

THE SERIES' FOUR COMPONENTS:

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Inspiring Initiatives

Some facts

From 2006 to 2009 the Population Council undertook a programme of technical assistance and research to strengthen the evidence base on gender based violence (GBV) programming in Sub-Saharan Africa so as to inform national and regional efforts.

Programme components

1. A comprehensive overview of region-specific best policies, programmatic experiences and best practices related to the management of GBV from a medical and criminal justice perspective, as well as the reduction of violence at the community level.
2. Development of a model for a comprehensive response that served as the conceptual framework for the entire initiative.
3. The model was adapted to the context and applied in part or in whole by the different implementers in the respective country.

Why this initiative is inspiring

This programme created an active, functional network of implementers and researchers across Sub-Saharan Africa, all of whom were charged with developing, implementing and evaluating core elements of a comprehensive, multisectoral model for strengthening responses for survivors of Gender Based Violence (GBV), especially survivors of sexual violence. It has strengthened the evidence base on programme responses to sexual violence in Sub-Saharan Africa, which was previously reliant on strategies from Europe and North America. The comprehensive model has successfully included health, criminal justice, and psychosocial services required by survivors, and worked to strengthen the linkages between these sectors.

Programme objective

The program objectives were to develop a policy framework, programme guidelines and pilot models in order to prevent gender based violence in a comprehensive manner, as well as meeting the victims' needs of medical care, psychosocial support and justice.

Results

1. *The programme developed and improved in the participating countries;*
 - Improved cooperation between medical care, law enforcement and justice system resulted in improved collection of evidence in Kenya, South Africa and Zambia.
 - The cooperation between NGOs, medical care and police improved the reception of victims of rape.
 - The police issue emergency contraception to rape survivors and give referrals to medical care.
 - The reports of sexual violence to the police have increased by 48 % by the participating police stations in Zambia.
2. *Regionally;*
 - Information generated from this programme has influenced national policy development activities in Ethiopia, Zambia and Kenya.
 - The network has partnered with the South African Development Community and the East, Central and Southern African Health Community in increasing the Health Minister's and AIDS authorities' awareness of GBV, reviewing a regional GBV implementation framework, and guiding the preparation of a literature review on sexual child abuse in the region.

Implementing partners

Seven organisations in seven countries (Zambia, South Africa, Kenya, Malawi, Zimbabwe, Ethiopia and Senegal) partnered with the Population Council to implement the comprehensive model in part or in whole. An additional thirteen organisations actively participated in the South-South technical assistance network.

South-South Technical Assistance

The Population Council facilitated a wide range of South-South technical exchange and assistance activities in the course of the initiative including;

- training programmes,
- provision of onsite technical assistance,
- site visits,
- participation in international conferences.

As partners' capacities have improved throughout the course of this programme, they have been able to offer more targeted assistance to their colleagues in other countries. This approach has also allowed partners to serve as a resource base for other similar initiatives in the region.

For more information:

Keesbury J. and Askew I. 2010. *Comprehensive responses to gender based violence in low-resource settings: Lessons learned from implementation*. Population Council. Lusaka, Zambia.

What made a difference?

- A comprehensive overview of the situation formed the basis of the initiative. It filled a gap in regard to the evidence base on programme responses to sexual gender based violence in countries where access to even the most basic care is undermined by national and personal resource constraints.
- The recognition of the multisectoral nature of a GBV response, and the active engagement of a wide range of actors. It is indispensable in creating the framework needed to implement a comprehensive approach to care.
- The creation of functional linkages between the police and health services, especially in terms of creating and maintaining strong referral networks.
- Multisectoral trainings that emphasised both the health and criminal aspects of police response.
- Effective supervision from within the police service also ensured that the linkages between the sectors remained functional.
- The recognition of the fact that care can be effectively organised in a variety of ways, depending on the context and capacity of existing services. The models are all organised by the dual principles of minimising points of contact and ensuring effective linkages with other sectors.

Conclusions

This programme has significantly increased the evidence base on programme responses to GBV in Sub-Saharan Africa. It has demonstrated a range of successful approaches for improving comprehensive services within the health, police, legal and social service sectors, but it has also underscored the fact that there is still much to be done to ensure that these services are adequately and equitably provided across the region. Most notably, more work is needed to identify successful strategies for improving post-exposure prophylaxis adherence rates, addressing the special needs of children, and providing immediate and long-term psychosocial support in low-resource settings.

These results also suggest the need to explore other dimensions of GBV services. As indicated more women experience intimate partner violence than sexual violence and more research is needed on appropriate strategies for ethically identifying and meeting the needs of this large, and often silent, population. Just as importantly, much more work is needed on documenting successful strategies for preventing all forms of GBV before it occurs.