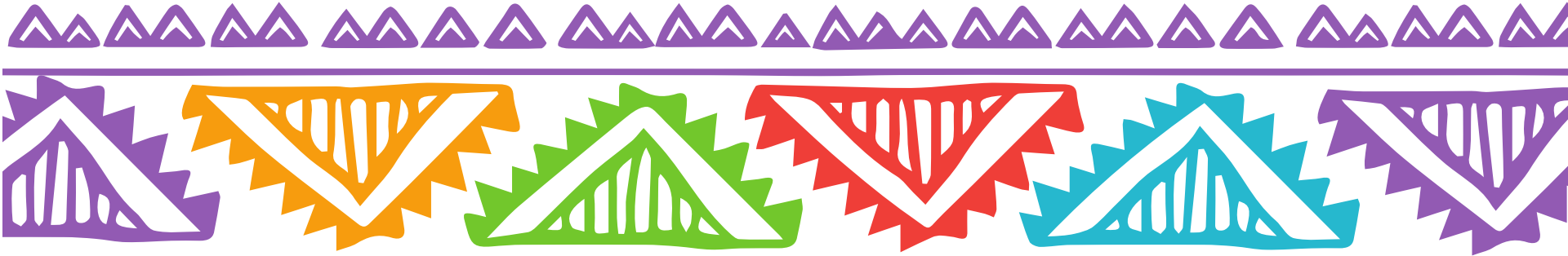


COMMUNITIES CARE: TRANSFORMING LIVES AND PREVENTING VIOLENCE

Using social norms perspectives for sexual violence prevention with conflict-affected communities

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UNICEF's Communities Care Programme

- Drawing on empirical evidence of effectiveness of social norms interventions in behaviour change, the ***Communities Care: Transforming Lives and Preventing Violence*** was developed.
- Goal “To create safer communities for women and girls through transforming harmful social norms that contribute to sexual violence into social norms that uphold women and girls’ equality, safety and dignity”.



Community- Based Care Component

1

Compassionate
Survivor-
Centred Care

Community Action Component

2

Community
Work to
Transform
Social Norms



Step 1 Strengthen community-based care and support for survivors

Step 2 Reflect collectively on vision, values, rights, beliefs and norms

Step 3 Explore beliefs, behaviours and benefits of change related to gender, power, violence

Step 4 Commit to change and demonstrate publically

Step 5 Communicate change is happening

Step 6 Build an enabling environment





PART 1

BUILDING KNOWLEDGE AND AWARENESS

SECTION 1

INFO

Information about sexual violence, social norms and self-awareness

SECTION 2

TRAINING

- 1 Sexual violence
- 2 Social norms
- 3 Self-awareness



PART 2

PROGRAMME PLANNING AND MONITORING

SECTION 1

INFO

Guidance and tools for programme planning and monitoring

SECTION 2

TRAINING

- 1 Workshop Guide: Orientation to the CC programme



PART 3

STRENGTHENING COMMUNITY- BASED CARE

SECTION 1

INFO

Guidance and tools for strengthening community-based care

SECTION 2

TRAINING

- 1 Survivor-centred response
- 2 Health response
- 3 Psychological response
- 4 Education response
- 5 Law enforcement response



PART 4

CATALYSING CHANGE

SECTION 1

INFO

Guidance and tools for facilitating community discussions and actions

SECTION 2

TRAINING

- 1 Facilitating community discussions
- 2 Community Discussion Guide

PROBLEM

Limited availability, access to and quality of support services and harmful social norms contribute to poor outcomes for survivors of sexual violence and their families and to acceptance/tolerance of and inaction against sexual violence.



Survivors receive the quality survivor centred care that they need

IMPACT

Reduced tolerance of sexual violence within the community and increased use of survivor centred services



Community's acceptance of sexual violence is reduced

VISION

Communities are healthier, safer, and more peaceful.



A

Map sources of care and support in the community

Assess gaps in services and barriers in accessing services

Implement solutions to gaps in and barriers to services

Establish and support interagency coordination groups at district/state level

Develop and disseminate referral directory and protocols

B

Train all service providers on sexual violence, social norms, self-awareness and good practice in survivor-centred care

Train, equip and mentor community health workers to provide basic health response to survivors

Train, equip and mentor clinic-based health workers to treat sexual violence survivors

Train and mentor psychosocial actors in good practice in psychosocial care and supervise case management

Train and mentor education staff in recognizing and responding to sexual violence

Train and mentor law enforcement actors in good practice in law enforcement response to sexual violence

Survivors
receive the
quality survivor
centred care
that they need



C

Identify core groups to start community discussions, including interagency response actors

Facilitate group discussions with core groups

Identify 'champions for change' and support them to raise awareness

Identify new community members to participate in group discussions

D

Identify ways groups can publically demonstrate commitment to new rules and behaviours

Organize collective public events that show commitment to new norms and behaviours

Advocate with public officials to support public events

Share information about events using mass and social media

E

Identify public actions people can take to reinforce new norms and behaviours

Expand community discussions to new communities

Communicate community decisions and actions using different communication methods

F

Advocate with decision makers for new laws, policies and rules that support zero tolerance of sexual violence

Introduce institutional measures in education, health & social welfare systems to monitor and address violations

Community's
acceptance of
sexual violence
is reduced



Research Uptake

- Global and country-based programme/research advisory boards
- Data synthesized clearly and disseminated effectively through UNICEF and inter-agency mechanisms
- Fundraising for programmatic scale-up, including research and implementation capacity development



Pilot Projects – South Sudan & Somalia

July 2013 - present

- Voice for Change – Yei, Central Equatoria, South Sudan
- Comitato Internazionale Per Lo Sviluppo Dei Popoli (CISP) – Intl. Committee for the Dev. of People – Mogadishu, Somalia

Research Component = 4 communities

(2 control & 2 intervention) in each country

Scale up to 3 additional communities in SS & 2 planned in Somalia



Pilot Projects – South Sudan & Somalia

3 Components

1. Strengthening service providers
2. Community action and engagement
3. Research (baseline 2014, mid-line 2015 & end-line 2017)





Strengthening Service Providers & Community Action

Action	South Sudan	Somalia
Service providers supported	400+	400+
Community Discussion Groups	63*	24
Community Actions	38*	24
People reached through community actions & awareness	16,000+	20,000+
Referral Pathways	2*	1
Media Talks	50,000+	10,000+

1. Increased availability & quality of services (i.e., trainings, ambulance)
2. Referral pathways
3. Increased community awareness: radio programs, door to door, public events

* Includes scale up to 3 additional intervention sites





Community Discussion Groups: Perception Belief Surveys

Over 1500 individuals = in structured community discussion groups

A man has the right to demand sex from his wife.

Before discussion starts			After 2 months			After 4 months		
Agree	Not sure	Disagree	Agree	Not sure	Disagree	Agree	Not sure	Disagree
41%	24%	35%	5%	6%	89%	0%	0%	100%

I believe that men should beat their wives to discipline them.

Before discussion starts			After 2 months			After 4 months		
Agree	Not sure	Disagree	Agree	Not sure	Disagree	Agree	Not sure	Disagree
88%	4%	8%	4%	24%	68%	8%	0	92%



Program Interruption and Change

South Sudan - Yei

- July to September 2016 interruption
- Adaptation to security context September to present
- Control sites not accessible
- 5 km perimeter

Somalia

-  Al-Shabab activity in 1 intervention site





Impact evaluation design

Data collected in intervention & control sites

- Random sample of community members
- Community discussant participants
- Service providers who participated in training

Baseline, midline, endline

Compared change over time in social norms and barriers to reporting between the intervention and control sites

Qualitative interviews with community discussion participants and community members



Preliminary Work

Goal: Create measure of social norms towards sexual violence

Psychometric study

Focus groups to understand social norms in each setting

Item generation and review by in-country teams

Psychometric study – N=200 in each of 3 sites

Item revision

20 – item measure with 4 subscales

Response to Sexual Violence

Protecting Family Honor

Husbands' Right to Use Violence

Gender Equality



Qualitative Results:

Community discussion participants views changed



“This programme opened our eyes and mind; we used to discriminate against rape survivors, insult, abuse and blame them. But now it’s the opposite.”

-Male participant

“I used to come home late and demand sex from my wife. After taking part in the discussions, I now come home early, talk to my wife nicely and we even discuss when to have sex when we are both in the mood.”

-Male community discussion leader



Champions for change were created

“People now see me as a champion of change who is really working towards achieving a healthy community.”

- Male Community Discussion Leader

“I was facilitating a group of 12 people where I felt I have made an impact and now I am working towards reaching the larger community.”

- Male Community Discussion Leader

“As a CDL, people see me as their focal person. Now I have started empowering other women since that is what the community is now demanding from me.”

- Female Community Discussion Leader



Discussion participants began to spread the messages

“Before I had the perception that men don’t talk about sexual violence, but after the discussions I was able to talk about this.”

“One of the things I was able to work on was to spark debates with friends, this was to make them also think critically about these issues.”

“Before I started these discussions, I thought violence was part of my life, now I have the confidence and knowledge to share with the community to speak out against it.”



Beliefs changed among family and friends of discussion participants

“My neighbor participated in the discussions and I learned from her about rape. She told me rape is a harmful practice in the community. I told her it is shameful to our culture and she should not share it with anyone but she convinced me and made me understand that it is not a shame but just our belief...Now I share (this) with other people.”

- Female neighbor of a community discussion participant



Quantitative Findings Somalia:

Barriers to Reporting Sexual Violence

Barriers to reporting reduced significantly in the intervention compared to control sites

% of people seeing item as a barrier to reporting sexual violence					
Barrier to reporting SV	Control		Intervention		p-value
	Baseline	Endline	Baseline	Endline	
Health services are not helpful	35.9	45.1	65.1	35.3	<.001
Laws to protect will not be enforced	59.9	63.5	77.9	60.2	.003
Legal services are not helpful	35.0	37.1	60.1	42.2	.001
Police will harass her	34.5	37.7	62.6	39.8	.001



Social Norms: Response to Sexual Violence

- Blame women/girls when they are raped
- Accept sexual violence against women and girls as a normal part of life
- Think that a man should have the right to demand sex from a woman or girl even if he is not married to her
- Expect a husband to abandon his wife if she reports that she has been raped
- Expect the family to ignore/reject a daughter if she reports that she has been raped



Social Norms: Family Honor/Stigma

- Expect women and girls to only report sexual violence if they have serious physical injuries
- Expect a husband or father to retaliate against the alleged perpetrators
- Expect that a woman/girl's reputation will be damaged, if she reports sexual violence to the authorities or elders
- Expect women/girls to not report rape to protect the family dignity
- Expect sexual violence to be handled within the family and not reported to authorities
- Fear stigma if they were to report sexual violence



Social Norms: Husband's Rights to Use Violence

- Think it is okay for a husband to beat his wife to discipline her
- Expect a husband to force his wife to have sex when she does not want to
- Think that when a man beats his wife, he is showing his love for her
- Think that a man has the right to beat/punish his wife



Quantitative Findings Somalia: Social Norms

	Control	Intervention	p-value
Negative response to sexual violence	↑ 8.2%	↓ 2.9%	.009
Protecting family honor	↑ 0.4%	↓ 21.9%	<.001
Husbands' right to use violence	↓ 2.8%	↓ 11.4%	<.001

- The intervention community in comparison to control community had greater:
- Decline in blaming of survivors, family rejection of survivors, and acceptance of sexual violence as a normal part of life
 - Increase in support for reporting SV and decrease in concern about protecting family honor and avoiding stigma
 - Decrease in endorsement of a man having the right to beat his wife or force her to have sex



Summary of Somalia Findings

- The Communities Care messages spread from the community discussion participants to the general community
- Social norms improved in the intervention compared to the control
 - General community, not discussion participants
- Confidence in service providers increased reducing barriers to reporting



South Sudan

Due to fighting in Yei most of the participants in the longitudinal study had fled the area leading to many participants lost to follow-up at endline

Conducted an additional survey with a random sample of community members

- Determine the reach of Communities Care into the general community



South Sudan Midline

At midline, differences between the intervention and groups were not significant but were trending in the right directions for

- Protecting family honor

- Husbands' right to use violence

Only some of the community actions had occurred at midline



Community Survey to Estimate Reach

Completed by 678 individuals in 4 areas of Yei

60.9% Female

27.8% age 15-24

44.5% age 25-44

27.6% 45 or older



Findings South Sudan:

Exposure to Communities Care

In the last year, have you...	
Participated in a discussion or activity about sexual violence	37.2%
Attended an event or meeting led by others about sexual violence	40.4%
Had someone talk with you about the problem of sexual violence	47.9%
Heard messages about gender equality, sexual violence or services for victims of sexual violence on the radio or in a community gathering	73.7%



Findings South Sudan:

Where message were heard

Radio	93.7%
Church gathering	73.2%
Government official	42.3%
School	14.0%



Findings South Sudan: Messages heard in the community

Of the 492 who heard a message, they heard about...	
Importance of sending girls to school	95.3%
Harmful consequences of early marriage	91.1%
Woman should be treated equally as men	87.2%
Woman/girls should seek services if they are raped	86.2%
Men should not beat their wives	86.2%
Woman/girls should not be blamed if they are raped	85.6%
Girls should not feel shame if they are raped, she should not keep it quiet	85.2%
Services available for woman/girls who experience sexual violence	82.7%
Men and women should make household decisions together	81.5%



Estimating Reach of Communities Care in South Sudan

When asked from whom they heard the messages about sexual violence, 70.1% named Voice for Change, the Communities Care implementing partner

Taken together these findings imply that

→ 50.8% of the Yei community heard messages from the Communities Care Programme





Challenges

- Adopting CC materials through a participatory processes requires time and expertise
- Need to build capacity of the in-country partners
 - Implementation
 - Research
- Programming in chronic conflict-affected/insecure contexts
- Measurement of norms is a complicated process
 - Social norms theory is complex
 - Sexual violence in multidimensional
- Competing messages from others can decrease impact



THANK YOU

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