

**East, Central and Southern African
Health Community**



**ECSA Sub-Regional
Implementation Framework for
Gender-Based Violence Prevention
and Control**

2009

ECSA Sub-Regional Implementation Framework for Gender-Based Violence Prevention and Control

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Acronyms

CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CSA	Child Sexual Abuse
ECSA-HC	East, Central and Southern African Health Community
GBV	Gender-Based Violence
SSA	Sub-Saharan Africa
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/EA	United States Agency for International Development/East Africa
UNICEF/ESARO	United Nations Children’s Fund Regional Office for East and Southern Africa
WHO-AFRO	World Health Organisation Regional Office for Africa

Foreword

The East, Central and Southern African Health Community (ECSA-HC), in collaboration with diverse partners, is proud to be associated with the production of the ECSA Sub-Regional Implementation Framework for Gender-Based Violence Prevention and Control.

This publication could not have come at a timelier period in the broader regional and even global calendar of priority health issues.

The implementation of interventions proposed in this publication will enhance efforts to focus attention on the health dimension and public health burden occasioned by gender-based violence (GBV) that may have received limited attention even as stakeholders sought to address the human rights aspects of GBV and child sexual abuse (CSA).

With the support of USAID/Bureau for Africa through the Africa's Health in 2010 project, ECSA-HC has developed this framework to assist member states to improve and expand their programming efforts to prevent and respond to GBV and CSA and break the silence.

The framework is expected to help prioritise and improve the coordination of GBV strategies and interventions at the sub-regional and country levels.

It is our hope that member states and other partners who use the framework will systematically improve their policy and programme interventions for the prevention of what some stakeholders have called the 'silent epidemic' in our region.



Dr. Steven Shongwe
Director General
East, Central and Southern African Health Community

Acknowledgements

The development and production of this framework is the result of much dedicated work and inspiration from a number of stakeholders.

It would be impossible to list all who have directly and indirectly contributed to or influenced the final outcome reflected within the pages of this framework. Nevertheless, several direct acknowledgements are necessary.

Special thanks to USAID/Bureau for Africa who provided funding and technical support for the development of this implementation framework through the Africa's Health in 2010 project (managed by the Academy for Educational Development). The ECSA sub-regional GBV implementation framework is primarily based on two existing strategies for the region, the USAID/EA and UNICEF/ESARO strategic framework for the prevention of and response to GBV in Eastern, Southern and Central Africa and the WHO-AFRO Strategic Direction Agenda for CSA outlined in the Report of the WHO Regional Director "Child Sexual Abuse: A Silent Health Emergency." In addition to acknowledging USAID/EA, UNICEF/ESARO, and WHO-AFRO for developing the strategic frameworks that guided the development of the ECSA GBV Implementation framework, we are indebted to USAID/EA for their continued support and collaboration in many aspects, including GBV activities.

At another level, the diverse groups of experts who took part in the November 2008 expert review meeting to review a draft of this document. This included GBV focal points from the 10 member states (Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe), and representatives from partner organisations including WHO-AFRO, USAID/EA, UNICEF/ESARO, United Nations Fund for Population Activities (UNFPA), and civil society partners including Coalition on Violence Against Women-Kenya, Family Health International (ROADS Project), IntraHealth International, Tanzania Media Women Association and the Population Council.

Finally we are indebted to the consultants who harnessed the outcome of the expert review meeting and those individuals who participated in the final editing of the current document.

Executive Summary

Gender-based violence (GBV), including child sexual abuse (CSA) is increasingly recognised as a serious problem with many negative emotional and physical consequences affecting the health and well-being of families and communities. However, many countries still do not have comprehensive legislation and programmes to protect those affected by GBV even though statistics show that GBV and CSA is persistent in the east, central and southern African region.

In order to address these issues, the regional offices of the United States Agency for International Development for East Africa (USAID/EA) and the United Nations Children’s Fund Regional Office for Eastern and Southern Africa (UNICEF/ESARO) developed a “Strategic Framework for the Prevention of and Response to GBV” while the World Health Organisation Regional Office for Africa (WHO-AFRO) developed its strategy “Child Sexual Abuse: A Silent Health Emergency.”

Based on these existing strategies, the East, Central, and Southern African Health Community (ECSA-HC) with the support of USAID/Bureau for Africa via the Africa’s Health in 2010 project, developed the ECSA Sub-Regional Implementation Framework for Gender-Based Violence Prevention and Control to assist ECSA-HC and its member states to improve and expand their programming efforts to prevent and respond to GBV and CSA. The sub-regional implementation framework is expected to help prioritise and to improve the coordination of GBV strategies and interventions at the sub-regional and country levels.

The ECSA sub-regional implementation framework sets out broad guidelines for the implementation of the existing Regional Strategic Frameworks for GBV and CSA. It provides objectives, guiding principles, and systematic guidelines on the introduction of the strategic framework for GBV at regional, national, district and community levels; and methods of working with the different stakeholders.

Key Priority Areas

Laws and Policies: Includes measures at the broadest level to ensure rights are recognised and protected through international, statutory, and traditional laws and policies.

Systems: Includes systems and strategies to monitor and respond when rights are breached.

Service Delivery: Includes response at the individual level through direct services to meet the needs of those who have been subjected to GBV.

Community Mobilisation and Individual Behaviour Change: Includes raising awareness about GBV, engaging communities in prevention and response to GBV, and changing social norms that perpetuate GBV.

I. Introduction

Gender-based violence (GBV), including child sexual abuse (CSA) is increasingly recognised as a serious public health, human rights and developmental issue in sub-Saharan Africa (SSA). Gender-based violence results in many negative consequences for women's emotional and physical health, it affects children and has implications for the health and well-being of families and communities.

All countries in the east, central and southern African region are signatories to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and to the UN Convention on the Rights of the Child. However, not many countries have comprehensive legislation protecting girls and women from GBV. Additionally, while some countries recognise both constitutional and customary legal systems, those systems often contradict statutory laws that may be there to protect women and children. Among the forms of abuse children suffer, the most devastating is child sexual abuse.

Findings from a 2005 WHO multi-country study showed that up to 36% of women in Namibia, 56% in Tanzania and 71% in Ethiopia experience physical or sexual violence or both during their lifetimes at the hands of an intimate partner.¹ A recent review of data from the domestic violence module of the Demographic and Health Surveys of seven SSA countries showed that the percentage of women (15–49 years at the time of the survey) who had experienced physical violence (since age 15 years) was high, and ranged from around one-quarter to one-third of women in Malawi, Rwanda, and Zimbabwe; by half of the women in Cameroon, Kenya, and Zambia; and by 60% of Ugandan women. Among ever-married women who had experienced physical violence, between 70–80% reported their husband as a perpetrator. Teachers were reported as perpetrators of violence among all women who had experienced physical violence from anyone since the age of 15 years: 26% in Kenya, 17% in Uganda, and 8% in Zambia and Zimbabwe. Among women who had experienced any type of violence from their husband, the percentage that had experienced physical and/or sexual violence (whether or not they experienced emotional violence) ranged from about 80% in Zimbabwe; through around 90% in Cameroon, Kenya, Malawi, and Uganda; to 96% in Rwanda. Physical violence during pregnancy ranged from 5% in Malawi, around 10% of women in Cameroon, Rwanda, and Zimbabwe, and 16% in Uganda.² Child sexual abuse is another growing problem in the region. The WHO estimates that approximately 25% of girls and 8% of boys around the globe have been subjected to some form of CSA.³

¹ García-Moreno, C. et al. *WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses*. Geneva: WHO, 2005. http://www.who.int/gender/violence/who_multicountry_study/en/.

² Borwankar R., R. Diallo and A.E. Sommerfelt. *Gender-based Violence in SSA: DHS Domestic Violence Findings and Use in National Planning*. Washington, DC: USAID/AFR/SD and Africa's Health in 2010/AED, 2008. <http://africahealth2010.aed.org/>.

³ WHO-AFRO. "Child Sexual Abuse: A Silent Health Emergency." Report of the Regional Director presented at the fifty-fourth session, Brazzaville, DRC, 30 August–3 September, 2004.

To address these issues, USAID/EA and UNICEF/ESARO developed a strategic framework for the prevention of and response to GBV in 2006.⁴ In 2004, WHO/AFRO identified CSA as a public health concern, developed its strategy “Child Sexual Abuse: A Silent Health Emergency”³ and passed a resolution on the issue (AFR/RC54/15 Rev.1), which provides orientation and strategic direction for the prevention and management of CSA in member states through coordinated multidisciplinary efforts.

2. Rationale for ECSA Sub-Regional Implementation Framework for GBV Prevention and Control

To build on these existing strategies from WHO-AFRO, USAID/EA and UNICEF/ESARO and to operationalise the strategic priorities outlined in the documents, an implementation framework for the sub-region needed to be developed. It is in this regard that ECSA-HC, with the support from the Africa’s Health in 2010 project, developed a sub-regional implementation framework for the prevention and response to GBV. This framework can be used to guide country level action plans for GBV prevention and response, including the prevention and management of CSA consequences.

3. Methodology of ECSA Sub-Regional Implementation Framework for GBV Prevention and Control

The ECSA sub-regional GBV implementation framework is primarily based on two existing strategies for the region, namely the USAID/EA and UNICEF/ESARO strategic framework for the prevention of and response to GBV in eastern, southern and central Africa and the WHO-AFRO Strategic Direction Agenda for CSA outlined in the Report of the WHO Regional Director “Child Sexual Abuse: A Silent Health Emergency.” Other available literature including the extensive literature review covering over 20 countries in the ECSA sub-region “Linking Gender-Based Violence Research to Practice in East, Central and Southern Africa: A Review of Risk Factors and Promising Interventions” was also used to inform the implementation framework.

A draft implementation framework was developed and reviewed during an ECSA-HC expert review meeting on November 10-11, 2008 involving key partners in the sub-region: GBV focal points from the 10 member states (Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe), partners including WHO-AFRO, USAID/EA, UNICEF/ESARO, UNFPA, and civil society partners including GBV Prevention Network, Family Health International,

⁴ USAID/UNICEF. “USAID/EA, UNICEF/ESARO’s Strategic Framework for the Prevention of and Response to GBV in Eastern, Central, and Southern Africa.” 2006.

IntraHealth International, and the Population Council. The objective of this meeting was to build consensus on issues to be included in the sub-regional implementation framework and to obtain member country buy-in to the framework. Together with presentations on the need to address GBV as a public health and development priority, the sub-regional implementation framework was presented at the 48th Health Ministers' Conference in Swaziland in March 2009 and as result, a resolution on GBV was adopted.

4. USAID/EA and UNICEF/ESARO Regional GBV Strategic Framework

The USAID/EA and UNICEF/ESARO strategic framework for prevention of GBV outlines several strategic priorities for programme development prevention and response that include:

- Promoting and protecting human rights
- Promoting participatory processes that engage all stakeholders
- Working with men
- Targeting youth
- Research on promising programming approaches
- Monitoring GBV in the region
- Investing in GBV programmes and policies

The types of GBV that were investigated for the strategic framework include:

- Intimate partner violence, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviour in the context of marriage or other intimate relationships
- Rape and sexual assault
- Sexual coercion and harassment
- Sexual violence and exploitation in the context of armed conflict
- Child marriage
- Female genital mutilation/cutting
- Trafficking and sexual exploitation

5. WHO-AFRO CSA Strategic Framework

The priority interventions in the WHO-AFRO strategy for the prevention and management of the consequences of CSA include:

1. Advocacy
2. Law enforcement
3. Development of standardised protocol, clinical care and management
4. Multidisciplinary and coordinated responses
5. Rehabilitation of CSA survivors
6. Community-based surveillance, support and reporting

6. ECSA Sub-Regional Implementation Framework for GBV Prevention and Control

6.1 Purpose of the ECSA Sub-Regional Implementation Framework For Gender-Based Violence Prevention and Control

The purpose of the ECSA Sub-Regional Implementation Framework For Gender-Based Violence Prevention and Control (including CSA) is to assist ECSA-HC and its member states to improve and expand their programming efforts to prevent and respond to GBV and CSA. The sub-regional implementation framework is expected to help prioritise and to improve the coordination of GBV strategies and interventions at the sub-regional and country levels.

The ECSA sub-regional implementation framework sets out broad guidelines for the implementation of the existing regional Strategic Frameworks for GBV and CSA. It provides objectives, guiding principles, and systematic guidelines on the introduction of the strategic framework for GBV at regional, national, district and community levels; and methods of working with the different stakeholders.

GBV encompasses a broad range of violent actions and takes various forms (see Appendix A for commonly accepted definitions of the different forms of GBV).

The USAID/EA and UNICEF/ESARO strategic framework for prevention of GBV identified that moving from vision/strategic frameworks to action/implementation will require that countries develop multisectoral policies, systems, services, and community support mechanisms to prevent and respond to GBV. The key sectors that are expected to be involved in the prevention and response to GBV are health (including mental health), legal/justice, education, security, and social welfare. The ECSA sub-regional GBV implementation framework is therefore organised under the following 4 components:

1. Laws and policies
2. Systems
3. Services
4. Community mobilisation and individual behaviour change

“Gender-based violence is an umbrella term for any harmful act that is perpetuated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/child marriage; and harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others.”

- IASC 2005

Child Sexual Abuse is “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.

- WHO 1999

Within each of the 4 components, specific actions are outlined including the proposed targets, the action at the regional and national levels, by whom and in what time frame.

This framework underscores the need for close collaboration, partnership and linkages with other players and stakeholders. Linkages will be built between communities and other stakeholders like health providers, police and other agencies to strengthen both preventive and care/support mechanisms.

6.2 Guiding Principles

The success and sustainability of the sub-regional GBV implementation framework rests on the following guiding principles:

- Build on existing positive practices, regional, national and community-based programmes, structures and resources
- Promote active participation and involvement of the national and community stakeholders in order to build ownership of the strategy
- Adopt a combination of bottom-up and top-down approaches to development
- Have a clear understanding of local knowledge, practices, perceptions and behaviours of households and communities in relation to GBV/CSA
- Create partnerships to facilitate implementation and scaling up of national and locally-based initiatives
- Ensure transparency and accountability at all levels
- Focus clearly on the key strategies and practices aimed at prevention of GBV and support mechanism

6.3 General Implementation Framework

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
6.3.1 Laws and policies: Includes measures at the broadest level to ensure rights are recognised and protected through international, statutory, and traditional laws and policies					
Regional Level Outcomes: <ul style="list-style-type: none"> • Comprehensive laws in place against GBV/CSA • Increased awareness of GBV/CSA within the region • Enhanced collaboration within the region 			Country Level Outcomes: <ul style="list-style-type: none"> • Ownership of the policy at the country level • Domestication of international instruments and conventions 		
Substantive and Procedural Law Reform	All member states place GBV/CSA in the human rights framework as part of fulfilling their obligations to the various international conventions and take active measures to punish perpetrators, prevent and protect GBV and CSA survivors	Provide technical support to states to put in place or reinforce laws against GBV and CSA Disseminate model legislation and best practices on prevention of GBV and CSA	Conduct GBV and CSA situation analysis in relation to legal provisions in place at the national level Provide financial support to States to install or reinforce laws against GBV/CSA Enact, ratify, domesticate, review and implement specific legislation against GBV/CSA Lobby policy makers to ensure enactment of laws and policies in line with signed international conventions Organise advocacy campaigns against GBV and CSA	<ul style="list-style-type: none"> • Member states • Parliaments • Ministries of Justice and Gender/Women • Police • Civil society organisations • Media • Chiefs & local administration • Traditional leaders • Opinion leaders • Faith-based organisations 	2009 - 2010

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
<p>Supporting policy development within ministries of health, social welfare, education, labour, women's affairs, youth, justice, and security</p>	<p>All member states have developed or reviewed GBV/CSA supportive policies in key sectors of health, including forensic policies, education, women/gender machineries</p> <p>All member states to develop national GBV/CSA advocacy strategies</p>	<p>Provide technical and financial support to develop or review policies that address GBV/CSA in the respective countries</p> <p>Develop a regional advocacy strategy for GBV/CSA and provide technical assistance to member states to develop and implement their advocacy strategies</p> <p>Support advocacy campaigns on the enactment of supportive laws and policies</p> <p>Provide regional forums for sharing of best practices in prevention and management of GBV/CSA</p>	<p>Conduct consultative meetings and develop/review supportive policies, including no fees policy for GBV/CSA survivors</p> <p>Organise advocacy and information campaigns to raise awareness</p> <p>Advocate for task shifting to enable clinical officers and nurses, especially those working in the rural areas, to collect evidence and provide evidence in court</p>	<ul style="list-style-type: none"> • Member states • Parliaments • Ministries of Justice, Gender/Women, Health, Education • Police • Civil society organisations • Media • Unions • Associations 	<p>2009-2010</p>

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
Human rights education with policy implementers and traditional and community leaders	All member states have instituted mechanisms and initiate programmes on human rights education to all stakeholders at all levels (national, district and community)	<p>Disseminate and share best practices on human rights education</p> <p>Provide technical and financial support to development and implement standardised human rights education</p>	<p>Develop or review existing human rights education materials and programmes</p> <p>Implement human rights programmes at all levels</p> <p>Initiate and support human rights advocacy and education campaigns</p>	<ul style="list-style-type: none"> • Parliamentarians • Ministries of Justice, Gender/Women, Health, Education • Police • Civil society organisations • Media • Private sector • Judiciary • Local administration • Religious leaders 	2009-2010

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
6.3.2 Systems: Includes systems and strategies to monitor and respond when rights are breached					
Regional Level Outcomes: <ul style="list-style-type: none"> • Comprehensive laws in place against GBV/CSA • Increased awareness of GBV/CSA within the region • Enhanced collaboration within the region 			Country Level Outcomes: <ul style="list-style-type: none"> • Ownership of the policy at the country level • Domestication of international instruments and conventions 		
Education and training for government and civil society organisations providing health, security, and social welfare services to women, children and men	All member states initiate, develop education & training (pre- and in-service) programmes for government, civil society, key sectors (health, education, social welfare) to address, monitor & respond to abuse & breached rights including those of children	Provide technical and financial support for the development of education programmes Develop a general framework for monitoring/evaluating and reporting progress	Develop programmes in consultation with key stakeholders Implement programmes Monitor programmes Document rights abuse cases Develop specific national indicators for GBV at the national level Conduct Baseline Situation Analysis	<ul style="list-style-type: none"> • Parliamentarians • Ministries of Justice, Gender/Women, Health, Education • Police • Civil society organisations • Media • Judiciary • Ministry of Finance and Planning • Dept of Social Welfare 	2009-2010
Support for national and local-level programmes for capacity building to all sectors	All member states have national and local-level capacity building programmes for judicial and civil	Provide technical and financial support to develop and implement capacity building programmes	Support and develop capacity building programmes for judiciary and other key stakeholders Monitor the performance of these sectors	<ul style="list-style-type: none"> • Members of State Parliaments • Ministries of Justice, Gender/Women, Health, Education 	2009-2010

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
including: health, education, security, judicial institutions and civil society	society to effectively address GBV and CSA concerns	Monitor the performance of these sectors	Develop psychosocial and economic empowerment programmes for most vulnerable groups	<ul style="list-style-type: none"> • Police • Civil society organisations • Media 	
Assessment of vulnerabilities of target beneficiaries	A detailed assessment of all vulnerabilities of the target group (women and children) done by all member states and key GBV and CSA issues identified for redress	<p>Provide technical support to countries</p> <p>Hold a regional meeting to share findings</p>	<p>Conduct assessment of vulnerabilities</p> <p>Disseminate findings to key stakeholders</p>	<ul style="list-style-type: none"> • Member states • Civil society organisations • Media 	2009
Coordination of multisectoral and inter-agency efforts	An all-inclusive coordination framework developed and agreed upon in all member states	<p>Share best practices</p> <p>Support states to develop a coordination framework</p>	<p>Identify roles/responsibilities of each sector and agency in preventing and responding to GBV/CSA and ensure adequate allocation of resources</p> <p>Develop the coordination framework with all the agencies</p>	<ul style="list-style-type: none"> • Member states • Ministries • Agencies • Development partners • Civil society organisations 	2009-2010
Generation of knowledge and information for advocacy and evidence-based planning	<p>Advocacy areas identified</p> <p>Research conducted to inform GBV and CSA advocacy</p>	Support research and documentation	Conduct research and documentation on GBV/CSA	<ul style="list-style-type: none"> • Member states • Education institutions • Civil society organisations 	2009-2010

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
6.3.3 Service Delivery: Includes response from individuals through direct services to meet the needs of those who have been subjected to GBV					
Regional Level Outcomes: <ul style="list-style-type: none"> • Technical and financial support provided • Regional monitoring/coordinating mechanism established e.g. web-based • Identified and disseminated best practices 			Country Level Outcomes: <ul style="list-style-type: none"> • Increased awareness of GBV/CSA at national, provincial, and community levels • Improved capacity of health providers, police, judges to respond to GBV • Improved care and support to survivors of GBV 		
Community, school-based education and information campaigns about the availability of services	All member states to have developed and conducted education and information campaigns on services available and ensure accessibility to communities, schools, etc.	Provide technical and financial assistance to member states to develop/review guidelines Adopt and disseminate guidelines Monitor progress	Develop and conduct education and information campaigns Provide training for caregivers	<ul style="list-style-type: none"> • Member states • Civil society organisations • Educational institutions • Key sectors of health, education & gender machineries • Law enforcement, i.e. police and judiciary 	Ongoing
Case management, referral, and advocacy	Facilities for case management identified, adequately equipped and made accessible to handle cases	Provide technical and financial support Provide checklist Monitor progress Support countries in establishing information systems	Improve health and police facilities Conduct information and advocacy campaigns Conduct awareness campaigns of available facilities Develop and disseminate guidelines on handling GBV/CSA	<ul style="list-style-type: none"> • Member states • Health, physical & psychosocial care • Police • Forensic departments • Prosecution departments 	Ongoing

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
		<p>or using evidence for case management</p> <p>Disseminate best practices/models of case management including models for facilities like shelter homes</p> <p>Develop & provide guidelines for adapting/adopting at country level</p>	<p>Provision of special support for children</p>	<ul style="list-style-type: none"> • Judiciary • Legal Aid Department • Civil society organisations • Educational institutions • Key sectors of health, education & gender machineries • Media • Social workers 	
Counselling and support	<p>Support system developed and operationalised at all levels and key institutions such as the police and health facilities</p>	<p>Provide technical and financial support</p> <p>Share best practices</p> <p>Monitor progress</p>	<p>Develop counselling and support systems</p> <p>Monitor the systems</p>	<ul style="list-style-type: none"> • Member states • Civil society organisations • Educational institutions • Key sectors of health, education & gender machineries • Police • Local administration • Social workers 	Ongoing

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
Medical forensic examination, treatment, and follow-up	Health and police facilities equipped to handle medical forensic examinations, treatment and care	Provide technical and financial support Monitor progress	Equip health and police facilities Mount information and advocacy campaigns in communities	<ul style="list-style-type: none"> • Member states • Health sector • Civil society organisations • Educational Institutions • Key sectors of health, education & gender machineries • Police, Prosecution, Judiciary, Media 	Ongoing
Linkage with police, courts, Ministry of Health and psychosocial services	A clear system and process that links police and courts established and publicised	Provide technical and financial support Monitor progress	Develop and operationalise a clear system and process from police to courts Mount information campaigns	<ul style="list-style-type: none"> • Member states • Health sector • Civil society organisations • Educational institutions • Key sectors of health, education & gender machineries 	Ongoing
Court support through the judicial process	Support mechanisms & modalities for court & judicial process to support the abused, including special arrangements for children who have been sexually abused put in place and publicised	Provide technical and financial support Monitor progress	Institute mechanisms and institutions of support to the abused to help them through the court and judicial process Mount information and advocacy campaigns	<ul style="list-style-type: none"> • Member states • Civil society organisations • Educational institutions • Key sectors of health, education & gender • Judiciary 	Ongoing

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
6.3.4 Community Mobilisation and Individual Behaviour Change: Includes raising awareness about GBV and its consequences, engaging communities in prevention and response to GBV, and changing social norms that perpetuate GBV					
Regional Level Outcomes: <ul style="list-style-type: none"> • Technical and financial support provided • Best practices identified and disseminated 			Country Level Outcomes: <ul style="list-style-type: none"> • Increased awareness of GBV/CSA at national, provincial, & community levels • Improved community surveillance and reporting of GBV • Reduced stigma and discrimination towards GBV survivors • Improved community response to survivors of GBV 		
Behaviour change programmes addressing GBV and gender relations that focus on men Women saying “NO” to violence	Programmes and strategies addressing GBV and gender relations developed including: perpetrator support, psychosocial support and rehabilitation of survivors and provision of safe houses. Men-specific programmes developed	Provide technical and financial support Share best practices Monitor progress	Develop and implement behaviour change programmes Support information and advocacy campaigns	<ul style="list-style-type: none"> • Member states • Civil society organisations • Educational institutions • Key sectors of health, education & gender machineries • Media • Men’s institutions 	Ongoing
Use of educational entertainment or ‘edutainment’ programmes (radio, television, soap operas) to	Edutainment programmes (radio, television soap operas) all covering and including GBV/CSA messages	Provide technical and financial support Share best practices Monitor progress	Develop materials and information packages on GBV and make them available to all educational and entertainment groups and institutions Monitor the programmes	<ul style="list-style-type: none"> • Member states • Civil society organisations • Educational institutions • Key sectors of health, education & gender 	Ongoing

ACTION AREA	PROPOSED OBJECTIVES	REGIONAL LEVEL ACTIVITIES	COUNTRY LEVEL ACTIVITIES	WHO IS RESPONSIBLE	TIME FRAME
share key GBV messages				machineries <ul style="list-style-type: none"> • Theatre, drama, cultural & entertainment groups • Traditional theatre • Community-based theatre 	
Use of community- wide meetings, knowledge- building workshops, peer group discussions & drama to challenge gender inequities	Community-wide meetings, knowledge- building workshops, peer group discussions, and drama highlight and challenge GBV and other gender-based inequalities in their respective communities	Provide technical and financial support Share best practices Monitor progress	Mobilise communities & groups to include GBV & gender inequalities discussion in their activities Develop messages & information packages for communities Support drama groups Disseminate best practices	<ul style="list-style-type: none"> • Member states • Civil society • Educational institutions • Key sectors of health, education & gender machineries • Theatre, drama, cultural and entertainment groups 	Ongoing
Awareness raising via seminars & workshops with students, parents, teachers, government officials, and NGOs in relation to GBV in schools	Students, parents, teachers, government officials, and NGOs in the respective communities have attended or accessed awareness raising training or materials or information on GBV in schools & communities	Provide technical and financial support Share best practices Monitor progress	Develop awareness and information messages on GBV Conduct seminars and workshops or the key stakeholders Use local communication media to disseminate information	<ul style="list-style-type: none"> • Member states • Civil Society • Educational institutions • Key sectors of health, education & gender machineries • Media • Parents • Teachers • Associations 	Ongoing

7. Implementation Steps and Guidelines

To ensure quality and sustainable implementation of the two existing regional GBV/CSA Strategic frameworks, a gradual and systematic approach is recommended at country, district and community levels.

7.1 Country level

- **Preliminary visit**

It is envisaged that key partners/officials from ECSA-HC and other development agencies will visit countries to assess the feasibility of introducing the GBV implementation framework and its key strategies. The following activities will be undertaken:

- Individual meetings with key officials in ministries (Gender, Women and Children's Affairs, Health, Education), civil society and partners to share information on GBV and CSA and learn how the GBV and CSA are being addressed.
- Review and assessment of national policies, guidelines and other relevant programmes in light of GBV/CSA implementation and level of collaboration between stakeholders.
- Meet with key partners to provide information on and disseminate the existing regional and national GBV and CSA Strategy, and assess the partners' opinion and willingness to support the ECSA sub-regional GBV implementation framework.
- Where countries are ready, plan for a national orientation meeting.

- **National level orientation meeting**

This is a meeting of major decision makers and stakeholders for sharing information and building consensus that will result in the adoption of ECSA sub-regional GBV/CSA implementation framework. The objectives of this meeting are to:

- Describe the ECSA sub-regional implementation framework, including key elements for prevention and response to GBV and priorities
- Explain the implications of GBV implementation framework on national policies and delivery system.
- Affirm commitment of the country and its partners to incorporate the GBV implementation framework into their national plans of action.
- Establish a multisectoral national GBV/CSA working group with clear terms of reference. Where these bodies already exist, a review of their composition and terms of reference may be needed. This is a strategic group that will guide the implementation process.

- **National level planning**

The planning process at national level should include the following:

- Identification of priority problems.
- Review of available information and identification of gaps and opportunities in relation to GBV/CSA situation and practices.
- Development and discussion of a localised implementation strategy and guidelines.
- Identification of national resources (human, financial and logistics) and assessment of technical support needed.
- Development of supportive policies, plan for capacity building of resource persons, collection of baseline information, monitoring, evaluation and documentation.
- Identification of initial implementation in districts/communities.
- Development of a national short term and long term action plan.
- Review of national implementation policy documents in line with the framework.

7.2 District Level

It is recommended that implementation takes place in few selected districts/communities in order to gain experience. Each country will define its own selection criteria based on available information and magnitude of GBV/CSA. The following are the recommended steps and processes for implementation.

- **Preliminary visit**

The national GBV/CSA working group will visit the initial implementing districts/community to:

- Hold individual meetings with key officials and stakeholders in the district to provide information on the regional GBV/CSA strategies and the ECSA sub-regional GBV implementation framework.
- Review and assess district development plans, guidelines and other relevant initiatives with regards to the GBV/CSA implementation framework.
- Identify and meet with key partners to provide information on GBV/CSA sub-regional implementation framework and assess their opinion and willingness to support the strategies in the district.
- Where districts/communities are ready, plan for district/community orientation meeting.

- **District level orientation**

This is a meeting of key district officials and key partners for sharing information and building consensus on the adoption of the ECSA sub-regional GBV implementation framework and implications for implementation. The objectives of this meeting are to:

- Describe the GBV/CSA sub-regional implementation framework and its content .
- Explain the implications of the implementation framework on district development plans, resources and delivery system.
- Affirm commitment of the district and its partners to strategies outlined in the implementation framework.
- Establish a multisectoral district GBV working group with clear terms of reference.

- **District level planning**

For planning at district level:

- Identify priority problems and issues of concern in relation to GBV/CSA situation in the district.
- Review available information and identify gaps and opportunities especially on the magnitude and practices related to GBV/CSA.
- Adapt the national implementation framework and guidelines to suit the district situation.
- Identify district resources (human, financial and logistics)
- Assess technical support needed and where/how to obtain it.
- Plan for capacity building, supportive by-laws and guidelines, training of resource persons, baseline information gathering, monitoring, evaluation and documentation.
- Identify initial implementation communities.
- Develop a district short and long term action plan.

- **Implementation process**

For implementation at the district level:

- Identify district resource persons
- Train/orient resource persons in relevant GBV/CSA sub-regional implementation framework contents, especially the key elements and priorities
- Utilise community participatory methodologies for:
 - Data collection, analysis, utilisation and action planning
 - Community entry processes
 - Community participation/involvement
- Collect and analyse baseline data on:
 - Adapted and agreed upon key priorities
 - Community resource persons and their roles
 - Local structures and their roles
 - Locally available community resources
 - Community based organisations and existing initiatives
 - Other relevant issues on GBV/SCA situation in the community
- Design community implementation plans

8. Monitoring, Evaluation and Documentation

8.1 Monitoring

Regular monitoring at community, district and national levels is crucial to the implementation process and the agreed upon indicators should build on existing monitoring systems. Monitoring the implementation of GBV and CSA strategies should be part of on-going district and national activities and complement rather than duplicate other efforts.

Communities, districts and countries are urged to develop their own specific indicators according to their priorities and needs. Indicators should cover incidences of GBV and CSA, cases prosecuted, support given to survivors, and initiatives developed to prevent GBV and CSA. Standard core indicators being developed by ECSA-HC and partners will allow for monitoring national and regional progress towards prevention and control of GBV and CSA.

8.2 Evaluation

At the end of the first year, the country can commission a review to assess progress made towards the use of the sub-regional implementation framework and document the experiences. This will be followed by re-planning for subsequent years.

Thereafter, periodic evaluation will be carried out every two years or as appropriate to assess the effectiveness and impact of GBV/CSA sub-regional implementation framework.

8.3 Documentation

There is need for continuous documentation and sharing of experiences among communities, districts and countries. This is an important element of the implementation process and should be taken into consideration from the planning stage. Different ways to accomplish this must be considered (e.g., electronic list serves). National and district level GBV working groups are key to facilitating the documentation and sharing of experiences.

8.4 Sustainability issues

To sustain the GBV and CSA initiatives, the following need to be taken into consideration:

- National policies that support implementation of GBV and CSA interventions
- Harmonisation of district/community and national level planning to ensure allocation of resources
- Building of partnership with all the players
- Capacity building of local structures and communities to promote local participation, commitment and sense of ownership
- Linking the formal health systems and the community-based approach to child healthcare delivery

- Opportunities and limiting factors should be considered during the planning and implementation phases

The ECSA GBV sub-regional implementation framework emphasises the participation and involvement of stakeholders/community members in identifying needs and gaps regarding GBV and finding possible solutions to these needs and gaps. Consequently, this demands active participation of communities in planning, implementation, management and monitoring of interventions.

Appendix A: Definitions of Different Forms of GBV

Appendix A presents the commonly accepted definitions on GBV and its forms developed by different agencies working in this area, that are relevant to the ECSA sub-regional GBV implementation framework

Violence against women

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”⁵

Article 2 of the Declaration further specifies that violence against women should encompass, but not be limited to: acts of physical, sexual and psychological violence whether they are in the family or the community. The acts of violence specified in this article include: spousal battering, sexual abuse of female children, dowry-related violence, rape including marital rape, traditional practices harmful to women such as female genital mutilation, non-spousal violence, sexual harassment and intimidation, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state, such as rape in war.

Gender-based violence

“Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to physical, sexual, and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence which is perpetrated or condoned by the state.”⁶

“Gender-based violence is an umbrella term for any harmful act that is perpetuated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/child marriage; and harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others.”⁷

⁵ United Nations General Assembly. “Declaration on the Elimination of Violence Against Women.” Proceedings of the 85th Plenary Meeting, Geneva, Switzerland, Dec 20, 1993. <http://www.un.org/documents/ga/res/48/a48r104.htm>.

⁶ UNFPA Gender Theme Group, Interactive Population Center. *Violence against Girls & Women: A Public Health Priority*. <http://www.unfpa.org/intercenter/violence/intro.htm>.

⁷ Inter-Agency Steering Committee (IASC), *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies (Field Test Version)*. Geneva: IASC, 2005.

Intimate partner violence

“Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes:

- Acts of physical aggression – such as slapping, hitting, kicking and beating.
 - Psychological abuse – such as intimidation, constant belittling and humiliating.
 - Forced intercourse and other forms of sexual coercion.
 - Various controlling behaviours – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance.”⁸
-

Domestic violence

The most common usage is with reference to physical, sexual and emotional violence by the spouse or intimate partner (see definition above) and is sometimes used synonymously with intimate partner violence. However, the term can also include violence within the family including violence experienced by children and the elderly.

Child sexual abuse

“The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.”⁹

Physical violence/abuse

“A pattern of physical assaults and threats used to control another person. It includes punching, hitting, choking, biting, and throwing objects at a person, kicking, pushing and using a weapon such as a gun or a knife. Physical abuse usually escalates over time and may end in the woman's death.”¹⁰

Sexual violence/abuse

“Mistreatment or the control of a partner sexually. This can include demands for sex using coercion or the performance of certain sexual acts, forcing her to have sex with other people, treating her in a sexually derogatory manner and/or insisting on unsafe sex.”¹⁰

⁸ Krug EG et al., eds. *World Report on Violence and Health*. Geneva: WHO, 2002.
http://www.who.int/violence_injury_prevention/violence/world_report/en/.

⁹ WHO. *Report of the Consultation on Child Abuse Prevention*. Geneva: WHO, 1999. 15.

¹⁰ UNFPA. *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. New York: UNFPA, 2001.
http://www.unfpa.org/upload/lib_pub_file/99_filename_genderbased.pdf.

Emotional and verbal violence/abuse

“Mistreatment and undermining of a partner's self-worth. It can include criticism, threats, insults, belittling comments and manipulation on the part of the batterer.”¹⁰

Psychological violence/abuse

“Use of various tactics to isolate and undermine a partner's self esteem causing her to be more dependent on and frightened of the batterer. It can include such acts as:

- Refusing to allow the woman to work outside the home
 - Withholding money or access to money
 - Isolating her from her family and friends
 - Threatening to harm people and things she loves
 - Constantly checking up on her.”¹⁰
-

Rape

“The use of physical force, or threat of force or emotional coercion, to penetrate an adult woman’s vaginal, oral or anal orifices without her consent. In the majority of cases, the perpetrator is someone the woman knows. Rape can be a one-time occurrence or it can be ongoing. It many also involve the use of alcohol and drugs therefore making the victim more vulnerable.”¹⁰

Sexual assault

“Non-consensual sexual contact that does not include penetration.”¹⁰

School-based gender-based violence

“School-related gender-based violence results in sexual, physical, or psychological harm to girls and boys. It includes any form of violence or abuse that is based on gendered stereotypes or that targets students on the basis of their sex. It includes, but is not limited to: rape, unwanted sexual touching, unwanted sexual comments, corporal punishment, bullying, and verbal harassment. Unequal power relations between adults and children and males and females contribute to gender violence. Violence can take place in school, on school grounds, going to and from school, or in school dormitories. It may be perpetrated by teachers, students, or community members. Both girls and boys can be victims as well as perpetrators.”¹¹

¹¹ USAID/EQUATE. *Addressing School-related Gender-based Violence: EQUATE Technical Brief*. Washington, DC: USAID, 2007. http://www.globalaidsalliance.org/page/-/PDFs/USAID_SRGBV_Technical_Brief.pdf.