INVESTIGATING WHY THE ONE STOP CENTRE AT CHIKWAWA DISTRICT HOSPITAL IS INEFFECTIVE TO MALE SURVIVORS OF GENDER BASED VIOLENCE

MASTER OF PUBLIC ADMINISTRATION AND MANAGEMENT THESIS

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UNIVERSITY OF MALAWI

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Submitted to the Department of Political and Administrative Studies, Faculty of Social Science, in partial fulfilment of the requirements for the degree of Master of Public Administration and Management

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DECLARATION

I, the undersigned hereby declare that this thesis is my own original work which has not been submitted to any other institution for similar purposes. Where other people's work has been used acknowledgements have been made.

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Full Legal Name

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Signature

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Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval**.**

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Second Supervisor

DEDICATION

To my late mother Agness Ngulube and late Cousin Kettie Lungu for their vision of making me who I am today.

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ABSTRACT

The study explores the ineffectiveness of Chikwawa District Hospital One Stop Centre towards male survivors in accessing GBV services, as it was established to provide comprehensive support for all GBV survivors. Despite its intended inclusivity, evidence suggests that male survivors are underserved, due to societal stigma, lack of awareness and that its services are predominantly designed for women. This study investigates the specific reasons behind this ineffectiveness, with the aim to identify the gaps in service provision and propose recommendations to make the Centre more accessible and supportive for male survivors, addressing overlooked aspect of GBV and promoting equitable care for all survivors. The study used a qualitative approach to gather in-depth insights into the experiences and perceptions of male survivors. A purposive sampling technique was used to select a sample size of 35 participants, including male and female GBV survivors and non-survivors, chiefs, religious leaders and officers at One Stop Centre. Data was collected through semi-structured interviews, focus group discussions and document reviews to capture diverse perspectives on the Centre's effectiveness. The response rate was high, with 29 out of the 35 targeted participants providing detailed responses. Data analysis was conducted using thematic analysis and the key findings revealed that the Centre's services are largely ineffective for male survivors due to a combination of societal stigma, gender biases in service provision and inadequate awareness. In addition, the Centre faces internal challenges, such as limited staff training on gender inclusivity and lack of management support, as things that hinders its ability to provide effective and comprehensive care to male survivors. Finally, the study recommends implementing gender-inclusive reforms to make the Centre more accessible and supportive for male survivors such as expanding staff training to improve sensitivity and competence in addressing male-specific GBV issues, ensuring that all survivors receive equitable and respectful care and enhancing community outreach and awareness campaigns that explicitly include men as potential beneficiaries of the services, thereby reducing stigma and encouraging male survivors to seek help.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS AND ACRONYMS

OSC One Stop Centre

SWO Social Welfare Officer

UNICEF United Nations Children's Fund

PDVA Prevention of Domestic Violence Act

GEA Gender Equality Act
PSEA Protection from Sexual Exploitation and Abuse

GBV Gender Based Violence.

UNFPA United Nations Population Fund

DHMT District Health Management Team

VSU Victim Support Unit **PEP**

Post Exposure Prophylaxis

GoM Government of Malawi.

MNPSR Malawi National Public Sector Reforms

MEJN Malawi Economic Justice Network

QECH Queen Elizabeth Central Hospital

NPM New Public Management

MoH Ministry of Health

PPP Public Private Partnership

UNIMAREC University of Malawi Research and Ethics Committee.

DHO District Health Office

CHAPTER ONE

1.1 Introduction

The provision of public services to citizens is a human right to all persons regardless of their gender, religion, political affiliation, race, colour or anything that might discriminate one from the other and this is a responsibility of Malawi Government (Government of Malawi, 1994). The constitution of the Republic of Malawi, gives all citizens equal access and rights to demand services that they need in public facilities such as hospitals. No one is more important than the other when it comes to access to public services. However, it has been learnt that public service delivery in public health facilities are biased and the service providers are no longer motivated to provide services diligently (Tambulasi & Kayuni, 2007). When it comes to service delivery, the service provider plays a crucial role and cannot be detached from it in order to get best results. For example, doctors, nurses, social welfare officers and police, just to mention but a few, clients (people whom they serve) satisfaction cannot be separated from the quality of services they provide. A study by World Bank (1991) states that Public Sector Management Review (PSMR) documented major administrative system deficiencies (inefficiencies and administrative system) that hampers service delivery. The performance of the civil service had drastically dwindled due to poor definition of responsibilities, inadequate and poorly targeted training, failure to understand programme evaluation, low salaries and poor motivation mechanisms such as incentives for civil servants (Tambulasi & Kayuni, 2007).

Going further, Howahowa (2021) also observed that such scenarios are mostly attributed to inherited bureaucratic culture in the civil service and in public facilities, a thing that slows down service delivery, resulting in the end user (the citizens) suffering.

This is contrary to the Malawi Vision 2063 which among others, talks about an inclusively wealthy and self-reliant nation and has put mind-set change as an enabler number one (Malawi Vision, 2063). This entails that for the nation to attain ambitious development aspirations it requires the culture of a new way of thinking and doing things in all public facilities such as hospitals, in order to improve service delivery to citizens and meet their expectations.

Since the introduction of the concept of One Stop Centres in public hospitals in 2012 as a public reform process aiming at providing comprehensive services to survivors of physical and sexual violence at health facilities in Malawi, it was discovered that these facilities are not effective to male survivors of gender-based violence which leaves men outside the equation of enjoying services from these facilities as their health right (Kafwafwa & Chikanda, 2019). On the same, it is argued that there is a direct correlation between effective service provision to citizens and the concept of One Stop Centre in public facilities through multidisciplinary team of professionals under one roof (Mhango, Gondwe & Nyondo, 2019). Despite this claim, Phiri and Chirwa, (2017) observed that One Stop Centres in public health facilities has not lived up to the standard and their objective of formation in as far as service provision to survivors of gender based violence is concerned. While a study by United Nation Children's Fund, (2014) revealed that One Stop Centres registers more women and girls as compared to male gender a situation that leaves a lot to be desired. According to Malawi of Government (2011) it has been observed that one of the reason for low male turn out is due to lack of customer care when handling male gender propagated by stereotype that regards males as perpetrators of gender based violence.

One Stop Centres are located within the hospital with linkages to other service providers based outside the hospitals such as police prosecutors, police investigators and social welfare. These multidisciplinary teams are involved once a case has been registered at the hospital. One Stop Centre in public health facilities where health practitioners, police and social workers coordinate closely, is regarded as an effective strategy to improve the health, safety and wellbeing of survivors of sexual and physical violence in urban setting in Malawi (Mulambia et al., 2018). However, a study by Manda-Taylor, et al., (2020) reveals that this is only effective to female and not male clients due to several factors such as support and activism from non-governmental organizations towards women and girls empowerment.

According to National Guidelines for Provision of Services for Physical and Sexual Violence (Chikwanekwane, Chipatala chosamalira anthu ochitilidwa nkhanza, 2014), One Stop Centre is a centre where medical, police, legal and social welfare agencies meet regularly to coordinate the specialized evaluation, treatment, protection, case review and ongoing advocacy for survivors of sexual and physical violence.

Furthermore, Manuela, (2012) state that One Stop Centre, is an interprofessional health system-based centre that provides survivor centered health services alongside some combination of social, legal, police and or other shelter services to survivors of genderbased violence. This concept originated from a tertiary Hospital in Malaysia in 1994 with an aim of providing efficient and effective services to acute survivors of genderbased violence. Later, its management model was replicated throughout the world due to its efficiency and effectiveness in service provision (Daly, 2011). This is the reason majority of One Stop Centres are hospital based aimed at responding to numerous issues identified by survivors and their advocates when seeking services in traditional (non - integrated) healthcare, police and legal system (Manuela, 2012). In addition to that, the ultimate goal was to reduce survivor re-victimisation when seeking different social services such as health, legal, psychosocial counselling, welfare and police in different offices.

This study was aimed at investigating why One Stop Centres in public hospitals are ineffective to male survivors of Gender Based Violence (GBV) with a case study of Chikwawa District Hospital in Malawi. The study analysed One Stop Centre as a public sector reform strategy in Malawi aiming at improving public service delivery to the citizens (survivors) in public facilities. The study also went further to investigate management support for health workers managing One Stop Centres, finding out levels of public awareness about the existence of the facility, male involvement in activities regarding One Stop Centre and lastly the factors that makes male gender not feel comfortable to visit the One Stop Centre and demand services for them to be assisted.

1.2 Background of the study

According to Tambulasi and Kayuni (2007), the first set of reforms of Malawi's public sector took place in the immediate post-independence days in 1964.

From then, the Government of Malawi has been embarking on different reforms such as performance management, public sector management review and civil service pay. These reforms are popular referred to as civil service reforms, government reforms or administrative reforms (Tambulasi & Kayuni, 2007). Although there establishment was an effort to improve public service delivery to the citizens, the public service has been

experiencing a number of challenges that undermines its ability to effectively implement policies and programmes that are crucial for the transformation of the country (Government of Malawi, 2022). These reforms have produced mixed results with limited impact on the performance of public service institutions. Tambulasi and Kayuni (2007) clearly states that the study conducted by the Malawi Economic Justice Network (MEJN) in 2004 indicated that many people were not satisfied with the service delivery of the public sector as compared to the private sector. Poor service delivery to the citizens in public facilities led to the dissatisfaction of the citizens or customers since they are not treated as customers but as help seekers. According to Malawi Public Sector Reforms, one of the reasons for this inefficiency is the culture or mind-set of civil servants who are not geared towards satisfactory service delivery to citizens.

The efforts of the Malawi's Public Sector Reforms, according to Howahowa (2012) like those in other African countries such as Tanzania, Zambia, Kenya and Democratic Republic of Congo, were being triggered by continual poor performance of the public sector which in most cases had failed to meet the public needs. Poor public service delivery has led to citizens' outcry due to non-satisfaction with the services delivered. The Government of the republic of Malawi in 2012 through the Ministry of Health adopted One Stop Centre concept in public hospitals as a public sector reform strategy and developed guidelines on how to deliver comprehensive quality services to all citizens (Ministry of Health, 2012). The first One Stop Centre was adopted and constructed in Blantyre at Queen Elizabeth Central Hospital (QECH) with an aim of providing high quality health, police, legal and social welfare services to the citizens and to improve health, safety and wellbeing of survivors of sexual and physical violence in an urban setting in Malawi (UNICEF, 2019). The main objectives for their establishment were: to bring together capacities of multidisciplinary teams, case management, law enforcement/forensic evidence, referring of all physical abuse cases to One Stop Centres for proper management. The idea was to bring about efficiency and effectiveness in service demand and delivery to the citizens.

In an effort to improve services, the Government of Malawi established One Stop Centres in all twenty-eight (28) districts hospitals by bringing together health, police, social welfare and judicial services for protection and making criminal justice system accessible and of good quality and accountable to victims/survivors of sexual violence

(UNICEF, 2019). On the same, the Malawi National Public Sector Reform policy (2018-2022) was developed with an aim of fostering efficient and effective public service for the delivery of equitable and quality public service and for realization of national development goals such as health and population as a priority (Government of Malawi, 2022).

Further, the Malawi Vision 2063 also talks about human rights, cultural diversity and social cohesion in an effort to ensure that human rights are respected, protected and realized through the delivery of public services, ensuring availability and access to essential services for marginalized and vulnerable groups. In addition to that, building effective governance system and institutions mechanism process and structures that shall be supported and enhanced in keeping with the dynamics of the rule of law and social institutions and ensuring that there is a conducive environment and space for citizens to articulate their interests (Government of Malawi, 2022). This clearly entails that citizens, regardless of gender are entitled to quality public health services in public facilities such as One Stop Centres in public hospitals.

1.3 Problem statement

According to Haque (2011), One Stop Centre as a public sector reform strategy are supposed to bring public services closer to the citizens and to be provided in an effective and efficient manner. Similarly, Dzimbiri (2008) agrees that these public services offered at One Stop Centres are supposed to be effective and efficient to clients. However, Phiri and Chirwa, (2017) observed that One Stop Centre in public health facilities has not lived up to the standard and their objective of formation in as far as service provision to survivors of gender based violence is concerned. In agreement to this, a study by United Nation Children's Fund, (2014) also revealed that One Stop Centres registers more females compared to males, a situation that leaves a lot to be desired.

This is the same to what Kafwafwa and Chikanda, (2019) discovered that these facilities are not effective to male survivors of gender-based violence which leaves men outside the equation of enjoying services from these facilities as their health right.

A study by Chasweka et al. (2020) found that approximately 24% of men in Malawi have experienced some form of GBV, but only 10% of these cases are reported to authorities including in One Stop Centres. This suggests a systemic issue where societal norms and inadequate services deter male victims from seeking help. In agreement to this, Mbewe et al. (2019) also discovered that existing One Stop Centres, designed to provide comprehensive care for GBV survivors, are largely tailored to women, with only 5% of male survivors in their study reporting positive experiences when accessing these services, further underscoring the gender bias and lack of inclusivity in these facilities. However, contrary to this, a study by Banda and Mwale (2021) found that there is a slightly higher reporting rate, with 15% of male GBV survivors seeking assistance, although the study still pointed out that 60% of those who sought help reported dissatisfaction with the services provided, particularly in rural areas.

When it comes to Chikwawa District Hospital, it is observed that there is underutilization of the One Stop Centre by male survivors of gender-based violence, revealing significant gaps in service provision and awareness. A study by Phiri and Banda (2021) reported that out of the 2,000 reported cases of gender-based violence in Chikwawa District in 2020, only 5% involved male survivors and of these, less than 10% sought assistance at the One Stop Centre. Among other, the study attributed this to lack of male-focused support services at the Centre. Another study by Chikweya et al. (2022) also found that despite increasing efforts to include men in GBV discussions, the services at Chikwawa One Stop Centre remained largely ineffective for male survivors, with only 12% of male survivors expressing satisfaction with the support received. The study emphasized that most male survivors were unaware of the existence of the Centre and those who know it, felt that the services were not tailored to their specific needs, thus deterring them from seeking help.

These studies collectively indicate that while the prevalence of male GBV in Malawi is significant, the reporting rates are consistently low and services like One Stop Centres are failing to meet the needs of male survivors.

Therefore, from these background, there need for the current study to investigate the specific shortcomings that makes One Stop Centre at Chikwawa District Hospital ineffective in supporting male survivors of GBV, with the aim of filling the information

gap which will be crucial in making right interventions to improve the quality service delivery to all.

1.4 Study main objective

The main objective of this study was to investigating why the One Stop Centre at Chikwawa District Hospital is ineffective to male survivors of gender based violence.

1.5 Specific objectives

The study's specific objectives were:

- To explore the experiences and perceptions of male survivors of gender-based violence regarding the services provided at the One Stop Centre at Chikwawa District Hospital.
- To examine the level of awareness that men have regarding existence of Chikwawa District Hospital's One Stop Centre.
- To identify whether men in the community were involved in implementing Chikwawa District Hospital's One Stop Centre activities.
- To investigate whether members of staff managing Chikwawa District Hospital's One Stop Centre were supported by management.

1.6 Research questions

- What are the experiences and perceptions of male survivors of gender-based violence regarding the services provided at the One Stop Centre at Chikwawa District Hospital?
- What is the level of awareness among men in the community about the existence and services of the One Stop Centre at Chikwawa District Hospital?
- Were men in the community involved in the implementation of the activities at the One Stop Centre at Chikwawa District Hospital, and if so, to what extent?

- How are the members of staff managing the One Stop Centre at Chikwawa District Hospital supported by the hospital management in their roles and responsibilities?

1.7 Significance of the study

The study is significant as it bridges a gaps in knowledge, policy and practice regarding the support of male survivors of gender-based violence. After thorough exploring the experiences and barriers faced by male survivors in accessing One Stop Centre services at Chikwawa District Hospital, the study contributes to a deeper understanding of how gender biases and societal norms affect access to essential services, thus informing policies that promote inclusive and gender-sensitive healthcare. This study is relevant to multiple stakeholders, including society at large, as it highlights the need for equitable access to GBV services and organizations like Chikwawa District Hospital, which can use the findings to improve their service delivery and staff training. Policy makers, another key user of the research findings, can utilize the results to craft policies that mandate the inclusion of male survivors in GBV support frameworks, ensuring that services are not exclusively tailored to women. In addition to that, healthcare providers benefits by gaining insights into the training needs and structural changes required to better support all survivors of GBV thereby enhancing their capacity to provide comprehensive care. To sum up, the study drives the development of more inclusive, effective and supportive environments for male survivors of GBV, ensuring that their rights and needs are adequately addressed.

1.8 Conclusion

The chapter has introduced the study and provided comprehensive background of the study. Further, it has also provided problems statement and presented the main and specific objectives guiding the research and formulated corresponding research questions to direct the inquiry. Lastly, by outlining the study's significance, the chapter has sets the stage for a detailed investigation as to why the One Stop Centre is ineffective to male survivors of GBV. In the subsequent chapter, it will present literature review whereby it will explore various literatures related to the topic.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section examines relevant scholarly publications that have been created and disseminated in relation to the study at hand across the world. The chapter critically look into the concept of One Stop Centre, highlighting its significance, strengths and its weaknesses. Further, other models related to the concept have been looked into. The chapter also exposes gaps that other studies failed to cover and thus, this study intended to address. Literature review for this study focuses on the study specific objectives which have been highlighted. In addition, the theoretical framework have been included, serving as a blueprint for the study.

2.2 Significance of One Stop Centre model

To begin with, the Malawi Public Sector Reforms Report (2015) states that One Stop Centre brings together different services under one roof hence reducing the hustles that clients face when in need of public services such as health, police, legal and social services. In addition to that, it also provides coordinated care models and optimizes a multi-sectoral approach and ensures consistency in the application and care guiding principles in all service delivery efforts. According to UNICEF, (2012), coordinated care model refers to survivors' services that link sectoral responses within standalone programmes where health, psychosocial, police and legal assistance are available in one location. In Malawi's public health facilities, with One Stop Centre such as Chikwawa District Hospital, it is made up of different professionals that offer different services at the same place.

Going further, a study by Kambalame, and Chasweka, (2018) also found that One Stop Centre are important as they report cases of gender-based violence easier for survivors, make medical examinations easier for victims and make coordinated investigations and support services faster. This is similar to what Malera, Banda and Mhango, (2020)

found that it also reduces referral to second service provider as all are accessed at same place. In addition to that, it also have a potential to increase job satisfaction by staff due to extended role, whereby it improves career opportunity, service providers do no work in isolation, hence increasing team work approach and offering greater management flexibility. Various occupations providing their services under same roof helps to avoids duplication of services and reduces client provider contacts and offers opportunity for cost sharing by both clients' groups who have similar needs (Kambalame & Chasweka, 2018). However, according to Kaliya and Kaliyati, (2021), their study found that men suffer gender-based violence in silence and do not report such to relevant authorities and One Stop Centres due to cultural factors and friends that surround them. This is similar Saur et al (2003) who revealed that males suffer different gender-based violence but they do not report or access services from relevant authorities and offices.

Furthermore, another study which was conducted by Olson, et al., (2019), revealed that there are barriers to effectively provide quality services at One Stop Centres. Among other, the study highlighted issues of long wait times to access service, staff time constraints, lack of basic medical suppliers and out of pocket fees in situation whereby the officer on duty is corrupt. With these revelations, it is not known as to what are male push factors at Chikwawa District Hospital that hinder male to accesses services at its One Stop Centre, hence this study.

2.3 Current Evidence of One Stop Centre model

On current evidence of One Stop Centres model, Olson, et al., (2020) states that there is multiple process of evaluations to One Stop Centre model to be performed and studies have examined the effectiveness of One Stop Centre model. The study further says that only one outcome evaluation has been published which found that One Stop Centre model led to short-term increased utilization of primary health services.

Further, Harris and Tuckett, (2009) examined the impact of integrated care models on health service utilization and found that one-stop centres can lead to short-term increases in the use of primary health services. On the other hand, Baker and Foy, (2010) research focused on evaluating different healthcare delivery models and reported

that one-stop centres showed an increase in patient engagement with primary health services shortly after implementation. In this the review, Baker and Foy (2010) found that there are fifteen barriers with high confidence evidence and identified seven enablers with moderate confidence evidence. Among them, these include barriers to implementation were lack of multisectoral staff and private consultation rooms as well as barriers to achieving the intended results multisectoral coordination due to fragmented services. Another was unclear responsibilities of implementing partners and the differences between enablers and barriers of various One Stop Centre model.

This review demonstrated that there are several barriers that have often prevented the One Stop Centre model from being implemented as designed and achieving the intended result of providing high quality, accessible, acceptable multisectoral care. Existing One Stop Centres will likely require strategic investment to address these specific barriers before they can achieve their ultimate goal of reducing survivor traumatization when seeking care (Oslo, et. al., 2020).

2.4 Weaknesses of the One Stop Centre

In an effort to thoroughly investigate ineffectiveness of One Stop Centres to male survivors of GBV as per study main objective, it is imperative to appreciate the weaknesses of the One Stop Centre to establish the facts. According a study by Phiri and Gondwe (2021) identified significant weaknesses in the operational capacity of One Stop Centres in Malawi. Among other, they discovered that there is inadequate staff training and a lack of resources, which often lead to suboptimal service delivery. The study highlighted that these centres frequently struggle with high caseloads and insufficient funding, which hampers their ability to provide comprehensive care to survivors of gender-based violence.

In the same vein, UNICEF (2010) report further state that some clients prefers separate specialist services with officers, more choice of care and treatment as some are well to do and may prefer high standards of care and treatment but due to lack of insufficient human resources at these premises hinders service delivery. On the same, in their study, Nyirenda and Kasiya (2020) found that One Stop Centres in Zambia face structural weaknesses, including poor inter-agency coordination and a lack of standardized

protocols, which undermine the effectiveness of service delivery. The study noted that inconsistencies in service provision and the absence of a clear framework for cooperation among different stakeholders were major barriers to achieving the intended outcomes of these centres.

Furthermore, Harris and Tuckett, (2009) established that in some case, there is contradictory service culture models which makes working together challenging as staff may prefer different working conditions. For example, police and medical staff have their own environments and conditions of service provision. Therefore, in such case, centralization of services can reduce access and increase delays in service provision due to long queues and congestion. In addition to that, the right to privacy of clients is also another challenge since victims of GBV are seen going to these One Stop Centres to seek help and access different services. A study by Banda and Zulu (2019) highlighted that One Stop Centres in Uganda often fail to adequately address the needs of male survivors of gender-based violence. The study pointed out that the centres are primarily designed with a focus on female survivors, leading to a lack of tailored services and support for men, which perpetuates gender biases in service provision. There is also lack of clarity as to who should provide care and what levels of care should be provided to citizens. The study pinpointed that lack of privacy deter men from going to the centres in the verge of defending their masculine.

According to Ministry of Health report (2019) on One Stop Centre review meeting that took place in September 2019 in Mangochi and it was revealed that One Stop Centres have several weakness such as; inadequate staff at facility, in availability of national guidelines on sexual violence. On the same, it was also discovered that in some facilities and medical forms were not being used when reporting. Further there was lack of monitoring and evaluation tools in GBV, unwillingness of health personnel to stand in court to give evidence in relation to GBV, bad attitude of health workers, police and support staff towards victims of GBV and lack of information and education materials on One Stop Centres.

To sum up, this study seeks to investigate why Chikwawa District Hospital's One Stop Centre is not effective to male survivors of gender-based violence. The literature reviews from this chapter will form the basis of the discussion of the study findings as to whether they will agree or disagree with what will be uncovered during the study.

2.5 Theoretical Framework.

Several theories and models are linked to One Stop Centre's public health service demand and delivery to quality service, efficiency and effectiveness. Among others, the study will adopt Ecological System theory and Gender mainstream framework. These have been linked to specific objectives of the study as stated in chapter one in order to guide the study in investigations.

2.5 The Ecological Systems Theory

The first theoretical framework to look at is Ecological system theory. The theory was developed by Urie Bronfenbrenner in 1979, and it provides a comprehensive framework for understanding human development within the context of interconnected environmental systems. According to the proponent of this theory, Bronfenbrenner (1979) proposed that an individual's development is influenced by different layers of environmental systems, ranging from the immediate surroundings (microsystem) to broader societal contexts (macrosystem), and each layer interacting with and influencing the others. This theory evolved from Bronfenbrenner's dissatisfaction with existing developmental theories that largely ignored the role of environmental influences on behaviour and growth (Rosa & Tudge, 2013). Over time, the theory expanded to include the chronosystem, which encompasses changes over time and the impact of life transitions and historical events on development (Tudge et al., 2016). The Ecological Systems Theory revolutionized the understanding of human development by emphasizing the dynamic interactions between individuals and their environments, highlighting that development is a complex process influenced by multiple, interacting factors across various levels of the environment (Neal & Neal, 2021).

Further, the Ecological Systems Theory, is highly relevant to the study "Investigating Why the One Stop Centre at Chikwawa District Hospital is Ineffective to Male Survivors of Gender Based Violence," as it provides a comprehensive framework for understanding how multiple environmental factors interact to influence the experiences of male survivors seeking support. According to this theory, human development is shaped by different layers of environmental systems, including the microsystem (immediate environments such as family and services), mesosystem (interconnections between microsystems), ecosystem (external environments that indirectly affect an

individual), macrosystem (cultural and societal norms), and chronosystem (temporal changes) (Bronfenbrenner, 1979; Rosa & Tudge, 2013). In the context of Chikwawa's One Stop Centre, these layers will be applied to assess how factors such as societal stigma, cultural beliefs about masculinity, the accessibility of services and the quality of interactions between healthcare providers and male survivors impact the effectiveness of the centre. Through the examination of these systems, the study identified the barriers at each level that hinder male survivors from accessing or benefiting from the services provided at the centre.

In case of applying Ecological Systems Theory, allows for a deeper understanding of how broader societal and cultural norms, particularly those that perpetuate the idea that men should not display vulnerability or seek help, influence the underutilization of the One Stop Centre by male survivors (Neal & Neal, 2019). At the macrosystem level, societal attitudes towards gender roles create an environment where male survivors feel ashamed or stigmatized for seeking support for gender-based violence, thereby reducing their likelihood of utilizing available services (Fleming et al., 2019). At the ecosystem level, organizational policies and the lack of male-targeted outreach further contribute to the ineffectiveness of the centre for male survivors. Treating these interrelated factors through the lens of Ecological Systems Theory helped to uncover the complex interplay of influences that go beyond individual choice, highlighting the need for systemic changes such as targeted public awareness campaigns, gendersensitive training for staff and policy reforms that creates a more inclusive and supportive environment for all survivors of gender-based violence (Darling, 2020). This holistic approach is essential for developing tailored interventions that address the specific needs of male survivors within their broader ecological context.

Going further, Ecological Systems Theory was effectively applied to the study by examining how multiple layers of influence, including individual, interpersonal, organizational, community and societal factors, impact the accessibility and effectiveness of the Centre for male survivors. It is through the exploration of these interconnected systems, the study uncovers the complex dynamics that contribute to the underutilization of the Centre by male survivors and identify targeted interventions to address these issues.

In the study, when exploring the experiences and perceptions of male survivors regarding the services provided at the One Stop Centre, Ecological Systems Theory emphasized the importance of the microsystem, which includes the immediate environment where individuals interact with service providers. Through examining how male survivors experience the One Stop Centre, this study assessed how interpersonal interactions with staff, such as communication styles, empathy and perceived support, directly affect their willingness to seek help (Tudge et al., 2019). In the same vein, the mesosystem, which connects different microsystems like the interplay between the survivor's family support and their interaction with the Centre, was explored to understand how external relationships influence their perception and use of the services provided. This approach allowed the study to uncover the reasons why male survivors feel unwelcome or misunderstood at the Centre, providing insights that go beyond individual-level factors.

Secondly, on examining the level of awareness that men have about the One Stop Centre, the ecosystem, which covers the external environments that indirectly influence individuals played a crucial role. This includes media, community awareness programs and information dissemination strategies that affect men's knowledge about the Centre's existence and services (Neal & Neal, 2021). Through assessing the reach and effectiveness of these external influences, the study identifies gaps in how information about the Centre is communicated to the male population. When community outreach programs fail to target men effectively or if cultural norms discourage men from engaging with GBV services, leads low awareness and subsequent underutilization of the Centre. This perspective helps in crafting recommendations for improving communication strategies to enhance male awareness and engagement.

Furthermore, in identifying whether men in the community were involved in implementing the One Stop Centre's activities, the macrosystem which includes cultural beliefs, societal norms and broader policy contexts, became relevant. The study explored how societal attitudes towards male vulnerability and gender roles influence the extent to which men are included or excluded from the planning and implementation of the Centre's services (Bronfenbrenner & Morris, 2006). If cultural narratives predominantly view GBV as an issue affecting only women, male involvement in GBV response initiatives is limited, thereby reinforcing the Centre's ineffectiveness for male

survivors. Understanding these broader societal influences allows the study to recommend strategies for more inclusive community engagement and gender-sensitive program design.

Lastly, investigating whether staff managing the One Stop Centre are supported by management using this theory it was analysed through the lens of the chronosystem, which considers changes over time, including organizational changes, policy shifts and the evolving needs of service providers. Staff support, such as training, resource allocation and institutional backing, is crucial for the effective functioning of the Centre (Darling, 2020). Examining how these support mechanisms have developed or failed to develop over time, the study assessed the sustainability of the Centre's services and the impact of management practices on staff morale and service delivery. This perspective highlights the importance of continuous organizational support and adaptation to meet the needs of both service providers and survivors.

To sum up, applying Ecological Systems Theory to this study allows for a comprehensive analysis of the multiple, interconnected factors that influence the effectiveness of the One Stop Centre for male survivors of GBV in Chikwawa. Through examining these influences across different environmental levels, the study provide important insights and targeted recommendations to improve the inclusivity and effectiveness of the Centre's services.

2.5.1 Gender mainstream framework

The other framework to be adopted in this study is gender mainstream framework. According to True and Mintrom, (2018), this is strategy aimed at integrating gender perspectives into all levels of policy, planning and program development to promote gender equality and equity. It originated in the mid-1980s but gained prominence in the 1990s, particularly following the United Nations Fourth World Conference on Women in Beijing in 1995, where it was adopted as a global strategy for achieving gender equality.

The framework was developed in response to criticisms that gender issues were often marginalized in policy-making and development processes, which led to the establishment of gender mainstreaming as a critical approach to ensure that gender considerations are central to all activities. Key proponents of the framework include

international organizations such as the United Nations and the World Bank, which have been instrumental in promoting gender mainstreaming across various sectors (Moser & Moser, 2005). The approach was further advanced by scholars and gender activists like Caroline Moser, who emphasized the need for practical frameworks that address both women's and men's needs in development agendas (Moser, 2017). The framework has evolved to not only focus on women's inclusion but also to address broader issues of gender power relations, aiming to transform institutional norms and practices that perpetuate gender inequalities (Mukhondya, 2020).

Furthermore, the Gender Mainstreaming Framework is highly relevant to this study as it emphasizes on the need to integrate gender perspectives in all aspects of policy, program design and service delivery to address inequalities faced by different genders (True, 2018). This framework calls for the consideration of both male and female needs, challenging the traditional focus on women-only services in gender-based violence (GBV) interventions and advocating for inclusive approaches that also support male survivors (Moser, 2019). Through the application of this framework, the study critically assess how the One Stop Centre's services, which are predominantly tailored for female survivors, fail to accommodate the specific needs of male survivors, thereby perpetuating gender biases in service provision (Connell & Pearse, 2020). This Framework encourages a comprehensive evaluation of how policies, resource allocations and staff training at the Centre neglect male survivors, leading to their exclusion from essential GBV support services. This perspective helps in identifying gaps and developing recommendations to make the centre more inclusive and effective for all survivors, regardless of gender (Walby, 2019).

This framework was effectively applied to the study by addressing gender biases and gaps in service provision, ensuring that the unique needs of male survivors are recognized and met. The framework encourages a holistic review of existing services to ensure they are inclusive, responsive and equitable, thereby improving the centre's effectiveness for all survivors, including men.

During the study, the theory was applied when exploring the experiences and perceptions of male survivors regarding the services provided at the One Stop Centre where it helped in assessing how the services meet the specific needs of male survivors of GBV. Traditionally, GBV services have been predominantly focused on women,

which leads to a lack of tailored support for male survivors (Dolan, 2020). Through incorporation of gender mainstreaming approach, the study identifies gaps where the centre's services fail to address male-specific issues, such as stigma, societal perceptions of masculinity and psychological support tailored for men. For instance, male survivors experience additional barriers to seeking help, such as fear of not being believed or societal ridicule, which are not adequately addressed in current service models (Fisher & Mahama, 2021). Using gender framework, study recommends adjustments in service delivery, staff training and public awareness to better support male survivors and make the One Stop Centre inclusive.

Further, the Gender mainstreaming framework was also applied when examining the level of awareness among men regarding the existence and services of the One Stop Centre at Chikwawa District Hospital. Awareness and accessibility are critical components of effective service delivery and the gender mainstreaming framework emphasizes the importance of inclusive communication strategies that reach all genders (UN Women, 2020). The study investigate whether current outreach and communication efforts are designed to appeal to male survivors and if they include messages that explicitly state that men are welcome and encouraged to use the services. Assessing these aspects through a gender lens, provided an insights into how awareness campaigns can be made more gender-sensitive, ensuring that men are equally informed about and feel welcomed.

Furthermore, in identifying whether men in the community were involved in implementing the One Stop Centre's activities; benefit more from a gender mainstreaming perspective. Gender mainstreaming promotes the active participation of all genders in decision-making processes (Moser, 2019). The study explores whether men were included in the planning and implementation stages of the centre's activities and if their input was valued and utilized. If male involvement is lacking, the framework guided in recommending for strategies to actively involve men in the centre's operations, ensuring that the services reflect the needs and perspectives of all genders.

Including men in these processes helps to reduce stigma, as it normalizes the idea of men seeking help for GBV and encourages community buy-in.

Finally, the gender mainstreaming framework was applied in investigating the support provided to staff managing the One Stop Centre. This involves assessing whether staff

members were trained to handle cases involving male survivors with sensitivity and without bias. Gender mainstreaming emphasizes the importance of equipping staff with the necessary skills and knowledge to support all survivors of GBV, regardless of gender (Greene, 2020). The study further explores whether management provides ongoing training and resources to staff to ensure that they are prepared to address the specific challenges faced by male survivors, such as feelings of shame or fear of not being believed.

In conclusion, applying the gender mainstreaming framework, the study on the ineffectiveness of the One Stop Centre at Chikwawa District Hospital for male survivors of GBV provided comprehensive recommendations that address gender biases and promote inclusivity. This approach ensures that the services are designed and delivered in a way that meets the needs of all survivors, at the same time improving the effectiveness of the One Stop Centre for male survivors and supporting broader efforts to achieve gender equality in health services.

2.6 Chapter summary

The chapter has reviewed the existing literature related to the study and has provided theoretical frameworks which will guide in carrying out the study. The chapter has tackled areas related to the concept One Stop Centre, its history, objectives and where it was first constructed in Malawi. Further the chapter has established the knowledge gaps that exists such as unavailability of the study to evaluate the effectiveness of One Stop Centre in serving men, a thing that has prompted this study to be carry out with the aim of bridging this gap through the knowledge generated and recommendations from the findings. This chapter has also discussed on two theoretical frameworks and their applicability to the study. The next chapter is research methodology which is the road map for carrying out this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter presents the study's methodological approach that was employed in the study. To be precise, the study was a case study design and used qualitative approach. Further, the chapter also outlines the population and sample of the study. In addition, it also explains the data collection methods and data analysis methods which was used in the study. Finally, it looks at ethical considerations, study limitations and conclusion.

3.2. Research design

According to Kombo et al (2011), research design is defined as the structure of research. It is the glue that holds all the elements in a research project together. This study used case study design research. A case study is an empirical enquiry which seeks to investigate a contemporary phenomenon within its real-life setting (Yin, 2003). This study focused on investigating the ineffectiveness of One Stop Centre to male GBV survivors at Chikwawa District Hospital's for a period of one year, that's July 2020 to June 2021. During the study, a case study provided an in-depth analysis on how this said One Stop Centre operates in providing its services to various clients basing on gender within its real-life context. The study used multiple sources of data, such as focus group discussions, general interviews, observations and documents, aimed at gaining comprehensive insights into the subject being studied.

3.3. Research approach

This study took qualitative study approach. This is a research methodology that focuses on exploring and understanding the meanings, experiences and perspectives of participants in a specific context. It emphasizes depth over breadth, using methods such as interviews, focus groups and observations to gather rich, descriptive data that provide insights into complex social phenomena (Creswell & Poth, 2018). In the study, the qualitative approach was applied in exploring the experiences and perceptions of male

survivors, their awareness levels about the centre, community involvement and staff support at the centre. Through conducting in-depth interviews with male and female GBV survivors and non-survivors, healthcare providers and community members, the study uncovered the barriers that prevent male survivors from effectively accessing services. The qualitative approach helped to have a comprehensive examination of these issues from the perspectives of those directly affected, providing detailed insights that informed targeted interventions to enhance the centre's effectiveness for male survivors of GBV.

3.4. Research Site

The study was carried out at Chikwawa District Hospital in Malawi. Chikwawa District Hospital's has a One Stop Centre which was purposefully selected because it had registered zero cases of men accessing services from the centre from July 2020 to June 2021 despite a study conducted by the Malawi Gender-Based Violence Research Team in 2022 revealing that approximately 30% of men reported experiencing some form of GBV, including physical assault and emotional abuse, primarily from intimate partners from this district. This One Stop Centre was established in 2014 and is supported by United Nations Children's Fund (UNICEF).

3.5. Study Population

A population is a group of individuals, objects or items from which samples are taken for measurements. It refers to an entire group of persons or elements that have at least one thing in common (Kombo et al., 2011). In this case of Chikwawa District Hospital's One Stop Centre, in order to get a comprehensive understanding of the factors contributing to the centre's ineffectiveness the following participants were involved: the first group comprised of male GBV survivors. These were essential participants as they provided first-hand accounts of their experiences, challenges and perceptions of the services, highlighting specific barriers that deter them from accessing support. On the other hand, female GBV survivors were also included to offer comparative insights, as their experiences differ from male and highlighted gender-specific biases or service gaps that affect male survivors uniquely.

The other respondents in this study were the male and female non-GBV survivors. Their inclusion allowed for an understanding of broader community perceptions and awareness levels about the One Stop Centre, which influence the overall effectiveness of outreach and service utilization by male survivors. Furthermore, another group of participants comprised of traditional and religious leaders who were key informants due to their influential roles in shaping community norms and attitudes towards GBV. Their insights revealed cultural barriers and opportunities for community-based interventions. Finally, the study also included of the officers (from various fields) on duty at One Stop Centre within the Chikwawa District Hospital. Their inclusion was crucial as it helped in assessing internal challenges such as resource limitations, staff training and institutional support, which contribute to the centre's shortcomings in serving male survivors. Collectively, these perspectives provided a holistic view of the systemic and societal factors affecting the One Stop Centre's effectiveness toward male victims.

3.6 Sampling Techniques

Sampling is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group (Tromp & Kombo, 2002). In this case purposive sampling technique was used to target a group of people (respondents) believed to be reliable and key informants for the study such as male survivors of physical and sexual violence, health workers, police officers, judicial, social welfare officers, traditional and religious leaders and representatives of the community (men and women). These were key informants of the study with the right knowledge, experience, skills, attitudes and abilities about One Stop Centres. According to Yin (2011), purposive sampling is used in order to add credibility to sample and help the study to achieve its desired goal or purpose by yielding the most relevant and plentiful details relating to the topic of study. The targeted respondents in Chikwawa District were purposefully sampled so that the desired results are achieved. In addition, to control the number in a situation where there was more members, a simple random technique was used when selecting members from strata.

3.7 Study Sample Size

This study comprised of thirty five (35) participants stratified as follows: firstly, male and female GBV victims' strata provided ten (10) members. These were identified using OSC records in conjunction with the Chikwawa VSU. Further the other strata was male and female non-GBV survivors, which were also ten (10) in total. These were selected randomly from respective communities within Chikwawa Districts Hospital radius. To add on, the other strata was the One Stop Centre officers which comprised of health workers, police officers, judicial officers and social welfare officers. Each office provided two participants making eight (8) in total. The study further included three (3) traditional leaders, that is, the office of Traditional authority (T/A) in which Chikwawa District Hospital is, the group village headman and the village head man from where the hospital lies. The last strata comprised of faith leaders who were four
(4) in total.

3.8. Methods of Data Collection

The procedure used to collect data was influenced by the research instruments used and these include interview guides, desk research (documents reviews) and focus group discussion. In formulating research instruments the researcher ensured that the objectives of the study were clear and this assisted in acquiring the key type of information needed (Kombo, 2011). Below is the explanation on how these methods were used to collect data during the study:

3.8.1 Focus Group Discussions

This is a special type of group in terms of purpose, size, composition and procedures and usually composed of 6- 8 people who share certain characteristics which are relevant for the study (Kotler et al, 2009). In focus group discussions, the researcher has specific topics to be discussed (Kombo et al, 2011).

In this study, Focus groups were conducted with male and female survivors of GBV, as well as community members, including non-GBV survivors.

When selecting participants for Focus groups discussion, simple random sampling techniques was used from a list of purposively selected team. In order to select ten

members from the strata, the male and female GBV survivor provided five members. During the process, in each stratum, a list of ten members was made and assigned unique identifiers such as number 1-10. From each list, only five members were selected randomly using a number generator where by those assigned odd number were selected. In this case number 1, 3, 5, 7 and 9. This process was repeated when choosing male and female non-survivor from the community registry. This ensured a random and unbiased selection, maintaining the representativeness and validity of the sample.

These sessions provided a platform for participants to openly share their experiences, perceptions and suggestions in a group setting, creating a conducive environment that encouraged exchange of ideas and collective reflection. During the focus group, the discussions were guided by open-ended questions that explored the effectiveness of the centre's services, community awareness and societal attitudes towards male GBV survivors. The qualitative data collected from these sessions were valuable in identifying common themes and patterns related to stigma, cultural barriers and gaps in service delivery.

3.8.2 Interviews

This is a data collection method that is used to ask questions orally in a situation whereby researcher identifies respondents and request them to answer certain questions (Kombo & Tromp, 2011). In this study, in-depth, semi-structured interviews were conducted with key stakeholders, including male GBV survivors, female GBV survivors for comparative analysis, One Stop Centre officers, healthcare providers and traditional leaders. The interviews aimed to delve deeply into the personal experiences and perceptions of each participant group. For male GBV survivors, the interviews focused on their specific experiences with the One Stop Centre, exploring the challenges they faced in accessing services and their views on how the centre could better meet their needs.

Interviews with the One Stop Centre service providers provided insights into the operational challenges of the centre, such as resource constraints, staff training and institutional support. Meanwhile, interviews with traditional leaders sought to understand community-level influences on the acceptance and utilization of GBV services by male survivors. The semi-structured format allowed for flexibility, enabling

the interviewers to probe deeper into issues that emerged during the conversations, thus enriching the data with detailed, context-specific insights.

3.8.3. Desk Research

According to Creswell & Creswell, (2017) desk research, also known as secondary research, is a method of data collection that involves gathering existing information from various sources rather than collecting new data through primary research methods such as surveys or experiments. This approach leverages previously published materials, which among other include academic journals, books, reports and online databases. Desk research is particularly valuable for understanding the context of a study, identifying trends and synthesizing existing knowledge on a particular topic.

In this study, the method involved the systematic review of relevant documents, including policy papers, service delivery reports, case records from the One Stop Centre and national statistics on GBV. This method provided a contextual background for the study and helped identify existing frameworks and protocols governing the operation of One Stop Centres in Malawi. Document reviews were used to analyse the extent of compliance with national guidelines and to assess the documented performance of the centre in terms of service delivery to male survivors. Through the reviews of reports and records, the study was able to corroborate findings from focus groups and interviews with objective data, such as the number of male survivors served, types of services provided and any documented challenges faced by the Centre. This triangulation of data sources enhanced the reliability and validity of the study findings, providing a well-rounded analysis of why the One Stop Centre at Chikwawa District Hospital is ineffective for male survivors of GBV.

3.9. Methods of Data Analysis

Data analysis refers to examining what has been collected in a survey or experiment and making deductions and inferences (Kombo et al., 2011). It involves uncovering underlying structures, extracting important variables, detesting any anomalies and testing any underlying assumptions. The intention is to make sense out of text and image or data collected (Creswell, 2018). It involves segmenting and taking apart the data (like peeling back the layers of an onion) as well as putting back together. The following was the procedure used in the process:

The first step was data familiarisation. During this stage, it involves carefully review of all collected data, including transcriptions of focus groups discussions and interviews, as well as notes from document reviews. This initial step involved reading through the data multiple times to gain a comprehensive understanding of the content and context, making initial notes on recurring ideas or significant points raised by participants. Thereafter, the data was systematically coded. Coding involves segmenting the data into meaningful units and assigning labels or "codes" to specific pieces of text that represent key themes or concepts related to the study's objectives. During this process, both inductive and deductive coding approaches were used; inductive coding allowed themes to emerge directly from the data, while deductive coding was guided by the specific objectives and the research questions.

Further, after coding, the codes were grouped into broader themes that represented significant patterns or insights within the data. Themes were continually refined to ensure they accurately captured the data's essence and provided a coherent narrative that aligned with the study's goals. Thereafter, the identified themes were reviewed to ensure that they accurately reflected the data and were distinct from each other. This involved checking that all relevant data which were captured within the themes and that there was a logical structure connecting the themes back to the study objectives. Any overlapping or redundant themes were merged or redefined and the themes were refined to ensure clarity and depth in representation.

The final themes were interpreted in the context of the study's objectives. The interpretation involved linking the themes to existing literature and theories on GBV and service provision, highlighting gaps, challenges and potential areas for improvement specific to male survivors.

The results were then reported in a narrative format, supported by direct quotes from participants to illustrate key points, ensuring the findings were grounded in the voices of the study's respondents.

3.10. Limitations of the Study

On limitation, since that study concentrated only on Chikwawa District Hospital's One Stop Centre in Malawi, it was difficult to generalise the results to represent other

twenty-seven District Hospital's One Stop Centres in Malawi. This was due cultural differences, topography, literacy levels, geographical set up, public awareness, interest and beliefs across district in Malawi. However the shortfall was mitigated through having accurate data that focuses much on quality rather than quantity. Another challenge rose when collecting data from public officers considering the bureaucracies and politics in place. However, during interviews and focus group discussions, they were approached in friendly and diplomatic manner in order to establish rapport with them so that they provide the needed data in time. In addition to that, they were assured of their privacy and anonymity in any contribution they will make.

3.11. Ethical Considerations

Ethics is defined as a set of principles that provide a framework for right action; an individual act in accordance with that set of principles (Lawton et al., 2013). These principles included those principles of public life such as selflessness, integrity, objectivity, accountability, openness, honesty, leadership, respect for persons, duty to uphold the law and exercising legitimate authority (Lawton et al., 2013). For example, how researchers behave when conducting their study must conform to the principles of public life and ethics. This conduct includes confidentiality, respect, selflessness and integrity just to mention but a few.

In this study, the researcher got approval from University of Malawi Research and Ethics Committee (UNIMAREC) and permission before embarking on the data collection exercise from Chikwawa District Health Research Coordinating Committee to be granted access to conduct the study in their health institution since it involves health workers and health of persons.

The study proposal was presented before this committee. Attention to ethical issues associated with carrying out the research was observed. The researcher made it clear to the respondents and assured them that the information or data collected was going to be used sorely for the study and academic purposes. Consent was sought from respondents and discussants to provide the required data. All respondents signed approved consent forms before participating in the study.

The researcher maintained confidentiality about participants' identities including those appearing in computer records at all times and obtained informed consent from respondents to make sure that they participated voluntarily (Yin, 2011). The researcher also took all reasonable measures to protect respondents physically and psychologically. The confidentiality of information collected from respondents was also protected to ensure that the means used in data collection are adequate to the extent pledged or intended. The researcher saved information in the computer where documents were secured with passwords to prevent any access by unauthorized individuals. Further, all legal and human rights were observed. No data was collected by force, duress or coercion. Gender sensitive issues were observed to ensure that all genders were well represented.

3.12. Time Scale and work plan of the Study

The study took six (6) months that is from the time of proposal approval by the supervisors, University and Department of Political and Administrative Studies (PAS) Head or Dean of Social Sciences. The activities which were carried out included: literature review, research designing, getting approval from University of Malawi Research and Ethics Committee (UNIMAREC), getting permission from Chikwawa District Health Coordinating Committee, conducting interviews and focus group discussions to collect data in Chikwawa District, data analysis, reporting and presentation just to mention but a few.

3.13. Conclusion

This chapter has discussed the study's methodological approach by describing and listing how the study was conducted, it defined qualitative approach which was employed in the study according to the study's main and specific objectives. It used a case study design, collected both primary and secondary data from key informant using focus group discussions, interviews and desk research. Collected data was analysed through thematic analysis method. The researcher's responsibility in the study was described in the ethical consideration part which was in line with UNIMAREC standard requirements for a study of this nature.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSION

4.1 Introduction

This chapter seeks to present, interpret and analyse the study's findings. It begins by identifying the themes that were clearly coming out in the findings in relation to the main and specific research objectives and then compares them with what the theories used in this study states. The themes were; culture, customer service, brand awareness and staff attitude. The chapter has been split into four parts each representing a specific study objective as stated in chapter one. Under each point, it first presents the findings from the respondents, then engages in discussion with an aim of evaluating reasons why One Stop Centre was ineffective to male survivors of GBV with reference to existing literature. It further discusses what was discovered in the study and puts forward recommendations in line with what the theories states.

4.2 Cadres of the respondents

Before presenting the findings and discussions, it is of paramount importance to appreciate who were the respondents in the study, where they were sampled from and the positions of these respondents who took part in the study with an aim of authenticating the findings and its relevance to the study. The study being the qualitative approach, it targeted health workers from the One Stop Centre, management team members, social welfare officers, police, community members and male and female survivors of GBV and non-survivors inclusive.

The data collection methods which were employed are: desk research, semi structured interviews and focus group discussions, whereby interview guides were used in guiding the study to avoid asking trivial things. In so doing, all the study questions were answered in relation to the study specific objectives. The study targeted thirty-five (35) respondents, however only twenty-nine (29) were available and responded. Despite six

(6) not taking part, the respondent rate remained high. A table that follows show the cadres of the study respondents.

TABLE 1: SHOWS THE CADRES OF THE RESPONDENTS

No.	**Stratum**	**Targeted number of participants**	**Participants reached**
1	One Stop Centre officers	8	7
2	GBV survivors (5 males and 5 females)	10	8
3	GBV non-survivors (5 male and five females)	10	9
4	Local leaders	3	2
6	Religious leaders	4	3
Total		35	29

4.3. Study findings

4.3.1. Experiences and perceptions regarding services at the One Stop Centre

On the verge of finding out people's experiences and perception regarding the One Stop Centre at Chikwawa district hospital, focus groups were conducted with GBV female and male survivors and non-survivors. Herein, both the Ecological Systems Theory and the Gender Mainstreaming Framework was used to provide valuable lenses for organizing and interpreting the data through themes. These frameworks help to contextualize the survivors' experiences within broader themes such as social, institutional and cultural dynamics.

4.3.1.1. Societal and Cultural Beliefs Influences

During the study, participants in focus group discussion, male GBV survivors, were asked to share their views on the accessibility and effectiveness of the services at One Stop Centre. From the discussions, the study discovered that societal norms and cultural beliefs hinders male survivors from utilizing the Chikwawa District Hospital One Stop

Centre service. Six out of eight participants expressed that stigma associated with being a male victim of GBV, coupled with societal expectations of masculinity, and discouraged them from seeking assistance, as they feared judgment and disbelief from both the community and service providers. *'Our society regards men as strong and perseverance, so seeking support on issues of GBV as a man is a thing that brings disrespect'.* Said one of the GBV male survivor.

To concur with this statement, a GBV female survivor was asked to share her opinion as to what are the barriers for men in accessing One Stop Centre service when they encounter GBV and she had this to say: *'Man reporting seeking support on such matters is the sign that he is weak, a real man must be able to face challenges and deal with them independently'.*

From the responses, the study observed that barriers on accessing GBV supports at Chikwawa District Hospital One Stop Centre by males is based on society norms whereby they feel ashamed or fear being judged, reflecting broader societal norms that view seeking help as a sign of weakness for men. This finding, corresponds with a study by Machisa et al. (2020) which was conducted in South Africa with the aim of examining barriers faced by male survivors of GBV in accessing support services. The study found that societal perceptions of masculinity, which stigmatize vulnerability and discourage men from seeking help, hindered male survivors from utilizing available support services, as they feared being perceived as weak or unmanly. Similarly, to a study by Nyoni et al. (2021) which was exploring the challenges faced by male GBV survivors in Zimbabwe and reported that cultural norms and gender stereotypes were primary obstacles, as men were reluctant to report abuse or seek assistance due to societal expectations that men should be strong and self-reliant. This led to low reporting rates and limited access to support services among male survivors. Both these studies stresses that male faces societal norms on access to GBV support, a thing that aligns closely with the findings from the Chikwawa study.

Further, from the perspective of Ecological Systems Theory, these influences are embedded within the macrosystem, where societal norms around masculinity and gender roles discourage men from reporting gender-based violence, perceiving it as a sign of weakness (Bronfenbrenner, 1979). Male survivors face stigma and ridicule, which creates a barrier to accessing services, reflecting the larger social and cultural

environment that shapes individual behaviour and perceptions (Neal & Neal, 2019). While in terms of Gender Mainstreaming Theory, the findings indicate the need for the One Stop Centre to adopt a gender-inclusive approach that recognizes and addresses the unique needs of male survivors, who are marginalized in GBV discourse (UN Women, 2020). The lack of male-centered support services and awareness perpetuates the invisibility of male survivors, illustrating a gap in the Centre's efforts to integrate gender considerations into its service provision.

4.3.1.2. Institutional Barriers and Service Delivery Gaps

Furthermore, through semi-structure interviews, respondents were asked to identify reasons why male survivors do not access support a Chikwawa District Hospital One Stop Centre in event they face GBV. One of the prominent response was institutional barriers and service delivery gaps as significant reasons why male do not access support at the Centre. This study, discovered that the One Stop Centre is predominantly tailored to meet the needs of female survivors, with minimal consideration given to the unique needs of male survivors. In the study, male participants reported feeling unwelcome and unsupported, with some noting that the environment at the Centre was not conducive for men, lacking privacy and specific male-focused services. Furthermore, male survivors viewed the staff at the Centre as inadequately trained to handle male GBV cases, exhibiting biases and a lack of sensitivity towards male survivors.

> *"The time I visited the centre, member of staff on duty that day show sign of incompetency or lack training on how to handle male survivors, a thing which made me feel uncomfortable and unwelcomed. Imagine, after explaining my case, the attendant had to ridicule me, asking that when I was being mistreated I was then just watching like a baby?"* One GBV male survivor said.

In addition, it was also revealed that there were issues related to the availability and accessibility of services, with long waiting times, limited operating hours and a lack of resources, such as counselling services specifically for men, which further discourages male survivors from seeking help.

> *"At the centre there are limited resources; for example, you will find men and women on same queue, worse still the room size is small with*

> *no privacy, all people present listening to your issue''.* Said one of the male survivors on what he observed the time he visited the centre.

Contrary to male GBV survivors' responses, female survivors perceive the centre in different way stating that they receive good treatment once they visit it.

A female GBV was asked to share her experience at the centre in order to hear how she perceive it, this was the response:

> '*The time I visited the centre, feeling lost and overwhelmed after my experience. The staff greeted me with kindness and understanding, which made me feel safe for the first time in a long while. They listened to my story without judgment and provided me with the medical care I needed as well as emotional support. I felt empowered by their approach and it gave me hope for healing. I am grateful for the resources they offered, including counselling and legal assistance, which helped me regain control over my life."*

From the above responses, both from male and female GBV survivors, it can be summed up that one of the reason why males do not access services at Chikwawa District Hospital One Stop Centre is due to challenges at the institution such as lack of resources and well trained personnel to meet male clients' expectations. From the study, male show not satisfied with the services while on the other hand, female appreciate the treatment. These findings agrees with a study by Banda and Mvula (2021) in Lilongwe, Malawi, which found that male survivors of GBV are reluctant to seek help at healthcare facilities due to the inadequate resources and the lack of male-specific services. Further the study reveals that healthcare providers were predominantly trained to handle cases involving female survivors, leading to a service gap where male clients felt neglected and underserved, further discouraging them from utilizing the available support systems. Similarly, Moyo et al. (2020) conducted a study in Harare, Zimbabwe, which revealed that the lack of specialized training for personnel in One Stop Centres and limited resources contributed to male survivors' dissatisfaction with the services provided. The study noted that many male survivors reported feeling misunderstood and marginalized, as the centres were not equipped to address their specific needs, leading to low uptake of services among men.

Using Bronfenbrenner's Ecological Systems Theory, the results are understood within the broader contexts of the mesosystem and ecosystem levels, where the interactions between male survivors and institutional structures, such as healthcare services and social support systems, are inadequate (Bronfenbrenner, 1979). Male survivors reported feeling neglected and unsupported due to poorly trained staff and insufficient institutional resources, highlighting a lack of integration and coordination within the support systems that should provide comprehensive care (Daro & Dodge, 2020). From the Gender Mainstreaming Framework perspective, these findings point to a critical failure in incorporating gender-sensitive approaches into service delivery, as the One Stop Centre's services are largely designed with female survivors in mind, neglecting the unique needs and experiences of male survivors (UN Women, 2019). This misalignment reveals the importance of gender mainstreaming in creating inclusive services that address the needs of all survivors, regardless of gender, by ensuring that institutional practices, staff training and service delivery are responsive to the specific challenges faced by male survivors of GBV.

4.3.2. Level of awareness regarding existence of One Stop Centre

The study sought to find out levels of awareness regarding the existence of Chikwawa District Hospital, One Stop Centre in supporting people on issues of GBV. The study established that there is low levels of awareness in male side compared to female side. This brought an assumption that One Stop Centre services are effective to female unlike male counterpart who mostly expressed ignorance of the centre. Below is what was observed during the study:

4.3.2.1. Lack of Awareness and Information

In exploring the levels of awareness regarding the existence of One Stop Centre at Chikwawa District Hospital, participants were asked to reflect on their knowledge and understanding of the existence, available support and how this influenced their decisions to seek help.

Form the focus groups discussion with non-survivor male and females, all three out of four male non-survivors were ignorant about the existence of the One Stop Centre at the hospital, while the other one, know the existence but was not sure about the services being offered there.

For instance, when they were asked what they know about One Stop Centre at the Chikwawa District Hospital this was the familiar response:

> *'For me its first time to hear about that, to my understanding hospital premises is for health workers, not police, or social welfare officers because them too have their offices at their work place''*. One GBV male non- survivor said.

Further, respondents were again asked to explain where and how they get support in time they face GBV. Only two out of four were able answer the question others expressed ignorance stating that they don't know that men also have right to seek support when they face GBV.

Contrary to female participants, five were asked to the same questions as in men. Out of five females, four were able to explain clearly the presence of One Stop Centre at the hospital and procedures how they can get assisted. Below are some of their responses:

> *"Yes, I have heard about the one-stop centre at the hospital. This is whereby if someone faces GBV, they can go there and get all the help they need without having to move around multiple facilities. The staff is trained to handle sensitive situations, which makes it easier for survivors to open up about their experiences."* Said one of the female GBV non-survivor.

These findings suggest that there is inadequate outreach and gender-specific communication strategies when spreading information about GBV. This is show as male participants were not aware about One Stop Centre service and where they can get support in time when they experiences GBV. This was contrary to female respondents who were well conversant with the centre and its services. This biased knowledge about GBV and existence of One Stop Centre and its services offered, put the program at ineffective mode for male. These findings reflect what a study by Mugweni et al. (2020) in Zimbabwe found, that male survivors of GBV were largely unaware of available support services, including One Stop Centres, due to communication campaigns that predominantly targeted women. The study revealed that only 15% of male respondents were aware of the existence and services of GBV support centres, compared to 75% of female respondents who were well informed about these services. This gender disparity

in awareness was attributed to outreach efforts that failed to include men, reflecting biasness in how GBV is communicated.

In examining the levels of awareness of One Stop Centre at Chikwawa District Hospital, the theme of lack of information and awareness emerged as a significant barrier, which is linked to both the Ecological Systems Theory and the Gender Mainstreaming Framework as used in the study. From the perspective of Ecological Systems Theory, this lack of awareness is situated within the microsystem and exosystem levels, where immediate environments such as families, peers and community structures fail to provide male survivors with adequate information about the Centre's services (Bronfenbrenner, 1979). While the Gender Mainstreaming Framework further explains these findings by highlighting the systemic exclusion of men in the design and dissemination of GBV services, which traditionally prioritize women's needs (UN Women, 2020). The framework suggests that the Centre's communication strategies and outreach efforts lack a gender-inclusive approach, failing to adequately address or involve male survivors, thus perpetuating gender biases that leave men uninformed and unsupported. In leaving out men in the communication system, lender the centre non-existence to them hence displayed as ineffective to them.

4.3.2.2. Access to Community Awareness Campaigns

Further, in examining level of awareness that men have regarding the existence of Chikwawa District Hospital's One Stop Centre, the study established that there is significant gender-based biases in community awareness campaigns. The study observed that awareness efforts were primarily targeting women, with campaigns being conducted in spaces frequented by women, such as health clinics and women's groups, while neglecting male-dominated settings like workplaces, sports venues and community gatherings attended predominantly by men. As a result, male participants demonstrated significantly lower awareness levels of the One Stop Centre compared to their female counterparts; most men reported having little to no knowledge of the Centre's services or even its existence.

Respondents were asked about how they access information about GBV or existence of One Stop Centre at the District. From men this was the dominant response:

> "*Honestly, I had never heard of the One Stop Centre until this interview. Most of the community programs and health talks I've attended are focused on women and children. No one has ever come to our workplace or the market to talk to us men about where we can go if we need help, especially for something like GBV. It's like these services are not meant for us."* Said one male non-survivor.

Participants were probed as to why they think males are left out in such information about GBV and to how and where they can seek support, one participant answered as:

> *'I think there is a general assumption that men don't need such services, so we are left out of the loop. The only time I hear about GBV services is when they are mentioned in relation to women during community meetings or on the radio. I've never seen any specific information or campaign that addresses men or tells us where we can get help if we are victims."* Added the other male non-survivor.

In contrast, female participants were generally well-informed about the Centre, with many indicating they had received information through targeted outreach programs and community health talks.

> *"I've known about the One Stop Centre for a while now. We often discuss it at our women's group meetings and I've seen posters about it at the clinic when I go for check-ups. The health workers always tell us that it's a safe place to go if we experience any violence, but I don't recall hearing anything that specifically mentions men."* Said one female nonsurvivor.

From the study, this disparity highlights a critical gap in the design and execution of awareness campaigns, which fail to engage men effectively, thus contributing to the underutilization of GBV services by male survivors and reinforcing the misconception that such services are exclusively for women. From the responses, it can be concluded that females are more exposed to information about GBV and services at One Stop Centres unlike male. These testifies that One Stop Centre existence and its services are more known to female hence being effective to them while to male they live in dark

despite encountering same GBV. This make the centre viewed as ineffective to males' victims' counterpart.

The above findings are corresponding to what a study by Dery et al. (2019) in Ghana found that awareness campaigns for GBV services predominantly targeted women, with most informational sessions held at antenatal clinics, women's groups and other female-centric settings. The study revealed that only 18% of male participants were aware of the existence of GBV support services, compared to 72% of female participants, revealing the huge gap in outreach efforts that led to the underutilization of services by male survivors. Further, another study conducted by Okeke and Eke (2020) in Nigeria also established that GBV awareness initiatives were almost exclusively focused on women, overlooking men entirely. The study reported that while 80% of women knew about local One Stop Centres, only 15% of men were aware of these facilities, reinforcing the misconception that GBV services are only for women. This lack of engagement with men not only perpetuated the idea that such services were irrelevant to them but also contributed to the low reporting and utilization rates among male survivors of GBV.

To sum up, linking the findings to the Ecological Systems Theory, these gaps were understood within the context of the microsystem and mesosystem levels, where individuals interact with their immediate environments, such as family, peers and community resources (Bronfenbrenner, 1979). The study found that limited access to targeted community awareness campaigns has resulted in low awareness among male survivors, often influenced by societal norms that reinforce the invisibility of male victimization within the macrosystem. On the side of Gender Mainstreaming Framework, study highlights that the lack of inclusive awareness campaigns reflects institutional failure to integrate gender-sensitive approaches in communication strategies, leading to the exclusion of men from crucial support services (Moser, 2019). This gender bias in outreach activities perpetuates the invisibility of male survivors, reinforcing barriers to accessing the Centre's services, as the campaigns predominantly target women and fail to address the unique needs of male survivors hence making the initiative ineffective to male (UN Women, 2020).

4.3.3. Men involvement in community in implementing One Stop Centre activities

The study also examined how men are involved in community in as far as implementing One Stop Centre activities is concerned. Different dynamics were examined in order to come up with a clear picture on how they are involved. The study established that men involvement is low compared to women a thing that make the One Stop Centre as an ineffective initiative to male unlike to female. Below are the thematic analysis on this findings.

4.3.3.1. Masculinity and Gender Roles

The study findings on men's involvement in the community in implementing One Stop Centre activities at Chikwawa District Hospital revealed that issues of masculinity and rigid gender roles significantly hinder male engagement. Seven out of nine community members male participants expressed the belief that involvement in activities related One Stop Centre which focuses more on GBV services is primarily a "woman's issue," driven by societal norms that associate GBV with women and children. Further it was revealed that these perceptions of masculinity, which emphasize strength, self-reliance and the avoidance of vulnerability, contribute to a lack of male participation in community outreach, advocacy and support roles at the Centre. For instance, during the focus groups discussions, six male participants reported feeling uncomfortable or judged when engaging with GBV services, fearing that their involvement could be seen as a sign of weakness or an admission of their own vulnerability. As a result, the Centre's activities remain largely female-dominated, with minimal input or support from men in the community.

When a question was paused at to why men don’t actively participates in community meeting related to GBV this was one of the response:

> *"As a man, I’ve always been told that handling problems on your own is what makes you strong. So, I never thought attending meetings about GBV was necessary for men. Even when I heard about these meetings, I felt like they were only meant for women, so I didn’t see the point in going."* Said one male GBV non- survivor.

On the same, one of the chief agreed that most of the GBV meeting in his area are dominated by females. This is what he said:

> *"In our community, it is difficult to get men involved in discussions about gender-based violence. Men believe these issues are solely women's business and feel uncomfortable attending the meetings. They think that participating in such activities would make them look weak or vulnerable, which goes against our traditional views of masculinity."*

Therefore, on male involvement in issues to do with One Stop Centre, the study established that there is poor men involvement on activities due to issue of masculine and gender role. Male hold the view that taking part in such activities is a sign of venerability. This agrees with a study findings by Mulume and Chama (2021) in Zambia who found similar results regarding poor male involvement in gender-based violence (GBV) activities at One Stop Centres due to entrenched notions of masculinity and gender roles. The study revealed that traditional beliefs about masculinity, which emphasize strength, self-reliance and the avoidance of vulnerability, discourage men from participating in GBV-related activities. Many male participants reported that they viewed GBV services as relevant only to women and felt that their involvement would conflict with societal expectations of what it means to be a man. This perception led to a significant underrepresentation of men in community outreach, support roles and advocacy related to the One Stop Centres.

On the same way, another study by Mwale and Phiri (2020) in Malawi also supports the finding that poor male involvement in GBV activities at One Stop Centres is influenced by traditional perceptions of masculinity and gender roles. The study, conducted in Lilongwe, found that men often shun GBV-related activities due to societal norms that define masculinity as being strong, stoic and not needing external support, especially for issues considered to be "women's matters." The research revealed that only 20% of male respondents had ever participated in GBV awareness or support activities, compared to 75% of female respondents. Men expressed concerns that attending such events could be perceived as a sign of weakness or vulnerability and that their participation might attract ridicule from their peers.

Using the concept of Ecological Systems Theory to link with the study findings, gender roles and perceptions of masculinity are shaped within the macrosystem of societal

norms and the microsystem of family and community interactions (Bronfenbrenner, 1979). These ingrained norms discourage men from engaging with services perceived as feminine or not aligned with traditional male roles, which contributes to their limited involvement in the Centre's activities. On the same way, the Gender Mainstreaming Framework emphasizes the necessity of integrating gender considerations at all levels of program implementation, highlighting that the lack of male involvement reflects a failure to adequately address gender dynamics and inclusivity within the centre's operational strategies (UN Women, 2020). The findings suggest that to improve effectiveness, the One Stop Centre must challenge traditional gender roles by actively promoting male engagement and creating a supportive environment that validates male participation, thereby aligning with both Ecological Systems Theory and Gender Mainstreaming Framework to foster a more inclusive approach to service provision.

4.3.3.2. Motivations for Community Engagement

The study wanted to know, which group was more motivated and what the motivations were and demotivation factors in as far as involvement in One Stop Centre activities are concerned. The study findings revealed distinct differences in motivations for community engagement between men and women. For instance, it was discovered that female participants were generally motivated to engage in GBV-related activities at the centre due to a strong sense of solidarity and personal identification with the issue, driven by their own or others' experiences with GBV. During the focus group discussion, here is one of the dominant response:

> *"I feel it's important to be involved because many women in our community have suffered from violence, including myself. By supporting the One Stop Centre, I feel like I am helping to protect others and create a safer place for all women. It's empowering to know that our voices can make a difference."* Said one female GBV survivor.

In contrast, male participants expressed a lack of motivation to engage in these activities, citing feelings of alienation and the perception that GBV is primarily a women's issue. Many men felt that the One Stop Centre's activities did not address male-specific concerns and that their involvement was neither encouraged nor valued. *"I don't see why I should get involved with the One Stop Centre because it feels like*

everything there is focused on women. They never talk about how men can be affected or how we can help. It's like they don't need us there and besides, discussing these issues makes me uncomfortable because people might think it's not a man's place." Said one of male GVB survivor.

This gender divide in motivations and perceptions highlights the need for more inclusive strategies that actively involve men, addressing their concerns and emphasizing the importance of their role in combating GBV, not just as perpetrators but also as allies and supporters of comprehensive community-based solutions.

To sum up, the study established that males are demotivated to get involved in GBV related issues which they associate with the core aim of One Stop Centre. While on the other hand, female, who are the majority victims of GBV are motivated in the involvement in activities at One Stop Centre. This corresponds with a study finding by Ochieng and Ndhlovu (2020) in Kenya who found that male participants were less motivated to engage with GBV-related services, including those offered at One Stop Centres, as they perceived these services to be primarily designed for women. The study revealed that 70% of male respondents felt that their involvement in GBV issues would be socially stigmatizing, reinforcing a belief that GBV services were not meant for men, which led to their reluctance to participate in related activities. On the other hand, female participants were much more motivated and actively involved in utilizing One Stop Centre services, reflecting their recognition of these centres as crucial support systems in addressing GBV. Similarly, a study by Ndlovu and Moyo (2019) in Zimbabwe also found that men generally viewed GBV as a women's issue and were therefore demotivated to engage with One Stop Centres, whereas women, being the predominant victims, demonstrated high levels of motivation to participate in the services offered. This study highlighted that cultural norms and gender stereotypes contributed to the perception that GBV is predominantly a female issue, further alienating men from seeking or supporting GBV services.

In application of the study's theoretical frameworks in the lens of the Ecological Systems Theory, link exist in the way that individual behaviour are shaped by multiple layers of environmental systems, including the microsystem (family and community) and macrosystem (cultural and societal norms) (Bronfenbrenner, 1979). In the case of male engagement in the One Stop Centre activities, they can only be motivated when

they perceived their involvement as beneficial to the broader community, aligning with positive reinforcement from their immediate social networks (microsystem), such as family and peers, who value supportive roles for men in GBV initiatives. However, engagement was hindered at the macrosystem level by prevailing cultural norms that view GBV as primarily a women's issue, thus discouraging male involvement (Bronfenbrenner, 1979). While from the perspective of Gender Mainstreaming Theory, which emphasizes integrating gender perspectives into all policy and program areas (UN Women, 2020), it can be linked that without targeted strategies to challenge and shift these gender norms, male community engagement remains limited. This aligns with the Gender Mainstreaming Framework's call for inclusive approaches that recognize and promote the roles of all genders in addressing GBV, suggesting that enhancing male involvement requires awareness-raising and structural changes to ensure that community engagement activities are perceived as relevant to men (Moser, 2019).

4.3.3.3. Impact of Male Involvement on Community Dynamics

The study findings revealed that male involvement in activities related to gender-based violence (GBV) in one-stop centres lead to a more comprehensive understanding of the dynamics of GBV, fostering an environment where victims feel supported and empowered. Further, it was discovered that male participation result in increased awareness among men regarding the consequences of GBV, promoting positive masculinity and encouraging them to challenge harmful societal norms.

For instance, a social welfare officer was asked if there is any significance in involving male on issues of GBV in relation to One Stop Centre services, this was what she said:

> *"In my experience working at one-stop centres, I've seen how crucial male involvement is in addressing gender-based violence. When men participate in discussions and activities aimed at prevention, it does not only help to break down the stigma surrounding victims but also encourages other men to reflect on their own behaviours and attitudes. This collaborative approach fosters a supportive environment where survivors feel safe to seek help and share their experiences."* She said.

On the same, one of the religious leader commented by saying:

> *"As a religious leader, I believe that engaging men in the fight against gender-based violence is essential. Many of our teachings emphasize respect and compassion for all individuals. By involving men in these initiatives, we can leverage the influence of faith to promote positive change within our communities. It is vital that we challenge harmful interpretations of religious texts that perpetuate violence and instead advocate for messages of love and support."* Said the Pastor during interview session.

Further, during the study, the police officer, who among others, they serve as the first responders to incidents of violence at One Stop Centre, narrated that when men are involved in activities at One Stop Centre their attitudes towards violence against women can positively change.

> "*From a law enforcement perspective, male involvement in activities in One Stop Centre aimed at combating gender-based violence is critical. When men stand up against GBV, it sends a strong message that such behaviour is unacceptable. In our work at the One Stop Centre, we've noticed that when male community members actively participate in awareness campaigns, it leads to increased reporting of incidents and greater cooperation with law enforcement. This collaboration ultimately enhances our ability to protect victims and hold perpetrators accountable."* Said the police officer.

These findings reveals that involving male in One Stop Centre activities is important as it combat gender-based violence through the promotion of shared responsibility, challenges harmful societal norms, fosters empathy, creates supportive networks and enhances program effectiveness for all community members. This observation is in line with a study findings by Mwale and Chirwa (2021) in Malawi which found that including men in the planning and implementation of GBV programs significantly enhanced the effectiveness of these initiatives by fostering a sense of shared responsibility and encouraging men to actively participate in prevention efforts. The study highlighted that male involvement helped to challenge traditional gender roles and reduce stigma around male vulnerability, hence creating more supportive networks for both survivors.

Similarly, a study by Ochieng and Otieno (2022) in Kenya demonstrated that engaging men in One Stop Centre activities led to greater empathy and understanding of GBV issues among men, which contributed to a more inclusive and community-oriented approach to violence prevention. The study found that when men were actively involved, there was a notable increase in the effectiveness of the centres' outreach programs, as men were more likely to support and advocate for the services, thereby improving access and support for all survivors, regardless of gender.

4.3.4. Staff management Support

On staff management support at the One Stop Centre, the study examined how responsible departments' supports their staff members' whom they assign to discharge their duties at One Stop Centre. Through structured interviews, with department managers and staff members, the study established that staff teams are not fully supported by management. This lack of support crippled the effectiveness of the centre to discharge its duties to satisfactory hence majority of men lamenting of ineffectiveness.

During the interview session with health workers working at One Stop Centre, in order to find out how they are supported by management, the following response was recorded.

> *"As health workers, we feel neglected by the management of our facility; there is a glaring absence of support in terms of professional development opportunities such as training programs, which are crucial for enhancing our skills and ensuring we provide the best care possible to our patients. Without these opportunities, we are left feeling undervalued and unprepared to handle the complexities of our roles, especially when dealing with high-risk patients or survivors of genderbased violence."* Said health worker

On the same management support, police officers' assigned duties at One Stop Centre were asked if they receives any support to work there from their department. One officer said:

> *"We are on the front lines dealing with vulnerable individuals, yet there seems to be a lack of advocacy from management regarding our needs*

> *for overtime pay and allowances. This lack of support not only affects our morale but also impacts our ability to provide the best possible care and protection for those we serve."* Said the police officer.

During the study, one of the managers at One Stop Centre was asked about the challenges they face which cripples operations as raised by workers. This was the response:

> *"I have observed that our ability to run these centres effectively is significantly hampered by persistent funding issues. The lack of adequate financial resources limits our capacity to pay allowances to our staff, maintain facilities and provide essential services to the community. Without stable funding, we struggle to implement programs that could truly make a difference in the lives of those we serve."* Said the Manager

From the study findings, it can be concluded that one of the challenge that affect the effectiveness operation on One Stop Centres is lack of management support, a claim they accept and attributes it to lack of funding. This demotivates workers hence having poor performance on the ground. According to Armstrong, (2014) observed that staff or employees in an organization needs to be motivated through human resource development activities such as provision of learning, development and training opportunities in order to improve individual team and organizational performance. Therefore, lack of these initiatives in centres affects the service delivery. Further, Kayuni and Tambulasi (2007), also noted that performance of the civil service deteriorates due to poor definition of responsibilities, inadequate and poorly targeted training, and failure to undertake programme evaluation and poor financial management, while in private sector they are high enough to attract professional and technical staff for effective service delivery. Lack of staff management support contributed significantly to the ineffectiveness of One Stop Centre at the Chikwawa District Hospitals One Stop Centre especially in servicing men.

To sum up, these findings on staff management support were linked to Ecological Systems Theory, which posits that individual behaviour is influenced by interactions across various system levels, suggests that the lack of support for staff, particularly at the organizational (mesosystem) and community levels (exosystem), negatively affects

their capacity to deliver inclusive and effective services (Bronfenbrenner, 1979). Thus, calls for a robust support for staff in order to foster an inclusive environment that effectively serves all survivors of gender-based violence.

4.4. Conclusion

This chapter has presented, interpreted, analysed and discussed the findings of the study at Chikwawa District Hospital's One Stop Centre. This study established that the ineffectiveness of One Stop Centre was due to poor customer service, lack of awareness, lack of male involvement in the One Stop Centre activities but also lack of management support to workers assigned in managing One Stop Centre. The subsequent chapter will offer the study conclusion, recommendations and suggestions for further studies on One Stop Centre in public Hospitals.

CHAPTER FIVE

CONCLUSIONS, IMPLICATINS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the whole research process. It first provides a brief summary of the whole study with particular reference to the research problem "Investigating why the One Stop Centre at Chikwawa District Hospital was ineffective to male survivors of GBV" in line with the theoretical frameworks and research objectives. It also looks at the research methodology, findings, contributions and recommendations for future work. It further proceeds to provide a summary of the main findings of the study, conclusions and recommendations. This study focused on answering four questions in line with the main objective of the study. The questions that the study attempted to answer are as below:

- What are the experiences and perceptions of male survivors of gender-based violence regarding the services provided at the One Stop Centre at Chikwawa District Hospital?
- What is the level of awareness among men in the community about the existence and services of the One Stop Centre at Chikwawa District Hospital?
- Were men in the community involved in the implementation of the activities at the One Stop Centre at Chikwawa District Hospital, and if so, to what extent?
- How are the members of staff managing the One Stop Centre at Chikwawa District Hospital supported by the hospital management in their roles and responsibilities?

These questions served as a blueprint for the study in determining the efficiency and effectiveness of service delivery at Chikwawa District Hospital One Stop Centre as far as gender balancing is concerned.

This chapter will present conclusions made from the study findings, the implication of the study and lay a foundation for areas of further studies on related issue.

5.2 Major Conclusions

From the overall study findings, the study concluded that the Centre's was ineffectiveness to male GBV survivors. Below are some of the major summaries based on each objective:

Firstly, on exploring the experiences and perceptions of male survivors of gender-based violence regarding the services provided at the One Stop Centre at Chikwawa District Hospital, the study concludes it was not effective for male survivors. This was highlighted in deep rooted societal, institutional and design-related barriers which made male associate the centre as designed to serve females. The findings reveal that male survivors were being discouraged to go and receive support by the societal norms as they feel ashamed or fear being judged from society and at the centre by the attendants too. This reflect a broader cultural belief that seeking help is a sign of weakness for men. At the institutions, male survivor holds the view that centre have challenges in resources and inadequately trained personnel at the One Stop Centre, which fails to provide male survivors with the specialized care and support they require, further diminishing their confidence in the services offered. Moreover, the perception that the One Stop Centre is predominantly designed for women undermines male survivors' trust and willingness to seek help, as they do not see the centre as a safe or relevant space for their needs. In a nutshell, on perception toward the One Stop Centre, the study concluded that it is in-effective in serving males.

Further, on examining the level of awareness that men have regarding existence of Chikwawa District Hospital's One Stop Centre, the study concludes that it is largely ineffective for male survivors of gender-based violence, primarily due to inadequate awareness among men regarding the existence and services of the centre. Male survivors reported little to no knowledge about the centre or the types of support available to them. This lack of information is compounded by ineffective communication strategies that fail to target men specifically, resulting in a persistent perception that the centre's services are primarily designed for women. Consequently, male survivors are less likely to seek help, perpetuating their exclusion from essential support systems. The centre's outreach efforts do not adequately engage male audiences

or address societal stigmas that discourage men from reporting GBV or seeking assistance.

In addition to the above, on whether men in the community were involved in implementing Chikwawa District Hospital's One Stop Centre activities, the study concluded that there was lack of involvement of men in the community during the implementation of the Centre's activities a thing contributed to its ineffectiveness for male survivors. The findings revealed that the planning, decision-making and operational processes were predominantly driven by assumptions about GBV being primarily a women's issue, the meetings/ outreach programs dominantly targeted women, resulting in male voices being excluded from crucial stages of implementation. This exclusion perpetuated a service model that was unresponsive to the unique needs and concerns of male survivors. On the same, study also concluded that the absence of male engagement in the Centre's activities led to a lack of targeted outreach and communication efforts that specifically addressed and included men, further limiting awareness and utilization among male survivors. As a result, the One Stop Centre failed to create an inclusive environment where all survivors of GBV, regardless of gender, could access comprehensive support.

Lastly, on whether members of staff managing Chikwawa District Hospital's One Stop Centre were supported by management, the study concluded that one of factor contributing to its ineffectiveness is the inadequate support provided to staff by Hospital management. The findings revealed that staff members managing the One Stop Centre faced numerous challenges, including a lack of specialized training to address the needs of male survivors, insufficient resources such as informational materials tailored for men and limited psychological support for staff handling emotionally taxing GBV cases. On the same, there was a notable absence of clear guidelines and protocols specifically for male survivors, resulting in inconsistencies in service delivery. Staff reported feeling overwhelmed and unsupported, which adversely affected their ability to provide comprehensive and sensitive care to all survivors, especially men. The lack of management support not only hindered the operational efficiency of the centre but also perpetuated a service environment that is inadvertently exclusive and unwelcoming to male survivors.

In conclusion, basing on the above information, the study concludes that the One Stop Centre at Chikwawa District Hospital, was ineffective to male GBV survivors, citing reasons such as society norms towards gender issues, lack of awareness campaigns targeting males, lack of male involvement in centres activities and lack of staff support in running the centre.

5.3 Summary of the research findings

The study found out that despite the Government of the Republic of Malawi introducing Malawi National Public Sector Reforms (MNPSR) Policy in 2018 that aimed at public service efficiency and effectiveness in public service delivery. The Ministry of Health, Gender, Children, Disabilities and Social welfare, Home Affairs and Internal Security, Justice and Constitutional Affairs National Guidelines for provision of services for survivors of physical and sexual violence at One Stop Centre. The National Gender Policy in January 2015 which aims at mainstreaming Gender in the national development process to enhance participation of women, men, girls and boys for sustainable and equitable development for poverty eradication. The Malawi prevention of domestic violence act of 2007 which aims at making provisions for the prevention of domestic violence for the protection of persons affected by domestic violence. Introduction of One Stop Centres as a strategic public sector reforms to enhance public health service delivery, Government of Malawi has not done much to achieve quality public service delivery in public health facilities such as One Stop Centre.

5.3.1. Poor customer service

The study established that despite the Malawi National Public Sector reforms in public facilities, there is still poor customer service to clients, citizens or customers. Delays in serving customers leads to poor quality service and puts off most of them, this leads to dissatisfied citizens or customers. Citizens are not treated as Customers but as help seekers or beggars with no options.

5.3.2. Poor sharing of information

The study discovered that there is poor sharing of information between public managers and citizens or customers for public service delivery and uptake. Citizens are left in the cold on the plans and initiatives of government to enhance service delivery.

Most men are not aware about its existence, services offered at OSC and its objectives, hence cannot do anything about it.

5.3.3. Lack of citizen empowerment and involvement

The study established that there is a gap between Government officials and citizens on Government plans and activities. Citizens are not empowered to participate in these initiatives to enhance public service delivery. The Government officials and implementing partners are more interested in female gender only when addressing issues to do with GBV.

5.3.4. Lack of Human Resource Management support

The study established that there is lack of Human Resource Management support by management to motivate staff to deliver quality public services to citizens in public facilities. Civil servants are demotivated by working conditions, policies and unavailability of incentives such as rewards, recognition, promotion, career advancement and trainings. Sometimes it is bosses who attends trainings and workshops that are supposed to be attended by juniors who work directly with clients.
This tendency puts health workers off.

5.3.5. Lack of outsourcing

The study discovered that Government does not outsource services at public Hospital's One Stop Centre. This makes Health workers have too much workload on their head since they are also attached to other general Medical, Clinical and Nursing, Psychosocial, Investigative and Counselling activities as their core duties at the Hospital. A One Stop Centre is just an add-on to their daily work. There is no specific worker at One Stop Centre. When a case has been reported multidisciplinary team of professionals such as police, social welfare, medical, nursing and paralegal is called to offer services to attend to the Survivor.

5.4. Implications of the study findings

Looking at the discussion regarding the study findings, the study concludes that poor service quality (lack of customer orientation), lack of citizen empowerment or involvement, lack of citizen awareness, sharing of information, staff motivation, cultural beliefs, attitudes, lack of staff support and incentives impacted much on why One Stop Centre was ineffective to male survivors of physical and sexual abuse or GBV.

In this study female Health workers at One Stop Centre were rated low on customer service by male survivors of GBV and community members that they shout at male gender, mock, humiliate and call them all sorts of names to demean them such as weak, not being men enough, not being able to endure, not strong and not dignified. This makes most men to shy away from such a facility and suffer in silence for fear of being misjudged and humiliated by society and health workers. This had a negative implication on uptake and demand of services at OSC by men.

5.5. Study recommendations

Based on the study findings, the following are recommended for implementation if public health service delivery is to improve at One Stop Centre and attract male gender participation: Financial support to motivate staff, Outsourcing of services, being more customer centric or market oriented, creating more brand awareness, involving or empowering the citizens in Government efforts regarding One Stop Centres, supporting staff with different incentives to motivate them, sharing of information and introducing staff competition to reward best performing staff in public health service delivery to citizens regardless of their gender.

5.6. Areas for further research

The study focused and concentrated much on Chikwawa District Hospital's One Stop Centre in order to investigate why one-stop centres in public Hospitals are in effective to male survivors of Gender-Based Violence. However, an investigation to other One Stop Centres in District and Central Hospitals would help to paint a different picture of

the quality of health services offered to both genders at this One Stop Centres. Meanwhile the Government of Malawi is implementing digital health services and use of drones to provide health care services. All these provide for topics to research on. A thorough and conclusive analysis of how other One Stop Centres in public Hospitals and how new initiatives such as use of e- health and drones are performing would be of great importance to citizens in as far as public health service delivery is at OSC is concerned.

5.7. Overall study Conclusion

This chapter has provided a thorough summary and conclusion of the study. It has summarized all the research findings, discussed the research implications on the delivery of public health services at One Stop Centres. It has also suggested some recommendations that could be implemented by Government, Partners in development and other interested individuals to improve public service delivery at One Stop Centre. The study has also suggested some potential areas for further research studies which may add or build on these study findings. The study has further shown that OSC is a multidisciplinary model, its effective performance hinges much on service providers drown from different professions and training background. It also depends on team work, proper coordination, communication and personal attitude towards work and clients. The study has further established that effective performance of OSC does not heavily rely on availability of standard operating procedures, furniture, structure and proximity but relies heavily on quality customer service, awareness, sharing of information, management support and citizen empowerment or involvement.

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APPENDICES

Appendix 1: Request for permission to conduct research study at Chikwawa District Hospital.

C/o. University of Malawi

Faculty of Social Science,

Department of Political and Administrative Studies

Post Office Box 280

Zomba.

Cell phone: 0881589910 /0995855109.

Email. ma-pam-01-20@unima.ac.mw / jeremoses@yahoo.com

2nd May, 2022.

Chikwawa District Health Research Coordinating Committee

Chikwawa District Health Office

Post Office Box 32

Chikwawa.

Dear Sir /Madam,

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT YOUR DISTRICT HEALTH OFFICE.

My name is Moses Langford Jere, a Master of Public Administration and Management student at The University of Malawi. I would like to conduct research at your institution. I therefore write with due respect to request your good office for your kind permission for me to access your institution.

My Master's degree research proposal topic aims at investigating why One Stop Centres in public hospitals are (in)effective to male survivors of gender-based violence. Case of Chikwawa District Hospital's One Stop Centre (Chikwanekwane).

Your institution has been purposefully selected as a case study because it registered zero number of men above the age of 18 years patronizing and accessing services at One Stop Centre in the period between July to December 2020 and January to July 2021. In the same period a total number of thirteen (13) women above the age of 18 years patronized and accessed the services at the One Stop Centre (Chikwanekwane). Hence the need for a study to investigate why this was the case.

The method that will be used to gather information will be interviews (face to face/ one on one) The respondents will be engaged in a face to face / one on one interview for about thirty minutes. A total of five people (respondents/ key informants) from your institution will be purposely sampled because it is believed that these are people who are experts in their field with the right knowledge, skills, abilities, experience and ethical competence about the topic under study. They are also expert source of relevant information at your institution.

The interview questions will be based on the main objective of the study and revolve around the following objectives:

- To investigate why One Stop Centre is (in)effective to men.
- To find out how knowledgeable men are about One Stop Centre existence.
- To find out whether men in the community are involved in implementing One Stop Centre activities.
- To find out how management supports team members managing One Stop Centre.

This study is very significant and it is imperative to carry it out considering the Malawi Government emphasis on ending Gender Based Violence, discrimination and strengthening gender mainstreaming for effective and efficient public service delivery to all citizens regardless of gender.

I plan to come there in the month of May, 2022 at your convenient time if my request has been approved and permission has been granted.

Should you need more information about me, kindly contact me on the address, phone numbers and emails above.

Yours Sincerely

Moses Langford Jere

Master of Public Administration and Management student (UNIMA).

Appendix 2. Informed consent form for the study participants at Chikwawa Police

VSU, Chikwawa District Hospital's One Stop Centre and community.

The purpose of this research is to investigate why Chikwawa District Hospital's One Stop Centre is ineffective to men (male survivors of Gender Based Violence). The research data collection procedure is that it is going to be interview based and interview guide/schedule will be used. The interview is supposed to take not more than an hour. The interviews will take place right at the Hospital targeting you respondents who work at One Stop Centre and your management team members. At Chikwawa Police Victim Support Unit targeted respondents would be you male survivors of GBV.

All foreseeable risks and discomforts of the research study such as time taken to sign consent form, fear of unknown such as your identities being revealed, unethical behaviors such as disrespect, re-traumatization of you male survivors and emotional injuries will be ironed out by the researcher by answering all the concerns that you respondents would have such as mentioning of your names and what you would contribute. You would be assured that there will be no any risk such as job loss due to participation in the research and that you should not feel uncomfortable to contribute rather be free to participate because your identities would not be revealed. To male survivors of GBV, be assured of confidentiality issues.

The research study has potential expected benefits to the community, academia and both individuals and a country as a whole, some of the benefits to you individuals in the community are that it would improve work relationship between Health workers and the community (friendliness, approachable and trust earned by Health workers to handle confidential issues of men), unearth reasons why the facility is not effective to males and make management change approach of service delivery to males. The levels of awareness of the existence of One Stop Centre at the Hospital will also be unearthed which will make males that are not aware about it to start accessing the facility to demand services. To the country, it would inform policy makers (Ministry of Health) as to why One Stop Centres are ineffective hence help them devise right strategies to make them more effective hence increase demand for uptake of services from One Stop Centres. To the academia, it would add knowledge in the Public Administration and public discourse.

An alternative procedure for data collection of this research study is going to be focus group discussion with you community members that is men, traditional and religious leaders surrounding the Hospital. The focus group discussion will be composed of eight (8) people.

You will be assured of confidentiality of all the information and records that you will provide and that this information will be used for academic purposes only. There will be no mention of your names. All the information collected will be kept under lock and key. The procedure used to identify you, will not be disclosed to any person apart from Academic Supervisors.

This research study will have no any research related injury such as psychological, physical, legal, social economic, dignity and any threatened health harm. You will all sign this voluntary informed consent form prior to participating in this research study.

Participation to this research study is one hundred percent voluntary, you will be under no duress and refusal to participate will attract no penalty or loss of benefits to which you are otherwise entitled and that you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Should you require additional information or answers to pertinent questions about the research and your rights in the event of research related injury; you should not hesitate to contact the principal investigator; Mr. Moses Langford Jere, cell: +265881589910/995855109 or C/o. University of Malawi, Postgraduate Studies, Political and Administrative Studies, P.O. Box 280, Zomba. Alternatively, the chair of the research and ethics committee (UNIMAREC) reviewing and approving this study for additional information on the research and your rights (respectively). UNIMAREC Chairperson contact details: Dr. Victoria Ndolo, Chairperson of University of Malawi Research Ethics Committee (UNIMAREC), P.O. Box 280, Zomba. +265995042760.

I……. of……. Village, Traditional Authority……..P.O. Box…….Chikwawa, have read and understood contents of this consent form and agree without duress but voluntarily to participate in this research study.

Date…….

Year……Signature…….....

Kalata Yovomeleza kutenganawo Mali pa kafukufuku mosakakamizidwa pa Chipatala cha Chikwanekwane cha Chikwawa, Ofesi ya Polisi yomva madandawulo ankhanza ndi anthu a mmudzi.

Zolinga za kafukufuku ndi ndondomeko yake.

Cholinga chakafukufuku ameneyi ndikufuna kupeza zifukwa zimene zipatala za Chikwanekwane muzipatala za boma sizimathandiza kwambiri azibambo ndi anyamata amene amakumana ndi nkhanza zosiyanasiyana. Njira yakafukufukuyi ikhala kudzera mmafunso. Ndondomeko ya mafunso siyitenga nthawi yoposa ola limodzi. Mafunso afunsidwa kwa inu ogwira ntchiti pa Chipatala cha Chikwanekwane cha Chikwawa, Ogwira ntchito ku ofesi ya Polisi yomva madandawulo ankhanza zosiyanasiyana komanso maka inu abambo amene munakumanapo ndi nkhanza zosiyanasiyana komanso mmudzi.

Zopinga ndi zotsamwitsa zonse za kafukufukuyi monga nthawi imene itatengedwe kusayina pa kalatayi, kuwopa kwina kulikonse monga kuwululidwa kwa mayina anu, nkhalidwe osayenera monga kusapatsidwa ulemu, kupwetekedwanso mmalingaliro kwa inu azibambo amenene munakumanapo ndi nkhanza ndi kuvulala kwa mmalingiliro kudza thetsedwa ndi wa zakafukufuku poyankha nkhawa zonse zimene inu muzakhale nazo monga kuwululidwa kwa mayina anu ndi maganizo amene mutapeleke pakafukufukuyi. Nonse otenganawo mbali mudzatsimikizilidwa kuti sipatdzakhala kuwopya kwinakulikonse monga kutha kwa ntchito yanu chifukwa chotenganawo mbali pa kafukufuku ameneyi choncho musawope kalikonse kupeleka maganizo anu, khalani omasuka kutenga nawo mbali chifukwa mayina anu sadzawululidwa.

Inu amene munakumanapo ndi nkhanza mudzatsimikidzilidwa za nkhani za chinsisi. Kafukufukuyi ali ndi phindu lambili kwa anthu inu komanso ammudzi, kumaphunziro komanso anthu inu panokhapanokha komanso dziko lonse. Zina mwa zopindula nazo ndi monga kusintha kwa ubale pa kagwilidwe ka ntchito, ogwila ntchito ndi anthu ofuna chithandizo, kufikilidwa komanso kukhulupilika kwa ogwila ntchito posunga zinsisi za azibambo, kupeza zifukwa zomwe zimapangisa kuti chipatalachi chisathandize kwambiri azibambo komanso kusintha kayendesedwe ka ntchito kwa akuluakulu

oyang’anila chipatalachi maka kwa azibambo. Kazindikilidwe ka kupezeka kwa Chipatala cha Chikwanekwane pa Chipatalachi kudzadziwikanso, izi zidzapangisa azibambo omwe sadziwa za kupezeka kwa Chipatalachi kuyamba kuthandizika. Ku Boma, zizathandiza opanga malamulo azaumoyo kuwonanso zifukwa zomwe Chipatala cha Chikwanekwane sizithandizakwambiri azibambo komanso kupeza mayankho pa vutoli kuti azibambo ambiri azipita kuchipatalachi. Ku maphunziro, ziwonjezera nzeru zina zomwe pakadali pano palibepo.

Njira ina yopezela uthenga pa kafukufukuyi ikhala ma gulu a inu anthu a mmudzi maka azibambo, Mafumu ndi atsogoleri a mipingo. Maguluwa akhala ndi azibambo asanu ndi atatu.

Nonse inu amene mutengenawo mbali pa kafukufukuyi mudzatsimikizilidwa za nkhani ya chinsinsi pa uthenga wina uliwonse womwe muzapeleke, uthengawu uzagwilitsidwa ntchito pa nkhani ya za maphunziro basi. Sipadzakhala kuwulula mayina a anthu inu nonse amene mutenge nawo mbali pa kafukufuku ameneyi.

Uthenga wina uliwonse omwe udzapezeke udzasungidwa mosamalitsitsa zedi. Ndondomeko imene idzagwilitsidwe ntchito kusankha inuyo otenganawo mbali siyidzawululidwa kwa wina aliyense kupatula oyang’anila za maphunziro pa kafukufukuameneyi.

Kafukufuku ameneyi sadzakhala ndi ziwopyezo zinazilizonse monga kuvulala kwa mmalingiliro, kuthupi, kotsutsana ndi malamulo, kwa za chuma, ulemu ndi zowopyeza pa umoyo wa munthu zina zili zonse.

Inu nonse otenga nawo mbali pa kafukufuku ameneyi mudza sayina pa kalatayi musanatenge nawo mbali pa kafukufuku ameneyi. Kutenganawo mbali pa kafukufuku ameneyi ndi kongo zipeleka chabe, inu otenganawo mbali simuzakakamizidwa kutenga nawo mbali, kukana kutenganawo mbali sikudzapangisa inu kulangidwa kapena kuluza phindu linalililonse lomwe mulinalo komanso lokuyenerani, inu otenganawo mbali muthakusiya kutenganawo mbali pa nthawi ina ili yonse kopanda kulangidwa kapena kuluza phindu lililonse lomwe inu limakuyenerani.

Ngati inuyo mungafune uthenga owonjezelapo kapena mayankha pa mafunso ofunikira okhudzana ndi kafukufukuyi ndi ufuleu wanu mu kafukufukuyi, zovulalisa zilizonse musachedwe kuyimbila nkulu wa kafukufuku ameneyi, bambo Moses Langford Jere, Pa lamya ya mmanja iyi: +265881589910 / 995855109. Kapena Sukulu ya Ukachenjede ya Malawi, nthambi ya maphunzilo a ndale ndi kayendetsedwe ka ntchito za mmaofesi, positi ofesi bokosi 280, Zomba. Kapena wa pa mpando wa kafukufuku ndi mwambo (UNIMAREC) kuyang'anila ndi kuvomeleza kafukufuku ameneyi pa nkhani yowonjezeleapo mu kafukufuku ameneyi komanso ma ufulu anu (mwandondomeko imeneyi). Nkhala pa mpando wa kafukufuku ndi mwambo (UNIMAREC) Dr. Victoria Ndolo , Lamya ya mmanja: +265995042760. Nkhala pa mpando wa Kafukufuku ndi mwambo, Sukulu ya Ukachenjede ya Malawi, positi ofesi bokosi, 280, Zomba.

Ine……wa mmudzi mwa…… Mfumu……m'boma la ……Ndawelenga ndikumvetsetsa kalatayi ndipo ndikuvomeleza kutenganawo mbali pa kafukufuku ameneyi mosakakamizidwa koma mozipeleka.

Tsiku……Chaka…….Sayini……
……

Appendix 3. Interview Protocol/guide for key informants (Health Workers, Police, Social welfare and Judiciary staff) at One Stop Centre.

This interview protocol/guide aims at helping the Researcher to find out roles of Health Workers, Police, Social Welfare, Judiciary and find out why One Stop Centre is (in)effective to men and how management supports the team managing One Stop Centre.

Time of interview…….

Date and month of interview……

Place of interview…….

Name of interviewer…….

Department……...

Position of interviewee……

Brief description of the study (study aim and objectives)……
……
……
……..

Questions.

1. Tell me more about yourself?.....
2. What is your highest educational qualification? Certificate, Diploma…….. or Degree……..(Prompts knowledge depth).
3. When was One Stop Centre established here?.....
4. When did you start working at One Stop Centre? (prompts experience and knowledge of community if aware of its existence)

…….....

5. What is your major role at One Stop Centre?.....
6. Do you have guidelines for provision of comprehensive health services to survivors of gender-based violence?.....

7. If yes to above question, how do you ensure adherence to the above guidelines? If no, how do you work?.....

8. How do you spend your day at One Stop Centre?.....

9. Do you have male and female Health Workers at One Stop Centre?.....

10. How are roles and responsibilities allocated or shared to team members at one stop service centre?.....
..

11. How long does it take for a client to be fully assisted at One Stop Centre?.....

12. Do you do follow ups on clients or survivors of gender-based violence?.....
.

13. Do you have staff who speak local language (Sena or Chichewa) at One Stop Centre?.....
.

14. How does management support you at One Stop Centre?.....

15. What do you think were reasons why One Stop Centre was established here at Chikwawa District Health Office?.....

Conclusion.

Kindly share your experiences regarding male and female visits at One Stop Centre and what you think could be done to improve the status quo……
……

……
……
……
……...

Kindly share your experiences where men were physically abused but refused to visit One Stop Centre even after being referred from a health centre or any other point or facility……
……
……
……
……
……
……
……

Kindly share your experiences where men were assisted at One Stop Centre and whether their expectations were met and were
satisfied……
……
……
……
……
……
……

End of interviews

Thank you very much for your time and active participation.

Appendix 4. Interview protocol /guide for Management of Chikwawa District Health Office. (DHMT)

This interview guide helps the Researcher to find out how management supports the staff managing One Stop Centre.

Time of interview…….

Date and month of interview……

Place of interview…….

Name of interviewer…….

Department……

……...

Position of interviewee……

Number of years at this position at this institution……

Brief description of the study (Study topic, aim and objectives)……

Questions.

1. Tell me more about yourself……..
2. When did you start working at this institution? (Prompts experience and knowledge of One Stop Centre)

……..

3. How many Health Workers are assigned duties at One Stop Centre? (Prompts efficiency and effectiveness of service delivery)

…….

4. How often do you supervise staff at One Stop Centre? (Once a week, twice a week, fortnightly, once a month, after three months, every six months).

5.Are all staff at One Stop Centres given chances to attend workshops, trainings and upgrading of their qualifications?.....

6. Do you have standard operating procedures at One Stop Centre?.....

7. If yes to above question, how do you ensure compliance by members of staff……

8.How do you ensure that communities are involved in the activities to do with One Stop
Centre……
….

9.How friendly are workers at One Stop Centre to survivors of gender-based violence……

10.What would you say is the attitude of Health workers at One Stop Centre to male and female
clients?.....
.....

Conclusion.

Kindly share your general experience regarding One Stop Centre operations and services?

……
……
……
……
……

Kindly share your experience where you were satisfied with services at One Stop Centre……
……
……
…….

Appendix 5. Focus group discussion checklist for men in the community, Traditional and Religious Leaders close to Chikwawa District Health Office.

This checklist helps the Researcher to investigate the level of awareness that men have regarding existence of One Stop Centre at Chikwawa District Hospital. To investigate why Chikwawa One Stop Centre is ineffective to men and to investigate whether men are involved in implementation of One Stop Centre activities at the District Hospital.

Time of focus group discussion……

Date and month of focus group discussion……..

Place of focus group discussion ……..

Number of discussants/participants…….

Name of Moderator……...

Name of note taker……

Researcher welcomes participants, asks a volunteer to open discussions with a prayer, introduces himself and other Research Assistants. Gives a brief description of the study (topic, aims and objectives). Sets the rules of the game and duration of discussion, gives chance to the participants to introduce themselves (Self introductions). Participants served with bottled water.

QUESTIONS.

1. How many of us know that there is a District Hospital here in Chikwawa? (hands up) ……..prompts knowledge of existence of Hospital.

2. How many of us have visited the Hospital?……

3. What was our experience at the Hospital? (Good, excellent, bad, poor)

4. How many of us know services offered at the Hospital?……

5. What do we know about gender based violence?…….

6. Have we ever heard of gender based violence survivors……..

7. Have we ever heard of the existence of One Stop Centre (Chikwanekwane) at Chikwawa District Hospital?.....

8. Do we know the services offered at One Stop Centre?.....

9.What are some of the services that are offered at One Stop Centre?.....
.....
.....
.....

10. Assuming you were one of the Survivors of Gender Based Violence (GBV), would you visit One Stop Centre to access the services there?.....

11. If yes or no to the above question, kindly explain your answer……

12. Assuming one of your friend is a Victim of Gender Based Violence, would you encourage him to visit One Stop Centre for help?.....

13. If yes or no to the above question, explain your answer……..

14. What do you think are the factors that makes men shun One Stop Centre in District Hospitals?……
……
……

15.Which gender do you think visits One Stop Centres frequently and why?.....
.....
.....

16. Have you ever attended any meeting regarding hospital services at the District Hospital?.....(Prompts male involvement in One Stop Centre activities)

17. Have you ever been approached by a health worker to inform you about One Stop Centre?.....
.

18. As a Religious or Traditional Leader do you preach or talk about Gender Based Violence to your members and subjects?.....

19. If yes or no to the above question explain your answer……

20. As a Religious or Traditional Leader would you visit or encourage your member or subject to visit One Stop Centre?.....Explain your answer……
…….

Conclusion.

Is there any further information that you would like to share that we have not covered regarding One Stop Centre
(Chikwanekwane)?.....

Whom could you suggest that I should contact next to learn more about One Stop Centre at Chikwawa District
Hospital?.....
.....

Kindly share your own personal experience, perceptions, attitudes, opinions and customer care or service at One Stop Centre…….

End of Focus group discussions.

Closing remarks.

Moderator/ Researcher thanks the participants for their time, active participation, opening up and positively responding to the questions regarding the topic of study. Assures the participants about the confidentiality of the focus group discussion points and information gathered that it is solely for academic purposes only.

Moderator asks a participant /volunteer to close with a word of prayer.

Appendix 6. Zokambilana za Gulu la Azibambo a m'mudzi, Mafumu ndi Atsogoleri a Mpingo okhala pafupi ndi Chipatala cha Boma cha Chikwawa. (Focus Group Discussion).

Chikalatachi chikuthandiza wa zakafukufuku kufufuza za momwe azibambo akudziwira za kupezeka kwa Chipatala cha Chikwanekwane pa Boma la Chikwawa, kufufuza za zinthu zomwe zikupangisa kuti Chipatalachi chisamapeleke chithandizo mokwanila kwa azibambo komanso kufufuza ngati azibambo amatenganawo mbali pa ntchito za Chipatala cha Chikwanekwane pa Boma ndimomwe mafumu ndi atsogoleri amipingo amaganizila pa nkhani ya Chipatala cha Chikwanekwane.

Nthawi ya zokambilana……

Tsiku ndi Mwezi wa zokambilana zagulu……

Malo azokambilana zagulu…….. Kuchuluka kwa anthu otenga nawo mbali pa zokambilana……..

Dzina la otsogolera zokambilana……..

Dzina la Mlembi……...

Wazakafukufuku alandila anthu otenga nawo mbali pa zokambilana, afunsa odzipeleka atsegule ndi pemphero, adzitchula dzina lake ndi ena omuthandizila pa za kafukufuku.

Alongosola pang'ono za kafukufuku (mutu ndi zolingazake). Akhadzikisa malamulo ndindondomeko zoyenera kutsatidwa ndi nthawi ya zokambilana.

Apeleka mwayi kwa otenga nawo mbali kuti adzitchule mayina awo okha ndipo agawa madzi akumwa kwa onse.

MAFUNSO

1.Ndi anngati mwa ife tikudziwa kuti kuli chipatala cha Chikwanekwane ku Chipatala cha boma cha Chikwawa?..... Manja mmwamba, (Kufuna kudziwa kuzindikira kwawo pa zakupezeka kwa Chipatalachi.

2. Ndi angati mwa ife tinapitako ku Chipatalachi?..... Manja mmwamba. (Kufuna kudziwa chiwelengero cha azibambo omwe adapitako ku Chipatala cha Chikwanekwane.

3. Amene tinapitako, tinayendako bwanji?.... Manja mmwamba. (Kufuna kudziwa mmene zimakhalira kumeneko).

4. Ndi angati mwa ife timadziwa zithandizo zimene zimapelekedwa kuChipatala chimenechi?....Manja mmwamba. (Kufuna kudziwa chidziwitso chawo).

5. Tikudziwapo channi pa nkhani za nkhaza za pakati pa amayi ndi abambo?.....Manja mmwamba. (Kufuna kudziwa za chidziwitso chapo pa nkhani ya nkhaza za pakati pa amayi ndi abambo).

6. Tinamvapo za nkhanza za pakati pa amayi ndi abambo?.....Manja mmwamba (kufuna kudziwa za chidziwitso chawo).

7. Tinamvapo za kupezeka kwa Chipatala cha Chikwanekwane pa Chipatala Cha boma cha Chikwawa?.....

8. Tikudziwa za zithandizo zopelekedwa ku Chipatala cha Chikwanekwane?..... Manja mmwamba (Kufuna kudziwa za chitsiwitso chawo).

9. Tiyelekeze inu ndi mmodzi mwa omwe achitilidwa nkhaza za pakati pa amayi ndi abambo, mungapite kuchipatala cha Chikwanekwane?.....(Kufuna kudziwa maganizidwe awo)

10. Ngati eya kapena ayi pafunso lapamwambali, talongosolani zifukwa zake ……(Kufuna kudziwa zifukwa zomwe zimapangisa abambo kusapita kuchipatalachi).

11. Tiyelekeze mmodzi mwa anzanu wachitilidwa nkhanza za m’banja pakati pa amayi ndi abambo, mungamulimbikitse kuti apite ku Chipatala

Chachikwanekwane?.....(Kufuna kudziwa za momwe akuwonera ndikuganizila pa za Chipatala cha Chikwanekwane).

12. Ngati eya kapena ayi pafunso lapamwambali, talongosolani zifukwa zake….. (Kufuna kudziwa zifukwa zomwe sangawalimbikitsile kapena kuwalimbikitsa anzawo kupita ku Chipatalachi).

13. Mukuganiza kuti ndi chani kwenikweni chomwe chimapangisa azibambo kuti asamapite kuChipatala cha Chikwanekwane?..... (Kufuna kudziwa zifukwa zomwe zimaletsa azibambo kupita kuchipatala cha Chikwanekwane).

14. Pakati pa abambo ndi amayi, mukuganiza kuti amapita kwambiri kuchipatala cha Chikwanekwane ndi andani?.....Manja mmwamba. (Kufuna kudziwa chiwelengelo cha omwe amapita kwambiri komanso zifukwa zake).

15. Munakhalapo pa msokhano wina uliwonse okhudza za Chipatala cha Chikwanekwane?....(Kufuna kudziwa ngati azibambo amawawelengela ndikugwila nawo ntchito limodzi pa nkhani za Chipatala cha Chikwanekwane).

16. Munafikilidwapo ndi munthu wogwira ntchito za umoyo kukudziwisani za Chipatala Cha Chikwanekwane?.....(Kufuna kudziwa za momwe amagwilira ntchito a za umoyo ndi azibambo).

17. Ngati mtsogoleri wa za chipembedzo komanso mfumu ya m'mudzi, mumalalikira komanso kukamba za nkhanza za m'banja kwa okutsatilani ku mpingo ndi anthu anu m'mudzi?. … (Kufuna kudziwa pa momwe atsogoleri ampingo ndi mafumu amachitila pa nkhani za nkhaza za m'banja).

18. Ngati eya kapena ayi pa funso lapamwambali, talongosolani….. (Kufuna kudziwa zifukwa zomwe zimapangisa kuti alalikile kapena kugawana ndi anthu amumpingo mwawo , kapena mmudzi mwawo nkhani zokhudza nkhaza za m'banja kapena ayi).

19. Ngati mtsogoleri wa za Chipembedzo kapena mfumu ya mmudzi, mungapite kapena kulimbikitsa nzanu kupita ku Chipatala cha Chikwanekwane?..... (Kufuna kudziwa momwe atsogoleli amaganizila pa nkhani ya Chipatala cha Chikwanekwane).

20. Ngati eya kapena ayi pa funso la pa mwambali talongosolani yakho lanu…(Kufuna kudziwa za zifukwa zomwe atsogoleri atha kupitila ku Chipatala cha Chikwanekwane kapena ayi).

KUTSILIZA

Palizina zomwe mungagawane nafe zomwe taziyiwala pa mutu omwe timakambilanawu wa Chipatala cha Chikwanekwane?.

Mungaganizile ndani kuti tizakumane naye kudzaphunzira za mbiri pa nkhani ya Chipatala cha Chikwanekwane ndi Nkhanza za m'mbanja?.

Tatiwuzeni maganizo anu ndi malingaliro anu pa momwe anthu amathandizikira ku Chipatala cha Chikwanekwane?.

Pomaliza pa zokambilana zagulu, pa mapeto, Mawu otsekela.

Otsogolela za kafukufuku athokoza anthu onse chifukwa chotenga nawo mbali pa zokambilana chifukwa cha nthawi yawo, kumasuka kwawo komanso kuyankha mafunso okhuzana ndi mutu wa zakafukufuku.

Atsimikizila anthu onse omwe anatenga nawo mbali pa zokambilana kuti chinsinsi chizasungwidwa pa zomwe zakambidwa ndipo kuti zonse zakambidwa zizagwilitsidwa ntchito pa nkhani ya za maphunziro basi.

Otsogolela za kafukufuku afunsa ozipeleka kuti atseke ndi pemphero.

Appendix 7. Zokambilana za pakati pa azibambo omwe anachitilidwapo nkhanza za m'banja (Male Survivors of GBV).

Chikalatachi chikuthandiza wa zakafukufuku kufufuza za momwe azibambo amene anakumanapo kapena kuchitilidwa nkhaza za m'banja amaganizila pa ntchito za Chipatala cha Chikwanekwane pa Boma ndi zomwe zimapangisa kuti azibambo otelewa asamapite kukatenga zithandizo kuchipatala cha Chikwanekwane.

Nthawi ya zokambilana……

Tsiku ndi Mwezi wa zokambilana ……

Malo azokambilana ……..... Kuchuluka kwa anthu otenga nawo mbali pa zokambilana……..

Dzina la otsogolera zokambilana……..

Dzina la Mlembi……...

Wazakafukufuku alandila anthu otenga nawo mbali pa zokambilana, afunsa odzipeleka atsegule ndi pemphero, adzitchula dzina lake ndi ena omuthandizila pa za kafukufuku.

Alongosola pang'ono za kafukufuku (mutu ndi zolingazake). Akhadzikisa malamulo ndindondomeko zoyenera kutsatidwa ndi nthawi ya zokambilana.

Apeleka mwayi kwa otenga nawo mbali kuti adzitchule mayina awo okha ngati ali omasuka ndipo agawa madzi akumwa kwa onse.

MAFUNSO

1.Ndi angati mwa ife tikudziwa kuti kuli chipatala cha Chikwanekwane ku Chipatala cha boma?

……

……

……

2.Timadziwa zithandizo zomwe zimapelekedwa ku Chipatala cha Chikwanekwane cha Chikwawa?.....

.....

3.Tikudziwapo chani pa nkhanza za m banja?.....

3. Titachitilidwa nkhaza za m'banjazi tinaganizapo zopita ku Chipatala cha Chikwanekwane?. Ngati ayi, Chifukwa chani?, Ngati eya chifukwa chani?.....

4. Mukuganiza kuti ndi chifukwa chani azibambo ochitilidwa nkhaza za mbanja sapita kuchipatala cha chikwanekwane kukalandila chithandizo?.....

5. Mukuganiza kuti boma litany kuti azibambo ambiri azipita kukalandila zithandizo kuchipatala cha Chikwanekwane pa Boma la Chikwawa?.....

Kutsiliza.

Wazakafukufuku athokoza azibambo onse otenganawo mbali ndipo awatsimikizilanso kuti zomwe akambilanazi zikagwilitsidwa ntchito kumbali ya za maphunziro basi ndipo kuti mayina awo sakatchulidwa penapaliponse kupatula pa zamaphunziro ndi aphunzitsi oyang'anila wazakafukufukuyi.