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The Effectiveness of One-Stop Centre in Providing Services to Survivors of Gender-based Violence in Arusha Region

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Abstract

One stop Centre is one the measures taken by different countries to eradicate gender based violence. One Stop Centre is a centralised facility that brings multiple critical services such as medical care, legal assistance, psychosocial counseling, and police or protective support together under a single roof (UFPA, 2025). This article provides empirical knowledge on its effectiveness in the provision of services to survivors of Gender-Based Violence (GBV). The study examined the effectiveness of One Stop Centres using the One Stop Centre at the Mount Meru Referral Hospital as case study. The study deployed an explanatory research design with a mixed approach of data collection under the perspectives of ecological system theory. Ecological system theory asserts that human behaviour and development are influenced by various interconnected systems. The target population of this study were survivors of gender based violence who benefited from the Mount Meru Referral Hospital One Stop Centre from January 2023 to December 2023. The target population was scatteredd to ddifferent locations and distances which made it ddifficulty to apply survey method of data, instead convenience method has been used to collect quantitative data from 235 respondents (Memon et al. 2025). Also, qualitative data was collected from 8 service providers at the centre. The quantitative data was analysed using descriptive statistics and inferential statistics. Descriptive statistics was presented using frequency, mean and standard deviation while. Inferential statistics Spearman Coefficient Correlation was used. In the hand qualitative data was analysed using themes. The study findings showed that the Centre provides effective services to survivors of gender based violence as the respondents strongly agree that; Client receive medical examination and treatment (4.61), police officer gather clients' information (4.51) and client information is treated with hig level of confidentiality (4.21). Further, the findings showed strong positive relationship ($r = 0.817^{**}$; $p \leq 0.01$) between the services provided and the overall well-being of GBV survivors in Arusha. This indicates that the comprehensive support offered at the One Stop Centre significantly enhances the welfare of survivors. Based on these findings, the study recommends that the Tanzanian government establish at least one One Stop Centre in every district to effectively combat gender-based violence.

1.0 Introduction

Gender-Based Violence (GBV) is a pervasive global crisis that undermines the health, dignity, an autonomy of its survivors. According to United Nations Population Fund (UNFPA, 2026), it is estimated that 1 in 3 women experience physical or sexual violence their lifetime. The pandemic affects every country around the world, although disproportionately. The highest rates of gender based violence are in low-income countries, countries in conflict and countries facing high climate risks (Concern-Worldwide; 2025). According to International Rescue Committee (2025), the prevalence rates along regions. In Sub-Saharan Africa the prevalence reaches up to 42%, Eastern-East Asia 33%, Eastern Mediterranean 31%, Americas around 30%, Europe 23% and Western Pacific 21%.

Over the past four decades or more, Gender-Based Violence (GBV) has emerged as a global developmental concern. It has been recognised as a grave infringement upon human rights and presents a substantial public health challenge of international significance (Aga, 2017). Gender-Based Violence has been documented to exert negative impacts on the socio-economic, politico-cultural, and psycho-physiological development of its victims (Aga, 2017; Hattery, Monterrosa, and Porter, 2020). Despite both genders being susceptible to Gender-Based Violence, research indicates that women and girls are disproportionately affected (Zakrison, Valdés, and Muntaner, 2019; Sarfo-Kantankah, 2022). According to WHO report (2021), 35% of women globally have experienced non-romantic sexual violence or intimate partner abuse, which includes physical and/or sexual assault. The report further highlights that intimate partners account for 38% of women's homicides, 7% of them have endured sexual assault by someone other than a partner. Furthermore 200 million women worldwide have undergone female genital mutilation or cutting.

In the same note Tanzania experience high prevalence of gender based violence as revealed by different studies the The reports showed alarming statistics, for example 44% of ever-married women had experienced physical and/or sexual violence from a partner. 37% of them experienced spousal violence within 12 months (National Bureau of Statistics and ICF Macro; 2013, Tanzania Demographic and Health Survey; 2010). According to World Bank (2022), the prevalence of spousal violence was highest in rural areas, averaging 52%, compared to 45% in urban areas. In addition, nearly 30% of girls experience sexual violence before the age of 18. Furthermore, available data indicate that in 2016, approximately 40% of women aged 15 to 49 had experienced physical violence, and 17% had experienced sexual violence during their lifetimes (World Bank, 2022; MOHCDGEC, 2016).

Given the circumstances, it is argued that the prevention of Gender-Based Violence is crucial for sustained economic development in underdeveloped regions worldwide (Lang *et al*., 2021). The 1979 Convention on the Elimination of All Forms of Discrimination against Women and the United Nations' 1993 Declaration on the Elimination of Violence against Women sparked global interest in combating gender-based violence (Bradley, 2020; Cannon *et al*., 2020; Sarfo-Kantankah, 2022). In pursuit of this goal, practitioners, policymakers, and researchers explore various strategies to address Gender-Based Violence, One-stop Gender-Based Violence resource centres or one-stop service centres (OSCs) emerging as increasingly common approaches. These centres offer integrated services including health, psycho-social support, legal assistance, and police support for victims and survivors of Gender-Based Violence (Hattery *et al*., 2020).

A study conducted by Hattery et al. (2020) examined the effectiveness of one-stop Gender-Based Violence resource centres, drawing on research and evaluations from 20 countries, including Bangladesh, Benin, Democratic Republic of Congo, El Salvador, Ghana, India, Kenya, Malawi, Malaysia, Mexico, Morocco, Rwanda, Somalia, South Africa, South Sudan, the United States, Thailand, West Bank/Gaza, Zambia, and Zimbabwe. Their analysis revealed that One Stop Centres offer a crucial set of strategies for addressing Gender-Based Violence. Reviewing One Stop Centres in these countries and meta-analyses of more than 80 such centres, they found widespread consensus that One Stop Centres make a significant impact in their communities.

In hospital or medical clinic settings, survivors of Gender-Based Violence received essential medical attention to address acute injuries and exposure to diseases, particularly sexually transmitted infections (STIs) and HIV. Many of these centres also provided access to psychologists, counsellors, and other mental health professionals to support survivors dealing with the emotional and psychological consequences of violence. Where psychological or mental health staff were not available on-site, clients were referred to other units or facilities. One Stop Centres situated within Women's Justice Centres (WJCs) were successful in facilitating access to legal avenues for survivors seeking justice. These centres often offered on-site courtrooms and emergency orders of protection, along with temporary housing, job training, and networking events leading to employment opportunities, including the establishment of cooperatives enabling victims/survivors to achieve economic self-sufficiency.

Tanzania like other countries took different initiatives in responding to the prevalence of Gender-Based Violence in the country. The government and other stakeholders implemented various strategies to combat gender-based violence and ensure victims receive timely and appropriate care. Since many victims of Gender-Based Violence were struggling to access health, psychosocial, legal, and police support (Bwikizo, 2021). One of such strategies included the establishment of One Stop Centres in regional hospitals. These centres are found in Mwananyamala Hospital in Dar es Salaam, Regional Referral Hospital in Dodoma, Mount Meru Referral Hospital in Arusha, Kasulu and Kibondo district hospitals in Kigoma. Other centres are in Kilimanjaro, Shinyanga, Manyara, Singida, and Tabora.

These centres were set up with the aim of providing integrated, multidisciplinary services in a single physical location. These services include medical management, forensic evidence collection, psychosocial counselling, legal aid, case referrals and linkages, and police services, including the provision of PF 3. The overarching goal is to reduce secondary trauma, ensure justice in a non-stigmatising environment, and provide comprehensive support for Gender-Based Violence and Violence against Children, as well as forensic evidence collection (Munisi *et al*., 2021).
Despite efforts by the Tanzanian government and other stakeholders, the roles of One Stop Centres in promoting the welfare of Gender-Based Violence survivors through the provision of medical assistance, psychological counseling, legal services, and awareness education remain relatively unexplored. It is in this context that this study was conducted to assess the quality and effectiveness of One Stop Center services in promoting medical assistance, psychological counseling, legal services, and awareness education among Gender-Based Violence survivors, using Arusha Municipal as a case study.

2. Methodology

This study adopted a pragmatic research philosophy, explanatory research design and mixed research approach. Pragmatic philosophy has been sought because effectiveness of something focuses on the goals completion or likelihood of completion, quality of its outcomes and satisfaction of stakeholders. The use of pragmatism helps in appreciating the fact that there are matters that have to include both objective and subjective interpretations to understand patterns found in data as well as detailed insights of researched topics (Mwita, 2025). In-line with pragmatism philosophy, the study employed explanatory research design because of wanting to investigate the relationship between one stop centre and effectiveness of service provision to survivors of gender-based violence.

According to Mwita (2025), explanatory research tests how one variable affects the other by seeking to understand how and why variables are related. This study chose a mixed approach in collecting data because both, the philosophy and design seem to be suitable compared to a single approach. A mixed approach allows the possibility of choosing the appropriate research methods from the wide range of qualitative and/or quantitative methods based on a research question that needs to be addressed (Mwita; 2025, Kaushik and Walsh; 2019). In line with mixed approach, the study was also guided by ecological system theory (Bronfenbrenner, 1979). Ecological system theory asserts that human behaviour and development are influenced by various interconnected systems, ranging from immediate surroundings to broader societal forces (Tong and An, 2023). This framework is particularly useful for analysing multi-faceted issues like Gender-Based Violence (GBV), where personal recovery depends on multiple levels of support. This study targeted survivors of gender based violence who benefited from One–Stop Centre services at Mount Meru Referral Hospital in Arusha region from January 2023 to December 2023 (One-Stop Centre, n:p). Also, the centre service providers (8) were part of this study, as they provided complementary information. The data obtained from centre indicated that, 567 survivors were served in a period of one year. This enabled the researchers apply Yamane (1967) formula to determine the sample size of the study.

$$n = \frac{N}{1 + N(e^2)}$$

Whereas;
N: signifies Total population
n: signifies desired sample size
e: signifies the margin error which is 0.05
$n = 567 / (1+567 (0.05)^2)$
567/ (1+567(0.0025)
567/ (1+1.4175)
567/ 2.4175= 234.5
n = 235

The target population of this study diversed to different locations and distance which made it difficult to apply survey method in data collection, therefore convenience method was applied to collect data using a questionnaire. The convenience approach was applied to survivors who were continuing to receive serve at the centre. A convenience method is used when members of the target population who meet certain practical criteria, such as easy accessibility, geographical proximity, are available at a given time, or willingness to participate (Etikan, Musa, and Alkassim,

2016). Although this method is traditionally applied in qualitative studies, several researchers have commented it because of its practicability. For example Memon et al. (2025), argued that, convenience sampling offers a practical alternative that allows researchers to collect contextually useful data under practical limitations.

In addition, Robinson (2014) in Memon et al. (2025), supports the use of convenience sampling in applied research, arguing that ideal sampling procedures example, probability sampling, are rarely achievable and that clarity about participant selection is more important than rigid adherence to probabilistic ideals. In this study, data were collected using both questionnaire and interview methods. Semi-structured questionnaire were employed to gather data from gender-based violence survivors at the one stop centre and the nearby Wards in Arusha City regarding the services offered by the centre and the benefits it provides to them. However, participants were informed that their participation is entirely voluntary and that they can withdraw from the study at any time without any negative consequences. Conversely, interviews were conducted with service providers at the One Stop Centre. These interviews were designed to elicit detailed explanations of the services offered by the One Stop Centre and the benefits it provides to gender-based violence survivors. To guarantee uniformity Cronbach's alpha was used to analyse the internal consistency of multi-item scales in order to determine the dependability of quantitative data. Also careful note-taking and verbatim was transcribed to ensure the accuracy of participants' narrations for qualitative dependability.

3. Results and Discussion

3.1 Services offered by One Stop Centre to Gender- based Violence Survivors

The study intended to explore services provided by One Stop Centre to Gender Based Violence survivors in Arusha. The data were collected using questionnaire and analysed using descriptive statistics in the form of mean scores of the five-point Likert scale as Table 1 illustrates mean score and their interpretation as suggested by (Khandelwal, 2021).

Table 1: Mean Scores Interpretation

Mean Score	Interpretation
1.00-1.49	Strongly Disagree
1.50-2.49	Disagree
2.50-3.49	Somehow Agree
3.50-4.49	Agree
4.50-5.00	Strongly Agree

Table 2: Services offered by One Stop Centre to Gender- based Violence Survivors

Statement	Freq (N)	Mean	Std. Dev	Response
Clients recount GBV events at OSC	235	3.79	0.92	Agree
Client receive medical examination and treatment	235	4.61	0.96	Strongly Agree
Client receive psychosocial Counselling	235	3.83	0.67	Agree
Client have a chance to talk to counsellor alone	235	3.80	0.79	Agree
Client is Assured protection by OSC	235	4.12	4.40	Agree
Client information is treated with hig level of confidentiality	235	4.21	0.68	Agree
Police officer gather clients' information	235	4.51	0.96	Strongly Agree
Clients issued PF3 for medical assistance	232	3.81	0.75	Agree
Police collect Forensic evidence	232	3.99	0.61	Agree
Client receive necessary legal information	232	3.95	0.70	Agree
Prosecutor gather information about the case	232	3.65	0.91	Agree
Prosecutor cooperate with OSC staff to file the case for prosecution	232	3.66	0.97	Agree

Source: Field Data (2024)

Table 2, summarises the finidings regarding services offered by One Stop Centre (OSC) to survivors of gender based violence at Amount Meru Referral Hospital. The blank raws (lines) in the table separate aspects or services provided. The findings indicate that the respondents agree (M=3.79; SD=0.92) that once clients arrived to the OSC, they have to recount of the GBV event encountered. Further, the findings indicate that, the repondents were strongly agree (M=4.61;SD=0.96), that clients (survivors of GBV) were offered medical examination and treatment by the OSC. Strongly agree an agree on the aspect of medical treatment with close standard deviation to the mean confirms the availability of medical service to survivors of GBV at the one stop centre. In addition to the quantitative data, one of the research participants narrated that;

"We conduct medical examinations to victims of gender-based violence to identify any health issue they may have. A thorough medical evaluation allows us to pinpoint any potential problem that may be causing or contributing to negative health condition." (Participant No: 1, 16th April, 2024)

The findings reflects the report by UNFPA (2019), who reported that at OSCs healthcare, legal assistance and psychosocial support services are avilable under one roof. Services of one stop centre can be explained using ecological system theory as it assumes that positive, healthy and safe social environments are important for optimal developmental outcomes (Popa et al; 2020). Accoring to medical and clinical educators, medical history serves as the foundation for accurate medical diagnosis that can yield 74% accuracy of medical cases (Maska and Nelson, 2024). This importance make one stop centres offer medical examination (Razaghi et al., 2022; Hosseinabadi et al., 2022; Hattery et al. 2020).

In addition to medical examination and treatment services, the findings showed that the respondents were also agree that survivors of GBV receive counselling service (M=3.83, SD=

0.67) and add chance to talk to a counsellor alone (M=3.80,SD=0.79). Counselling for survivors of gender violence is vital and necessary step to heal trauma, rebuild self-worth and restore mental health. However, it must always respect the survivor's choices and autonomy, perhaps, that's why the respondents in this study indicated agree receiving counselling and talking to counsellor privately, but no one indicated strongly agree. One of the research participant accounted that,
"We receive survivors of GBV, and provide them with medical treatment, then we refer them to a counsellor because many of them are affected psychologically. Without proper guidance, they may harm themselves. Consider someone who has been raped: they often face challenges, and psychological counselling helps them, regain a sense of normalcy." (Participant No: 2, 16th April 2024).

The findings of this study correspond to findings of the study by Hattery et al. (2020), who found that counselling service was being provided by One Stop Centrers in various countries including Bangladesh, Benin, Democratic Republic of Congo, El Salvador, Ghana, India, Kenya, Malawi, Malaysia, Mexico, Morocco, Rwanda, Somalia, South Africa, South Sudan, United States, Thailand, West Bank/Gaza, Zambia, and Zimbabwe.
Furthermore, the findings of this study indicated that, One Stop Centre at the Mount Meru Regional Referral Hospital, provide protection services to survivors of violence (M=4.12, SD=3.40) which may imply that, not all respondents agreed on the provision of the service at the same degree. Conversely, the findings showed respondents agreement on confidentiality to survivors at mean of 4.21 and standard deviation of 0.68. This might imply that respondents feel that their private information is kept confidential at the One Stop Centre).In line with quantitative findings, one of the participant pointed out that;
"We ensure that survivor receive sufficient protection and guarantee their safety while they are at the station and even when they return home. We strictly maintain their information confidential," (participant No: 3, 16th April 2024).

According to UNICEF survivors should put at the forefront of all actions and ensure that each survivor is treated with dignity and respect, an, that breaching confidentiality inappropriately can put the survivor and others at risk of further harm.
In addition to the protection and confidentiality services at one stop centre, the study findings showed that the centre offer police service also. The respondents indicated strongly agree for police gathering survivors information (M=4.51, SD= 0.96), also, agree issued PF3 for medical assistance (M= 3.81, SD= 0.75). Further they have agreed on police collecting forensic evidence (M=3.99, SD= 0.67). In seeking further clarification on the police services offered to gender-based violence survivors, a face-to-face interview was conducted with one of the participants insisting that;
"We contact survivors and request them their information. Afterwards, we provide them with a PF3 form, which enables them seek medical treatment. Once they have received treatment, further, legal procedures unfold, as the collected evidence presented to court whenever needed," (Participant No: 4, 16th April 2024).

Other studies have also showed that one stop centres have been established to provide integrated survivor-centered services including police services under one roof (UNFPA, 2025, Verma et al.; 2020). Furthermore, this study investigated whether legal services were provided by one stop centre. The findings from the respondents indicated a response of agree that survivors received necessary legal information from the centre (M=3.95, SD= 0.70). Also the respondents agreed that

prosecutors gather information of cases at the centre (M=3.65, SD= 0.91). Moreover, the respondents agree that prosecutors cooperate with other OSC staff in filing cases to court (M=3.66, SD =0.97).

Similarly, the data obtained through interview support quantitative findings as a research participant expose that;

"When, survivors arrive here, they often receive police service from police officer, the police report is reviewed, then detailed information is gathered from the survivors and educating him/her about the procedures for filling a case to the court. The information gathered helps us navigate the court process, enabling us initiate a case and eventually, the suspect or suspects are summoned to court, and the legal proceedings begin."(Participant No 5, 16th April 2024).

World Bank Group, (2024), evidenced that one stop justice centres were created to facilitate equal and timely justice for all, particularly in family cases and to enhance gender justice. Similarly, Hattery, et al. (2020), accounted that one stop centres located within women's justice centres were successful in facilitating access to legal pathways for survivors to seek justice.

3.2 Relationship between One Stop Centres and Benefits to Gender -based Violence survivors

The study has examined the relationship between services offered by One Stop Centres and the benefits to survivors of GBV to see if there is any significance correlation using Spearman's correlation. This techniques was adopted because the study had no hypotheses to test. Spearman's correlation measures the strengths and direction of monotonic association between two variables. The result of the association between services and benefits is demonstrated in table 3.

Table 3: Relationship between Services of OSC and Benefits to Survivors of GBV

			Welfare (Benefits)
Spearman's rho	OSC Services	Correlation Coefficient	0.817**
		Sig. (2-tailed)	0.000
		N	232

***Correlation is significant at the 0.01 level (2-tailed).*

The interpretation of the findings was based on the effect of the strength sizes, whereby the value of the effect size was categorised into seven (7) ranks in accordance to (Turney, 2022). When the value is greater than.5, the strength is strong and positive, between .3 and .5 (moderate and positive), between 0 and .3(weak and positive), zero indicate no direction. While between 0 and -.3 (weak and negative), between -0.3 and -0.5 (moderate and negative) and less than -.5 (strong and negative). The findings, therefore indicated that One Stop Center services are positively and significantly correlate with the welfare of gender-based violence survivors benefited at a point ($r= 0.817^{**}; p \leq 0.01$). This indicates a strong and statistically significant relationship between the services provided by One Stop Centres and the welfare experienced by gender-based violence survivors in Arusha. Moreover, the findings may imply that the One Stop Centre services provided at Mount Meru Referral Hospital in Arusha play a significant role in enhancing and improving the welfare of gender-based violence survivors. These findings support what Hattery et al. (2020) and Newaz et al. (2023), reported that One Stop Centre services are effective in promoting the welfare of gender-based violence survivors. Further, the findings correspond to ecological system theory since the model view a person's development as shaped by nested environmental layers, same like One Stop Centre structure. One stop centre applies holistic thinking in practice, whereby multiple support services like medical, legal and counselling are housed under one roof (Olivia, 2024).

4. Conclusion and Recommendations

4.1 Conclusion

This study investigated the impact of one stop centre on the welfare of gender -based violence (GBV) survivors in Arusha City aiming at exploring services provided by the centre and examine the relationship between services and the benefits to the survivors. The study revealed that one stop centers in Arusha City offers various services to GBV survivors, including medical examination and treatment, psychosocial counseling, protection, police assistance, and legal support. Moreover, it was found that medical services helped survivors recover from physical pain, whereby, psychosocial counseling aided in overcoming psychological trauma and legal assistance facilitated legal action against perpetrators. The study showed the impact of increased survivors' awareness of their rights. Importantly, the findings showed a positive and significant correlation between the services provided by one stop centre and the welfare experienced by GBV survivors, which implies that the services offered at Mount Meru Referral Hospital play a crucial role in enhancing the well-being of GBV survivors in Arusha.

4.2 Recommendations

While this study concludes that one stop centre services at Mount Meru Referral Hospital in Arusha significantly improve the welfare of gender-based violence survivors, it is equally important to acknowledge the limited availability of such centres. Rural areas across Tanzania do not have these services, therefore, the study recommends that the Tanzanian government should establish at least one stop centre in every district to mitigate the prevalence of gender-based violence nationwide.

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