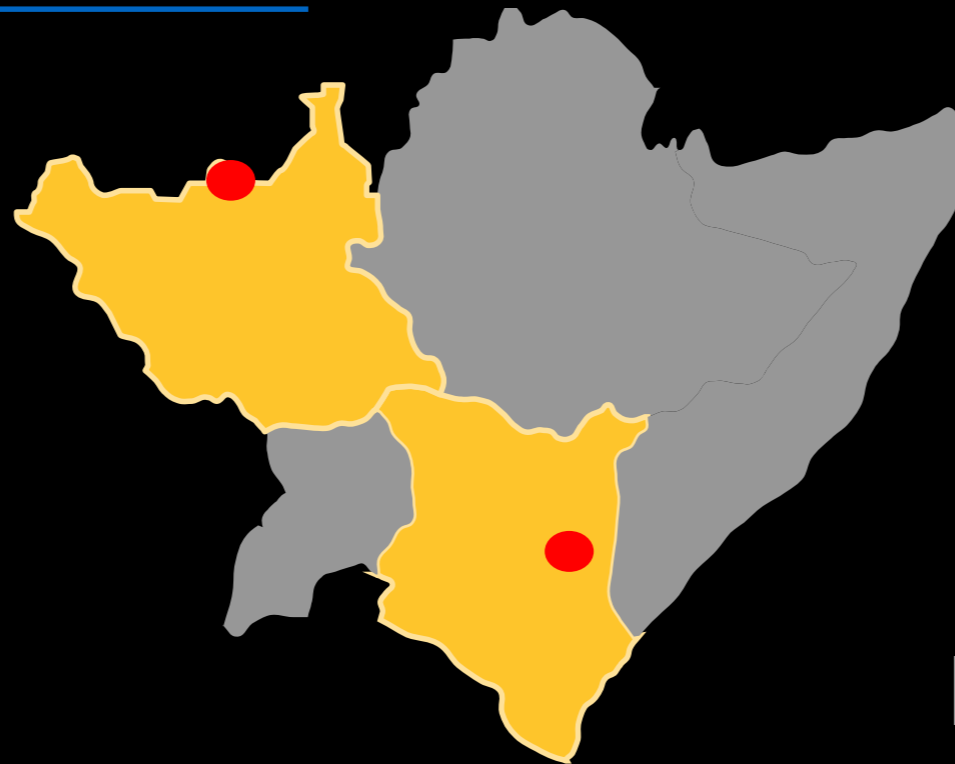
International Rescue Committee



South Sudan and Kenya

Yida settlement

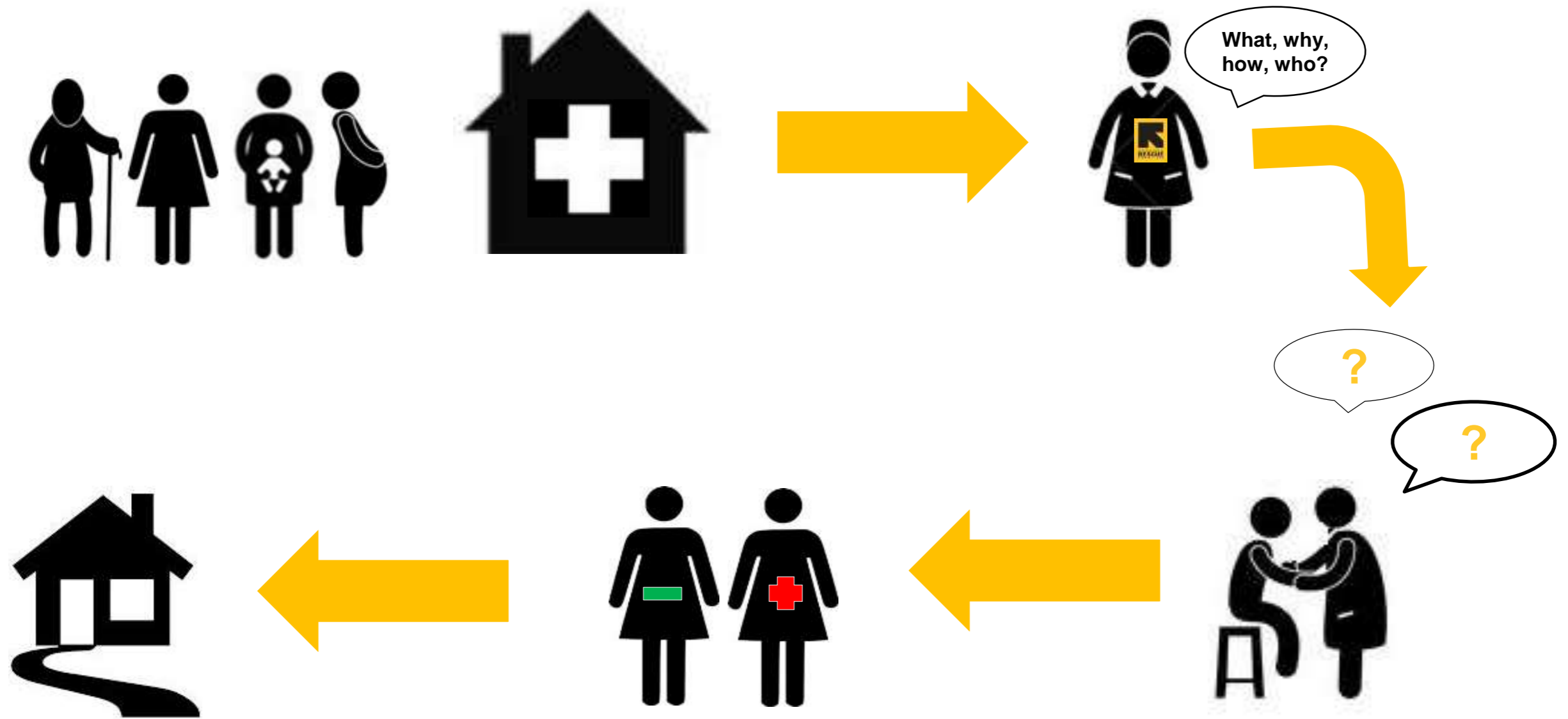
February – ongoing 2015



Dadaab camp

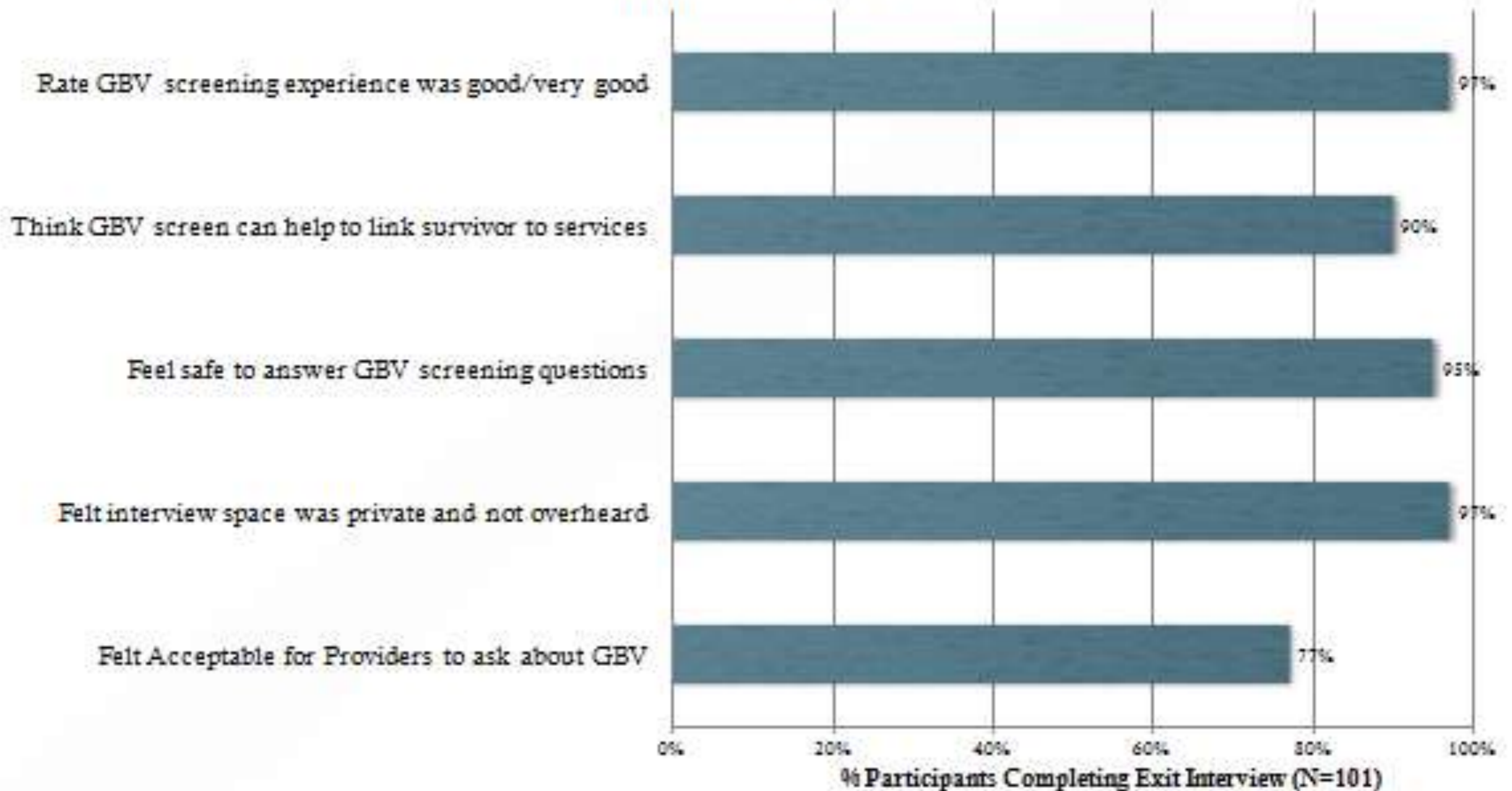
January – July 2015

WHAT IS SCREENING FOR GENDER-BASED VIOLENCE?



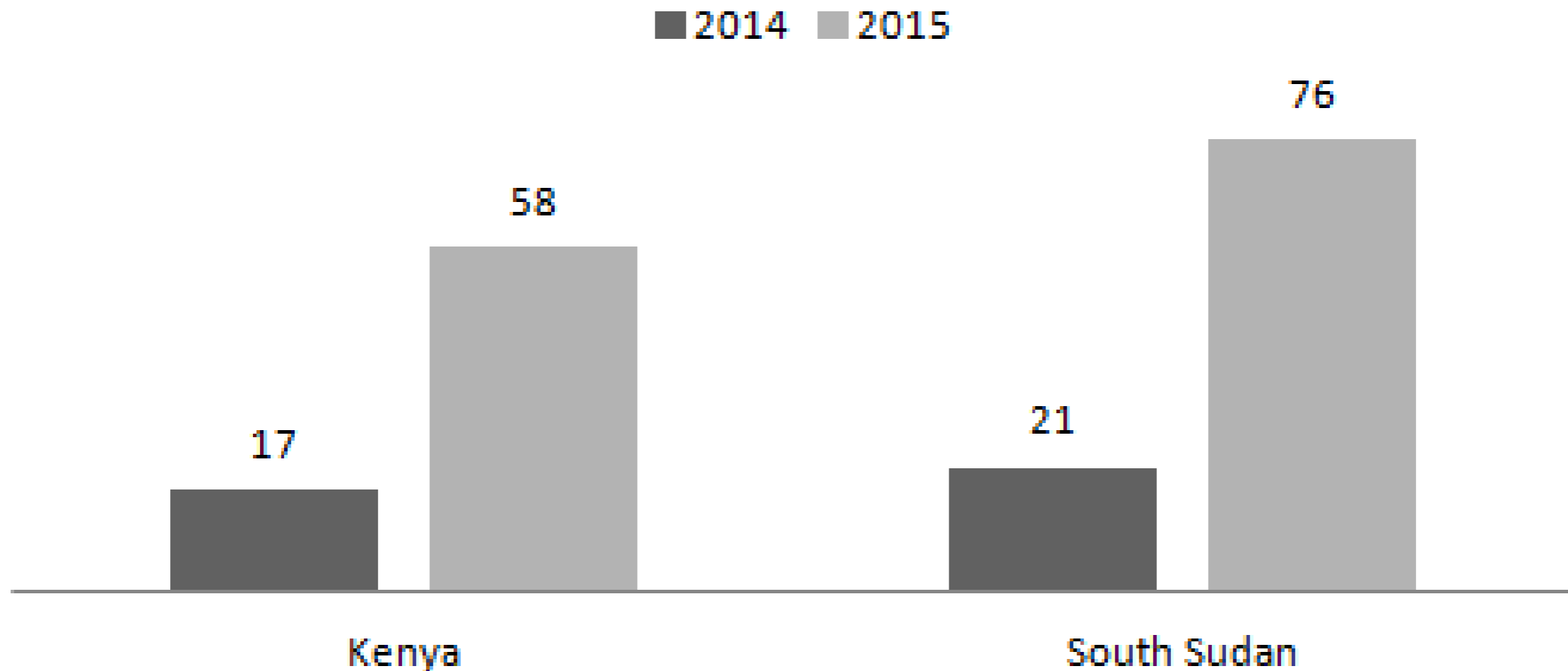
Results from Kenya: Acceptability?

Exit Interview Responses



Results: Feasibility?

GBV referrals from health facilities to IRC support centers (Jan-June)



Successes from implementation

- **Increased number of GBV cases identified and referred**
- **Increased willingness of women to openly discuss gender-based violence with the health providers, family and neighbors**
- **Reduction in individual screening time to 2-3 minutes**



Successes from implementation

- **Task shifting;** refugee staff engaged in screening for GBV
- **Change in provider attitudes** for improved collaboration and responsibility



Challenges from implementation



- Lack of privacy
- Increased workload in overworked environment

Challenges from implementation



- Unavailability of referral services in health posts
- Difficulty meeting expectations of survivors

Recommendations

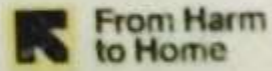
- **Conduct community sensitization** prior to implementing screening for GBV.
- **Carefully adapt the screening tool** to take into account local cultural and religious considerations.
- **Establish plans** for addressing staff increase and workload.
- **Select locations** according to predefined eligibility criteria



Recommendations

- **GBV officers and counselors** should be placed in the health posts or in immediate vicinity.
- **Allocate resources** specifically to the screening intervention.
- **Provide technical support** in the initial phase for training and evaluation.





COUNSELLING IN PROGRESS

KINDLY

DO NOT INTERRUPT