



Prevention of and response to Sexual and Gender Based Violence in a fragile context

Experiences from SDC's Psychosocial
Programme, Great Lakes Region



Outline

- **SDC's engagement in health and on SGBV**

- **The Psychosocial Programme, Great Lakes Region**
 - Contexte and facts & figures of the programme
 - Results
 - Lessons learned

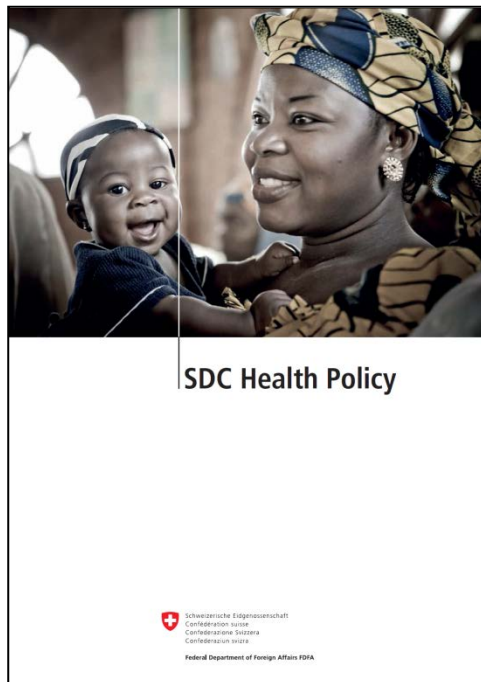
- **Recomendations for the checklist**



SDC's engagement in health and on SGBV

SDC's engagement in health

- SGBV is included in SDC's health policy and, in a more general way, in the gender equality policy.
- SDC's health goals (as per SDC's health policy, 2013):



**Improve the health status of the population,
with particular focus on vulnerable and poor groups**

Strengthen
health
systems to
extend
universal
coverage

Reduce the
burden of
communi-
cable and
non-communi-
cable
diseases

Improve
maternal,
newborn and
child health as
well as sexual
and
reproductive
health

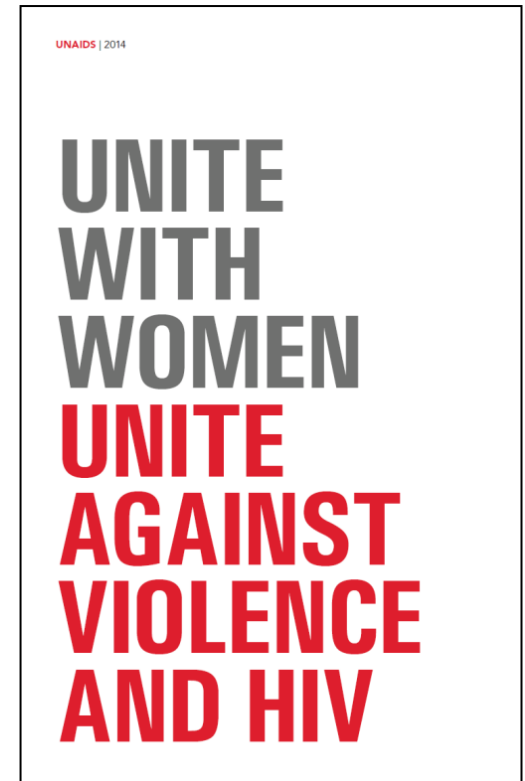
- Post-2015 agenda: Switzerland supports a stand alone health and a stand alone gender goal.



SDC's engagement on SGBV: Partnerships

SDC supports and works in collaboration with a number of organisations that address specific aspects of SGBV and HIV&AIDS:

- **Multilateral organisations:** e.g. UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank, International Planned Parenthood Federation (IPPF)
- **Swiss organisations:** e.g. IAMANEH, Schweizerisches Rotes Kreuz, Terre des Hommes Schweiz, SolidarMed
- **National governments, NGOs, etc.** through SDC bilateral interventions: e.g. Prevention of Domestic Violence (Tajikistan), Regional Psychosocial Programme (Southern Africa), Psychosocial Programme (Great Lakes).

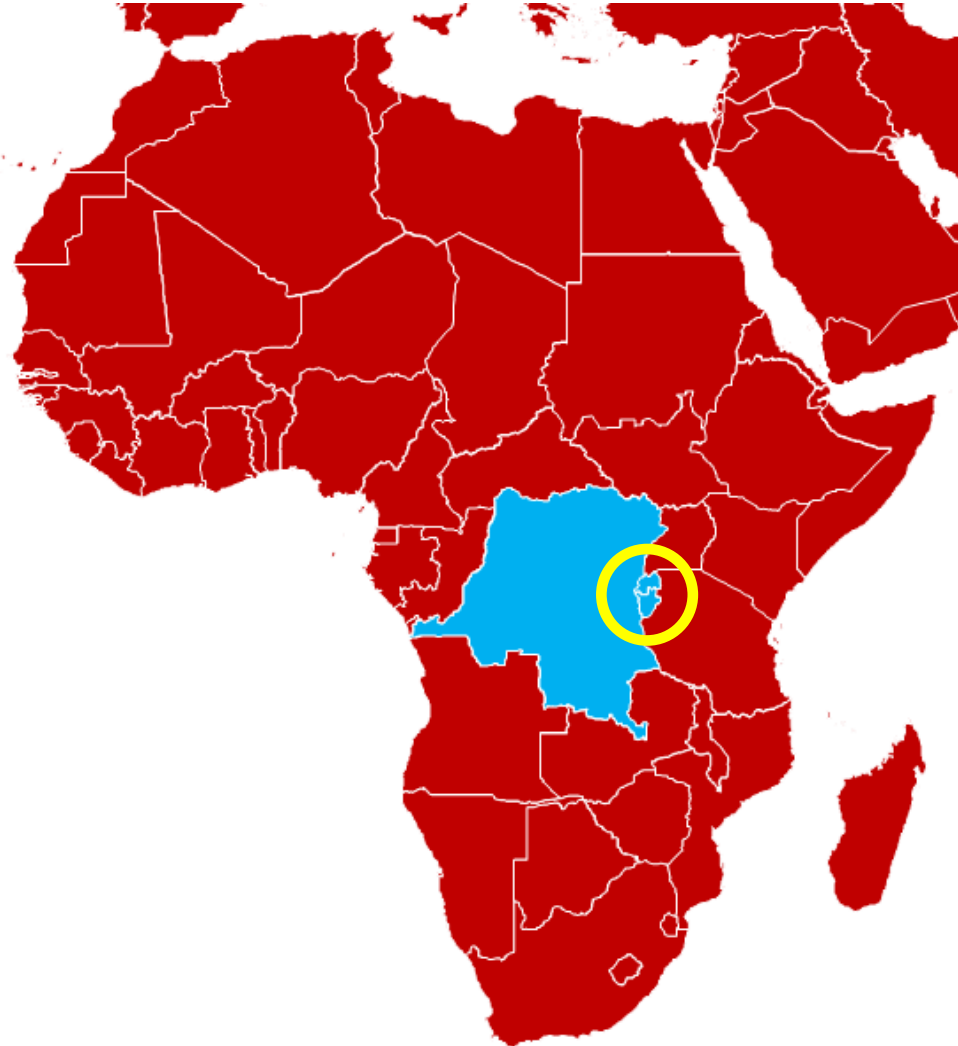




The Psychosocial Programme, Great Lakes Region



Basic facts



Geographic focus:

- Rwanda
- Burundi
- DRC (South Kivu)

Context:

- Past and ongoing conflicts and tensions
- SGBV remains an important public health and social problem

SDC support:

- 2011: Start of the current programme, based on previous humanitarian intervention
- Budget: CHF 6.7 Mio (2011-14)





Why a psychosocial programme?

Objectives : To contribute to:

- **Reduction of violence against women**
- **Improvement of women's status in the community**

Integrated and quality care for women who are victims of GBV, provided through seven partner organisations

Women who are **victims of GBV are reintegrated in their community** and new GBV cases prevented.

In line with international declarations and norms, **national legislation** regarding GBV are **established and enforced** by parliaments and governments



Partners

Rwanda

- **IAPI** (African Institute for Integrated Psychology) → **TRAINING of partners**
- **HI** (Handicap International, NGO)

Burundi

- **Seruka** (Initiative for victims of rape, NGO)
- **Ntugrengaho** („Stop, that’s enough», NGO)

RDC

- **Vovolib** (Voices of those without voice and liberty, NGO)
- **Sosamé** (Neuropsychiatric center, public health center)
- **RFDP** (Women’s network to defend rights and peace, NGO)

Regional level

ICGLR

Inter-national Conference on the Great Lakes Region

(one position funded by SDC)

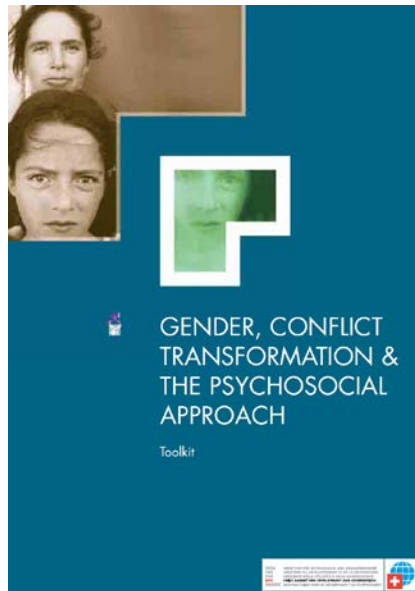
SDC

Regional coordination



Approach (1/3)

In order to address both, the **root causes** and the **consequences** of SGBV, the programme uses a **psychosocial approach**.



- **«Psycho»**: Refers to a person's soul, his/her inner world (feelings, thoughts, desires, etc.).
- **«Social»**: Refers to the relationship and environment of an individual, to his/her outer world (incl. the social and cultural context).
- **«Psycho-social»**: Deals with the **well-being of individuals in relation to their social environment**.
- **Rationale for a psycho-social approach**: The past can't just be forgotten, nor by individuals, neither by communities! Therefore, such an approach is particularly important in contexts that have been or are affected by conflicts and violence. It helps to deal with the past.



Approach (2/2)

Using a psychosocial approach, the programme focuses on:

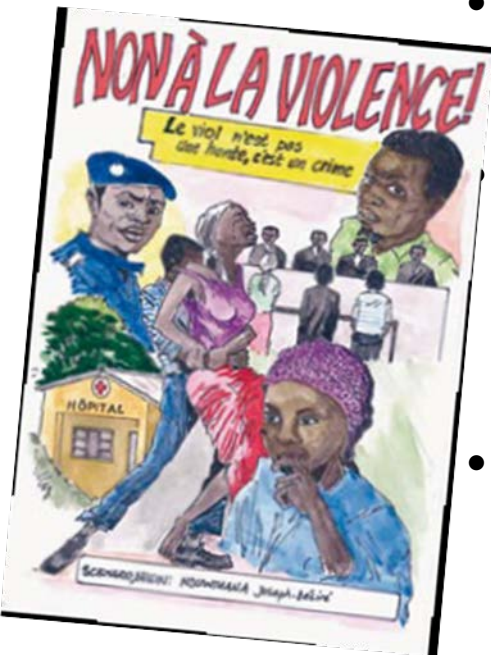
- **Communities, families and couples** (in contrary to an approach focusing on medical care for individuals/victims).

Changes of social norms, particularly regarding:

- inferior status of women in society;
- stigmatisation, victimisation and social exclusion of women suffering from SGBV;

- **A comprehensive and multisectoral approach** to address different forms of SGBV (sexual, physical, emotional, economical) and through different services (medical, psychological, legal, etc.)

- **Different levels of the systems:** local (individuals and communities), sub-national and national (government) and regional.





Results (1/2)

- **Communities:**
Partners currently reach over 90 rural communities (sensitisation, prevention) through active collaboration with local leaders. Visible positive changes among community workers of partner organisation and among communities with regard to gender relations (difficult to quantify!).
- **Individuals:**
Around 14'000 women and 2'000 men supported through the structures established by the programme:
 - Over 3'200 women supported for reintegration in their communities (socio-economic support).
 - Around 5'700 victims received medical treatment.
 - Over 1'600 women supported in legal procedures (2012: 25% have been judged, in 87% in favour of the women).



Results (2/2)

- **Partner organisations:**

All staff of the partner organisations are aware of the psychosocial approach and how to integrate it in their specific area of work.

- **National and regional level:**

Through the efforts of the International Conférence of the Great Lakes Regions (CIRGL), the Kampala Declaration has been signed in 2011. The Declaration concretizing the commitment of member states to address SGBV. Nevertheless, progress in terms of legal reforms but especially law enforcement related to SGBV is slow. Rwanda has included mental health services in the essential health care package.



Lessons Learned (1/2)

- **Addressing causes and consequences of SGBV:**
The community approach has proven relevant in addressing the root causes of SGBV and more generally its contribution to social cohesion (disrupted due to conflicts).
- **Differentiate target groups:**
Working with the entire community and particularly women resp. the victims remains important. However, specific interventions for men and young people is crucial and need to be strengthened.
- **Strategic partnerships:**
The comprehensive approach through a diversity of partners is challenging but necessary as SGBV requires a multisectoral approach. The implementation of the programme through the seven partner organisations is a clear added value, despite challenges (difference in approaches, capacities, project monitoring and implementation, difference of socio-political contexts in the three countries, etc.).



Lessons Learned (2/2)

- **Professional care:**
Particularly in this fragile context, the community approach has proven very relevant to address root causes of SGBV. However, a professionalisation (e.g. psychological care and therapy) is required so that individuals are sufficiently taken care of.
- **Systemic approach, at various levels:**
The programme's interventions need to be increasingly embedded into existing systems (e.g. health systems) and contribute to structural changes (e.g. legal system). Thus, interventions at national and regional level (e.g. CIRGL) by the programme and/or partners are key.
- **Continuous engagement:**
Addressing SGBV in a comprehensive manner and at different levels requires a long-term engagement (SDC's programmes have initially been designed for a duration of 12 years).



Recommendations for the checklist



Recommendations (1/2)

- **HIV&AIDS is one of several physical health issues** to be taken into account in case of SGBV (alongside with Sexually Transmitted Infections, unwanted pregnancies, injuries, etc.).
- **Care for victims of SGBV shall be provided by experts** (medical personnel, psychologist/psychiatrists, community health workers, legal counsellors, etc.). While all of them having their areas of expertise, it is important that all:
 - **Understand each others roles and responsibilities;**
 - **Know and apply referral guidelines** and ensure that timely support is given (e.g. Post Exposure Prophylaxis, PEP, emergency contraception, Voluntary Counselling and Testing).



Recommendations (2/2)

- **Ensure adequate services are available** when creating a demand
- **Include the psycho-social dimension** in the comprehensive approach to prevent and respond to SGBV (especially, but not only in the context of crisis).
- **Include an advocacy and policy changing dimension** in order to achieve sustainable changes.
- SGBV roots in social and particularly gender inequalities. They can be decreased through a **systematic mainstreaming of gender and human rights**, in whatever development intervention (be it in the area of governance, food security, climate change, water, etc.) .



**Many thanks
for your attention.**