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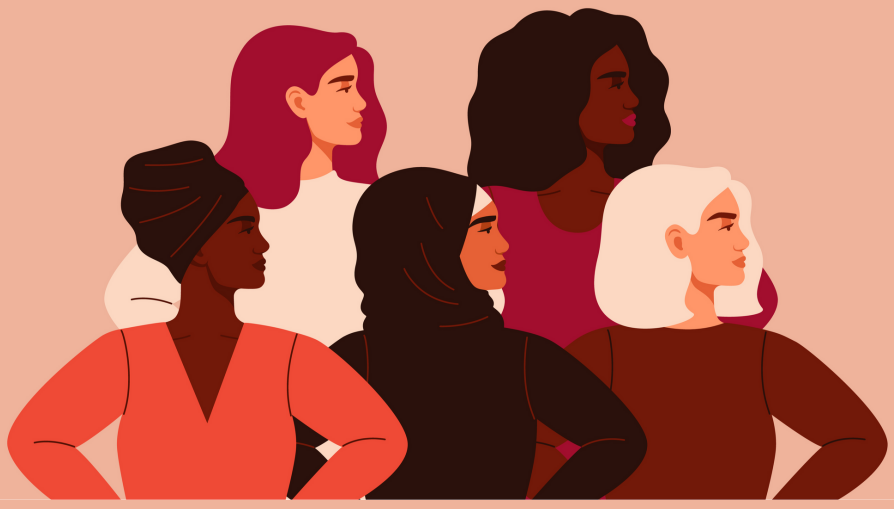

# AHO STRATEGY AND PLAN OF ACTION FOR ENDING GENDER-BASED VIOLENCE

## 2020-2030

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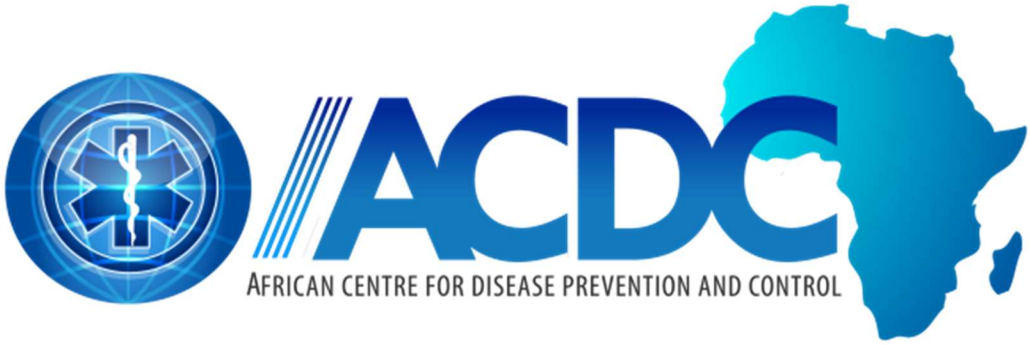
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# ACKNOWLEDGMENTS

Please join me to express my gratitude to Camille Chandran, a MA in Education, Gender and International Development student from University College London (UCL) who tirelessly worked hard to research and write this important document. Camille is an inspiration to many women and girls around the world. Africa Health Organisation (AHO) will be eternally indebted to Camille and hope that what she wrote in this document will come to fruition.

# CONTENTS

# PREFACE

Gender-based violence is one of the most prevalent global human rights violations – violence that undermines the dignity, security and autonomy of both the victims and the perpetrators; and that results in particularly harmful consequences from a health perspective. In accordance with the 2030 Agenda for Sustainable Development, and more particularly with the Sustainable Development Goal 5, to achieve gender equality and empower all women and girls, and 16, to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels, AHO has established this ten-year plan of action to support the sustainable and long-lasting eradication of gender-based violence in Africa.

In line with AHO Gender Equality Policy, the purpose of this Strategy and Plan of Action for Ending Gender-Based Violence is to outline AHO's unwavering will and commitment to break the cycle of abuse, prevent such abuse to occur in the future on the African continent by challenging harmful norms and behaviours, ensure survivors of gender-based violence receive the support and protection needed and have access to safe health services, and overall insure that women, girls and each and every individual are able to live lives free of violence.

The objectives of this Plan of Action are certainly ambitious, and the challenges considerable. Gender-based violence is a multifaceted and complex issue that requires a multisectoral, multilevel and comprehensive approach. Cooperation at the local, national, transnational, and regional levels, in the health sector, but also in the political, educational, academia, private and legal spheres, with prioritisation on partnerships with civil society, especially women-led, human rights networks and youth grassroots organisations, is key to overcome gender-based violence and construct peaceful communities and societies. AHO urges all African governments and institutions to come together in this fight against endemic violence, especially in regard to vulnerable populations and geodemographic areas. Challenging gender-based violence relies on every one of us to raise awareness – it is only together that lasting, positive and sustainable change can be achieved.

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# ACRONYMS

| | |
|---|---|
| AHO | Africa Health Organisation |
| AU | African Union |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| DV | Domestic Violence |
| FCS | Fragile and Conflict-Affected Situation |
| FDP | Forcibly Displaced People |
| FGM | Female Genital Mutilation |
| GBV | Gender-Based Violence |
| IPV | Intimate Partner Violence |
| LGBTQ+ | Lesbian, Gay, Bisexual, Transgender, Queer + |
| PTS | Psychologic and Therapeutic Staff |
| SDGs | Sustainable Development Goals |
| SRHR | Sexual and Reproductive Health and Rights |
| TBD | To Be Defined |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations International Children's Emergency Fund |
| UNSD | United Nations Statistics Division |
| UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |

# KEY DEFINITIONS

**Gender:** Gender refers to social, cultural, traditional and behavioural attitudes, attributes, expectations, norms and roles into which we are socialised, that are associated with a person's assigned sex at birth. Gender is socially and culturally constructed; constantly produced and reproduced through daily performative acts. Set of attributes, norms and roles associated with men and boys are defined as masculinities and set of attributes, norms and roles associated with women and girls are defined as femininities. Gender roles and norms differ over time and across societies, within and between cultures, communities and social groups. Most often, gender is socially seen as a binary, but it is important to remember that gender is a spectrum, that encompasses many individual and intersectional identities and different masculinities and femininities.

**Gender-Based Violence:** GBV is any harmful act perpetrated against a person or a group on the basis of their gender, whether taking physical, sexual, emotional and psychological forms, and occurring in public and private spaces, but more often in the private sphere according to research.[1] These acts include but are not limited to: domestic violence and IPV; forced marriage and marriage by abduction; sexual abuse and rape, including marital rape, statutory rape and rape in FCS settings; so-called honour killings; female genital mutilation; human trafficking, including sexual exploitation and cybersex trafficking; forced prostitution, including child prostitution; forced pregnancy; non-delivery of SRHR, including abortion proscription and forced abortion; harassment, including sexual harassment at work, school, online and in the street; feminicides; gender-specific infanticides; bullying, whether in school, at work or in online settings; economic violence; acid attacks; dating abuse; online violence, including pedo-pornography and revenge porn; and every other gender specific traditional or cultural practices causing harm. While it is important to remember that GBV disproportionally affects women and girls, reflecting gendered structures of inequalities and power, we also have to bear in mind that men and boys experience violence and abuse as well; and that other vulnerable populations, such as the LGBTQ+ community and disabled people, are also particularly affected by GBV.

**Survivors/Victims of GBV:** A person who is or has experienced any form of GBV. Throughout this document, both terms will be used interchangeably to simultaneously highlight the agency of GBV survivors, stressing that need for empowering GBV interventions, and that they are also victims of systemic oppression, violence and power dynamics, and require protection and support from organisations and communities.

**Vulnerable Populations and Geodemographic Areas:** Some populations are particularly vulnerable to GBV or live in contexts that amplificate their vulnerability to GBV and necessitate specific awareness. These populations include but are not limited to: girls, and children subjected to GBV in general; the LGBTQ+ community; populations with disabilities; populations in FCS settings; populations going through migration processes, including migrants, refugees, asylum-seekers and FDP.

[1] UN Women. https://interactive.unwomen.org/multimedia/infographic/violenceagainstwomen/en/index.html#intimate-2.

# INTRODUCTION

Gender-based violence is a human rights violation of global pandemic proportions, reflecting and reinforcing gender structural inequalities, and undermining the health, dignity, integrity, security and autonomy of both the victims and the perpetrators. 1 out of 3 women worldwide have experienced physical or sexual abuse during their lifetime.[2] In Africa, up to 64% women have experienced intimate partner violence at least once in their lives.[3] In accordance with the 2030 Agenda for Sustainable Development, and more particularly the Sustainable Development Goals 5.2 to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation, and 16.1 to significantly reduce all forms of violence and related death rates everywhere, as well as with the AU Strategy for Gender Equality & Women's Empowerment 2018-2028 to aim for all forms of violence against women and girls to be reduced, criminalised and condemned by society,[4] AHO has established this ten-year plan of action to support the eradication of gender-based violence in Africa.

This document outlines the cross-cutting components and strategic areas identified by AHO as key in addressing the complex and multifaceted challenges and issues linked to GBV. An approach to GBV needs to be based on multisectoral and multilevel cooperation; challenging traditional, social and cultural harmful gender norms and behaviours; context-tailored programming; prevention and early intervention; accessible, safe and gender-sensitive delivery of health services and support; specific awareness to vulnerable populations; evidence-based interventions; a survivor-centred approach; and human rights, ensuring dignity, justice and accountability. AHO will focus its action according to three strategic areas: preventing GBV by transforming the structures of inequality and power, the deep-rooted social norms and practices, and making non-violent interaction the norm; providing services for GBV survivors and ensuring they have access to health, social and legal support; and making sure perpetrators are pursued by strengthening legal practices and frameworks and making systematic legal actions against perpetrators the norm.

Overall, AHO vision is that, on the long term, individuals, communities, populations and societies are inclusive, healthy, peaceful and safe, and that all African women, girls and individuals can live their lives free of violence and abuse. By 2030, our target is threefold: a significant reduction in the number of GBV victims, a number of health facilities accessible and sensitive to the needs of GBV victims increased, and a substantial rise in the number of perpetrators brought to justice. It is by ensuring a zero-tolerance policy is the norm within AHO workplace and interventions; learning from the grassroots organisations and individuals that have been providing unwavering support, care and protection to GBV victims; and listening to the voices of GBV survivors, that sustainable, lasting, positive and inclusive change will be achieved, and that violence-free communities will be established.

[2] UNFPA. https://www.unfpa.org/gender-based-violence. Accessed on April 27th, 2020.
[3] UNSD. 2015. https://unstats.un.org/unsd/gender/downloads/Ch6_VaW_info.pdf.
[4] AU. 2019. AU Strategy for Gender Equality & Women's Empowerment 2018-2028.

# BACKGROUND

Like other continents, manifestations of GBV in Africa are widespread. Many grassroots organisations, women-led groups and human rights NGOs have provided unwavering work to raise awareness and combat these harmful practices. At the continental level, the Maputo Protocol, signed by 49 and ratified by 37 of the 55 Member States of the AU, and a specific resolution on women and girl victims of sexual violence passed in 2007, along with the CEDAW international framework, aim to achieve GBV-free societies and communities. Yet these rampant practices remain.

IPV and DV are one of the most prevalent forms of GBV in Africa, where up to 64% women have experienced intimate partner violence at least once in their lives,[5] with women with disabilities 2 to 4 times more likely to experience IPV than those without disabilities.[6] This is partly explained by the reproduction of harmful behaviour from father to son[7], but also by deep-rooted norms of wife-beating acceptance particularly high in Africa.[8] Child marriage is often linked to increased risks of IPV and DV, early pregnancy, isolation and schooling dropouts; and Sub-Saharan Africa is a region where this practice is widely spread, with an estimated of almost 4 out of 10 young women married before their 18th birthday.[9]

Another common practice is FGM – at least 200 million women and girls aged 15-49 in 30 countries are affected by this practice, with a significant number cut before five years old,[10] and around 1 in 3 adolescents cut by health care providers.[11] Plus, with migration processes, FGM is becoming even more widespread among migrant and refugee women and girls.[12] Africa is also soil to multiple FCS, where studies have shown that risks of experiencing sexual violence including rape by a non-partner, such as police officers and armed forces, are highly multiplied.[13] Linked to FCS, population movements are a common phenomenon too, with frequent displacements and transnational migration, during which women are more likely to experience GBV, whereas during migration, after migration or in camps.[14]

However, attitudes towards violence are starting to change, the level of both women's and men's acceptance of violence has decreased over time.[15] But rates of GBV reporting are still low: an average of less than 40 per cent of GBV victims seek help, and among those who do, most turn to family and friends rather than to police and health services, with less than 10 per cent of women out of all women seeking help going to the police.[16]

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[5] Op. cit.: UNSD. 2015.

[6] Dunkle K., Van Der Heijden I., Stern E., & Chirwa E. 2018. Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme.

[7] UN Women. 2019. https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes.

[8] Op. cit.: UNSD. 2015.

[9] UNICEF. 2019. Child marriage around the world- Infographic and UNICEF (2017). Is every child counted? Status of Data for Children in the SDGs.

[10] Op. cit.: UN Women. 2019.

[11] UNICEF. 2019. https://www.unicef.org/stories/what-you-need-know-about-female-genital-mutilation.

[12] Op. cit.: UN Women. 2019.

[13] Herbert S. 2014. Links between gender-based violence and outbreaks of violent conflict.

[14] UNHCR. 2003. Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response.

[15] Op. cit.: UNSD. 2015.

[16] Ibid.

# GUIDING PRINCIPLES

**Accountability:** Ensure all institutions at all levels, starting with AHO, hold accountable every perpetrator in their premises, the systems supporting them, and challenge bystanders.

**Consent:** Ensure all GBV interventions mark consent as key to healthy and safe sexual relations and relationships.

**Context-specific:** Ensure all interventions are supported by context-informed knowledge and are tailored to the issues, specifics and dynamics of every local, district, national and regional contexts of AHO intervention.

**Cooperation:** Build a multisectoral approach at the local, district, national and regional levels, in the health sector, but also with governments and with educational, academia, political, private and legal spheres, while prioritising partnerships with civil society, especially women-led, human rights and youth grassroots organisations.

**Gender Equality:** Ensure that women and men, girls and boys, and individuals who do not self-define to these categories, enjoy the same rights, opportunities and protections, regardless of nationality, status, ethnicity, age, religion, sexual orientation, gender identity, disability and beliefs; and that in all activities women and men are engaged equally.

**Health Equity:** Ensure that all people and all communities receive the quality services they need and are protected from health threats; pay particular attention to the needs of groups that are marginalised, face multiple forms of discrimination, live in vulnerable areas, and are more vulnerable to violence and barriers in access to services.

**Human Rights:** Respect, protect and fulfil human rights, in line with international human rights standards, including the right to high standard of health and lives free of violence.

**Masculinities:** Recognise the central role of men and boys in tackling these issues and strengthen their engagement in prevention (e.g. in education, training, workshops), alongside efforts to empower women and girls; challenge dominating, violent, abusive and controlling masculinities to make place for positive, respectful, peaceful and healthy masculinities.

**Safety and security:** Ensure that all intervention from AHO, its professionals and partners are underlined by concerns of safety and security of survivors first and foremost.

**Sustainability:** Target activities not only to individuals but also to highly vulnerable geodemographic areas; reduce inequalities in access; strengthen capacities for identifying and upscaling sustainable, evidence-based and environmental-friendly solutions; and base programming on evidence-based actions.

**Victim-centred approach:** Ensure GBV care and services respect the autonomy of GBV victims to make full, free and informed decisions regarding the care they receive; respect their dignity by reinforcing their value as persons, not blaming, discriminating or stigmatising them for their experience of violence; empower them by promoting participatory approaches and providing information and counselling that enable them to make informed decisions; promote their safety by ensuring privacy and confidentiality in provision of care; encourage them to speak up; support and ensure their full and equal participation; and prioritise their voices.

# PROPOSAL STRATGEY

## VISION

Our vision is that women, girls and all individuals of all gender live safe, healthy, GBV- and violence-free lives.

To achieve this aim, this Plan of Action has identified the following targets to be achieved by 2030:

- a significant reduction in the number of GBV victims;
- a significant increase in the number of health facilities safe, accessible and sensitive to the needs of GBV victims;
- a significant increase in the prosecution of perpetrators through improved criminal response.

AHO commits to demonstrate the leadership, accountability, will and commitment necessary to achieve and support efforts to reach the required change.

## STRATEGIC AREAS AND OUTCOMES

To accomplish these targets, the AHO Strategy and Plan of Action for ending GBV has identified the following strategic areas and outcomes:

**Strategic Area 1:** Prevention of GBV.

> **Outcome 1:** Early Intervention and Prevention through AHO Health Facilities, Improving Community, District, National and Regional Health Systems.
>
> **Outcome 2:** Social, Cultural, Traditional and Behavioural Attitudes, Practices, Norms, Roles, Structures and Power Dynamics Sustaining GBV are Transformed.
>
> **Outcome 3:** Through the Promotion of Positive Norms and Behaviours Encouraging Respectful, Consensual and Non-Violent Gender Relations and Relationships, Communities' Acceptance of GBV is Reduced and Peaceful Relations are Normalised.

**Strategic Area 2:** Provision of Services for Victims of GBV.

> **Outcome 4:** Availability, Accessibility and Quality of GBV Health and Social Support Services are Increased, for Victims and Perpetrators.

**Strategic Area 3:** Pursuing Perpetrators.

> **Outcome 5:** Ensure that Victims have Access to Justice Services and that their Rights are Fully Protected through all African Formal and Informal Justice Systems.
>
> **Outcome 6:** Ensure that Perpetrators are Pursued through Multisectoral and Multilevel Cooperation.

## PLAN OF ACTION

**Strategic Area 1: Prevention of GBV.**

**Outcome 1: Early Intervention and Prevention through AHO Health Facilities, Improving Community, District, National and Regional Health Systems.**

**Output 1.1:** AHO Health Professionals and Other Health Partners are Trained to Prevent and Recognise Risks and Early Manifestations of GBV.

**Activity 1.1.1:** Identify and upscale evidence-based and good practice interventions to prevent GBV that can be implemented through the health system, e.g. through mental health programming and addressing risk factors associated with IPV, such as alcohol and substance use, aimed at women and men equally.

**Activity 1.1.2:** Build networks and relations with other health bodies and services to improve early identification and intervention practices.

**Activity 1.1.3:** Publish guidance, resources and recommendations on effective early intervention and prevention to GBV through health, based on best practice and evidence-based actions, to support their upscaling by community and national health systems.

**Activity 1.1.4:** Advocate for partner and other health bodies to identify and upscale evidence-based and good practice interventions to prevent GBV through the health system.

**Output 1.2:** Disaggregated Data is Produced, Allowing In-Depth Knowledge on GBV to be Generated, and Informed Policies and Programming on Early Intervention and Prevention of GBV to be Developed, Implemented, Monitored, Evaluated and Upscaled.

**Activity 1.2.1:** Assess gaps in gendered disaggregated data on each form of GBV at the local, district, national, regional and international levels, that will help develop evidence-based policies and programming to prevent GBV; especially in vulnerable contexts where data is scarce, such as in FCS, displacement contexts, refugee camps and for ostracised populations facing multiple forms of discriminations.

**Activity 1.2.2:** Produce, collect, analyse and update gendered disaggregated data to fill the assessed gaps; and share data with other agencies to increase the visibilisation of GBV, enable multisectoral insights and a more thorough analysis of GBV occurrence and prevention.

**Activity 1.2.3:** Build networks and relations with other sectors also working to prevent GBV, such as the educational, private and political sectors, to combine data on GBV prevention in order to increase knowledge on the dynamics sustaining GBV, strengthen evidence-based programming and good practice and enhance their monitoring.

**Activity 1.2.4:** Advocate for non-health sectors at the community, district, national, regional and international levels, to produce, collect, analyse and update data on GBV where gaps lie.

**Outcome 2: Social, Cultural, Traditional and Behavioural Attitudes, Practices, Norms, Roles, Structures and Power Dynamics Sustaining GBV are Transformed.**

**Output 2.1:** Increased Knowledge of Communities and Societies of Gender Equality, Power Dynamics and GBV, Engaging Men and Women Equally.

**Activity 2.1.1:** Advocate for, facilitate and support discussions with communities, local, religious and traditional leaders, and intergenerational dialogue,[17] engaging men and women equally,[18] to challenge GBV, cultural and social practices normalising GBV and harmful gender norms; and promote gender equality, respectful gender relations, non-violent gender norms and sustainable behavioural change.

**Activity 2.1.2:** Advocate for, promote and support educational programmes, curriculums and teacher trainings challenging GBV, cultural and social practices normalising GBV and harmful gender norms; and promoting gender equality, respectful gender relations, non-violent gender norms and sustainable behavioural change.

**Activity 2.1.3:** Support grassroots, community and national initiatives tackling harmful gender norms, behaviours and GBV practices, especially in FCS and migration contexts.

**Activity 2.1.4:** Design prevention campaigns challenging root causes of GBV and stressing the multiple, serious and multifaceted consequences of GBV from a health perspective, e.g. HIV, maternal, mental health, engaging men and women equally.

**Activity 2.1.5:** Deliver capacity-building workshops to communities on challenging root causes of GBV and stressing the multiple, serious and multifaceted consequences of GBV from a health perspective, engaging men and women equally.

**Output 2.2:** Increased Awareness of Sexual and Reproductive Health and Rights, Engaging Women and Men Equally.

**Activity 2.2.1:** Design prevention campaigns to reduce stigma around talking openly about SRHR, especially on usually sensitive and taboo topics such as abortion, sex before marriage and maternal depression, to share accurate information about SRHR and to promote healthy, respectful, safe and consensual sexual relations and relationships, especially among teenagers and vulnerable populations, such as the LGBTQ+ community, and engaging men and women equally.

**Activity 2.2.2:** Deliver capacity-building workshops to communities as safe spaces to reduce stigma around talking openly about SRHR, especially on usually sensitive and

[17] Certain GBV practices such as FGM have important difference of prevalence across generations, which is why intergenerational dialogue among communities is crucial: *Op. cit.:* UNSD. 2015.
[18] In certain regions, women's levels of acceptance are higher than men's, which is something that needs to be addressed alongside abusive masculinities: *ibid.*

taboo topics such as abortion or maternal depression, to share accurate information about SRHR and to promote healthy, respectful, safe and consensual sexual relations and relationships, especially among teenagers and vulnerable populations, such as the LGBTQ+ community, and engaging men and women equally.

**Activity 2.2.3:** Advocate for, promote and support educational programmes, curriculums, teacher trainings and other initiatives delivering comprehensive, accurate, emotionally-aware and healthy sexuality education to students at all levels.

**Activity 2.2.4:** Conduct mandatory training on SRHR, consent, respect, gender equality and non-violence among all AHO health workers and in all AHO health activities.

**Outcome 3: Through the Promotion of Positive Norms and Behaviours Encouraging Respectful, Consensual and Non-Violent Gender Relations and Relationships, Communities' Acceptance of GBV is Reduced and Peaceful Relations are Normalised.**

**Output 3.1:** Toxic Masculinities are Challenged and Positive Masculinities are Normalised.

**Activity 3.1.1:** Design evidence-based behavioural change campaigns challenging harmful and abusive masculinities; and promoting positive, non-violent and respectful masculinities, engaging men and women equally.

**Activity 3.1.2:** Advocate for, facilitate and support discussions among communities challenging harmful and abusive masculinities; and promoting positive, non-violent and respectful masculinities.

**Activity 3.1.3:** Advocate for, promote and support educational programmes, curriculums and teacher trainings and other initiatives challenging harmful and abusive masculinities; and promoting positive, non-violent and respectful masculinities.

**Output 3.2:** Communities and Individuals are Empowered as Agents of Change.

**Activity 3.2.1:** Support women and men that are champions of change and positive role models for others, and who advocate for behavioural change.

**Activity 3.2.2**: Advocate for, promote and support empowering and creative economic, political and cultural evidence-based solutions to GBV, prioritising the voices and views of GBV survivors, developed by women's networks, grassroots and human rights organisations.

**Activity 3.2.3:** Communicate, publicise and promote stories of change, public and legal decisions, events and actions reinforcing new norms and behaviours.

**Activity 3.2.4:** Advocate for, promote and support media initiatives, trainings and programmes promoting gender equality, positive portrayals of women, zero tolerance towards GBV, and condemning GBV perpetrators.

**Output 3.3:** Reduced Stigmatisation and Increased Acceptance and Support of Survivors.

**Activity 3.3.1:** Design campaigns to end the stigma suffered by victims and survivors, including men and women equally, to fight their ostracisation from society, shift the blame from the victims to the perpetrators and tackle structural barriers that prevent GBV victims to seek help.

**Activity 3.3.2:** Design activities to reach out to and support women in isolated communities to understand that GBV is a crime and to seek help.

**Activity 3.3.3:** Design campaigns targeting specific traditional attitudes and norms sustaining GBV in FCS and in migratory contexts, engaging men and women equally.

**Activity 3.3.4:** Advocate for, facilitate and support discussions among communities to end the stigma suffered by victims and survivors, to fight their ostracisation from society, shift the blame from the victims to the perpetrators and tackle structural barriers that prevent GBV victims to seek help.

**Activity 3.3.5:** Advocate for, promote and support initiatives, trainings and programmes trying to end the stigma suffered by victims and survivors, to fight their ostracisation from society, shift the blame from the victims to the perpetrators and tackle structural barriers that prevent GBV victims to seek help.

## Strategic Area 2: Provision of Services for Victims of GBV.

**Outcome 1: Availability, Accessibility and Quality of GBV Health and Social Support Services are Increased, for Victims and Perpetrators.**

**Output 1.1:** All AHO Staff is Trained to Provide Accessible, Safe, Appropriate, Victim-Centred and Essential Health Services for Survivors in Secure and Gender-Sensitive Facilities.

**Activity 1.1.1:** Establish comprehensive evidence-based GBV guidelines for all AHO health service providers to follow in all AHO activities and programming on identification and management of GBV victims, including roles, responsibilities, awareness, care, safety, counselling, assessment, referral, protocol, good practice, first line support, urgent treatment, sexual assault examination, documentation, assistance, mental health, informed consent, anonymity and confidentiality; with detailed and situation-specific instructions according to each type of GBV, each country of AHO intervention, context-specific GBV (e.g. GBV in situations of FCS and migration) and when victims are vulnerable populations facing multiple forms of discriminations and social exclusion (e.g. children, disabled people and the LGBTQ+ community).

**Activity 1.1.2:** Develop a team of trainers for AHO health care providers in line with AHO GBV guidelines to ensure all AHO service providers are systematically trained.

**Activity 1.1.3:** Develop pre- and in-service training packages and modules for all AHO health care providers in line with AHO GBV guidelines to be incorporated into all AHO health activities and training programmes.

**Activity 1.1.4:** Identify and upscale evidence-based and good practice interventions to support GBV survivors.

**Activity 1.1.5:** Identify and upscale evidence-based and good practice interventions working to reduce recidivism from perpetrators.

**Activity 1.1.6:** Support continuous service transformation and improvement of AHO health staff services to GBV survivors, through rigorous routine enquiry, dissemination of best practice, listening to the voices and learning from the actions of those on the frontline, i.e. GBV survivors, grassroots and human rights organisations supporting them.

**Activity 1.1.7:** Design and distribute posters and flyers on GBV and services available to victims in all AHO health facilities and in communities.

**Output 1.2:** AHO Sets Standards in GBV Care and Management that Snowballs into the Training and Awareness-Raising of AHO Health Partners and Other Health Actors.

**Activity 1.2.1:** Conduct cascade training according to AHO GBV guidelines to build capacities of AHO health partners and other health actors in order to increase the proportion of health actors trained on GBV identification, care and management.

**Activity 1.2.2:** Deliver capacity-building workshops to health actors at all levels on GBV identification, care and management according to AHO GBV guidelines.

**Activity 1.2.3:** Publish guides, frameworks, recommendations and resource packs on evidence-based ways to identify, support and address GBV survivors and reduce recidivism with perpetrators, based on good practice and the voices of those on the frontline, i.e. GBV survivors, grassroots organisations and human rights defenders.

**Activity 1.2.4:** Advocate for, promote and support empowering and creative evidence-based solutions in GBV identification, support and care, prioritising the voices and views of GBV survivors and those developed by grassroots organisations; and in activities to reduce recidivism of GBV perpetrators.

**Output 1.3:** Coordination with Community, District, National, Regional and International Agencies Providing Care Services and Support is Increased Allowing Barriers in Access to be Addressed and GBV Survivors to Receive Safer and More Appropriate Care and Support at All Levels.

**Activity 1.3.1:** Produce comprehensive mapping of all sources of care and support in all African countries, at community, district and national levels, and assess gaps in services and in barriers in accessing them.

**Activity 1.3.2:** Suggest, advocate and build relations with other agencies and institutions in health and non-health sectors and at all levels to find solutions to these gaps.

**Activity 1.3.3:** Establish interagency health coordination groups at community, district, national, regional and international levels.

**Activity 1.3.4:** Build relations with health and non-health agencies that develop programmes addressing the needs of children exposed to GBV, such as FGM, DV and trafficking, to enable multisectoral knowledge on evidence-based and good practice when GBV victims are children.

**Activity 1.3.5:** Advocate for all African governments to include training on identification, quality care and support on GBV in healthcare undergraduate and graduate education, and in other educations too, such as teacher and police educations.

**Activity 1.3.6:** Advocate for all African to strengthen their transportation links, especially in remote and rural areas, to ensure that GBV survivors have access to care and support services, shelters and health providers.

**Output 1.4:** Measures to Facilitate Recovery, Autonomy, Economic Independence and Empowerment of GBV Survivors are Increased.

**Activity 1.4.1:** Ensure gender parity is achieved in AHO staff, especially in health staff, positions of responsibility and decision-making positions.

**Activity 1.4.2:** Advocate, promote and support actions and groups, including grassroots organisations and women's networks, providing economic support to women and vulnerable populations, including GBV survivors, people with disabilities, LGBTQ+ people, people in FCS, people in migratory contexts, and other populations suffering from social exclusion and discrimination.

**Activity 1.4.3:** Advocate for all African governments to develop policies and increase their funding and budget allocation on GBV prevention, care, monitoring, and to social protection programmes.

**Activity 1.4.4:** Advocate for all African governments to develop policies implementing economic livelihoods and vocational training for the reintegration and empowerment of women and GBV survivors.

**Activity 1.4.5:** Deliver capacity-building workshops on professional skills, such as business management, financial literacy and leadership, to women, GBV survivors, communities, organisations and vulnerable populations.

**Activity 1.4.6:** Promote and support organisations delivering capacity-building workshops on professional skills and implementing income-generation projects aimed at women, GBV survivors, communities, organisations and vulnerable populations.

**Output 1.5:** Strengthened Accessibility to Free, Safe, Anonymous, Gender-Sensitive Accommodation and Shelters, and Adequate Crisis Information.

**Activity 1.5.1:** Produce comprehensive mapping of shelters and gender-sensitive accommodation in all African countries, and assess gaps and barriers in accessing them, e.g. considering children and disabled people.

**Activity 1.5.2:** Produce protocols for all shelters, including coordination with local agencies, referral, criteria for admission and staff training.

**Activity 1.5.3:** Advocate for all African governments to increase the number of shelters and accommodation for GBV victims, to ensure that at least one shelter is available in each community and vulnerable demographic area.

**Activity 1.5.4:** Advocate for all African governments to establish national violence helplines providing information on rights, referral, service providers and crisis counselling for GBV survivors.

**Activity 1.5.5:** Advocate for all African governments to design and distribute posters and flyers on comprehensive information on rights, referral, service providers and crisis counselling for GBV survivors to be displayed and made available in all African national health facilities.

**Output 1.6:** Strengthened Accessibility to Psychological and Therapeutic Services, Counselling and Mental Health Support.

**Activity 1.6.1:** Establish comprehensive evidence-based guidelines for all AHO PTS to follow, on providing care, crisis information, counselling and mental health support to GBV victims and perpetrators, including when dealing with vulnerable populations and geodemographic areas.

**Activity 1.6.2:** Ensure enough PTS is recruited and ensure there is always at least one PTS professional in all AHO health activities.

**Activity 1.6.3:** Develop a team of trainers for AHO PTS in line with AHO guidelines on mental health in GBV to ensure all AHO PTS are systematically trained.

**Activity 1.6.4:** Develop pre- and in-service training packages and modules for all AHO PTS in line with AHO guidelines on mental health in GBV to be incorporated into all AHO psychologic and therapeutic health activities and training programmes.

**Activity 1.6.5:** Identify and upscale evidence-based and good practice interventions to support GBV survivors' mental health.

**Activity 1.6.6:** Support continuous service transformation and improvement of AHO mental health services to GBV survivors, through rigorous routine enquiry, dissemination of best practice, listening to the voices and learning from the actions of those on the frontline.

**Activity 1.6.7:** Design and distribute posters and flyers on mental health and services available to victims in all AHO health facilities and in communities.

**Activity 1.6.8:** Conduct cascade training according to AHO guidelines on mental health in GBV to build capacities of AHO health partners and other health actors in order to increase the proportion of health actors and PTS trained on mental health in GBV and on mental health in general, which would also help preventing GBV.

**Activity 1.6.9:** Deliver capacity-building workshops to health actors and PTS at all levels on mental health in GBV and in general according to AHO guidelines.

**Activity 1.6.10:** Publish guides, frameworks, recommendations and resource packs on evidence-based ways to support and address GBV survivors' mental health, based on good practice and the voices of those on the frontline.

**Activity 1.6.11:** Produce comprehensive mapping of all sources of mental health care and support in all African countries, at community, district and national levels, and assess gaps in services and barriers in accessing them.

**Activity 1.6.12:** Suggest, advocate and build relations with other agencies and institutions and at all levels to find solutions to these gaps, and to implement, support and upscale initiatives raising awareness and ending the stigma around mental health issues.

**Activity 1.6.13:** Advocate for all African governments to increase training on mental health in healthcare undergraduate and graduate education, and in other educations too, such as teacher and police educations.

**Output 1.7:** Disaggregated Data is Produced, Allowing Informed Policies and Programming on GBV Care, Support, Management and Referral to be Developed, Implemented, Monitored, Evaluated and Upscaled.

**Activity 1.7.1:** Assess gaps in gendered disaggregated data at the local, district, national, regional and international levels, especially in vulnerable contexts where data is scarce, such as in FCS, displacement contexts, refugee camps and for ostracised populations facing multiple forms of discriminations, on referral, care, support and management by health and non-health professionals according to each dimension of GBV.

**Activity 1.7.2:** Produce, collect, analyse and update gendered disaggregated data to fill the assessed gaps; and share data with other agencies to enable multisectoral insights and a more thorough analysis of GBV referral, care, support and management.

**Activity 1.7.3:** Build networks and relations with other sectors also providing care and support to GBV survivors, such as grassroots organisations and police agencies, to combine data on GBV management in order to increase knowledge on GBV referral, care, support and management, strengthen evidence-based programming and good practice, and enhance their monitoring.

**Activity 1.7.4:** Advocate for non-health sectors at the community, district, national, regional and international levels, to produce, collect, analyse and update data on GBV management and response where gaps lie.

**Strategic Area 3: Pursuing Perpetrators.**

**Outcome 1: Ensure that Victims have Access to Justice Services and that their Rights are Fully Protected through all African Formal and Informal Justice Systems.**

**Output 1.1:** Strengthened Access to Accompaniment and Information on Rights, Services, Legal Processes and Procedures.

**Activity 1.1.1:** Compile comprehensive information on rights, services, legal processes and procedures available for GBV survivors in all African countries, to raise awareness and encourage them to report GBV crimes, especially for vulnerable populations and in vulnerable geodemographic areas.

**Activity 1.1.2:** Advocate for, promote and support free and quality information and legal assistance for GBV survivors in all African countries, especially for vulnerable populations and in vulnerable geodemographic areas.

**Activity 1.1.3:** Ensure systematic training of AHO staff on rights, services, legal processes and procedures available for GBV survivors in the context of each African country according to AHO GBV guidelines.

**Output 1.2:** Enhanced Capacities of Local, District and National Institutions, including Police Forces and Prosecution to Ensure the Provision of Gender-Sensitive, Safe, Accessible, Free and Responsive Services for GBV Victims.[19]

**Activity 1.2.1:** Advocate for, promote and support evidence-based and good practice in police forces and prosecution on handling GBV, and victim and gender-sensitive protection.

**Activity 1.2.2:** Advocate for, promote and support increased capacities of institutions such as police forces and prosecution to ensure the provision of gender-sensitive, safe, accessible, free, and responsive services for GBV survivors in all African countries, especially for vulnerable populations and in vulnerable geodemographic areas.

**Activity 1.2.3:** Advocate for, promote and support systematic training of local, district and national judicial and police actors on GBV, and victim and gender-sensitive protection, especially for vulnerable populations and in vulnerable geodemographic areas.

[19] The percentage of women who seek help from the police, out of all women seeking help, is less than 10 per cent in almost all countries with data: *Op. cit.:* UNSD. 2015.

**Outcome 2: Ensure that Perpetrators are Pursued through Multisectoral and Multilevel Cooperation.**

**Output 2.1:** Institutional, Traditional and Informal Measures, National Laws and Policies Supporting Attitudes and Actions Against GBV at the Community, District and National Levels are Implemented.

**Activity 2.1.1:** Advocate for, promote and support the strengthening of institutional, traditional and informal measures, national laws and policies in favour of GBV victims, criminalising perpetrators, and supporting zero tolerance policies towards GBV, in all African countries.

**Activity 2.1.2:** Advocate for, promote and support initiatives and advocacy strategies to change discriminatory and mainstream gender equality in all institutional, traditional and informal measures, national laws and policies, according to international human rights standards, especially for vulnerable populations and in vulnerable geodemographic areas.

**Activity 2.1.3:** Advocate for, promote and support initiatives and advocacy strategies to end the use of GBV as a weapon in FCS.

**Activity 2.1.4:** Advocate for, promote and support initiatives and advocacy strategies to introduce institutional measures in all social intuitions, including police forces, education, health, social welfare, religious, political and legal institutions, to monitor and address violations, especially for vulnerable populations and in vulnerable geodemographic areas.

**Output 2.2:** Systematic Legal Actions Against Perpetrators are Normalised.

**Activity 2.2.1:** Establish an AHO zero-tolerance policy towards GBV, ensuring perpetrators within AHO workplace settings and across AHO programmes and activities are systematically fired and prosecuted and that the victims are not wrongly punished, stigmatised and ostracised.

**Activity 2.2.2:** Advocate for, facilitate and support discussions with communities, local, religious and traditional leaders, government officials and staff, social workers and teachers to raise awareness in their active and legal role in reporting and referring cases of GBV.

**Activity 2.2.3:** Advocate for, promote and support transparency and systematic accountability of GBV prosecutions, especially for vulnerable populations and in vulnerable geodemographic areas.

**Activity 2.2.4:** Advocate for, promote and support evidence-based and good practice perpetrator rehabilitation programmes to reduce recidivism.

## TIME FRAME

This Plan of Action will be implemented over the 2020-2030 period. Currently, up-to-date and comprehensive data on GBV generally and on its different dimensions, in Africa as a whole, is highly lacking. Hence, the importance of producing disaggregated data on the topic, as identified in this Strategy and Plan of Action. The following indicators are suggested to monitor the progression of the outcomes identified. However, as no data yet exists on these indicators, data collection from AHO is required to firstly establish the 2020 baseline, in order to then establish the 2025 and 2030 targets.

**Strategic Area 1:**

| Indicator | 2020 baseline | 2025 target | 2030 target |
|---|---|---|---|
| Percentage of women and men who think wife-beating is acceptable in certain circumstances. | TBD | TBD | TBD |
| Percentage of women and men who think a woman may not consent to have sexual intercourse with her spouse. | TBD | TBD | TBD |
| Percentage of women and men who believe GBV victims are responsible of what happened to them. | TBD | TBD | TBD |

**Strategic Area 2:**

| Indicator | 2020 baseline | 2025 target | 2030 target |
|---|---|---|---|
| Percentage of victims who have used health care facilities. | TBD | TBD | TBD |
| Percentage of health professionals who have received training on GBV. | TBD | TBD | TBD |
| Percentage of psychosocial professionals who have received training on GBV. | TBD | TBD | TBD |

**Strategic Area 3:**

| Indicator | 2020 baseline | 2025 target | 2030 target |
|---|---|---|---|
| Percentage of countries who have implemented laws, policies and monitoring mechanisms to address GBV. | TBD | TBD | TBD |
| Percentage of perpetrators brought to justice. | TBD | TBD | TBD |
| Percentage of GBV survivors who seek help from the police. | TBD | TBD | TBD |

## RESSOURCES REQUIRED

As this Strategy and Plan of Action aims to cover the entire African continent, it is difficult to calculate a precise and definite budget. Key expenses would stem from staff training, material production, data collection, mapping and capacity-building activities delivering. AHO says US$100 per head is needed to provide basic health care. Similarly, AHO approximates that US$100 per head is needed to support the end of GBV in Africa. Similarly to AHO Strategy and Plan of Action for Ending Child Marriage, this Strategy and Plan of Action for Ending Gender-Based Violence aims to reach 10,000 communities across Africa within the next 10 years, bringing the financial resources needed for this plan to attain its targets to an approximate total of US$100 million. This level of investment is essential in order to respond relevantly and to facilitate collaboration at the local, national, transnational, and regional levels between stakeholders in addressing the challenges linked to building strong foundations to eradicate GBV on the long run in Africa. AHO calls to the cooperation from governments, organisations and other institutions to help achieve this resources target.

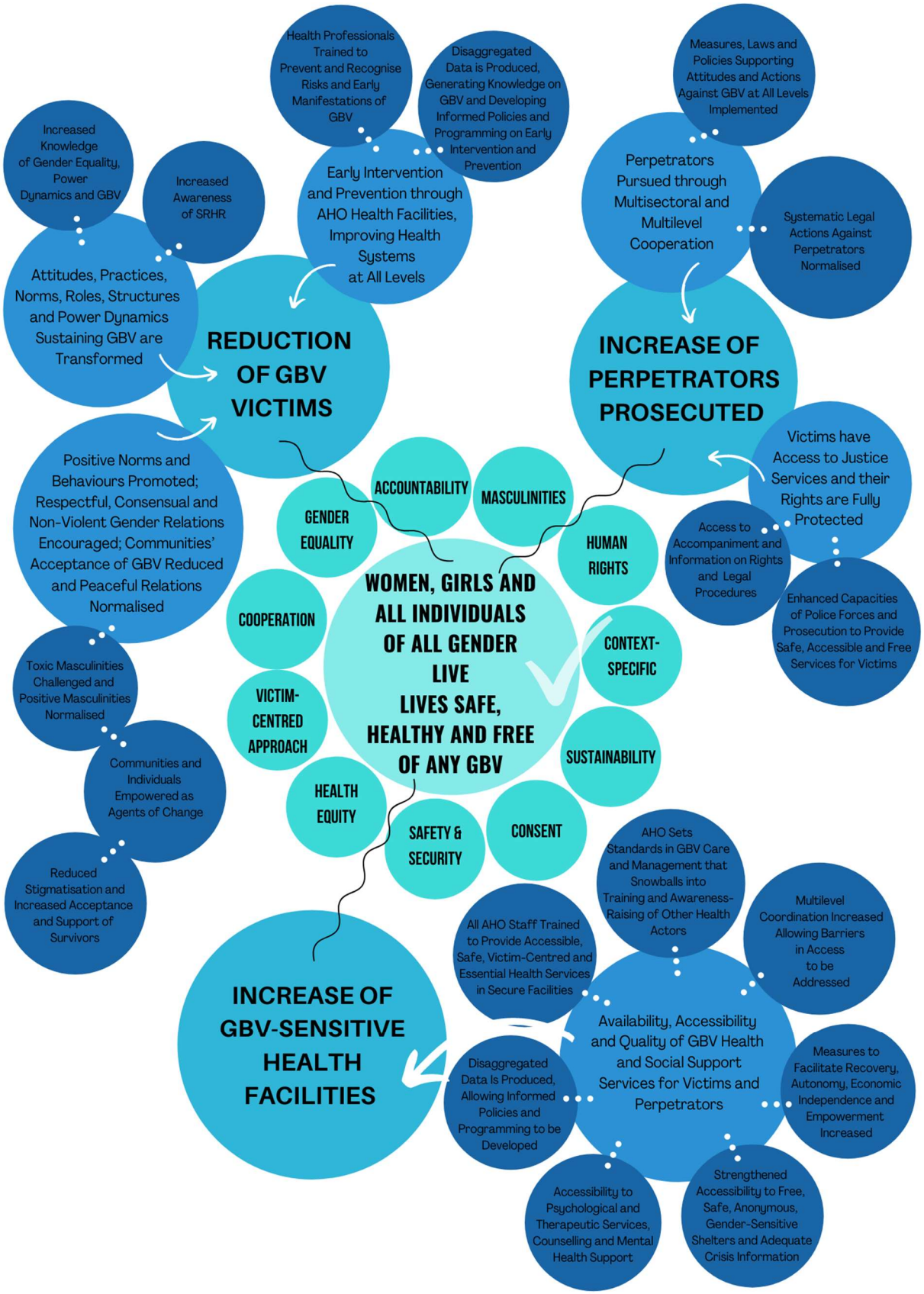
## MONITORING, ASSESSMENT AND EVALUATION

Three dimensions will be used to monitor, assess and evaluate the progress of activities established in this Strategy and Plan of Action, according to the indicators identified: data production from AHO, access to country information, and close cooperation with other agencies, organisations, networks, in all sectors and at all levels, with a strong focus on community-level feedback. Data gathering techniques for impact evaluation will include interviews, analysis of documents such as project reports, and observation of health facilities. A review of cost data will also occur yearly. Processes will be put in place for internal review and analysis of the viability and relevance of this Strategy and Plan of Action based on progress of activities, needs and capabilities.

Integrated and comprehensive monitoring, evaluation and accountability systems for policies, plans, programmes, activities, trainings, interventions and disaggregated data collection to assess their impact and efficiency in terms of GBV reduction will be established, as measured by the following indicators:

- Number of AHO health professionals trained on GBV effective early intervention and prevention; identification and management; and best practice.
- Number of AHO PTS trained on GBV providing care, crisis information, counselling and mental health support.
- Number of capacity-building workshops on root causes of GBV; SRHR; GBV identification, care and management; professional skills for women, delivered.
- Number of communities that have adopted mechanisms to allow GBV effective and safe early intervention, prevention, identification and management.
- Number of countries that have implemented educational programmes, curriculums and teacher trainings on harmful gender norms sustaining GBV; toxic masculinities; healthy SRHR education; GBV identification, care, support and mental health in healthcare, teacher and police (inter allia) undergraduate and graduate education.
- Amount of up-to-date, comprehensive and gap-filling data collected.

# SUMMARY – AHO FRAMEWORK FOR CHANGE



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