



SCI AF

for a just world

*Coming out
of the shadow*

Promising Practices: two

Addressing the problems of sexual and gender-based violence in the Great Lakes Region of Africa

About SCIAF

SCIAF is the official aid and international development charity of the Catholic Church in Scotland. SCIAF works in over 15 countries across Africa, Asia and Latin America, to support the poorest people in the world, regardless of their religion, ethnicity and gender, to work their way out of poverty and escape injustice. SCIAF also delivers emergency aid to survivors of war and natural disasters, and supports people to rebuild their lives. In the last 50 years, SCIAF has given millions of families a better chance in life and hope for the future. SCIAF works with families and communities through local partners to prevent hunger, build peace and educate children and young people with skills and knowledge so that they experience the love of God.

Acknowledgements

I would like to thank the European Union who contributed to funding the programme “Addressing the problem of sexual and gender-based violence in the Great Lakes Region” through a partnership agreement with SCIAF from 2010 to 2013.

This publication is available in both English and French to ensure that the findings are accessible to all stakeholders.

This Promising Practices booklet is dedicated to the bravery and ongoing courage shown by hundreds of SGBV survivors in the Great Lakes Region of Africa, who are symbols of hope and resistance, working tirelessly to overcome violence against women and selflessly support others to rebuild their lives. Despite major obstacles, the stories of survivors prove that nothing is impossible and provide evidence that positive change and equality are possible, even in places where change is not always welcomed.

I am thankful to all those who gave of their time and insights to assist us in preparing this booklet.

Percy Patrick,
Programme Manager

All photos taken by Simon Murphy, Julie Howden and Val Morgan, SCIAF.

Contents	Page
About SCIAF	2
Acknowledgement	2
List of acronyms	2
Foreword	3
Introduction	5
Setting the scene; the problem of sexual violence	7
Programme design: aims and strategies	13
The results achieved	18
Challenges	21
Promising practices	23
Key programme learning	33
Key management learning	37

List of acronyms

AJV	Association d’Appui Juridique aux Victimes de Viol et des Violences
APS	Psychosocial Assistant
BDOM CODILUSI	Bureau Diocésain des Œuvres Médicales, Archidiocèse de Bukavu, Comité Diocésain de Lutte Contre le Sida
CEJP	Commission Episcopale de Justice et Paix
CAFOD	Catholic Agency for Overseas Development
CDJP	Commission Diocésaine de Justice et Paix
DRC	Democratic Republic of Congo
EU	European Union
NGO	Non-Governmental Organisation
SCIAF	Scottish Catholic International Aid Fund
SGBV	Sexual and Gender-Based Violence
STI	Sexually-Transmitted Infection
UN	United Nations

Foreword

SCIAF has been helping communities ravaged by conflict and political unrest in the Great Lakes Region of Africa since 1994. Turmoil in the region has resulted in the death and displacement of millions of people, destroying communities and livelihoods, exacerbating poverty and increasing the marginalisation of the most vulnerable. Of most concern, rape has become a weapon of war with devastating consequences, humiliating women and girls, destroying families, and destabilising communities. It has also become more prevalent in civil society.

Our response has included a three-year programme which helped around 23,000 survivors of sexual and gender-based violence (SGBV) in the Democratic Republic of Congo (South Kivu Province), Burundi (Bubanza Province) and Rwanda (nationally) regain their physical and emotional health, access justice and rejoin their families and communities.

The programme, implemented with financial support from the European Union, was designed using a comprehensive model of care and treatment particularly appropriate to SGBV in such a fragile environment. As well as supporting survivors, we and our partners have been a voice for justice, challenging the prevailing societal norms, practices, behaviours and the culture of impunity. The programme was delivered by the local Church and many volunteers.

This report explores the best practice evident in our programme and identifies key learning which has improved our ongoing programming work on SGBV in the region.

In the course of implementation it became increasingly clear that a holistic approach based on six intervention pillars provides the most coherent response to SGBV survivors’ varied needs. A combination of healthcare, psychosocial, legal and socioeconomic services



to survivors substantially assisted their overall recovery, rehabilitation and reintegration. The remaining two pillars – prevention and protection – are crucial to efforts to reduce incidence of SGBV in the future.

This study highlights the extent and complexity of the underlying causes of SGBV and key learning includes the need to increase awareness of the issues and engage more intensively with men across society to change attitudes and the prevalent culture of impunity.

SCIAF shares a deep conviction that the national and international communities must do more to tackle SGBV, especially in the Great Lakes Region. This is due to both a moral responsibility to address the suffering of survivors, and also to help bring lasting peace and security. To this end, those working with survivors of SGBV must work collaboratively with local leaders and opinion-formers, and local and national authorities to push for appropriate national policy and effective policy implementation and allocation of resources to end SGBV.

We are grateful to everyone who supported our efforts in the Great Lakes Region of Africa and as we continue to take forward our campaign to end SGBV, we hope we can rely on your continued support.

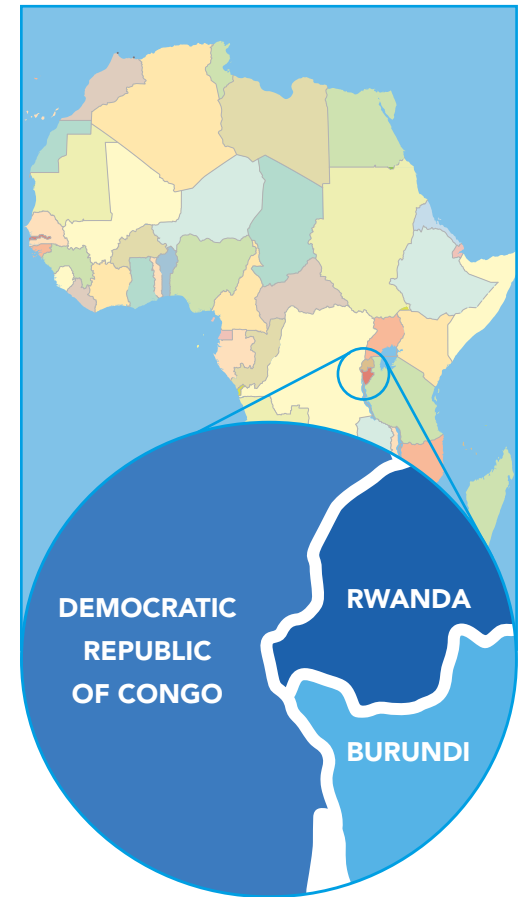
Alistair Dutton,
Director,
Scottish Catholic International Aid Fund
(SCIAF)

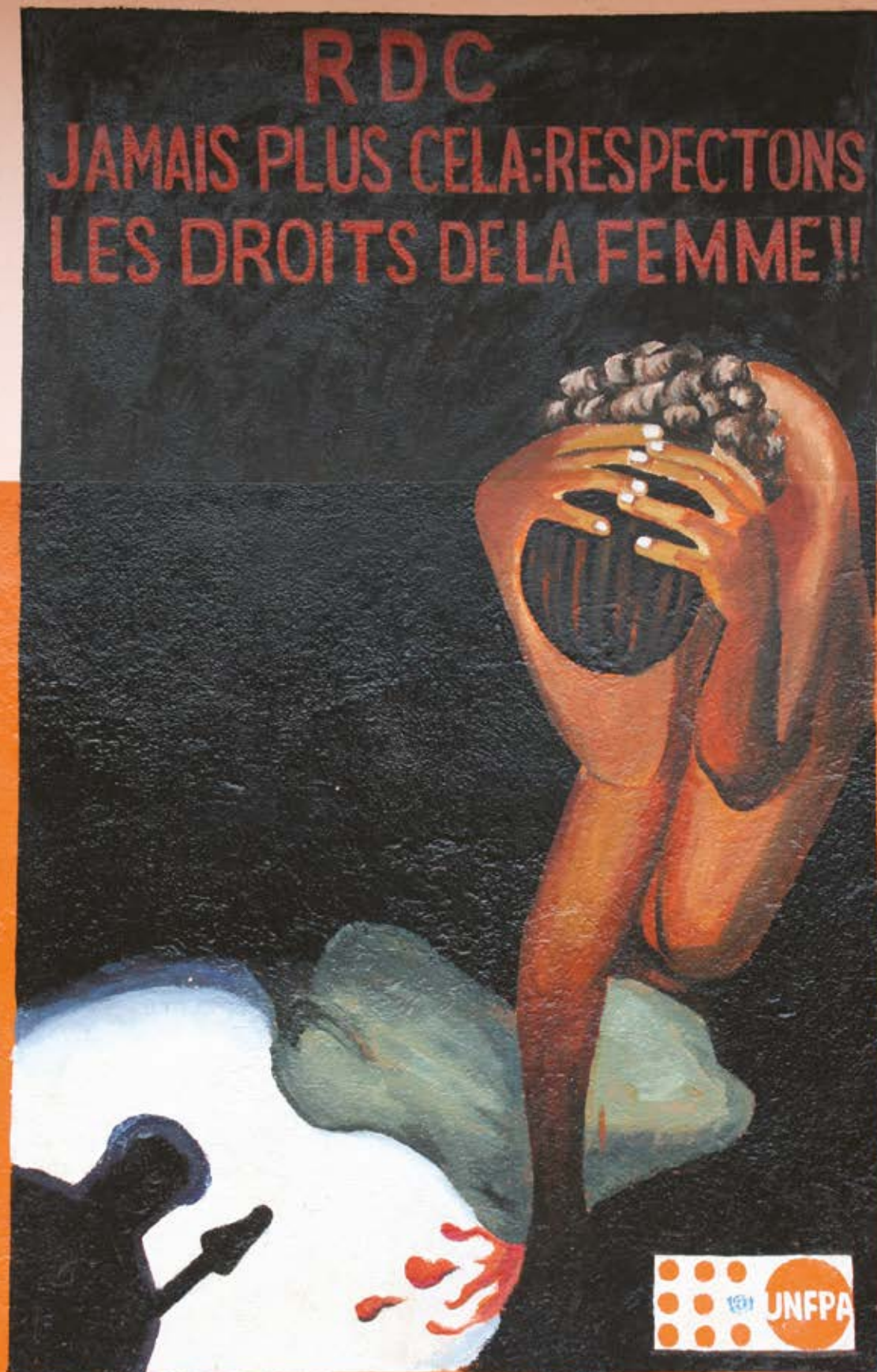


Introduction

SCIAF and its group of long-standing local partners in the Democratic Republic of Congo (DRC), Burundi and Rwanda in the Great Lakes Region of Africa are working together to support women and girls, and their families, whose lives have been devastated by sexual violence and conflict to start rebuilding their futures. The prevalence and gravity of sexual and gender-based violence in these countries makes women and girls a key target as they are subject to social exclusion, disempowerment, insecurity, an inability to access their rights and a lack of life and livelihood choices. From 2010 to 2013, the European Union provided funding for a SCIAF programme in DRC, Rwanda and Burundi which increased SCIAF's reach to affected women and girls, providing a greater range of activities to support them to reintegrate with their families and communities.

This report aims to give supporters, donors, partners, individuals and organisations working to address SBVG in the region, an understanding of the huge challenges confronting women and girls and their families after they have been subjected to sexual violence. It also documents experiences of what can be done to help survivors when working at grass-roots level with modest resources. We hope that others may be inspired to join us in tackling this enormous and often overlooked need.





Setting the scene: the problem of sexual violence

The DRC, Burundi and Rwanda are all among the poorest countries of the world, ranked low on the UN Human Development Index. They all share national borders, and cross-border tensions and conflict result in frequent movement of people which in turn affects many of the political, economic and social dynamics.

During the Rwandan Genocide in 1994, sexual and gender-based violence proliferated and spread across the region due to the chaos and terror of civil war and it was then widely used as a weapon of conflict. It has continued to be a key feature of subsequent waves of conflict and insecurity affecting all three countries and has been used by various armed factions: armies, militia and rebel groups. The combatants themselves often become brutalised and/or may suffer afterwards from post-traumatic stress disorder. As a consequence, when they return to their communities after the conflict is over, the practice of SGBV continues and there are now also high rates of domestic violence in these countries. Further factors encouraging the spread and acceptance of sexual violence are that the rights of women are not recognised or protected by prevailing cultural beliefs; they are also not upheld by some of the legal systems. As a result there is a culture of impunity for the perpetrators of SGBV.

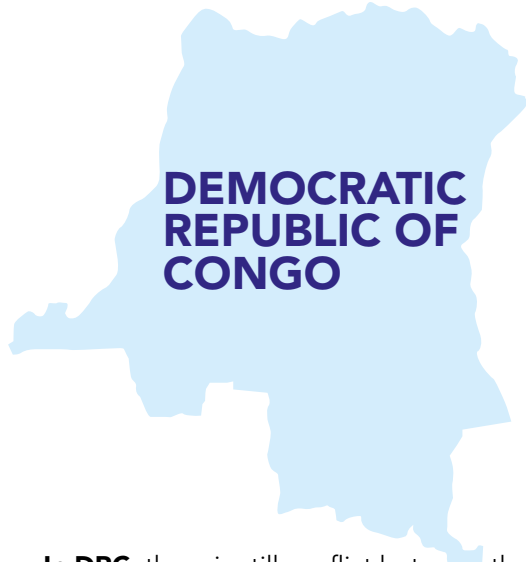
“Doubly poor are those women who endure situations of exclusion, mistreatment and violence, since they are frequently less able to defend their rights.”

– Pope Francis, Evangelii Gaudium

While the three countries share the problem of high levels of sexual violence, each has different SGBV characteristics and presents different challenges and opportunities for programme implementation. There are three main types of SGBV:

- SGBV used as a weapon of conflict and inflicted by armed groups
- Sexual violence within the community, mostly by perpetrators known to the survivors
- Domestic violence within the home; this is the most hidden and difficult to address.





In DRC, there is still conflict between the government and an array of militia and rebel groups. Sexual violence continues to be strongly associated with armed movements, usually involving rape outside the household where women and girls are attacked randomly by soldiers and militia personnel unknown to them. They are sometimes taken to jungle hideouts as sexual hostages and there are many accounts of women being raped by unknown armed men on the way back from collecting water or wood or when returning from their fields or the market. Rates of SGBV in DRC are recognised to be highest in the Eastern Region and particularly in South Kivu: two studies¹ conducted in 2010 each estimated that 40% of women in these areas have been exposed to sexual violence during their lifetime, usually in the form of rape.



The social conditions are also in place for SGBV to happen at community level in DRC: due to conflict and insecurity, large numbers of people have migrated away from their villages to more secure areas and there has been a massive growth of new neighbourhoods in towns such as Bukavu. With a breakdown in the usual social structures due to shifting populations and with rapidly built, poor quality housing and sanitation, the new neighbourhoods are often the most insecure and lawless. Domestic abuse is rarely reported in DRC since marital rape is not considered to be a criminal offence. Fear of shame, stigma, reprisals and the desire to protect family honour are further major barriers to revealing what has happened: women have no rights to property or inheritance and are frightened of being evicted from their homes and losing their children and families if they say anything.



In Burundi, the situation has evolved and SGBV now occurs less frequently as a weapon of conflict: the army and military groups are less often reported to be responsible for sexual violence. With the return of combatants to their homes and communities, women and girls are more likely to be attacked by people known to them from within the community - often their

neighbours or extended family members - and also to experience domestic abuse within the home where it is considered to be a private matter. Burundi still faces a culture of silence and fear. SGBV occurs especially where broken communities have weakened solidarity and where there is poor integration of ex-combatants in society. Other

challenges facing the struggle against sexual violence in Burundi are the stigmatisation of SGBV survivors, which discourages them from taking legal action, and the resulting culture of impunity for perpetrators. It is here too that the partner organisation has been learning of boys who have been raped and has identified the need to reach out to them.



In Rwanda, the government has been putting a lot of effort into tackling sexual violence. Conflict-related SGBV has ceased and government legislation against sexual violence has had some success in addressing the issue at community level. Trauma, HIV infection and women's leadership have all contributed to this major shift in Rwandan society after the genocide.

Domestic violence and sexual abuse within the home is, however, still kept hidden and is largely unaddressed. Gender-based violence remains embedded within the culture

¹ Journal of the American Medical Association, 2010

and girls are vulnerable to abuse from a very young age. Even for a committed government, working to change cultural attitudes entrenched at household level is a very slow and difficult process.

In all three countries, the effects of sexual violence on women and their families are devastating. Survivors suffer physical injuries and mental trauma and are unable to access the specialist help that they need or to live a normal life. Physical injuries are common and can involve serious internal damage such as fistula with double incontinence;

this commonly results in terrible stigmatisation and exclusion from family and community life. In addition, survivors may have sexually-transmitted infections, including HIV and AIDS, or become pregnant. Women survivors are often blamed for the rape and if their families – husband, brothers or parents – find out, they can be rejected and treated as an outcast or thrown out as they are perceived to have brought shame and dishonour on the family. The mental trauma of both the rape and subsequent family reactions often results in SGBV survivors developing post-traumatic



stress disorder where they experience severe feelings of anxiety, stress and fear that interfere with their daily activities such as sleeping and eating. Frightening thoughts can result in angry outbursts, feeling tense, guilty or depressed.

The combined effects of rape mean that the lives of thousands of women - their health, dignity, self-confidence, opportunities for generating an income, social status and ability to participate in family and community life - are destroyed. Because of these negative social consequences and the stigma attached, many women try to hide what has happened if they can but it has a serious bearing on them and their families. Even with medical, psychological or legal help and support, the impact on the survivors is often long-lasting. With little or no access to trained services, it can take years of support for the survivors to even start to recover.

Communities and families are affected by an increase in sexual violence when established social structures and traditional values are put under stress and weakened by:

- Individual members, often girls, being sent to live with relatives in other geographical locations for safety or education which may involve living in difficult, overcrowded conditions with people they would not normally mix so closely with
- Influxes of migrants from different places and backgrounds who are thrown together in already overcrowded areas of large towns that do not have the usual power structures, normal leadership mechanisms, administration or services; this makes these neighbourhoods prone to lawlessness and insecurity

- Men moving away from their families – whether in search of security, employment or education. In DRC many husbands are forced by poverty to leave to get income from mining and many never return, leaving their families to fend for themselves
- Men returning from other environments – whether military or mining camps – may be traumatised and brutalised, and infected with STIs or HIV and AIDS. They may display very different behaviour and changed moral values that are a threat to family members and the wider community.

It was in such difficult, complex and unhealthy community situations that SCIAF implemented this programme with committed partner organisations in South Kivu Province of DRC, Bubanza Province of Burundi and nationally across Rwanda.





Programme design: aims and strategies

SCIAF decided to develop a regional programme, as the challenges of SGBV and the shared values and ways of working of the partner organisations were unifying factors across the three countries. A regional programme can provide opportunities for partners to learn and share their experiences of what works in different contexts and of different government responses.

Aims

The overall aim of the programme was that “22,900 survivors of SGBV in Burundi, DRC and Rwanda regain their physical and emotional health, have access to justice and are reintegrated back into their families and communities”.

The specific aims and their targets across the three countries were:

1. 18,320 SGBV survivors receive surgical, medical, antenatal, psychosocial and reintegration support.
2. 1,820 children born of rape receive medical, social and legal support to gain legal status and citizenship.
3. 1,280 SGBV survivors are enabled to pursue legal redress against the person(s) responsible.
4. 15,800 people are made aware of the rights of women and girls and their protection under the relevant national law and take specific initiatives to uphold this legislation.



Strategies

To respond to the survivors' needs and achieve the desired results, the following key strategies and related activities were adopted by the implementing partners:

Holistic approach

The activities were selected and constructed around six key intervention pillars: prevention, healthcare, psychosocial assistance, livelihoods, protection and legal support. A holistic approach that seeks the good of every person and the whole person is essential for responding to survivors' different needs and giving practical help. Partners shared the same understanding that only providing a few fixed types of inputs would limit their ability to support survivors to rebuild their lives. Together these six pillars aim to provide a holistic approach that is a direct reflection of Catholic Social Teaching. Partners considered this holistic approach to be the key feature distinguishing their programmes from those of other agencies focusing on only one or two types of activity/pillars, often awareness-raising, and rarely on the legal or medical assistance aspects.

'The good of every person and of the whole person'

– Pope Paul VI introduced the 'Holistic Human Development Approach' in 1967

Flexible use of existing resources and structures

Partners identified and worked with existing organisations; they supported their activities wherever possible, rather than introducing new structures or activities, whether at community or national level. The design was kept as flexible as possible so that newly emerging needs could be accommodated. This was another key feature, and one that is not commonly a characteristic of programmes funded by institutional donors.

Developing grass-roots presence and networks

In crisis situations such as the aftermath of an SGBV attack, it is important to have a safety net of first responders already in place who can respond quickly and assist survivors before the chain of destructive consequences takes hold of their lives. Church structures and networks are uniquely positioned to provide this safety net: working with community volunteers from within parish structures, help is in place and close at hand on a wide scale and it is supported by the parish priests and diocesan justice and peace committees.

Key activities included:

- Training of psychosocial assistants (APs) and paralegal assistants and community leaders
- Home visits: counselling and referring survivors
- Supporting self-help groups and encouraging group activities.

Providing practical support with dignity

The importance of providing practical help was a lesson some partners had already learnt before this project when they first started working with SGBV survivors and gave them training on their rights. Survivors commented that they needed practical help first and then they would be ready to learn about their rights. Subsequent experience has confirmed that practical assistance is important for attracting survivors to come forward and it serves as a gateway for providing access to other forms of support or information. Partners were clear that survivors need to access help discreetly and with dignity; they were concerned with enabling survivors to access services, whether new or existing, without being identified and labelled as victims of SGBV.

Key activities included:

- Provision of health insurance and healthcare: medical and surgical services, antenatal and postnatal care
- Direct support to start small income-generating activities, and to help meet educational and health needs of children born of rape
- Legal support for taking attackers to court (see "Reactivating legal systems" below)
- Birth registration of children born of rape.



Psychosocial support and accompaniment to promote healing

Many earlier initiatives provided medical help for SGBV survivors but did not provide any psychosocial support where the survivor has a dedicated person (male/female) to listen to their experiences without being judgemental, to refer them to other services, to provide ongoing counselling and accompaniment to overcome the trauma and to resolve non-medical consequences such as mediation with other family members. The importance of this need became evident when a number of women who had suffered sexual violence some years ago came forward; even where they had already had some medical assistance, they were still in need of psychosocial support.

Key activities included:

- Running listening centres as a focal point where APs can be contacted and referrals made to other services
- Mediation and counselling by APs, often through home visits
- Provision of support, supervision and co-ordination of APs.

Promoting confidence and reintegration at community level

Where SGBV survivors have not only been physically and emotionally traumatised but have also as a consequence been rejected and mistreated by their families and neighbours, the damage to their self-confidence, sense of self-worth and their usual social networks can be profound.



Key activities of the APSs for building the confidence and dignity of survivors and for supporting them to reintegrate into their families and communities included:

- Ongoing counselling
- Mediation between the survivor and the family/community that may have blamed the survivor for the SGBV they experienced and marginalised them
- Encouraging women to join self-help groups that provide psychosocial support to their members and help their emotional recovery and improved self-confidence; this is often achieved through enabling them to earn small amounts of money or goods that they can contribute to family resources
- Encouraging and supporting women and girl survivors to report their attackers to

the police and during subsequent court cases (see “Reactivating legal systems” below).

Reactivating the legal systems through co-ordination with local authorities and leaders

Survivors of SGBV and the organisations working to support them will struggle to make progress unless authorities and leaders in charge of systems, structures and procedures understand the nature and scale of the SGBV problem and their own responsibilities to address the causes and to protect and uphold the rights of survivors. Unless the judicial system enacts the legislation concerning SGBV, there will be no progress in addressing its causes or its consequences or in changing SGBV-related attitudes and practices. It is important for the self-respect of survivors that SGBV offenders are taken to court, publicly recognised to

have committed a crime and sent to prison. If the survivors and their families are able to access damages, this provides even greater proof of the wrong that was done and vindication to them and their families. It also serves as a great encouragement to other survivors to come forward and counteracts the culture of impunity for offenders.

Key activities included:

- Training magistrates, police and army personnel and sensitising them on SGBV survivor issues and the legal situation

- Raising SGBV survivors’ awareness of national legislation relevant to SGBV, their legal rights and how to claim them
- Supporting SGBV survivors to denounce their attackers and to take them to court
- Assisting DRC survivors and their families to fulfil the requirements for the late registration of births of children born of rape.





The results achieved

Despite the challenges faced, nearly all the programme results exceeded the targets set. These results show the extent of the demand, the commitment of the partner

organisations and also how much it is possible to achieve through working with motivated volunteers and through using existing structures, networks and resources.

Programme Activities	Target	Achievement
Functioning Listening Centres	13	13
Confidential listening	7,680	21,263
Medical treatment	8,400	12,208
STI, HIV and AIDS and pregnancy testing	6,900	11,617
Surgical interventions	2,344	1,538
Fistula surgery training for doctors	15	29
Antenatal care	1,950	1,900
Health insurance for SGBV survivors and their families	9,600	8,217
Family mediation and reintegration	0	740
Training of community volunteers	550	977
Livelihoods support	1,500	1,215
Healthcare for children	700	1,648
Birth registration and legal adoption	225	230
School education support to children	700	1,320
Awareness programme for SGBV survivors	9,600	22,932
Paralegal training	320	342
Legal advice	9,600	2,976
Court cases	1,444	1,407
Magistrate training	60	33
Religious leaders' training	0	105
Military and police personnel training	420	581
Community leaders' training	12,720	17,795
Human rights and SGBV national legislation training	3,200	6,191

While lasting change in behaviour and attitudes takes time, at the individual level of survivors' lives the project had a measurable positive impact. Women identified project activities as life-saving: medical assistance was the most highly ranked benefit, cited by beneficiaries as their key reason for approaching listening centres; psychosocial care/support was identified by women as fundamental for their recovery and re-integration; socio-economic support both provided much-needed resources and increased survivors' standing with their

families and communities; sensitisation on SGBV and rights (via the volunteers, training local leaders, radio programmes) worked as a means of referral and transformed women's and the public's attitudes, while successful legal actions against perpetrators gave survivors the satisfaction of knowing that justice had been done – both contributed to reduced incidence of rape by the military and some reduction in domestic violence; survivors and volunteers expanded SGBV prevention and support activities into neighbouring communities.



Challenges

In seeking to assist SGBV survivors to rebuild their lives, the partner organisations identified a range of challenges that programmes addressing SGBV need to take into account:

The scale of the hidden problem

The reluctance of survivors to come forward and seek help both now and in the past means that, in addition to the incidence of new cases, there can be major hidden backlogs of women and girls still living with the consequences of SGBV and still in need of psychosocial and medical support. There is also a backlog of children born of rape who have not had the support necessary for ensuring that they are included in society and are able to access the same services and legal rights as other children.

Poor communications and difficult access to some areas

It is vital to ensure a quick response to rape survivors: if this is delayed there is more likely to be long-term damage from injuries, infection, psychological trauma and stigma. Low levels of awareness, poor communications and lack of public transport are key barriers to survivors knowing what help is available and where, and how to access it. Likewise poor communications and continuing insecurity make it difficult for the people providing assistance to respond quickly and to co-ordinate their efforts; this is a particular issue in the chaos of a conflict situation where women and girls may be fleeing from one location to another that may be equally insecure and risky.

Extent of personal impact on each survivor

Each survivor of SGBV will have experienced different physical and psychological trauma and will have different individual needs,

both immediate and long-term; they will also have varying speeds and completeness of recovery. It is vital therefore to be able to respond flexibly to their needs: it is neither realistic nor practical to put in place a set programme of fixed inputs over a limited time period.

Ineffective and costly legal systems

Legal systems in these countries are generally slow and complex, with many actors not understanding the need for prompt and sensitive support for SGBV survivors. There is low public awareness of the possibility of seeking legal redress and of the different processes and procedures that must be followed if a case is to be successful.

Even if a case is successful, those found guilty of SGBV offences may manage to avoid serving all or most of their sentence, through manipulation of the system or corruption. In some places it can be relatively easy for perpetrators to bribe their way out of jail. Even where a court case is won, further steps have to be taken to get an award of damages. And even when damages are agreed, they are often not paid as the culprits may have no money or resources or they may be unwilling to pay, with the result that survivors do not receive the financial compensation they are entitled to.

Failure to ensure adequate punishment and payment of compensation despite going to court damages general levels of trust and confidence in the legal system; this in turn discourages and prevents survivors from reporting SGBV offences and taking legal action. Survivors generally cannot afford to pay legal costs from their limited incomes and they may also be too frightened to come forward as they fear threats and

reprisals from the attacker or his family members. If these crimes are not reported, a culture of impunity will further develop where attackers do not fear punishment and lawlessness increases.

Even where there is an adequate legal framework in theory, it may not be working in practice. In all three countries, but especially in DRC, the turnover of government personnel means that continuity is a particular challenge. Military, police and judicial officials are frequently transferred with the result that relationship-building around improved processes and SGBV training by partners has to be continuously refreshed. This is a particular issue with magistrates as new arrivals from Kinshasa are used to a very different SGBV context and are not familiar with the situation in Eastern Congo.

Fund limitation

Unfortunately, due to budget constraints, the programme allowed very few resources for supporting income-generating activities. Only BDOM CODILUSI was able to provide survivors with grants of \$60 to develop small businesses and they supported a total of 900 survivors over three years. Other implementing partners were unable to provide direct support to survivors to develop their own small businesses. This was unfortunate as enabling survivors to develop their own activities that generate small incomes is not only an excellent way of improving self-confidence and aiding emotional recovery, but it also helps the women to contribute to essential family needs and reduces their vulnerability to SGBV in the future.



Promising practices



The three most important cross-cutting approaches that informed all aspects of partners' planning and activities in this programme were:

- The holistic approach, responding to survivors' different needs and giving practical support: understanding that to rebuild survivor's lives, providing a few fixed types of inputs for a limited period is insufficient
- Working with existing organisations and supporting their activities wherever possible, at community or provincial/national level
- Keeping the design as flexible as possible so that newly emerging needs can be accommodated.

1. Prevention

Parish priest influencing family attitudes to widows and orphans

Sometimes small measures can, over time, affect attitudes. In many tribal cultures, when a husband/father dies, his material possessions pass to his sons or sometimes, in matriarchal societies, to the sister's children. In either event, a man's own wife and daughters may be overlooked and there is no legislation in place to ensure that they will be looked after by the male relatives who do inherit. To combat discrimination and avoid wives and children becoming destitute, one parish priest near Bukavu was reported to be regularly insisting after a funeral that the will of the deceased was read out.

"The happiness and joy on the faces of women and their families give me just enough hope to smile and square up to another day."

*- Dr Nussy Basirike,
Kalonge General Hospital, DRC*

This not only ensured that everyone knew what the intentions of the deceased person were but also gave the priest the opportunity to publicly remind sons inheriting that it is their duty to look after the remaining female relatives and to encourage them to do so. The priest likewise reminds those present that civil marriage formalities are necessary if wives are to be able to inherit.

Model couples influencing attitudes at community level

CEJP Rwanda wanted to look at ways of addressing poor social attitudes towards women and domestic violence hidden within the home. They realised that community-level initiatives are needed if attitudes are to change. They recruited 20 couples within communities with the aim that they would serve as role models and step in and mediate in the event of domestic violence issues. Interestingly, the couples that were recruited felt that if they were to be role models and offer help to others, they first needed assistance with resolving minor issues of their own. In response,



CEJP Rwanda organised a very brief training in mediation and in the legislation concerning marital possessions and land rights but they did not have the resources to do more.

This pilot initiative produced encouraging results and CEJP Rwanda would like to expand this area of work. They believe that if some men are positive about the need for change and the prevention of domestic violence this will have good results at both household and community levels. However, they recognise that the concept needs further work and that for the model couples to be effective, the training would ideally be longer and more intensive.

Role of the Church

With its strong base in communities across the region, the Church and its structures have proved themselves to be effective and efficient implementers. Church structures (parish pastoral systems, committed volunteers, developed outreach service, existing communication and referral systems) are efficient vehicles for delivery of SGBV services and support. These efficiencies help counterbalance the high costs of operating in difficult environments with poor roads and infrastructure and where daily transactions necessarily include unofficial payment of government staff (military, police, judicial and medical). Few other agencies have been able to deliver any consistent ongoing SGBV support in South Kivu due to lack of existing structures and networks.

In advocacy work, senior-level church intervention is particularly needed in South Kivu where the government is unwilling to acknowledge the extent and the gravity of some of the instances of mass rape and violence. Through the intervention of the CEJP committee at the highest level, the Church is regarded as a major force in supporting good governance. Churches also serve as an important channel for advocacy on human rights, justice and democracy. "The (Catholic) Commission for Justice and Peace was the most vocal advocate of



alternative means of restoring the state and the necessity of taming the behaviour of the militias and armed groups"².

2. Healthcare

Training mainstream health staff in receiving SGBV survivors

BDOM CODILUSI provides training to hospital and health centre staff on STI treatment, care and counselling so that when SGBV survivors require medical treatment or surgery, the health personnel are aware of survivors' different emotional and physical needs. They treat them with discretion and sensitivity and also refer them for related psychosocial assistance. This is important for reducing barriers to accessing services, for avoiding further humiliation and for promoting the human dignity and confidence of the survivors.

Surgical training in fistula repair and management

Fistula is one of the common and devastating physical injuries associated with rape and it can leave women doubly incontinent. Until it is treated, many fistula patients will be unable to mix socially or to undertake many of their usual domestic duties; fistula is a major source of stigma and distress.

Twenty-five surgeons in South Kivu and two in Burundi were given two months' specialist training in fistula repair and management. The curriculum was prepared



with the Ministry of Health of South Kivu Provincial Government; it included theory, collaborative discussions and practical application. The improved skills and knowledge of the doctors, combined with the provision of associated surgical equipment, has enabled the local hospitals to provide this transforming surgery to SGBV survivors referred by health centres. This has enabled reductions in the cost and in the backlog of cases that built up when this specialist surgery could only be accessed at the specialist Panzi Hospital in Bukavu.

Healthcare and antenatal costs

Several partners realised that survivors do not have the financial means necessary to access the standard healthcare services that could help them and/or their babies with health problems and thereby prevent further avoidable risks and stress in their lives. Partners' approaches for enabling survivors to access healthcare varied according to the local context.

"My family, friends and neighbours were avoiding me because of the terrible odour coming from me. I felt I was not a worthy human being. Now I have a new life."

– Sevren from Ninza village, recipient of fistula surgery

In Rwanda, there is a government-supported community health insurance scheme that requires the payment of modest premiums in return for free consultations and basic medicines; CEJP Rwanda funded the cost of these premiums for survivors. In Bukavu, BDOM CODILUSI was supported by the Belgian Government and the South Kivu Provincial Government to offer health insurance. In other locations, partners have contributed to the health costs of survivors and of any babies born of rape.

3. Psychosocial assistance

Developing a network of Psychosocial Assistants (APs)

The psychosocial assistants were recruited from within the community. The selection approaches differed slightly with each location and each partner but they always included women as well as men and looked for people who were respected and trustworthy members of the community with good moral values: people that the survivors would feel comfortable confiding in and accepting advice from. Most Justice and Peace Commission partners drew on parish structures and priests for selecting APS candidates but BDOM CODILUSI in Bukavu asked their existing women's solidarity groups to propose candidates from among their members. Because APSs come from within the community, they are more like traditional family/community support mechanisms and are familiar with other resources that the survivors can draw on.

The APSs were given a short training, usually of 2-5 days, sometimes spread over a period of time, which initially covered: their role, the aim of the listening centres, the behaviour of a mediator, listening skills, counselling, peaceful conflict resolution and psychosocial assistance. Other topics added later were: working with women, sexual health, child protection, the law on sexual violence, identifying latent conflicts and report writing. CDJP Bukavu was also able to send APSs for experience training



at CAFOD's office in Bukavu; after they started work, they were brought together for quarterly experience sharing and co-counselling sessions. Depending on the location, APSs were based in the listening centres and/or in the community where they also made home visits; they were often not paid a salary, but their travel expenses were covered when accompanying survivors to access services.

In Rwanda, two paralegals were trained for each of the Rwandan parishes in addition to the two APSs; their role was to assist communications between survivors and the lawyers helping them and to accompany them on visits to lawyers or the courts.

As some parishes are very large with isolated communities, CEJP Burundi recruited assistants to help the existing APSs. In order for survivors to know how and where to find the APSs, CEJP Burundi spread this information through the local administrators, in local markets and via the parish structures; these locations were chosen as there were insufficient funds to do this through their usual means of press and radio. After receiving training, the APSs in Burundi were supported by the CEJP

Burundi psychologist who ran six-monthly de-traumatisation sessions for them and provided them with professional guidance when they were handling difficult cases.

Two typical types of problem where psychosocial support can play a key role is in family mediation where the survivor has been, or is at risk of being, rejected by their husband or parents or where this causes problems between the parents. Another key need has been for counselling mothers who have children born of rape and helping them to accept their babies.

Establishing listening centres as a point of contact

A number of listening centres where survivors could come to ask for help and advice had already been established before this programme began. Under this programme, their activities were developed and in each location the listening centres were run by two APSs, one man and one woman. All the listening centres consisted of rooms located within a larger institution or compound offering a range of other services, usually either the parish office or a health centre.

The main activity of the listening centres is to serve as a hub for the provision of psychosocial support: advice, guidance and accompaniment for healthcare, legal support and family reconciliation. This support can sometimes also involve home visits to survivors when more focused support and help with family mediation and reintegration is needed. Another key strategy adopted has been to integrate survivors, when they are ready, into self-help groups.

Partners agreed that the most effective centres were those situated inside another busy and well-frequented structure since there are many different reasons for people to go there and it is not apparent to outside observers that someone is attending the listening centre. Survivors are able to maintain their dignity, confidentiality, and there is no shame attached.

The role of listening centres near Bukavu in Nabintu's story

For two months, I was a sexual slave kept by four men in the forest. I escaped when they went away to steal things and I walked two days to reach the listening centre where the APSs welcomed me. I explained my case and they gave me some advice; then after two meetings they took me to a health centre for treatment.

Unfortunately, four months ago two soldiers came to my house and I couldn't wake my children up. They raped my nine-year old daughter Nyota so I brought her to the listening centre and the APSs listened to our cases and took the child to the health centre. Nyota is now studying in year four at primary school and I am sensitising other women who were traumatised to come to the listening centre. I am in a group of 15 women, we are farming and the APSs are supervising our activities.

Those in health centres were mentioned to be busier and more likely to have active self-help groups; likewise those in very active parish offices with a very committed parish priest.

4. Livelihoods

Formation of self-help groups and income-generating activities

When survivors were ready, the APSs encouraged them to meet and to form self-help groups, so that they could support each other and have the opportunity, if they wished, to share experiences and feel less isolated. The APSs supported them with encouragement and some limited supervision. CDJP Bukavu's APSs encouraged survivors to be part of a group where they could share experiences but did not force them to do so. Some women were reported to feel comfortable talking about what they had been through, while others focused more on their coping mechanisms.

Groups were taught to work together with attention to group dynamics, self-help, women's role in education, the challenges of protecting children and dealing with children's problems. CDJP Uvira decided that, rather than supporting the formation of self-help groups of survivors, they would encourage SGBV survivors to join other women's self-help groups set up for a broader range of women affected by conflict – including widows and internally displaced women who are not necessarily SGBV survivors – thus starting their reintegration into the wider community.

CDJP Uvira considers the potential of each person and encourages the more vulnerable women to join self-help groups focusing on a group activity, such as cultivating fields, where survivors work together with a common purpose and are able to mix with and support each other in an unchallenging way. This alone is beneficial even if the income is negligible: making even a very small contribution to family resources helps survivors to feel useful again and rebuilds their confidence.

To help women to contribute food crops or small amounts of money to household resources, partners used a



The story of Francisine from near Bukavu, DRC

Francisine was married 12 years ago and had four children with her husband and a fifth in 2007 from a rape which took place as she was walking back from market one evening. Her husband died two years ago and his family took back the land they had been farming so she is now landless. She did not report the SGBV case as at the time there was no external support from any other agency. She knows her attacker but has not had further difficulties with him.

Francisine survived on casual labour work and begging until she became a member of a self-help group and received some training and a small amount of money to start an income-generating activity. She used the funding she got through the programme to buy and sell charcoal; on each batch she makes \$1.50 profit and she sells two batches a week giving her an income of \$3 a week. Although the profit is not big it helps her feed her family and gives her a sense of dignity.

mix of approaches, adapting them to the circumstances of the survivors and to the opportunities available. CDJP Uvira found that some survivors were still very vulnerable and tended to lose the opportunities offered by using the small amounts of capital intended for income-generation purposes for their daily expenses.

5. Protection

Provision of credible training to relevant authorities

A key strategy adopted by CDJP Bukavu was to ensure that training sessions given to the police, army and religious authorities on SGBV issues and the national legal and human rights framework were attended by senior personnel from the authorities involved, CDJP Bukavu and AJV's leadership. In Bukavu, AJV realised the need for training

lawyers and the judiciary (magistrates and judges) so that they understood the scale of the problem of SGBV, the effects on survivors, their role and duties and how they could perform them.

Both partners built good relationships with army, police and judiciary personnel and this led to close collaboration with examples given of the authorities directing survivors to these partners for help. Examples were also cited of these authorities sending their own personnel to work with AJV to locate culprits and bring them to justice.

CEJP Rwanda also provided training to the police and worked to ensure that all levels of the police were seen to be involved and supportive. They invited the Commandant of the National Police Force and the bishop to attend one training in order to demonstrate their commitment and to give the training added credibility and influence.

Co-ordination with other actors, authorities and leaders

All partners networked with other organisations even though this takes time and effort. In Uvira, CDJP Uvira were reported to be a very regular presence in all the key networks of UN agencies and NGOs; this enabled them to be constantly up to date with opportunities arising and to express their views if they had suggestions to make or if they disagreed with how others were interpreting or responding to events. Their willingness to speak up was thought to have provided a role model for survivor groups and to have given them a sense of leadership and the right to express their own views.

6. Legal support

All the partners worked on the provision of legal assistance and they were often the only organisations offering this type of help to survivors. Each partner adjusted their approaches to the resources available: CEJP Burundi developed contracts with a small number of lawyers, while in Bukavu,

AJV staff from the legal profession were tasked with reactivating the legal system and supporting survivors identified by BDOM CODILUSI and CDJP Bukavu. CDJP Uvira drew on the services of the diocesan lawyers for assistance while CEJP Rwanda developed

contracts with lawyers. All the partners found the legal work to be very slow: over 3 years CEJP Uvira developed 192 legal files but owing to the challenges of the system and environment only 25 of these have had judgements given.



Stephanie in Burundi: the challenges and benefits of legal assistance

Stephanie was living happily with her aunt and uncle as they were closer to her school and were also giving a home to other children. In 2011, when she was walking back from church, a male neighbour who offered to accompany her home raped her and threatened to kill her if she told anyone. Stephanie kept quiet and didn't want to tell her aunt and uncle what had happened but they noticed blood on her and finally managed to extract the story of what had happened.

Her aunt and uncle took her to an association that does not provide legal support and it referred them to CEJP Burundi. The APSs were able to convince the aunt and uncle that Stephanie's reluctance to tell them was simply because she was too frightened and not because she was a willing participant.

The case went to court in 2012 and the perpetrator received a 20-year jail sentence but he appealed on grounds of having diabetes and being unable to get treatment in prison - although there is no evidence for this - and he was granted parole. Stephanie sees this man often as he is a neighbour and it upsets her although he has not been aggressive since.

Stephanie is still in touch with the APSs and lawyer as they have been very kind and supportive; she trusts them and has regained much of her confidence. Fortunately no-one outside the family seems to know what has happened to Stephanie so she is able to continue at school without any stigma or unwanted attention.

Working with government agencies

CEJP Rwanda found that survivors thought that just reporting the crime to the police was sufficient and had not realised that other authorities had to be involved or that they needed to follow up progress, especially if they were seeking damages.

To address this situation, CEJP Rwanda worked with both local and national authorities. Their paralegal volunteers worked with relevant authorities to assemble the necessary dossiers for submission to the police; and because the survivors' dossiers were complete, the police were then willing and able to process them quickly.

To speed up the court processes, CEJP Rwanda visited the Presidents of the Tribunals to explain the problem of slow processes for SGBV survivors and managed to arrange for some rape cases to be grouped together and fast-tracked. CEJP Rwanda also learned that while the courts give judgements, the enactment of the

judgements and obtaining of damages is the responsibility of local authorities; in order for this to happen, the survivors' lawyers need to get copies of their court dossiers and to follow this up with the authorities on their behalf.

Using their learning, CEJP Rwanda led a strong awareness-raising campaign to spread information about the National Protocol for Rape Victims so that communities were aware of the law, how it can protect them and also the role of civil society in supporting survivors and in assisting them to access both justice and damages. They produced leaflets and posters with key information on the correct procedures to be followed in the initial reporting of SGBV attacks and, crucially, included the names of lawyers and assistants who could be contacted. These materials were displayed in public places such as markets and churches and led to a surge in people, who might not normally have been reached, coming forward and contacting the lawyers; this has continued after the end of the programme.

Ensuring babies born of rape are not disadvantaged and excluded

Partners were concerned to address issues arising when babies are born of rape, particularly in DRC where these babies were not registered at birth and do not have birth certificates. If a baby does not have a birth certificate, it is not recognised as a citizen of DRC and will not be able to access its full range of civil and political rights in the future. The future consequences of this are not always understood by survivors but getting official birth certificates does help survivors to feel that both they and their children belong to the community.

In DRC, babies are required to be registered within 90 days of birth. After this time limit, special measures are required: a lawyer has to plead the case in court and a male relative needs to accept legal fatherhood of the child even if he is not the biological

father. It is often an uncle or grandfather who does this, but mediation may be required for arranging it as they are then responsible for day-to-day costs such as paying school fees, and the child also has full inheritance rights as a legal child of the registered father. The legal process is slow and the cost of these delayed birth certificates is \$275; this is far too expensive for survivors to afford unless they have the help of NGOs.

Improving the provision of legal assistance for SGBV survivors

CEJP Rwanda developed a comprehensive package of initiatives to improve access to legal assistance for SGBV survivors; their combination of legal support and high-level advocacy helped to awaken public consciousness to the gravity of SGBV as a crime and also to the fact that survivors can claim damages after a court case.



Key programme learning

This section highlights some key overall learning gained from this programme.

Emerging design issues

The consistency of the assistance provided

The numbers and needs of survivors were greater than the capacity of the programme to help them: not all survivors were able to get help and those who did receive help were not all able to access the same range of services and assistance. The availability of different activities and services to survivors was uneven and some survivors received more than others without clear reasons.

The unevenness is a reflection of the different circumstances in each location and the resources and interests of each partner. With each survivor having different needs and their individual journeys towards recovery and reintegration taking different paths and times, the unevenness is considered less of an issue. The provision of identical packages of services for all survivors in each location would not be feasible or cost-effective to organise (see flexible management below). It is the scale of unmet need that is of more concern especially as there are still cases of SGBV occurring and survivors will continue to need help for some time.

Evidence of need for more funding

The pertinence and value of the project is demonstrated by the continued and increased demand for SGBV services in all the project areas. The findings show that the demand is not only from those survivors who have recently suffered SGBV but also from women and men who experienced SGBV some years previously, and in the case of Rwanda, as far back as the 1994 genocide.

Programme duration

Addressing the many different elements needed to provide survivors with a holistic response to their needs, in accordance with Integral Human Development, is complex and takes time to set up. Once survivors have made contact with the listening centres, it can take a long time for some women to be ready to move on. Their recovery and reintegration can take several years: the extent of their loss is such that there is no quick fix for rebuilding their lives. The programme was able to put many on the path to recovery but was not able to provide the long-term accompaniment that many survivors need and that partners would ideally wish to provide. Unfortunately, some survivors were also subjected to repeated SGBV attacks. For some partners, the programme was just getting fully into its stride when funding ceased and there was clearly great disappointment and frustration that the activities were no longer being supported.

The need for flexibility in the range and focus of activities

The programme involved a wide range of different activities and services; after reflection it was concluded that they were all necessary and worthwhile and that there was nothing that could have been omitted or that didn't work. When working in unstable contexts, the situation is often fast-moving and it can be difficult to predict how the needs and numbers of the target groups will evolve.

The design of this programme was focused more on SGBV occurring in conflict situations rather than the SGBV within the neighbourhood or household. The latter

requires additional activities, including awareness-raising with different messages, work with community leaders and reaching men in the community. As contexts change and new needs emerge, it is vital that the programme design is kept flexible and allows partners to make use of opportunities that occur, to put new learning into practice and to innovate.

Gaps identified in the programme

Increasing communications activities

Partners recognise the need for a lot more intensive communications and awareness-raising to improve the visibility of their work and especially to change attitudes towards SGBV at all levels. They realise that their practical work has given them the knowledge, the contacts and the experience necessary for doing this at different levels: with different national and local authorities and also with communities. Unfortunately, the programme did not foresee this, so although CEJP Rwanda did manage to run an excellent campaign, the other partners were not able to take full advantage of the communications' opportunities and platforms they had created.

Increasing support for very small-scale income-generating activities

Much more support to income-generating activities for groups is needed but at a very micro-level below that of standard microcredit programmes. One partner envisaged giving training for church volunteers in supporting microcredit.

Including men for a holistic response to the problem

All the partners realised that to tackle the problem of SGBV and its consequences and to prevent it becoming rooted in society, they also need to work with a wider range of men, not just male leaders – military commanders, the police, priests,

the judiciary (mainly male) and community leaders – but also more holistically with other relevant groups of men. Specific needs identified included:

- Giving assistance to male victims of sexual violence; in Burundi APSs encountered several cases of adolescent boys who had been raped and needed help but were not in the agreed target group and therefore not eligible for inclusion in the programme
- Offering sexual healthcare to the husbands of SGBV survivors. If a woman gets an STI as a result of rape, she may pass it to her husband before she is treated. If only the woman is treated, the husband then may continue to have the STI and to re-infect her. One partner was able, through another source of funding, to give some limited assistance to cases that came forward. As with survivors, offering practical medical help provides an opportunity to offer psychosocial support and identify any needs for counselling and mediation
- Expanding the 'model couples' work and further developing their training and preparation phase
- Working with prison staff and with men in prison for sexual crimes in order to try and change attitudes and to reduce the likelihood of them reoffending.

Making provision for girl SGBV survivors' schooling

Although the programme made provision for supporting the schooling of the children of SGBV survivors during the programme period, this was very limited and there was no provision of support in the programme design for mother and girl SGBV survivors to complete their schooling. Giving more assistance with the reinsertion of girls and



children back into school is important as it helps them to gain confidence, reintegrate into the community and realise other rights. With many survivors tending to prioritise the use of any small earnings for supporting their children's school costs, this is clearly an important omission.

Particular requirements for legal work The need to resist traditional conflict resolution mechanisms

All three countries have both formal legal systems and also **traditional community-level mechanisms** that tend to involve mediation and working out an 'amicable solution' between the two parties involved. With the element of shame involved in SGBV cases, some survivors were being encouraged to accept the traditional 'amicable' approach which avoided the effort and time of battling with the legal system. Others were put off going to court for fear of reprisals from the attacker after his release or from his friends and family. As AJV explained to survivors, this approach does not recognise the serious effects of SGBV on the survivors and hides the extent of the problem from the government.

Amicable solutions leave the attacker free in the community and this can be a source of ongoing fear and trauma for the survivors. AJV was aware of some women who had been attacked two or three times by the same person, as their attacker realised there were not going to be any sanctions.

The duration of legal assistance needed

In all three countries, it was not realised how long the court cases might last, especially if they were taken to appeal as there are three levels they can go to. It had been wrongly assumed that after the first judgement of the court cases, it would end there. In Rwanda, cases were found to be more likely to go to appeal where there was the risk of having to pay damages and of disadvantaging other family members. When the programme funding ended, there were still cases going through the courts but with no provision for supporting the process.

Partners learned a great deal about how to work with lawyers, framing their contracts to cover numbers of cases rather than percentages of time, and the need to allow both funds and time for follow-up work for the execution of judgements and obtaining damages awarded. In future, it will be important to find ways of making provision for continued legal support for cases that are still ongoing when the grant ends.

The importance of justice being done and being seen to be done

In all three countries, the conviction and punishment of perpetrators was recognised to have multiple benefits: increased confidence, credibility and dignity of the survivors, improved community attitudes towards the survivors and the discouragement of other perpetrators, especially where damages were likely to have to be paid. However, there proved to be many barriers to the actual execution



of the punishments and the achievement of these benefits. It is evident that future programmes need to include a major advocacy component working with the different layers of the judiciary authorities to ensure that the justice system enforces the sentences handed out and that perpetrators of SGBV do not avoid serving their full jail terms or paying the damages awarded.

Affordable late registration of children

When birth certificates were given out to survivors for their babies born of rape, a more widespread problem was revealed with neighbours and other community members coming forward to ask 'why them and not us?'. Partners in DRC realised that there is a more general issue and a need not only to widen the beneficiary group but also for a concerted advocacy campaign to push for simple and affordable processes for registering the backlog of children who do not have birth certificates. Once suitable adjustments to the legal processes have been identified, and implemented by the relevant government authorities, partners will need to run awareness-raising campaigns. These need to include information on the changes relating to late registration and the need to register new

babies. This will reduce this problem in the future.

Sustainability

The nature of the participating partner organisations was an important distinguishing feature of this programme: it was designed and implemented by church-based organisations that have strong, widespread roots and are a permanent presence in the communities. Unlike many external agencies or NGOs, the Church does not withdraw from the communities in times of insecurity and conflict. This history and breadth of coverage makes these faith-based partners uniquely placed to respond to survivors' needs and to work with them over prolonged periods of time. The activities of this programme are able to become part of diocesan and parish activities and management systems, only being packaged as a project for funding purposes; this greatly increases the potential for sustainability.

However, although many of the volunteers and their activities have continued to some extent, without the relatively small amounts of money provided for supervision, co-ordination, refresher training, transport expenses, etc., it is sadly anticipated that the psychosocial activities will run out of steam.

Sustainability of SGBV programming as offered by this project would require a reliable system of affordable, subsidised medical services, a social welfare system offering psychosocial care, and a legal aid service. This is unlikely to be available in DRC or Burundi in the near future and Rwanda's social welfare systems are constrained by a weak economy. For SGBV services to be available in the Great Lakes Region in the foreseeable future, external financing and support is required.

Key management learning



The experiences of this programme have identified some management approaches, strengths and weaknesses that future programmes should take into account:

- Partners in the same location recognised that their collaboration was important for the good of the survivors and that they achieved more through working together than they would have achieved separately. The co-ordination of partners' activities helps to provide a holistic approach to survivors' needs and to maintain similar themes and beliefs, especially if there is a diverse range of partners. This is also facilitated by having shared objectives, joint trainings, and meetings. Nevertheless some problems were experienced and to avoid these, the following measures for facilitating partner collaboration were identified and are already being implemented in more recent programmes:
 - Agreeing how the partner organisations will work together in as much detail as possible at the outset, in particular the systems for referring survivors from one organisation to another – how this will be done, who pays which costs and what happens if the receiving organisation cannot help
 - Establishing a steering committee with a clear mandate for co-ordinating activities and resolving any issues arising with programme activities and with collaboration
 - Appointing a local co-ordinator to assist partners with collaboration, reporting and the transfer of learning, especially if they are spread across different locations. This is also important where the different partners may be of different sizes and capacities
- Ensuring that monitoring and evaluation activities focusing on tracking activities and reporting are balanced with learning opportunities that promote genuine reflection on the strategies used, the results achieved and how programme approaches can be improved.
- Each location presents different challenges and opportunities for creating a holistic approach. Having identified the different organisations and services present in a location, all options need to be weighed up before a programme is developed. Useful questions to ask include:
 - If a new activity or service is needed, is it better for an existing partner to take this on, even if they do not have relevant experience? Is there another experienced organisation they could collaborate with?
 - Does an existing partner have good links and relationships with other actors offering relevant assistance or services? Can they draw on these inputs when needed. Are they invited to participate in other local initiatives/ opportunities that come up?
 - Is it more realistic and/or more effective to support multiple partners working together even if additional time and administration costs are needed?
- The ability to mobilise large numbers of committed volunteers is a key strength of the Church and its related structures; the actual strength and level of involvement of the Church itself as a structure will influence how effective it can be. Key design aspects to consider are:

- The importance of high-level sponsorship from the bishop for effective advocacy, ownership, management and problem solving
- The need to avoid over-burdening office staff or volunteers with more work than they can comfortably manage: if this happens, the support and supervision of volunteers and their activities can be affected, as was the case at times in this programme
- It is important that arrangements are put in place to ensure that the volunteers retain regular contact with supervisors, have opportunities to meet, share experiences and co-counsel and have access to occasional refresher training.

This will help to build strategies to promote the sustainability of the work when external funding ends, ensure that volunteers continue to feel motivated and provide quality support to survivors.

In Burundi, CEJP Burundi envisages getting the local – or 'hill level' – justice and peace committees involved in monitoring and supporting progress.

Partner organisations were very clear about their disappointment and frustration that the programme had ended and that the most important learning is the need for long-term commitment - more time and more funds - to address the scale and severity of SGBV issues faced by survivors in the region and to start to change community attitudes.



“ We are one single human family. There are no barriers, political or social, behind which we can hide. ”

Pope Francis, Laudato Si'

SCIAF, 19 Park Circus, Glasgow G3 6BE. Tel: 0141 354 5555. www.sciaf.org.uk
Registered Scottish charity no: SC012302 Company no: 197327. Registered Office as above.

This report has been printed on recycled paper.



SCIAF

 **Caritas**



This publication has been produced with the assistance of the European Union. The contents of this publication are the sole responsibility of SCIAF and can in no way be taken to reflect the views of the European Union.