SEXUAL AND GENDER-BASED VIOLENCE[1] GOOD PRACTICES FROM BURUNDI

HIGHLIGHTS

Since 2016, Burundi Red Cross (BRC) has implemented a sexual and gender-based violence (SGBV) project in Bujumbura Municipality and in four IDP sites (Rural Bujumbura and Rumonge) together with the Netherland Red Cross (NLRC), International Committee of the Red Cross (ICRC) as well as the Ministry in charge of gender, national education and social workers, the Burundi Health Services, and the justice system. The project is **focusing on a holistic approach aiming at supporting SGBV survivors and creating a safer environment for the whole community. The project includes health response services, psychosocial support (PSS), legal and economic support as well as referral to safe house services.** Moreover, there is also a **prevention component to inform and sensitize community members on the specialized services available and to sensitize on harmful social and cultural norms** that affect survivors' life (stigma) and perpetuate SGBV at family and community level (consequences of different forms of violence).

FIGURE 1 *Cinema Mobile session in Bujumbura*

SGBV in Bujumbura:

Among the most prevalent forms of sexual and gender-based violence reported in Bujumbura are: rape, forced sexual relations with family members, child sexual abuse; emotional, psychological, verbal, economic violence in the family, sexual and physical violence perpetrated against domestic workers.

BETWEEN 2016 AND 2018:

A total of **876 survivors** (among them 95 men and boys) **accessed health, PSS, social or economic reintegration and legal services** through specific project support.

18 psychologists, 104 care providers and 41 support staff were **trained on the clinical management of rape, SGBV guiding principles** and other related information on SGBV

Weekly sensitization sessions were held in all **99 districts and in 39 selected schools** of Bujumbura, on referral pathways, health and PSS consequences of sexual and domestic violence, and other information on harmful behavior.

1 IFRC and ICRC Background Report on Resolution 3 "Sexual and gender-based violence: joint action on prevention and response", October 2015 defines SGBV as follows: *Sexual and gender-based violence is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forces or early marriage, forced prostitution and sexual exploitation and abuse.*

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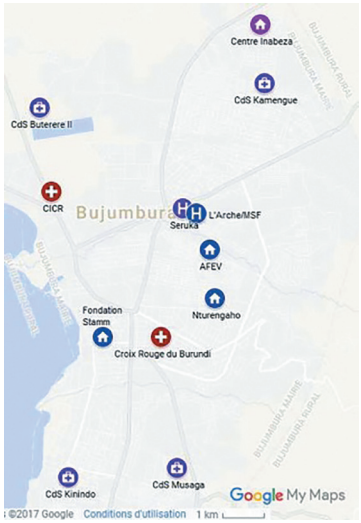
Three public health centers and one BRC health center were rehabilitated and equipped with **post-exposure prophylaxis (PEP)** kits and other medical consumables and are currently part of the referral system.

422 volunteers were trained and equipped with several awareness raising tools and outreach techniques.

CONTEXT

Rampant gender inequality creates an enabling environment for SGBV in Burundi. The inferior status of women within the family and in Burundian society, values and cultural beliefs support the submission of women. Girls are less valued than boys as demonstrate in the rate of school enrolment as well as in the workplace[2]. In Burundi, one in four women have experienced sexual violence, and children are particularly at risk[3]. Only a small percentage of SGBV incidents are reported, so the actual number is likely much higher. SGBV survivors often choose not to report the crimes due to fear of reprisal from the perpetrator, family pressure, self-blame and/or societal stigma and discrimination. The forms of SGBV reported in Burundi include rape and other forms of sexual violence, physical violence including domestic violence, sexual exploitation and abuse, and transactional sex. These forms of SGBV affect women and girls disproportionately[4], but men and boys can also be affected. Survivors, both those living in rural communities where quality health and psycho-social support are virtually non-existent but also in the capital Bujumbura, often do not know where and how to get help.



Available figures differ depending on the sources and suffer from overall under-reporting.

According to the Gender Inequality Index, by 2017 Burundi ranked 185 out of the 189, which means that it is one of the tops 5 countries with a high level of gender discrimination.

According to the ECHO Report (2019) at least 347 000 Burundian are refugees and 140 000 internally displaced people. At least 1.8 million people need humanitarian assistance. Among them women suffer the burden of the insecurity and the lack of services and are more exposed to SGBV and discrimination.

The SGBV project presented is implemented in the municipality of Bujumbura. The assessments done at the start of the project indicated that though some services were already available when the project started, alarming data from UNFPA and the Ministry for Public Health of Burundi[5] showed the need to better address service provision and awareness about health-related risk to SGBV in the capital. Moreover, several studies and assessment have confirmed that marital rape is a persistent form of SGBV in Burundi and that there is an increase in reporting of transactional sex and sexual harassment.

2 Xxxxxxxxxxxxxxxxxxxxx
3 Ibidem UNFPA 2015, 2018
4 UNFPA 2015, « Rapport sur la prise en charge des survivants des violences sexuelles », Décembre 2015.
5 Ibidem UNFPA 2015,

In early 2016, the BRC and NLRC conducted several studies to establish the needs and gaps around SGBV[6]. It showed that in Bujumbura there was only one service provider able to provide holistic care. Many interviewees indicated their reluctance to go there for fear of being recognized as a survivor. A gap in economic and legal support for SGBV survivors as well as in the access to transportation to reach different service providers were highlighted in the study. Moreover, the baseline gave insightful information about the main forms of stigma SGBV survivors are faced with. Stigma was identified as one of the major barriers to seek for medical and PSS support. The baseline also shed light on how traditionally rape cases are handled by customary law. Monetary compensation of survivors' families from the preparator side and marriage between survivors and perpetrators were indicated to be the most common form of traditional compensation for the survivor and her or his family. The initial assessment highlighted that the four IDPs sites targeted by the project were far from all government health services and no awareness on SGBV was done by local actors. These studies were complemented with information from an internal assessment done by ICRC focused on assessing the gaps on medical and PSS response in health institutions.

PROJECT OVERVIEW

Based on the needs assessment and continuous dialogue with local authorities, Bujumbura and the four IDPs sites were identified as a priority area. The BRC, NLRC and ICRC developed the current project with the aim to support SGBV survivors through a holistic and comprehensive approach based on the findings gathered and directives given by the protocol of the Ministry of Health of Burundi. The project main components are: medical and PSS support (provided by ICRC), economic reintegration, social assistance for survivor marginalized or left alone (with in-kind materials or support when hospitalized) and, legal support and emergency housing referral when necessary (provided by BRC with the technical and financial support of the NLRC).

HEALTH AND PSYCHOSOCIAL RESPONSE	AWARENESS/SENSITIZATION	INSTITUTIONAL COORDINATION
Medical care: four public health facilities have been rehabilitated by ICRC and Netherland Red Cross to create a confidential space to receive survivors and provide PSS. All the health facilities have been equipped with KIT PEP and other drugs and medical staff has been trained on clinical management of rape (CMR) by the Ministry of Health and the ICRC	**Schools:** BRC provides monthly awareness sessions in 39 schools of Bujumbura. This activity includes training for teachers and creation of youth clubs and regular monitoring and support during the monthly awareness. The activities are done in collaboration with CARE for the contents related to sexual and reproductive health (SRH), using materials based on the SASA[7] model. The contents of the awareness on SGBV are based on information about referral system and SGBV forms and consequences and are part of a broader approach on SRH in line with the directives of the ministry of education.	**Referral pathway:** BRC works with the ICRC for the referral of PSS and Medical Support but also with other NGOs – local or international – and with local authorities to ensure a good coordination. The UNFPA SGBV sub-working group validated the referral pathway used and BRC is an active member of the group. However, the referral for specialized services is still challenging. So far, no services are available for people with disabilities, people with drug addiction, psychiatric patients, people with chronic illnesses and teenagers living on the streets.'

6 This included a joint BRC and NLRC needs assessment to identify the gaps in the existing service provision and uncovered needs related to prevention and response to SGBV, as well as a baseline study to identify stereotypes and stigma about SGBV survivors and knowledge about existing services and awareness on SGBV among the population of Bujumbura and among the volunteers that were selected to provide awareness sessions. This baseline included an assessment on the different barriers that prevent survivors to seek for services.

7 SASA! is a groundbreaking community mobilization approach developed by Raising Voices, an Uganda – based organization, for preventing violence against women and HIV.

Psychological care: Psychologists appointed by BRC and ICRC and trained by ICRC offer survivors' individual therapy. The psychologists are working in the health facilities and are also acting as case managers hence referring the survivors to the services available according to their needs and wishes in line with the SGBV guiding principles.

Access to services: The psychologists guide survivors to other services through the referral pathway; economic support is done directly by BRC trough a cash transfer system to respect the confidentiality. All the service providers have regular exchange to better improve the system.

Protection: A safe house was identified to refer survivors rejected by their families or at risk of retaliation. In 2018, 145 women survivors, accompanied by 108 children and 36 newborns, accessed a safe shelter.'

Transport and other in-kind items are provided to women that want to go back to their hometown. BRC also coordinates with government social services in the province (CDFC) to make a follow up for the survivors that decided return home.

Communities: community sensitization sessions have been held in all 99 districts of Bujumbura. Local volunteers coupled with local authorities and/or religious leaders do the awareness. Different tools and methods of awareness sessions are used with the purpose to reach different target group. This includes specific session such as mobile cinema with a movie created by the BRC and radio programme, outreach activities in specific area such as parking lots to focus on taxi drivers or football tournaments to specifically target men.

Hotline 109: the BRC has a hotline to report all kind of emergencies. ICRC has trained 109 operators on how to provide information to SGBV survivors including basics of psychological first aid (PFA). All the operators have an updated list of services providers and knowledge about the referral system.

Coordination mechanisms: the different actors involved in the referral pathways have regular meetings to exchange on coordination issues and improvement of the service provision. The meetings are held on a monthly or quarterly basis and differ according to the nature of the coordination. For example, a monthly meeting is held between ICRC, BRC and NLRC related to the partnership, a monthly meeting is held by ICRC with the psychologists of the health facilities and medical staff to ensure a good quality of the response.

ECONOMIC SUPPORT

An emergency fund is available to support survivors with food and transport when this is needed. A small-scale economic support is also provided to the most vulnerable survivors. The selection is done with specific vulnerability criteria and the funding allocated (in two instalments) are provided through a cash transfer to respect confidentiality. Few members of the project staff do some coaching before the delivery of the instalments on how to set up a small business activity.

BRC CAPACITY-BUILDING:

- 504 BRC volunteers have been trained in using awareness raising tools previously developed by the project staff.
- 13 staff members have been trained and coached on the SGBV guiding principles and, referral system and awareness creation.
- 41 people, among them hotline operators and welcome staff from BRC, have received basic information about SGBV, refe volunrral system and for the hotline operators also psychological first aid (PFA) skills.

This SGBV project is based on a comprehensive cooperation model where each of the entities involved contributes with a specific area of expertise. For instance, for the legal support component BRC cooperates with the Association of Women Lawyers when survivors decide to seek justice. For the BRC, the main area of activity is the community outreach, whereas the ICRC implements the PSS and medical support. The prevention strategy developed by BRC and NLRC aims to inform communities about SGBV-related issues such as medical and PSS consequences and about services available; to create a safe environment for the survivors with messages that tackle the stigma and create a more supporting environment for survivors and key action that promote gender equality and men's engagement. The prevention strategy is also based on a community approach were volunteers involve local leaders and religious leaders during the outreach sessions and during the campaigns.

WHAT WAS ACHIEVED?

The mid-term review of the SGBV Project conducted in April 2018 for the period June 2016 – December 2017 highlighted **good results in the quality of service provision, the awareness of the local communities, the engagement of local leaders and the coordination system** in place both internal to the Red Cross and external with other CSO, NGO, UN and local authorities.

FIGURE 2 *Red Cross Caravan During the 16 days of activism*

1) **Comprehensive healthcare and referral for SGBV survivors.** Until the end of 2018, 876 survivors (781 women or girls and 95 men or boys) accessed at least one service among health, PSS, and legal support. Among them, 78 survivors benefitted from an economic support program, which gave them the possibility to start a small business. In 2018, 75 female survivors sought legal advice and, at the time of writing, six had seen their perpetrators convicted. In addition, 145 women survivors, accompanied by 108 children and 36 newborns, accessed a safe shelter. Three public health centers and a BRC health center were rehabilitated equipped with PEP kits and other medical items. To be able to provide professional support to survivors, a total of 18 psychologists, 104 care providers - among them staff of local NGOs offering services to survivors such as the personnel of the safe house - and 41 BRC support staff were trained. Over a period of two years from 2017 to 2018, a steady increase in survivors accessing health facilities' SGBV services is visible, meaning that sensitization and information about available services has had an impact. Monthly or quarterly coordination meetings with teams from four health centers and with other service providers resulted in a good quality of the service provision and an improvement of coordination among stakeholders.

2) **Strengthened knowledge and changing perception in communities and schools.** Regular awareness-raising activities were held in all 99 districts of Bujumbura, in 39 schools, and in the four IDP Camps[8]. During the baseline it was assessed that community had very limited access to information about the consequences of SGBV and referral system. Moreover, stigma was noted as a key factor for not accessing services for survivors. Tools and awareness raising messages where developed based on the information gathered during the baseline study. Opinion leaders were also engaged to be part of the awareness sessions with trained volunteers to tackle stigma and traditional reparation issues. The midterm review showed significant progress in the knowledge of the community members about services available and forms and consequences of SGBV. More knowledge about emergency care (less than 72 hours) and PSS support (almost unknown at the time of the baseline) were assessed in all the groups (disaggregate by age and sex). Moreover, participants showed increased empathy for survivors and increased knowledge about access to justice. Participants reported to prefer the legal over the traditional compensation system.

3) **Strengthened inter-institutional coordination.** Since April 2016, the BRC has been an active member of the SGBV sub-working group. The collaboration with other actors working on

> *"The training on sexual gender-based violence helped me to find a way to better address my family concern and to reconnect with my profound feelings," said a Burundi Red Cross volunteer. "In Burundi there is a very strict disaggregation among women and men's roles. Baby's care responsibilities belong to women and even if I saw my wife struggling alone with baby's care and other duties I kept away, staying in my man role because of the culture.*
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> *After attending the first BRC training, I felt the information received was touching the sense of justice I always have repressed in the name of culture. I kept questioning myself for a while about respecting men's role or to start changing this. I decided to change and to help my wife at home. With the last born I usually change diapers and I cook at home when I know she is busy. At beginning my relatives were not happy but I did not care. This change in my behaviour at home also changed the relationship with my wife. We have a better communication now and we feel very happy. This SGBV project changed definitely also my life."*

8 The awareness raising, and consequent changes, among community members and pupils was measured with a qualitative study .The qualitative methodology is based on focus group discussion (FGDs), key informants interviews (KIIs) as well as small participatory theater (sketch) done randomly in all project areas during the baseline study and during the midterm review (MTR)

> *"Many people in our community did not know about the domestic violence. The awareness sessions carried out by the Burundi Red Cross has opened our eyes. I saw that in my community people started talking about domestic violence and questioning if was fair to beat a wife when she is late or food is not ready on time. The awareness activities launched by the BRC have really contributed to enhance the knowledge in this community toward SGBV."* (FGD male participant during MTR – April 2018)

SGBV or related activities has been key to enhance the referral pathways. Moreover, the BRC has a long and trustful relationship with local authorities enhancing the coordination with the national social services office (CDFC). This office has contributed in strengthening the coordination among different organizations. Moreover, continuous dialogues and information sharing with the Ministry of health, the Ministry of education and Ministry of gender and social affairs has created a good collaboration with all national institutions.

5) **Increased BRC response capacity.** BRC volunteers and staff previously had little knowledge about SGBV and the referral system. The mid-term review showed that volunteers and staff are now more knowledgeable and able to refer survivors with more confidence, as well as having changed their perception of survivors and gender roles in their homes. The BRC board members included SGBV as a mainstreaming approach in the 2018 - 2021 Strategy plan. The awareness sessions on SGBV carried out in the last years with the aim to sensitize board members and the management team on the importance of SGBV as a cross-cutting issue contributed substantially to this achievement.

Income-generating activities (IGA) have also been developed to strengthen branches and HQ in Bujumbura Municipality as of 2018. The IGAs are an example of social entrepreneurship with the aim of reinforcing the economic autonomy of the branches and increasing the sustainability of the NS to continue to support survivors. Indeed, a part of the IGAs' profit will be devolved to continue to support some of the project activities, especially economic reintegration of survivors.

> *"The BRC is an important partner of the SGBV network and very helpful in providing services in a very efficient and effective way. It is the only organization that provide transport fee for survivors and this is a real add value for the follow up of the survivors"* (UNFPA – SGBV Specialist interview during MTR)

FIGURE 3 *Awareness session by RC volunteers during the 16 days of activism*

> *"Before this project started, I was already a BRC volunteers but I was not sensible at all to SGBV women survivors. I blamed her and I always thought it was her fault. I had very negative attitude toward women suffering SGBV and especially rape survivor.*
>
> *With this project I learned a lot. I also had a personal change in my life because I learned that sex with no consent is rape and I was doing this to my wife.*
>
> *I am now acting as an activist in my community and I also changed my attitude at home. I have a lot of gratitude for my trainer and my colleagues that guided me to this change."*

LESSONS LEARNED

The SGBV project in Burundi demonstrates that Red Cross and Red Crescent can play an important role in complementing the efforts of state institutions in preventing and responding to SGBV challenges. It also shows that different institutions and organizations can work in synergy and bring their specific expertise and resources to the program.

COMPLEMENTARITY	When the Red Cross cooperates in a regular and transparent manner with Movement partners and local health structures and other service providers, complementarity is given. This can create good synergies and enhance the quality of the intervention. A lack of cooperation between the national ministries can be a problem and needs to be assessed in the early phase of the project implementation.
MOVEMENT APPROACH	A good match between ICRC technical expertise and National Society volunteer-based work has been essential to ensure a quality in the service provision.
VOLUNTEER ENGAGEMENT	The engagement of volunteers results in changes in knowledge and attitudes. Their engagement needs to be fed with regular training and coaching as well as with tools and feedback sessions that can help to improve their self-confidence when delivering sessions.
PROTECTION CONCERNS	Survivors rejected by family and community face additional protection risk; programs need to mitigate those risks (ex. safe house access, economic support need to be part of SGBV programme).
CONFIDENTIALITY	Confidentiality might be at risk when sharing data with national authorities. The monitoring of the economic support requires follow up visits and this can put confidentiality in danger if not properly planned and done by small teams.
REFERRAL SYSTEM	Do not start any SGBV programming without a comprehensive referral system in place and no outreach activities without services available!
MEDICINE AND DRUGS	Being aware that many medicines and drugs must be imported is key. Knowledge of import rules, times and prices are essential in the budgeting phase.
ACCESS	Authorization from local municipalities is key to create a safe environment and create a good coordination among service providers. Provision of funding for transport of survivors to facilitate access to services and follow up might be costly but is essential to ensure no one is left behind. Different communication strategies and approaches are needed to reach all social groups (avoid to stick to one tool and one message). This is especially needed when reaching women and men from different social and economic backgrounds.
OUTREACH TO ADOLESCENTS & CHILDREN	Outreach to adolescents & children has not worked well in conjunction with parents being present. There is need for children to be attended to in a separate venue during adult sensitization session. Not always are the information given child friendly. The use of different spaces where children cannot enter needs to be explored further. Since there are many taboos around sex and sexual reproductive issues, SGBV awareness for adolescents and youth need to be addressed in a broader sexuality education framework adapted to adolescents. The same should be done with adults.
IDENTIFICATION OF MEN SURVIVORS	It has proven difficult to identify male survivors of SGBV and there needs to be some rethinking about methodologies to engage with them from the outset of the project. This includes the development of new tools and communication strategies.

NOTES