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📍 Uganda

Preventing and responding to gender-based violence

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African Women and Youth Action for Development (AWYAD) delivers protection programming to displaced people and communities in emergency situations in four refugee settlements in Uganda. Preventing and responding to gender-based violence (GBV) is a core component of AWYAD's protection programming, which it undertakes together with other agencies. AWYAD considers GBV prevention and response interventions life-saving humanitarian interventions; the various aspects of our interventions are outlined below.

Prevention

- We support community members' efforts to prevent GBV and promote gender equality through awareness-raising and behaviour change communication. This includes providing information on how survivors can access justice through formal and informal mechanisms.
- We establish community-based protection structures that work as information conduits (e.g. information or complaints desks) to AWYAD regarding GBV. They also offer psychosocial first aid to survivors, refer cases to appropriate service providers, and conduct community awareness on GBV.
- We work with partner organizations to support the creation of safe spaces for women and children in out-of-camp settings. Where these already exist, we make communities more aware of them.
- We support communities' own self-protection efforts by providing people at risk with relevant assets, e.g. solar-powered lights and padlocks.
- We provide dignity kits, such as menstrual hygiene kits and 'mama kits' for expectant mothers (to ensure safe delivery). In this context, a lack of access to dignity kits can lead young girls to engage in transactional sex for basic needs like sanitary pads. Dignity kits also contribute to the psychosocial and physical well-being of women and girls, and improve their mobility.
- We engage with more privileged people – such as men, humanitarian workers, employers, teachers and landlords – and educate them about the risks and consequences of GBV.

1 United Nations Development Programme (UNDP). (2012). *2012 Somalia Human Development Report: Empowering Youth for Peace and Development*, p. xviii. Available at <http://hdr.undp.org/en/content/2012-somalia-human-development-report>

2 Ibid., p. 51.

- We provide training to local authorities and law enforcement to ensure that they recognize, respect and protect the rights of women and girls at risk of GBV, including survivors.
- We help organize community dialogues with community members, local authorities and law enforcement personnel to find practical strategies for preventing GBV in the community. For instance, we have organized dialogues on harmful cultural practices that affect women and girls' rights geared towards finding joint action to address their impacts.
- We provide women-only and men-only forums for women and men to discuss issues related to GBV and come up with solutions to reduce its incidence in their communities.

Response activities

- We strengthen the capacity of community-based protection committees and other community structures in identification and referral of GBV cases. Our training emphasizes confidentiality and non-disclosure as part of its survivor-centred approach.
- We engage with service providers to make sure that services they provide to GBV survivors are appropriate, of high quality, and comply with basic standards for survivor care.
- We conduct case referrals and follow-up on all cases that we refer to different service providers, to ensure that survivors receive timely and appropriate care.
- We provide psychosocial first aid to GBV survivors, including counselling.
- We provide survivors with information about available assistance, including:
 - medical services, e.g. treatment for injuries, HIV testing, post-exposure prophylaxis (PEP) against HIV and other sexually transmitted infections, and emergency contraception;
 - psychosocial support;
 - legal assistance; and
 - material assistance and access to safe shelter.
- We work with GBV service providers and police services to report cases. We then engage with health service providers to ensure that survivors are provided with assistance as a priority if he or she has experienced physical or mental harm. We follow up and encourage rape survivors to make use of PEP and (in the case of female survivors) emergency contraception.
- We engage with both the police and health service providers, to support the collection of forensic evidence, upon obtaining consent from the survivor(s). We also follow up with the police and the judiciary to obtain information on the development of cases when possible and necessary, in order to share it with the survivor.
- We also conduct a risk assessment on the survivor and her or his family to determine if they need extra protection, such as relocation of the survivor and/or their family to a safe house or another zone or settlement.
- We may engage the families of both the survivor and the perpetrator in order to promote reconciliation and dialogue when this is in the best interest of the survivor and in line with the survivor's wishes. This is to support peaceful co-existence between families that may otherwise become enemies and engage in protracted conflicts. If the perpetrator was from the family of the survivor, we may also promote family reconciliation.
- If the perpetrator is sentenced, we support religious entities near the prison who work with our psychosocial officer to provide psychosocial counselling and promote behaviour change in prison. This is important because it supports transformation of the person and reduces

the risk of recidivism – indeed, it may make them an agent of change upon their return to the community.

- We also support reintegration of survivors back into their communities to live dignified lives. This involves getting the survivor involved in socioeconomic activities. We normally promote social enterprise opportunities – such as handcrafts through women-only forums or shoemaking in men-only forums – to help the survivors build their confidence and become more self-reliant.

Rights-based approach

AWYAD's rights-based approach is focused on empowering people to know and claim their rights. This means giving people greater opportunities to participate in shaping the decisions that impact them. It also means increasing the ability of duty bearers to recognize and know how to respect those rights, and make sure they can be held to account.

Community-based protection approach

Using a community-based protection approach, AWYAD engages with refugee and host communities by strengthening the community's leading role as a driving force for change. Through this approach we ensure that communities are actively involved in identifying and designing responses to the protection threats and risks they face. We establish and strengthen community response structures and mechanisms to prevent or respond to protection risks in their communities.

Start Awareness and Support Action approach

AWYAD uses the Start Awareness and Support Action (SASA) approach¹ to changing the social norms that perpetuate women's vulnerability to GBV in a sequential fashion with four phases:

1. Introducing communities to the concept of GBV against women and girls as interconnected to HIV/AIDS, and fostering community members' confidence and power to address these issues themselves.
2. Community members experience a growing awareness about how communities accept men's use of power over women, fuelling GBV against women and girls.
3. Community members discover how to support the women, girls, boys, men and activists directly affected by or involved in these interconnected issues by joining action with others.
4. Community members explore different ways to take action against GBV.

Survivor-centred approach

Survivor-centred approaches ensure that survivors' rights, needs and wishes are prioritized when designing, developing and implementing GBV-related programming. It can guide professionals – regardless of their role – in their engagement with people who have experienced GBV. It aims to create a supportive environment in which survivors' rights are respected, their safety is ensured, and they are treated with dignity and respect. This helps to promote survivors' recovery and strengthen their ability to identify and express their needs and wishes; it also reinforces each person's capacity to make decisions about possible interventions.

¹ SASA is a community mobilization approach developed by the Ugandan NGO Raising Voices. For details, see <https://raisingvoices.org/sasa/>.

The key elements of the survivor-centred approach are:

- 1. Safety.** The safety and security of the survivor and others, such as their children and people who have assisted them, must be the number one priority for all actors. Individuals who disclose an incident of GBV or a history of abuse are often at high risk of further violence from the perpetrator(s) and/or others around them.
- 2. Confidentiality.** People have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the survivor. There are limits to confidentiality when you are concerned about a risk or potential risk of harm to the person themselves or to others, or where the person discloses information about harm or a risk of harm to a child or vulnerable adult (defined as a person who does not have the capacity to give informed consent).
- 3. Respect.** The survivor is the primary actor – the role of the supporter is to facilitate recovery and provide resources for problem solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor, and no action should be taken on behalf of the survivor without their expressed consent.
- 4. Non-discrimination.** Survivors of violence should receive equal treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation, marital status, family status or any other characteristic.

The above are the four key elements of a survivor-centred approach, as recommended by the Inter-Agency Standing Committee.² In addition to these, AWYAD has incorporated a fifth element based on evidence from the communities we work with, which observes that the costs of seeking legal justice are often placed on survivors who cannot afford it:

- 5. Perpetrator accountability.** Programmes to address GBV need to support and facilitate survivors' access to justice when this is a step that the survivor wishes to take. This requires ensuring that the burden or onus of seeking justice is not placed on the survivor but on the state, which has the primary responsibility for it. Perpetrator accountability goes further than formal justice systems and includes never placing the responsibility for violence with survivors or others external to the perpetrator.

² See, for example: Inter-Agency Standing Committee, *Guidelines for integrating gender-based violence interventions in humanitarian action: reducing risk, promoting resilience and aiding recovery*, 2015, p.47, available at: https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf (accessed in November 2020).