

Paradigm Shift: Countering Backlash: Reclaiming Gender Justice



RESOURCE BOOK



Advocates for Social Change - Kenya

Advocates for Social Change Kenya [ADSOCK] is a national Non- Governmental Organization (NGO) domiciled in Nairobi, Kenya. ADSOCK's vision is to have a just and equitable society where females and males are valued equally.

Paradigm Shift: Countering Backlash Reclaiming Gender Justice – Resource Book

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Sponsors: Institute of Development Studies (IDS), Swedish International Development Cooperation (SIDA) and We Effect



Resource Book

**Paradigm Shift:
Countering Backlash:
Reclaiming Gender
Justice**

About This Manual

This Resource Book gives a step-by-step procedure on how to train participants on various thematic areas and is intended to enhance knowledge and build the capacity towards the realization of social justice. When using this module, the facilitator is encouraged to ensure that the participants are actively engaged. The Resource Book is designed to help the facilitators increase and enhance the knowledge and skills of the participants and it is therefore important to keep realistic expectations.

It is advisable for the facilitator to adjust to the participants' expectations depending on their level of experience and knowledge in order to make the best out of the learning experience. Similarly, it is important to consider the experience that the participants are bringing to the table and the fact that they come from different backgrounds and it is highly likely that they may have interacted with the content covered in this Resource Book in different ways. Facilitators should therefore adapt the content in advance and feel free to draw on the participants' knowledge base and experiences to the benefit of all. It is important for the facilitators to allow the participants to share their expectations at the beginning of every session to allow them to tailor the content for any training session and to help them realign the objectives to relate to the learning interests of the participants.

This Resource Book should serve as a guide to the trainer, with the vast knowledge and content being included in the notes section of the presentation. Additional instruction on the approach and methodologies on how to facilitate the modules and sessions including exercises and detailed information are included in some sections of the Resource Book for easier delivery.

Purpose of the Resource Book

This second edition of the Resource Book has been developed by Advocates for Social Change Kenya (ADSOCK) with funding from Swedish International Development Cooperation Agency (SIDA) through Institute of Development Studies (IDS) and We Effect. One of the main reasons for making the second edition, as well as what is somewhat different from the first edition: "Against Patriarchy- Tools for Men and Boys to Further Gender Justice (2013)" was an attempt to present complex areas in a practical manner and to provide additional content that gives clear guidance to users on how to engage with different audiences in the promotion of gender and social justice. The purpose of the Resource Book is to enable its users to advance their knowledge and skills to effectively impart critical information geared towards bringing about transformation and acceptance of gender equality as a norm.

Who Is the Resource Book Meant For?

Gender equality cannot be achieved by one group or a few people working in isolation, it can only be achieved where there is strong leadership, and broad obligation and action at every level and in all sectors. The Resource Book is, therefore, designed to help different actors at different levels in recognising and addressing gender issues in their work, and to support the local communities to put in place the crucial mechanisms to ensure that they operate in a manner that systematically, automatically and consistently responds to the needs and interests of all members of the society, and that benefits from their programs are spread equally between women and men. Gender issues affect everyone, as such there is need to involve everyone bearing in mind that gender equality can only be achieved by meaningful participation and involvement of both women and men in the development agendas of their communities.

This Resource Book has been designed and developed to meet a broad spectrum of users to have potential for translation and global utilization. Much of the information provided in this Resource Book is generic, but its intent is to target service providers working with diverse populations as a means of strengthening their approaches and interventions in order to enhance their work in the promotion of gender equality in diverse communities. Finally, tools, exercises and activities are provided to assess male and female participation and measure good practice.

It is a reference document that can be used by different people engaged in gender and development, engaging with men and boys in social justice work. It encourages participatory engagement of all actors who are part of bringing about social transformation geared towards the realization of social justice in different contexts. It is thus intended to be adaptable to the needs, customs and culture of different local contexts.

The Resource Book is designed as a reference document rather than a text to be read from start to finish. It recognises that its users will have different needs and may have different levels of knowledge and experience in relation to gender, masculinities, countering patriarchal backlash, engaging in social accountability activities, movement building and engaging men and boys towards the promotion of gender equality and social justice in diverse communities. The Resource Book has a table of contents to help users in finding information promptly and includes ready-to-use checklists to support daily work. A step-by-step sequence is also included to support organizations that wish to actively build the mechanisms and support structures that would enable them to engage with men and boys in development.

Structure of the Resource Book

The Resource Book has been designed as toolkit and a guide and is more of an “omnibus” organized in modules which provides the users with step-by-step processes for delivering the content as well reference materials for any kind of capacity strengthening and engagement with different sets of participants. In total, the Resource Book has Seventeen Modules.

Table of Contents

Module One:	Key Concepts and Terminologies	1
Module Two:	Social Construction of Masculinities and Femininities	11
Module Three:	Roadmap to Male Allyship.....	17
Module Four:	Understanding Masculinities, Power and Male Privilege.....	23
Module Five:	Sexual and Gender Based Violence (SGBV)	29
Module Six:	Women and Girls Empowerment.....	45
Module Seven:	Best Practices for Engaging Persons With Disabilities In Development	53
Module Eight:	Survivor-Centered Approach.....	61
Module Nine:	Engaging Men and Boys to Advance Sexual and Reproductive Health and Rights (SRHR)	77
Module Ten:	Case Management.....	91
Module Eleven:	Understanding and Countering Patriarchal Backlash.....	101
Module Twelve:	Promoting Gender Equality in Cooperatives	111
Module Thirteen:	Understanding Social Justice	115
Module Fourteen:	Social Accountability.....	119
Module Fifteen:	Understanding the Social Ecological Model & Communication for Development	125
Module Sixteen:	Movement Building	139
Module Seventeen:	The Legal and Policy Frameworks for Addressing SGBV In Kenya	145
Reference:	159

Module 1



**Key Concepts and
Terminologies Used in
Gender and Development**

Session Objectives

1. To review and explain the key concepts and terminologies used in gender and development work;
2. To lay the foundation on which the participants will learn and appreciate the role of gender and other related concepts inform decisions and shape relations in the society.

Training Learning Agreement

What are the agreements that you would like to have with all participants to ensure a conducive learning environment that is participatory, non-judgmental, understanding, respectful, and inclusive?



Teaching Material

Here the facilitator is at liberty to choose the teaching aids and material to use in delivering content during the session.

Steps

In this section the facilitator can employ the use of multiple tools to ensure that the topic is well understood. The tools may include facilitation; buzz groups, Visualization in Participatory Planning (VIPP) cards or flash cards, plenary sharing or a detailed explanation of terms and concepts.

Note that you should use the simplest terms and gradually move to more technical ones. The facilitator should encourage participation to be able to gauge the level of knowledge and exposure among the participants. It is important to note that participants have some idea about some of the concepts which might be true or false. Men are sensitive to blame, please don't admonish anyone who has not given the correct answers as this is likely to lead to withdrawal among the participants which can affect participation

1. The facilitator should start by gauging the participants' knowledge of the key concepts and terminologies used in gender and development work;

2. The facilitator can then pair up the participants and ask them to brainstorm a couple of concepts which s/he had written prior on Visualization in Participatory Planning (VIPP) cards or flash cards and randomly share their answers in plenary;
3. Thereafter, the facilitator should then guide the participants in understanding the real meaning of the concepts and terminologies, citing examples of how they can be applied in context;
4. Ask them to suggest other terms relating to gender analysis that they think need to be defined. You should let them know that they are welcome to stop and ask for clarification(s) at any point during the session if there is a term that they are unfamiliar with and thus require further discussion.
5. Allow for controlled plenary discussion and compliment with your notes for better understanding and clarity;
6. Write down their responses on the flipchart complimenting them with your own facilitators' notes;
7. Finally, the facilitator should take a few minutes to gauge the participants understanding of the content, with Q&A being the suitable way of doing this, followed by a summary of the session.

Understanding Key Concepts

Sex: Sex refers to the biological and physiological identity of an individual either as female, male or intersex which is determined prebirth on the basis of genital appearance and reproductive function.



Gender: This concept refers to social attributes, roles and responsibilities that are learned or acquired during socialization as a member of a given community. It is a system of socio-cultural organization explaining economic, social, political, legal symbolic and emotional attributes and responsibilities assigned unequally to people based on their sex, gender differs from place to place and changes over time. These are the roles given to men and women by the society. They are the attributes given by the community that dictate how their people are perceived or better still the shape that the society wants men and women to take.

Summarized Understanding of Sex and Gender

	Sex	Gender
What?	Sex refers to the biological characteristics of females, males and intersex i.e., internal reproductive structures, and external genitalia.	Gender refers to the roles, responsibilities and behaviors attributed and associated with women and men. It is a system of socio-cultural organization explaining economic, social, political, legal symbolic and emotional attributes and responsibilities assigned unequally to people based on their sex.
What defines it?	It is biologically determined and it is universally used to identify individuals either as male, female or intersex.	Society and culture: Social attributes that are learned or acquired during socialization as a member of a given community.
When?	Pre-birth	Gender identity is learned from birth.
Can it be changed?	Naturally sex cannot be changed.	Gender norms and values vary within and between culture to cultures and they change over time.

Sex Roles: These are defined by biological differences between females and males. For instance, pregnancy, child bearing and breastfeeding are the only female sex roles that cannot be assumed by men. Males have only one sex role, which is to impregnate. ***Sex roles are therefore physical roles that are biologically determined.***

Gender Roles: These are a set of social and behavioral norms that are within a specific culture, are widely considered to be socially appropriate for either women and girls or men and boys. For example, most cultures define child rearing as a female role, although there is no biological reason why men cannot do it. The definitions of gender roles change over time and differ between cultures. *“Gender roles limit what both males and females can do. In effect, these roles enslave and force people to be what others want them to be”.*

Equality: Equality is the similarity in treatment as legally and/or constitutionally given. It is a fundamental human right. Equality is about according women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources.

Equity: Equity refers to *fair* and a *just sharing* and *distribution* of resources, opportunities and benefits according to a given *framework*. It is one of the measures of equality but not the only one. ***“Equity is a means. Equality is the result”.***

- The development challenge in every case is to identify barriers to the opportunities that exist, and custom interventions that will lead to equality of outcome.

Gender Equality: Refers to a situation where women and men have equal conditions and opportunities to realize their full human rights and potential; are able to participate and contribute equally to national political, economic, social and cultural development and benefit equally from the results. Gender equality requires that the underlying causes of discrimination and inequality are systematically identified and removed in order to give women and men equal opportunities. It includes: Same opportunities to access and control social resources for men and women, girls and boys. Same opportunity to access education, health services, and politics for men and women, girls and boys. Same opportunities between men and women and girls and boys to achieve health, contribute to development and benefit from the results.

Gender Equity:

Equity refers to the fair sharing and distribution of resources, opportunities and benefits according to a given framework. It is one of the measures of equality but not the only one.



The development challenge in every case is to identify barriers to the opportunities that exist, and custom design the adjusted interventions that will lead to equality of outcome. Gender equity is the quality of being fair and right.



We must work towards removing structural barriers that hinder women's realization of their full potential.

It addresses imbalances. It is a stage in the process of achieving gender equality.

Sexism: This refers to the social mechanism leading to discrimination and privileges depending on sex. Sexism does not recognize the full potential of every human being.

- It is an ideology and social mechanism leading to prejudice, discrimination and privileges depending on sex or gender, particularly against women and girls;
- Sexism does not recognize the full potential of every human being since it imposes limits on what women and girls can and should do and what men and boys can and should do.

Discrimination: This refers to the differential in treatment of men or women on the basis of age sex, gender, color, ethnicity or social status rather than individual merit. For instance, women are discriminated against in the workplace in a number of ways – however, relatively little is known about this, as there is a lack of statistics, a lack of court cases, and a lack of reporting. Often, female victims of discrimination do not realise that they have been discriminated against, and they regard unfavourable workplace conditions as normal. Covert discrimination is closely linked to cultural stereotypes and prejudices, which are often internalised by the victims. Frequently, women also do not report discrimination, as they fear further discrimination and isolation.

Gender Discrimination: The systematic, unfavorable treatment of individuals on the basis of their gender, which denies them rights, opportunities or resources.

- **Effects of discrimination:** A high number of women cannot enter the labour market until their children are old enough to not require additional childcare services anymore. Until then, women are financially fully dependent on their partner or husband. In cases of domestic

violence such women, who have not inherited property from their parents (traditionally, all property goes to the son), have to choose between leaving the house or tolerating the violence. Consequently, the unemployment of the women results in unreported cases of domestic violence and a high tolerance towards gender-based violence.

Feminism: This is the social movement or an ideology which seeks to reverse the traditional role and image of women to attain equal rights for women and men. It involves efforts by people who have been sensitized to turn around the situation based on a historical background.

Patriarchy: Patriarchy is the belief in male supremacy. It is also a system that maintains male privilege and supremacy. It is male dominion of power, leadership, ownership and control over resources that maintains the system of gender discrimination. Patriarchy is maintained by an assertion of male superiority that claims to be based on biological differences between women and men, on cultural values or on religious doctrines.

- Refers to systemic societal structures that work to the benefit of men by constraining women's life choices and chances while institutionalizing male physical, social and economic power over women;
- It is also the belief in male supremacy and a system that maintains male privilege and supremacy;
- It is male dominion of power, leadership, ownership and control over resources that maintains the system of gender discrimination;
- It is maintained by an assertion of male superiority that claims to be based on differences between women and men, in line with cultural values or on religious doctrines.

Matriarchy: Matriarchy is the opposite of patriarchy. It is a belief system that maintains female supremacy and privilege. Matriarchy is a system of women dominance.

Masculinity: Refers to ideas of how individuals gendered as men should see themselves. It is referred to the patterns of social behaviours and practices associated with the ideals of how men should behave in relation to how their gender is defined. Some masculinities might be attributed to power and privilege others might be perceived as exemplary and some may be socially marginalized depending on context and culture.

“Ultimately, societies must challenge the impossible-to-achieve demands of manhood and the patriarchal structures that underpin the demands. We need to redefine notions of manhood and find alternative masculine identities that are not destructive to women and men alike. This is a long-term prospect but it starts by changing the way we – both women and men – raise boys to be men”.

- Different from the definition of the male biological sex, masculinity is a set of characteristics and attributes associated with what it means to be a man
- Masculinities vary from one context to another. Ideas of masculinity are shaped by the broader society, and communities or by culture.

Femininity: Refers to ideas about how individuals gendered as women should see themselves. It is referred to the patterns of social behaviours and practices associated with the ideals of how men should behave in relation to how their gender is defined.

- Different from the definition of the female biological sex, femininity is a set of characteristics and attributes associated with what it means to be a woman
- Femininities vary from one context to another. Ideas of femininity are shaped by the broader society, and communities or by culture.

Power: The capacity to make decisions that affects oneself or others. Power that is exerted over others is negative use of power that is when it is used to dominate, intimidate, abuse, impose obligations on, restrict, prohibit and make decisions about the lives of others.

Empowerment: Empowerment is the process and an end result of improvement in autonomy, achieved through access to knowledge, skills, resources and opportunities derived from the concept of power. It is about people both men and women. Women empowerment means developing their ability to collectively and individually take control over their own lives, identify their needs, set their own agendas and demand support from their communities and their state to see that their interests are responded to. In some cases, the empowerment of women requires transformation of the division of labour and of society.

Empowerment manifests in the:

- **Power to:** which means the power that comes from ability, skills and knowledge,

- **Power with:** which is the power that comes from collective action, grouping and team-work;
- **Power within:** is the kind of power that is within the person and can be spiritual, psychological or mental.
- **Power over:** is the negative use of power through domination, coercion, exploitation and other negative actions;
- **Power through:** This is the exercising of power through significant others i.e., relatives, friends, workmates etc.

Economic Empowerment: This is the capacity of women and men to participate in, contribute to and benefit from growth processes in ways which recognise the value of their contributions, respect their dignity, and make it possible to negotiate a fairer distribution of the benefits of growth. Economic empowerment increases women's access to economic resources and opportunities including jobs, financial services, property and other productive assets, skills development and market information.

Women's Empowerment: Improving the status of women to enhance their decision-making capacity at all levels, including on matters relating to their sexuality and reproductive health. Women's economic empowerment and participation are fundamental to strengthening women's rights and enabling women to have control over their lives and exert influence in society (Gibert & McNaughton 2018).

Development: This is the process of social, economic and political transformation of a society. Transformation is about changing from one level to another and improving livelihoods. It is a process and an end result of empowerment.

Identity: This concept refers to the socialization either as man or woman and it is what shapes our behaviours. It can also be defined as the characteristics that determine who a person is. Therefore, gender identity is an individual's personal sense of having a particular gender.

Culture: It is a way and pattern of life found in a group of people who are bound by the same beliefs, relationships and values. It can also be defined as stable way of life of a group of people and patterns of beliefs, thoughts, traditions, values, and practices that are handed down from one generation to the next to ensure the continuity of existing systems practiced over a period of time. It can change over time depending on the circumstances and the environment.

Society: Is a group of people together and with shared traditions, history and aspirations. The culture of the people determines what they expect from their males and females of different ages.

Folklore: The folklore of a people encapsulates their ideology in the various genres among them their dances, songs narratives and drama, which define the status, attitudes and opinions about either gender. Such ideas are used to justify gender power relations.

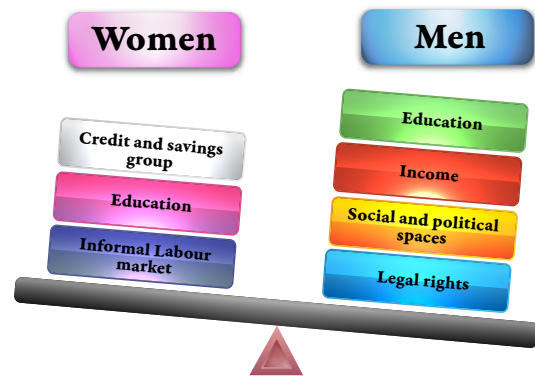
Ideology: This concept denotes a set of beliefs characteristic of a social group or individual. Can also be defined as system of thought, ideas, ideals and values which determine societal practice especially one which forms the basis of socio-economic or political theory and policy.

Gender Relations: Refers to the way men and women relate in terms of distribution of power between the two genders e.g., in decision making.

- Refers to the way women and men relate in terms of distribution of power between the two genders, for example in decision making, sharing of resources and in sharing responsibilities;
- Hierarchical relations of power between women and men that tend to disadvantage women. These gender hierarchies are often accepted as 'natural' but are socially determined relations, culturally based, and are subject to change over time;

They can be seen in a range of gendered practices, such as the division of labour and resources, and gendered ideologies, such as ideas of acceptable behaviour for women and men.

Gender Disparity or Gap: A specific difference or inequality between girls and boys, or women and men in relation to their conditions, or how they access or benefit from a resource (e.g., men's and women's access to health services, school drop-out rates of girls and boys).

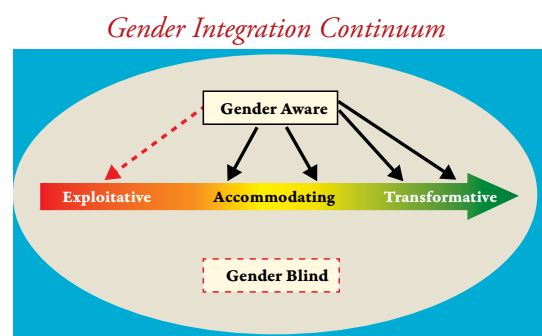


Gender Blind: Unaware of gender concepts and the impact that they have on life experiences and outcomes for girls and boys, women and men.

Gender Sensitive: Properly aware of the different needs, roles, responsibilities of women and men. Understands that these differences can result in difference for women and men. It is also the state of knowledge of socially constructed differences between women and men (and their differentiated needs in diverse contexts) as well as the utilization of such knowledge to identify and understand the problems arising from such differences; and to act purposefully to address them (in policy, legislation, institutions and processes).

Gender Responsive: Aware of gender concepts, disparities and their causes, and takes action to address and overcome gender-based inequalities.

Gender Integration: Refers to strategies applied in program assessment, design, implementation, and evaluation to take gender norms into account and to compensate for gender-based inequalities.



Gender and Institutional/Organizational Change: This is an approach which recognizes that institutions/ organizations are among the main constructors of gender relations and that in order to change these relations in the society it is necessary that organizations change what they are, what they do, what they say and how they say and do things.

Gender Division of Labor: Describes a social pattern where women are assigned one set of gender roles and men another set. This is generally associated with a grossly unequal distribution of reward. For instance, in many societies women are expected to perform most of unpaid domestic work and subsistence food production, whereas men dominate in cash crop production and wage employment.

Gender Stereotypes: A set of characteristics that a particular group assigns to women or men (e.g., domestic work does not belong to men's responsibilities). Occurs when certain characteristics or roles are persistently attributed to men or women, thereby creating the belief that these are invariably linked to sex, for instance, the perception that all women are weak and caring and that all men are strong and able to make important decisions are frequently encountered gender stereotypes. Gender stereotyping reinforces gender inequality of portraying assumptions and conditions that maintain the inequality as biologically or culturally fixed.

Gender Responsive Monitoring: A systematic ongoing approach to checking if interventions are on track to achieving their goals – specifically designed to reveal the differences in experiences and impact on men and women.

Gender Statistics: A special group of statistics that focus on specific known gender-related issues such as hours of sleep and leisure, violence against women.

Gender Issue: A concern that arises from the dissimilar treatment of women in comparison to men i.e., bias, discrimination, gap, disparity, sexual harassment, imbalance and insensitivity.

Gender Disaggregated Data: Refers to the disaggregation of information in order to show the differentiation between women, men, female and male youth, female and male children and infants in production of data and information for policy, planning, monitoring and assessment of impact. Besides sex differences, data should be disaggregated by age, geographic, social, ethnic and other variables.

Gender Budgeting: Gender budgeting ensures that organizational/institutional, national and local budgets prioritize the needs of disadvantaged groups in the society including women. A gender sensitive budget is not a separate budget for women, but rather a demand for national budget that addresses the core development practical and strategic needs and problems of each group/class and allocates resources for them accordingly.

Gender Analysis: Gender analysis draws on social science methods to **examine relational differences** in women's and men's and girls' and boys' i.e., roles and identities, needs and interests, access to and exercise of power and the **impact of these differences** in their lives and health. It aims at enhancing men and women's understanding of the existing gender relations. It brings to the fore inequalities and how they are expressed in the personal relations that men and women share, and how the relations are institutionalized in policy and planning. It examines the differences between men and women. It looks at the activities they do, the environment in which they work, their differential needs, opportunities and constraints over productive resources and their participation in development activities including decision making.

Gender Disaggregated Data: Refers to the disaggregation of information in order to show the differentiation between women, men, female and male youth, female and male children and infants in production of data and information for policy, planning, monitoring and assessment of impact.

Baseline: Information gathered before an intervention is implemented to tell us what the situation is before action is taken. Baseline information is useful to the process of setting targets and measuring progress. Baseline information should be disaggregated by sex wherever possible to ensure that differences for women and men are clear from the outset.

Target: Targets (or objectives) help policy/program/project implementers and managers keep their eye on the prize – the ultimate outcome expected. Targets increase the likelihood that overall objectives will be met and that adequate resources will be allocated to ensure success. Wherever possible targets should be gender-responsive – highlighting the focus for both men and women where appropriate (e.g., reduce school dropout rates to X% for girls and boys).

Indicator: Indicators specify how achievement towards targets will be measured. What are the 'indications' of progress? How do we know if we are getting closer to our target or objective? They can be thought of as the steps along the way to achieving the target. For example, if the target is "re-forestation of a particular area", the indicators might be X hectares of land prepared for planting, X number of seedling trees grown, irrigation system planned and set up, fertilizer purchased and spread, percentage of area re-planted, percentage of trees planted – all of the 'indications' of progress towards the target.

Quantitative: Quantitative data are measures of quantity (total numbers, proportions, percentages etc.), such as population figures, labour force figures, school attainment rates, etc. It is important that wherever possible data for individuals be disaggregated by the sex of the individuals – sex-disaggregated data.

Qualitative: Information that is based on people's judgments, perceptions and opinions about a subject. Obtained through attitude surveys, focus group discussions, public hearings and consultations, participatory appraisals etc. It is essential that qualitative information be collected in a manner that is sensitive to gender issues and shows a representative view of both male and female stakeholders.

Condition and Position: Condition refers to the material state in which men and women live (e.g. food, quality of health care and housing, etc.) Position refers to women's and men's political, social, economic and cultural standing in society (e.g., unequal representation in the political process, unequal ownership of land and property).

Affirmative Action: Refers to the temporary adoption of special legislative, administrative or judicial measures aimed at promoting equal opportunities in different spheres for groups which have historically been subject to discrimination. Measures are focused on bridging the gap between an ideal, equality, consecrated in norms and legislation, and a system of social relation characterized by inequality and hierarchies.

Social Justice: The term "*social justice*" first applied only to economic resources. Over time, it has become aligned with human rights. The distribution of resources, how people are treated, and access to services and opportunities all play a role in social justice. It entails fairness and equity as a right for all in the outcomes of development, through processes of social transformation. It is worth noting that; because society is complex, social justice is complex as well. At its most basic, it breaks down into four principles.

As a term, "*social justice*" is vague and often misunderstood. To become a reality in every part of society – healthcare, education, employment, etc. – social justice needs clearly-defined goals. With clear goals, solutions for change and progress are possible. A definition must consider five principles: access, equity, participation, diversity and human rights.

Access to and Control Over Resources: Refers to the concept that individuals have the access to resources for

carrying out their activities and the command that have over the benefits that derive from these activities.

Practical Gender Needs: These are the needs of women or men that relate to responsibilities and tasks associated with their traditional gender roles or to immediate perceived necessity. They are the needs of women and men that can be met without challenging gender inequalities. They relate to daily life areas in which women or men have primary responsibilities and include the need for access to food, health care, water, sanitation, education for children, increased income etc. Thus, practical gender needs are easy to identify, short term, felt by most family members, more material than ideological and improve the condition of women, men, youth and children. Addressing this category of needs can improve the quality of life but does not challenge gender divisions or men's and women's position in society, since they generally involve issues of condition or access.

Strategic Gender Interests: These are needs considered to enable society to accord women and men equal opportunities. Strategic gender interests are about the position of women and men in relation to each other in a given society. They may involve decision-making power or control over resources. Addressing these gender interests assists women and men to achieve greater equality and to change existing gender roles and stereotypes. Gender interests generally involve issues of position, control, and power. Strategic gender interests for women are there because of the subordinate position of women in society and they relate to the empowerment of women. Strategic gender needs for men are there because of patriarchy, because of mindset and conservative attitudes. They are abstract and refer to social relations, they may be harder to identify and they are felt more by women. These needs relate to control and are ideological meaning they influence attitudes, behavior, power structures etc, they improve the status of women in society. These interests relate to status in society e.g., in terms of access to employment, inheritance, mobility, political or social participation based on gender.

Women in Development (WID): WID first came to prominence in the early 1970's as an approach to include women in development. Research and information collected through the UN Decade for Women (1975 – 1985) highlighted the existing poverty and disadvantage of women and their invisibility in development process. Different policy responses and interventions focused on women as a separate group, resulting in women's concerns being "added on" and peripheral to mainstream development efforts. WID policies and interventions have mainly concentrated on women's productive

work. The failure to make an explicit link with their reproductive work often adds to women's workload. Focusing on women in isolation means that unequal gender relation in various social and economic settings remains unaddressed.

Gender and Development (GAD): Gender and Development perspective emerged in the late 1980's as an alternative to the prevailing Women in Development or WID approach. Unlike WID, which focused on women only, and called for their integration into development as producers and workers, GAD focuses on the interdependence of men and women in society and on the unequal relations of power between them. The GAD approach aims for a development process that transforms gender relations in order to enable women to participate on an equal basis with men in determining their common future. The GAD approach emphasizes the importance of women's collective organization for self-employment.

Mainstreaming: This concept implies addressing each initiative or activity from a certain perspective or approach (for example from a human rights perspective, an equal opportunities perspective, a gender perspective etc.) it assumes that this perspective permeates all social relations.

Institutionalization of Gender: This process refers to the approach of addressing gender issues in all policies/sectors, and not leaving gender issues to a national gender policy or gender/women's institution alone. There are gender issues in all sectors and each should ideally have all its policies adopting a gender approach. Each ministry/institution should have institutional mechanism and capacity to ensure and monitor gender

mainstreaming. The strategy is to have a gender focal point fully mandated to ensure that gender is integrated in all the departments and not serving just as a woman's corner.

Gender Mainstreaming: This is a strategy that takes gender equality issues from the periphery into the mainstream of society. The mainstream of society is represented by the international, national and local decision-making institutions, programmes and processes that allocate resources for development. Gender mainstreaming recognizes that gender equality cannot become a reality unless there is a profound transformation of the structures and systems that lie at the root of power relations between men and women and lead to gender inequality.

Gender Transformative Approaches (GTA): World Health Organization (WHO) defines a gender-transformative approaches (GTA) as one 'that address the root causes of gender-based health inequities through interventions that challenge and redress harmful and unequal gender norms, roles, and unequal power relations that privilege men over women'. GTA diverge from previous gender mainstreaming approaches by moving one step further along a gender approaches continuum towards a more political goal. GTA is geared towards reshaping gender relations to be more gender equitable, largely through methodologies that free both women and men from the impact of destructive gender and sexual norms. They also strive to combine traditional approaches to gender equality, such as increasing access to assets and resources for women and girls, with more ambitious approaches that seek to challenge discriminatory gender norms and equilibrate gender power imbalances to create a fairer world.





“There should be women and men participation in decision making for sustainable development in diverse communities. Understanding the key concepts and terms is the foundation for internalising gender and development issues.”

Module 2



Social Construction of Masculinities and Femininities

Session Objectives

1. To sensitize participants on how masculinities and femininities are systematically and socially constructed;
2. How the social construction shapes masculine and feminine identities, behaviors, attitudes and practices with particular reference to gender equality including prevention and response to Sexual and Gender Based Violence (SGBV).

Learning Objectives

By the end of the session participants should be able to:

- Describe how gender, masculinities and femininities are systematically constructed;
- Explain how patriarchy influences the construction of gender, masculinities, femininities and power relations;
- Identify key socialization institutions, agents and the process of gender and masculinity construction;
- Analyze the implications of social construction in gender relationships among people.

Gender Is A Social Construct:

- Whereas we are born female or male, society constructs us into women or men;
- Being a man connotes power, strength, prestige and all that goes with priority. On the other hand, being a woman connotes powerlessness, inferior status and a lesser claim to opportunities of leadership, influence and ownership.
- The construction of gender (*masculinities and femininities*) is systematically done, justified, maintained and perpetuated.

Gender Box Activity

1. Inside each box: list all the stereotypes that men and women are expected to conform to.
2. Outside each box: list the names that men and women get called when they do not conform to these stereotypes.



Draw two boxes, one labeled “men” and the other “women”



Questions

- Where do these gender stereotypes come from?
- Do you feel pressure to conform to these norms? How does that make you feel?
- What are the consequences of not following these norms in your personal/professional/community life?
- What consequences do women or girls face for not following these norms?
- How can we support each other to get out of the box?



Understanding the Social Construction of Masculinities and Femininities

- Social expectations, and pressures associated with being a man or woman. We grow up with these messages from family members, friends, media, workplaces and broader community;
- Whereas we are born female or male, society constructs us into women or men;
- Being a man connotes power, strength, prestige and all that goes with privilege and priority. On the other hand, being a woman connotes powerlessness, inferior status and a lesser claim to opportunities of leadership, influence and ownership;
- The construction of gender (*masculinities and femininities*) is systematically done, justified, maintained and perpetuated.

NB: *The patriarchal construction of masculinity in most cultures has four major attributes i.e. Dominance, Competitiveness, Aggression and Success.*

Activity: Vote With Your Feet



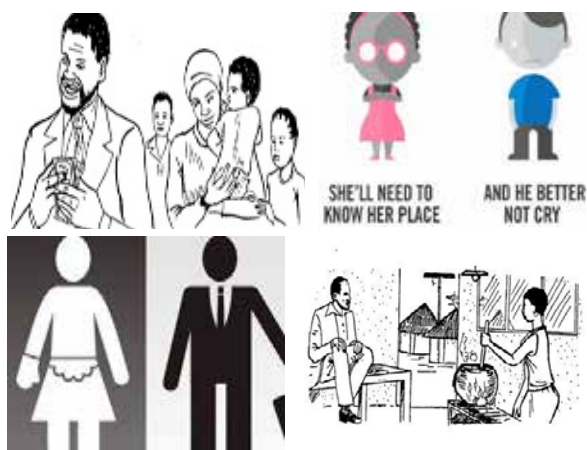
- This activity will help us explore gender concepts;
- Our own beliefs about gender make a difference;
- We need to keep this in mind when we ask people to address gender issues and concerns.

Step:

- To begin, we will start with an activity!
- Ask participants to move into the center of the room.
- Explain that we will read a statement, and they should step to the right if they agree, or to the left if they disagree. Wait for people to move to where they want to. After each statement, ask 2-3 participants from each side of the room to explain why they voted the way they did. Facilitate a brief discussion afterwards, and then read the next statement. Read up to 5 statements in total.
- Refer to the statements below:

Agents of Social Construction of Masculinities and Femininities

Gender is:



- Systematically Constructed;
- Justified;
- Maintained &
- Perpetuated (*carried on*) through:

Family, Marriage, Rites of passage, Folklore, Culture, Religion, Institutions of learning, Work Places, Media, Peers

Activity: Group Discussion: In groups of 4 to 5 participants, discuss and reflect on the following areas:

- List gender stereotypes that you recognize in the community and which can negatively impact women's access to resources and opportunities;
- Which are the agents that impacts most gender segregation in your community?
- What are some of the strategies that you can use to deconstruct gender?
- What changes may you have to make in your community to bring about the desired change?
- List the impact of these stereotypes on women's access to resources and opportunities.

Manifestation of Gender Differences Can Be Found in Construction of:

- **Roles** – What women and men do.
- **Relations** – How women and men relate to each other.
- **Identity** – How women and men perceive themselves and others.

Three different kinds of work that women and men engage in from time to time:

- **Reproductive Work (Role):** The reproductive role comprises the childbearing/rearing responsibilities and domestic tasks undertaken by women, required to guarantee the maintenance and reproduction of the labor force. It includes not only biological reproduction but also the care and maintenance of the workforce (husband and working children) and the future workforce (infants and school-going children).
- **Productive Work (Role):** The productive role comprises work done by both women and men for payment in cash or kind. It includes both market production with an exchange value, and subsistence/ home production with an actual use-value, but also a potential exchange value. For women in agricultural production this includes work as independent farmers, peasants' wives and wagedworkers.

- **Community Work (role/managing):**
The community-managing role comprises activities undertaken primarily by women at the community level, as an extension of their reproductive role. This is to ensure the provision and maintenance of scarce resources of collective consumption, such as water, health care and education. It is voluntary unpaid work, undertaken in free time. The community politics role in contrast comprises activities undertaken by men at the community level and in organized formal political level. It is usually paid work, either directly or indirectly, through wages or increases in status and power.

Negative Impact of Gender Inequality and Benefits of Gender Equality for Women and Men

World Café Model Activity

1. In groups of 4 to 5 participants, visit each flip chart with your group and spend 5-7 min to share your insights and contributions for the questions in each flip chart;
2. Once done with a question, rotate to other flip charts until you complete all the questions;
3. The next slide presents the questions of the flip charts in the room.

World Café Model Activity Questions

- How do women and girls benefit from gender equality?
- How do men and boys benefit from gender equality?
- How are women and girls impacted by gender inequality and gender norms?
- How are men and boys impacted by gender inequality and gender norms?
- How do men and boys benefit from gender inequality and gender norms?

Benefits of Gender Equality for Women and Girls

- Feeling safe and secure, feelings of belonging, with no threats of violence, or gender-based discrimination;
- Not having to conform to negative aspects of femininity (i.e. being passive);
- More freedom to pursue any activities in which they are interested beyond gender expectations;
- Enhanced political participation and decision-making when women are represented equally;
- Better health and well-being;

- Preventing child marriage and early pregnancy;
- Improving child nutrition and health;
- Reduce the rate of child mortality;
- Building more stable communities;
- Enhance economic prosperity for the larger community.

Negative Impact of Gender Inequality and Benefits of Gender Equality for Men and Boys

- More likely to be satisfied with their relationships with other men and boys, women and girls, and ability to be open and vulnerable;
- Less likely to be depressed and abuse substances: Freer to be who they truly want to be;
- Healthier: Not having to conform to negative aspects of masculinity (i.e., being dominant or tough);
- More freedom to pursue any activities in which they are interested beyond gender expectations;
- Happier: Less pressure to be the sole provider and protector more economic prosperity;
- More freedom to pursue any activities in which they are interested beyond gender expectations;
- More opportunities to be close to their children and less likely to be divorced.

Impact of Gender Inequality and Gender Norms On women and Men

- Women and girls are at greater risk of multiple forms of violence (physical, sexual, emotional, neglect etc.);
- Women and girls are subject to experience inequality and discrimination based on their gender;
- Women and girls are at risk of harmful traditional practices;
- Women and girls are “sexualized” in media, which acts to objectify them;
- Women and girls voices are not respected/ valued to the same degree as men and boys (this can impact decision-making in the community);
- Girls are less likely to complete their secondary education compared to boys, affecting their future outcomes;
- Women face lower pay/earnings relative to men.

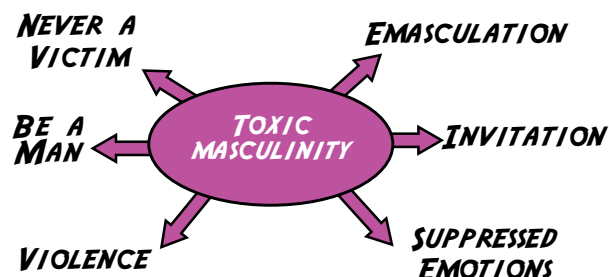
Understanding Masculinities and Femininities

- Different from the definition of the male or female biological sex, masculinity are sets of characteristics and attributes associated with what it means to be either a man or woman;

- Masculinities and Femininities are beliefs and guidelines for “appropriate” behavior – they are beliefs that guide people in “*doing*” gender;
- Femininities and masculinities are *plural* – meaning there are many forms of femininity and masculinity. What gets defined as feminine or masculine differs by, community, religion, class, culture, media and other social factors. How femininities and masculinities are valued differs culturally;
- Masculinities and femininities vary from one context to another. Ideas of masculinity and femininity are shaped by the broader society, and communities or by culture.
- In any one culture, certain behaviours or practices may be widely recognized as “feminine” or “masculine,” irrespective of whether they are adopted by women or by men;

- The power of “*Hegemonic Masculinity*” requires men (and women) to act in relation to the set of beliefs that are “hegemonic”-
 - Adoption, complicity, privilege, defense of *status-quo*;
 - Resistance to alternative masculinities.

Men are not naturally more violent but they are taught to be as the “right” way to react



Negative Impact of Gender Inequality and Gender Norms On Men and Boys

Health Costs	Emotional Costs	Economic Costs	Societal Costs
Shorter lives Higher suicide addictions, far greater chance of dying in an accident or homicide, more likely to be in jail	Alienation from ourselves and others, mental health, depression, disconnection, conformity into traditional masculine stereotypes	Work longer, lower overall prosperity for society, pressure to provide	War, violence, crime, fear of other men

Benefits of Gender Inequality and Gender Norms for Men and Boys

- Men’s voices are heard/respected over the voices of women and girls;
- Boys and young men are seen to be more valuable and chosen to pursue education over girls;
- Men and boys face less demands in the household, increasing their free time;
- Men and boys may be presented with more opportunities than women and girls.





“The social construction of gender is a lifetime process of learning, applying, experiencing and reaping the consequences of the construction. On the other hand, it offers the opportunity to transform communities and the society within the principles of Human Rights, Equality and Social Justice”.

Module 3



Roadmap to Male Allyship

Session Objectives

- To unpack how gender and power influence access to opportunities women and girls;
- To explore concepts of masculinity, vulnerability and how men relate to them both at individual and community levels;
- To present how to create male allyship in support of women empowerment.

Social norms: These are beliefs about what others do (empirical expectations) and what others think one should do (normative expectations) (Bicchieri & Penn Social Norms Training and Consulting Group 2016). The behaviour of individuals can be independent, dependent, or highly dependent on these expectations. The strength of this depends on two factors:

- People's beliefs about the negative consequences of being among those who try but fail to adopt a new social norm; and
- People's beliefs about effort needed to get enough people to adopt a new social norm.

As a result, social norms can be resistant to change. To change an interdependent action, it is necessary to change beliefs about what others do and what others think one should do among enough group members. Enough members of the group must believe that enough of its members are adopting the new norm. This new expectation can begin in a small group and then diffuse through the remainder of the reference group (Mackie et al. 2015).

The following road map highlights the key steps to advance male allyship for breaking the negative social norms towards gender equality:

1. Listen better. Seek opportunities to hear women's stories, acknowledge their experiences, and inform other men

- | | |
|------|--|
| How? | <ul style="list-style-type: none"> ▪ Practice active listening, ask questions, and do not interrupt. Acknowledge your ability and limitations to understand what women may experience |
|------|--|

2. Reflect on your own power and privilege as a man

- | | |
|------|--|
| How? | <ul style="list-style-type: none"> ▪ Educate yourself on how gender inequality intersects with other identities. ▪ Read, watch, and discuss stories of individuals who have faced multiple forms of discrimination, and take them seriously without becoming defensive |
|------|--|

3. Credit ideas to those who came up with them, especially to female coworkers who are often overlooked. It's not about special treatment – it's about fairness

- | | |
|------|---|
| How? | <ul style="list-style-type: none"> ▪ Name names of colleagues who worked on a project or came up with an idea. Emphasize a good idea when you hear it, mention it in front of those in charge, and correct them when they misattribute credit. |
|------|---|

Gender Norms: These are the accepted attributes, characteristics, roles, and rules of behaviour for women and men at a particular point in time by a specific society or community (Investing in Women 2019a). Gender norms are social norms that specifically relate to gender differences (Haider 2017). Gender norms are often so ingrained that most people are not conscious of them, and believe they are natural and unchangeable. An example of a gender norm is the belief that women are naturally more nurturing than men, and that men are naturally more aggressive (Griffin 2017).

Social Sanctions (rewards/disapprovals) keep norms in place. Social influence—the anticipation of social approval or disapproval for one's actions, also called positive or negative social sanctions, respectively - maintains social norms. Norm-breakers may face social backlash. This usually entails losing or conferring power and status in a community (Stefanik & Hwang 2017).

NB: Social norms are different from behaviours (what an individual does) **and attitudes** (what an individual believes). People can comply with social norms even when the norms contradict their personal beliefs. Personal beliefs are outweighed by social expectations if others negatively sanction behaviours. Some behaviours are more influenced by personal attitudes, while others are more influenced by social norms (Mackie et al. 2015).

4. Advocate for women's leadership and equality in the workplace and for pay equality, even if it's unpopular

How?	<ul style="list-style-type: none">▪ Challenge obstacles and stereotypes that limit women's advancement;▪ Encourage adjustments to remove bias and advance equality and safe, supportive workplaces.
------	--

5. Speak up when you hear sexist language, and call other men out when they use it

How?	<ul style="list-style-type: none">▪ Step in and make it clear that you don't support sexist language or jokes;▪ Tell other men why it is not appropriate to use sexist language.
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6. Learn to live with discomfort. Being an ally is about making change, not being comfortable

How?	<ul style="list-style-type: none">▪ Remind yourself that it is not about you if you hear harassment or discrimination caused by other men;▪ Being an ally requires men to listen and to not take it personally when they hear the behaviors of other men being criticized.
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7. Step up at home. Men need to be full partners in childcare and chores

How?	<ul style="list-style-type: none">▪ Ask your partner what you can do to have an equal partnership at home;▪ Have a discussion about what you both spend your time on and how to create a plan that works for you both to thrive.
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8. Volunteer for non-profit organizations that do good work and support gender equity

How?	<ul style="list-style-type: none">▪ Ask friends and colleagues about non-profits they love, and search online for local groups that do work you support.
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9. Support diverse female leaders you believe in

How?	<ul style="list-style-type: none">▪ Learn more about political and community leaders in your areas, and show your support, volunteer, and vote for female candidates who align with your values.
------	--

Applying A Holistic Approach to Engaging Men and Boys

Change Level	Methodology
Individual Level:	<ul style="list-style-type: none">▪ Start young and adapt through life transitions such as interventions with adolescent boys;▪ Promoting positive, nurturing, and collaborative images of men's engagement in care and fatherhood;▪ Promote alternative, positive masculinities.
Community Level:	<ul style="list-style-type: none">▪ Use role models and advocates. Recruiting male role models from intervention communities is effective in achieving change and scaling up gender equitable views in the community;▪ Identify and collaborate with community influencers.
Institutional Level:	<ul style="list-style-type: none">▪ Work with men who hold leadership positions in the community to advocate for gender norms shift in the community.
Policy Level:	<ul style="list-style-type: none">▪ Support and strengthen the visibility of women in decision-making processes.

Designing a successful engagement with men and boys include three key areas:

1. Engaging men and boys on interpersonal issues to oppose gender inequality

- Creating safe spaces to address issues related to intimate relationships;
- Support positive shifts personal relationships;
- Promote role models who walk the talk.

2. Working strategically and politically

- Engage strategically with power holders and leadership in the community;
- Build and work with networks and alliances;
- Clarify the importance of including a gender perspective in all community actions and decision making.

3. Community in context specific approaches:

- Remain context specific;
- Engage gatekeepers and structural drivers of inequality;
- Maximize impact through strategic communication.

Group Reflection

Take 10 minutes to reflect on the following questions in reference to the presented approaches, your insights will be marked on the flip charts in a large group discussion:

1. In the context of your community engagement work, do you find it feasible to engage men and boys at the different levels? Is there one level which is more difficult than others?
2. How do you adapt your outreach and community engagement based on context and culture?
3. List examples of the qualities and actions of an effective male ally both at personal and community levels.



Decision Making Steps : Bystander Intervention

5

NOTICE the event

1

INTERPRET the event as a problem

2

Assume **PERSONAL** responsibility

3

KNOW how to help

4

IMPLEMENT

5

Things to Consider Before Intervening

- Why, when, and how to intervene;
- Risks and safety;
- Impact of intervening vs. doing nothing.



DIRECT



DELEGATE



DISTRACT

Importance of Being A Positive Bystander

- When men intervene effectively and safely, they tell others that their behaviours are not acceptable. By doing nothing, they accept the behaviour;
- When men and boys challenge people who are acting inappropriately, they are showing women and girls that men and boys care about them and their rights;
- When men speak out, they are part of changing social norms and inspire other men to do the same.

Activity: Practicing Bystander Intervention

How can you intervene in the following situations?

- **Situation 1:** A woman is walking alone in the street and you notice a group of men making sexist comments as she walks by;
- **Situation 2:** You hear someone passing a negative comment that investing in girls' education is a waste of resources;
- **Situation 3:** You notice a group of men saying that women and girls have more support compared to men and boys;
- **Situation 4:** You hear in the community that a parent has stopped their daughter from going to school so that she gets married;
- **Situation 5:** Think of a personal experience that you had in your community engagements and which you had to intervene on matters related but not limited to Sexual and Gender Based Violence.

Instructions

1. Break into groups of 4 to 5 participants;
2. Review the case scenario for your group, and act out the bystander intervention;
3. Debrief questions:
 - Have you ever faced a situation like this?
 - Did you intervene? Why or why not?
 - If so, what strategies did you use?

Key Questions to Unpack Gender, Power and Their Impact on Gender Equality

- How do we define gender and power?
- What are the powers & privileges that men and boys have that you can identify?

- What is the relationship between gender, masculinities and power?
- What are the barriers in engaging men and boys to promote gender equality?
- What are the opportunities that men and boys have to contribute to transform negative attitudes to gender equality?

Gendered Power

- Power is the capacity of a person, team, or organization to influence others. It is the potential and ability to make influence others in the making of binding decisions. Sometimes people have power they do not use and may not know they possess;
- All relationships are affected by the exercise of power. When power is used to make decisions regarding one's own life, it becomes an affirmation of self-acceptance and self-respect that, in turn fosters respect and acceptance of others as equals;
- When used to dominate, power imposes obligations on, restricts, limits others' ability to realize their full potential.

What Is Power?

- Power refers to the ability to make decisions as well as the capacity to influence desired goals;
- The exercise of power is shaped by a number of factors linked to social identities such as gender, race, class, sexual orientation, age, ability, religion, etc.
- Transforming power into positive ways that acknowledge everyone's experiences is crucial to ensure individuals have equal opportunities.

Gender and Power: Access to Opportunities

- Strong social and cultural norms influence power imbalances between men and women and impact access to opportunities
- Understanding masculinities and men's gender attitudes are key to unlearning stereotypes that feed actions of gender inequality
- Men can play a crucial role in shifting unhealthy masculine culture through male allyship actions in the community and by being a role model in their own circles



“Men’s gender norms have an enormous impact on their behavior in ways that are often harmful to both women and men. Notions of manhood can change; so, can the places where and the ways in which these notions are conceptualized and shaped. A good number of men are already taking part in this change, although the challenge remains in deciding how best to encourage and support the process”.

Module 4



Understanding Masculinities, Power and Male Privilege

The following are some examples in which Masculinities and Inequalities can be reflected



Men's presence and dominant positions in political economic, and social power;

- Men's social, economic, and political rewards are usually greater than those of women;
- Many women in leadership positions are still stigmatized and might not benefit from the same privilege as men;
- Many women are also subject to harassment and abuse from men who may try to reinforce power and control;
- Parenting children and household work is still seen as women's responsibility;
- Men largely might perceive the gender division of labour as a low status domestic work;
- Men largely continue to benefit from the privileges of the masculine power.

Group Assignment

1. Describe a situation where you saw evidence of power being used to influence a given outcome.
2. Describe a time when someone influenced you to act in a particular way or do something that you would not otherwise have done.
3. How did that make you feel?

Positive Masculinities

Are a set of positive behaviours and cultural traits which are not destructive.

1. It is relational and is mostly defined by interpersonal relationships.
2. It is about care, respect and understanding.
3. Linked closely with love.

Since there are many ways to practice masculinity, as

men we can choose not to engage in them and instead embrace the more positive, empathetic and cooperative forms of masculinities.

Toxic Masculinities

These are destructive behaviours and cultural traits which are destructive.

1. They are not inherent in men but are acquired mostly through socialization.
2. Most of it is relational and is mostly defined in opposition to anything culturally associated with women.
3. filled with overwhelming fear of emasculation (Fear of being seen as feminine and therefore unmanly)
4. It is about domination, control and humiliation
5. Linked closely with intimidation, aggression and violence
6. Connected to the sexual objectification of as well as other predatory sexual behaviours
7. Actions carry potentially serious and even deadly consequences.

Traits of toxic masculinity

1. Emotional detachment
2. Aggression
3. Intimidation
4. Violence
5. Sexual objectification
6. Sexual predatory

Common Traits of Male Socialization

1. Men and boys are, in most cultures, socialized to be competitive, aggressive and dominant;
2. Young men are impelled to adhere to codes of bravery and fierceness that force them to compete and fight;
3. Many cultures socialize female children in non-violence and often, in the passive acceptance of masculine authority;
4. It requires that men and boys hide their emotions and to be self-sufficient;
5. Masculinity concepts entail that men be the heads of their households;
6. Physically and financially powerful men are viewed

as desirable by women and enviable by other men;

7. Majority of men who attack or harass women are unlikely to think of themselves as deviant;
8. Men are socialized into their gender roles and pressured to follow rules about how a man should think, feel and act;
9. Masculinity is a gender construct and is influenced and perpetuated by both males and females;
10. Men are urged to excel. They are supposed to grow up to be powerful and not to show weakness; they are preferred, valued and encouraged more and prepared better for careers than are females;
11. Men are expected to be independent, demanding and aggressive;
12. Men are also, at times, socialized to be sexually promiscuous, even sexually irresponsible.

Manifestations of Power

Power to	Power within	Power with	Power over	Power Through
Ability to shape and influence one's life and/or other to do something.	A person's feeling of self-worth and the ability to imagine a better life from within.	To have power with people and groups and find common grounds among different interests.	Controlling someone or a situation in a negative way.	Exercising power through significant others. It may be exercised either positively or negatively depending on a given circumstance.

Forms of Power

Visible Power: There are different forms of power which can be analysed within the power dynamics. The first one is **visible power**, which is often understood as '**power over**'. This power derives from assigned authority and control over human and other 'resources. It refers to the capacity of more powerful people or institutions to affect the thoughts and actions of people with less power. This power **frequently has negative connotations**, especially in acts of **domination, force, repression, coercion, abuse and corruption**. It reinforces and maintains situations of inequity, inequality, poverty and disempowerment. **Visible power** assumes that decision-making arenas are neutral playing fields, in which any players who have issues to raise may engage freely. It also supposes that actors are conscious and aware of their grievances and have the resources, organisation and agency to make their voices heard.

Hidden Power: But there are many ways in which certain actors are kept from getting to the decision-making table and particular issues are kept off of the agenda – these are referred to as **hidden power**. This form of power is used by vested interests to maintain privilege by creating

Power and Privilege: Impact on Decision Making and Access to Opportunities

- Power is not an attribute that we biologically born with. It is not fixed and it changes in different contexts;
- The culture in which boys and young men are raised reflects perceptions about masculinity, power, and privilege;
- Men's privilege comes from a system of patriarchy that put limitations to power and privilege based on gender;
- Understanding the drivers of harmful masculine norms can contribute to a positive cultural shift in community's attitudes on gender equality;
- Engagement of men and boys as actors of change is key to challenge gendered stereotypes, harmful beliefs and practices that sustain inequality between women and men.

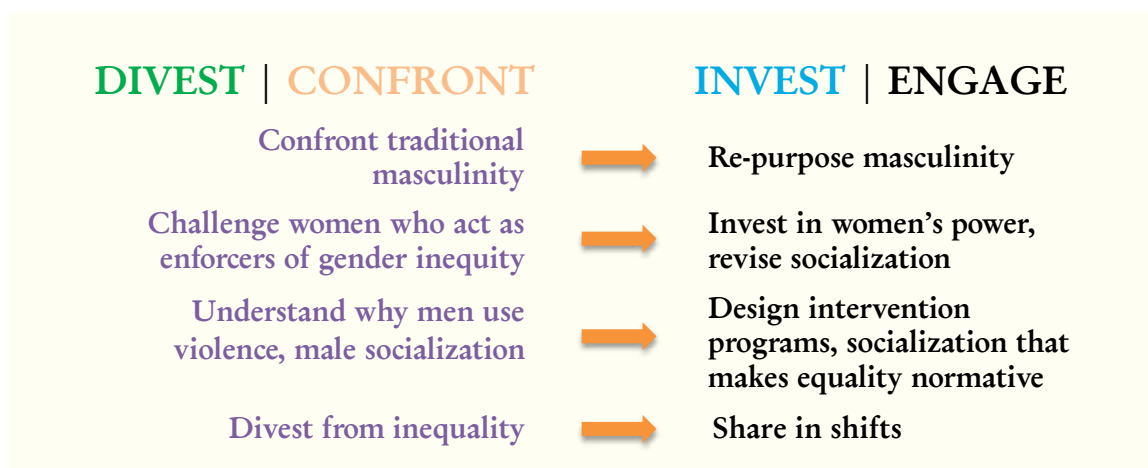
barriers to participation, by excluding key issues from the public arena, or by controlling politics back stage. Hidden power may be used within **political processes**, in organisational contexts such as workplaces, or in community-based organisations, e.g. when members of a certain age, sex or social status are not allowed to speak in public meetings or when a rape is to be legally tried but the case is continuously postponed and does not culminate in a final verdict. The **use of hidden power is conscious**: actors who have the power apply it in such a way that it is not open or visible for those who suffer the consequences, which are **exclusion, powerlessness, devaluation and discredit**.

Invisible Power: This is a kind of power that sits in people because of norms, values and beliefs which are accepted in society and seem to be true and normal. These socially constructed dominant 'truths' are then reinforced through institutions like families, churches, schools, hospitals etc. to let people internalise these norms invisibly (*these so called 'truths'*). Invisible power can be found in people with little or no visible power, who accept their inferior position due to their social or economic status.

Sex Roles and Gender Socialization

- A sex role includes a number of normative expectations about how one should behave as male or female;
- Gender roles are dynamic and vague where the individual subject is entirely the product of social structure;
- Masculinities and femininities are socially constructed categories that elaborate upon 'natural' sex differences;
- Masculinities and femininities are institutionalised in social structures such as the family, schooling, mass media and religion, where boys are socialised to become masculine and girls to become feminine;
- Supports the status quo by ignoring power relations.

What Will It Take? – Replacing Relationships of Power With Relationships of Meaning



What Will It Take? – Making Gender Central

1. Putting gender equality first, privileging gender over class, ethnicity...;
2. Addressing sexism, misogyny, inequity and inequality;
3. Analyzing patriarchy, power;
4. Changing gender roles, expectations;
5. Redistributing power: building women's power, making women's autonomy central;
6. Rewriting masculinity; and
7. Investing in women and girls, not just services for them.

What Will It Take? – Making Equality Central

- a). Investing in well-being to benefit everyone;
- b). Investing in women and girls, not only in services for them;
- c). Building economic equality, security;
- d). Changing the basic conditions that disadvantage girls and women; and
- e). Building women's power and self-reliance in new ways, in practical ways.

What Will It Take? – Confronting and Engaging Community and Analysis of Culture

- a). Welcoming community leaders who focus on preventing gender violence instead of preventing change;
- b). Re-defining culture as a liberating, not restricting, force;
- c). Confronting all forms of oppression, including homophobia; and
- d). Making community the subject, not the object, of change.

What Will It Take? – Stopping Men's Violence

- a). Addressing the range of male predation, coercive control and abuse by public and private actors;
- b). Stopping family complicity: e.g., domestic violence by in-laws, early forced marriage by parents, honor-related abuses and crimes;
- c). Teaching community leaders to support victims and survivors, to condemn victim-blaming, and to sanction abusers;
- d). Taking away permission and impunity for abuse and undermining its societal reinforcements; and



“Oftentimes men believe that their privilege and power are natural, normal and just — simply the way the world works. They rarely see how they suffer as a consequence of their privileged status nor do they see benefits for themselves in a more equitable world”.

Module 5



Sexual and Gender Based Violence (SGBV)

Session Objectives

1. To provide information on the concepts, forms and extent of Sexual & Gender-Based Violence (SGBV), in order to understand and appreciate the need for “urgent action” by the different actors and stakeholders in the society;
2. Understand and describe the relationship between SGBV and power, use of force and consent and to help participants to understand the different forms of SGBV, their context, settings and consequences on individuals and the wider society;
3. To provide information on the concepts, forms and extent of Sexual & Gender-Based Violence (SGBV), in order to understand and appreciate the need for “urgent action” by the different actors and stakeholders in the society;
4. To understand cost of SGBV to the society and the need for scaling up prevention and response efforts to curb its prevalence in diverse settings.
6. Subject to the availability of time, the facilitator can split the participants into groups and have them develop short skits on SGBV for presentation in the plenary;
7. The enactments should form a basis on which to engage the participants in discussion on how SGBV affects the lives of individuals and entire families;
8. Thereafter the facilitator should gauge the participants understanding on the topic using the Q&A approach and asking participants random questions on the topic;
9. The facilitator can then proceed to wrap up the session with a brief summary on what had been covered in the session.

Teaching Material

Flipchart paper, marker pens and case studies on violence e.g., articles from local media covering an incident of sexual violence

Steps

1. The facilitator should start by gauging the participants’ level of knowledge when it comes to defining the key concepts and terminologies related to SGBV;
2. This should be followed up with a thorough explanation of their meaning, coupled with elaborate examples for better understanding by the participants;
3. The facilitator should also allow for the participants to share their personal experiences as a way of enriching the learning;
4. At this point the facilitator should split the participants into groups and hand them case studies to be discussed in their respective groups, the outcome of which should be presented in plenary;
5. These presentations should be followed by a discussion to tease out and identify the SGBV related issues for collective learning;

Facilitator’s Notes

- Choose one case study and prepare the Handout accordingly;
- Ask if there is a participant with knowledge about human rights to be prepared to give very short (2–3 minutes), informal information about human rights to the larger group during this session;
- Prepare for discussion by finding news articles, advertisements, and other media that show how media reflects a society’s attitudes and beliefs about sexual violence and gender stereotyping. Hopefully you will find at least one or two news articles about sexual violence. Look also for columns, opinion pieces, other articles, and advertisements about women, men, boys, girls that show underlying attitudes and beliefs about how males-females are expected to look and act.

Introduction

- Sexual and Gender Based Violence (SGBV) is a violation of human rights and a criminal act that should not be tolerated;
- SGBV carries serious health consequences, and may in some instances result to death. It perpetuates the stereotyping of gender roles that denies human dignity of the individual and hinders human development;
- The overwhelming majority of the survivors of SGBV are women and children.

Definition of Key Concepts and Terminologies Related to SGBV

Violence: The World Health Organization defines **violence** as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.

Violence against women: The Beijing Platform for Action defines violence against women as violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” Violence against women is supported and/or legitimised by gender norms, values and beliefs in the superiority of males and subordination of women.

Sexual and Gender Based Violence (SGBV): Sexual and Gender-Based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. Sexual and Gender-Based Violence (SGBV) is a serious violation of human rights and a life-threatening health and protection issue.

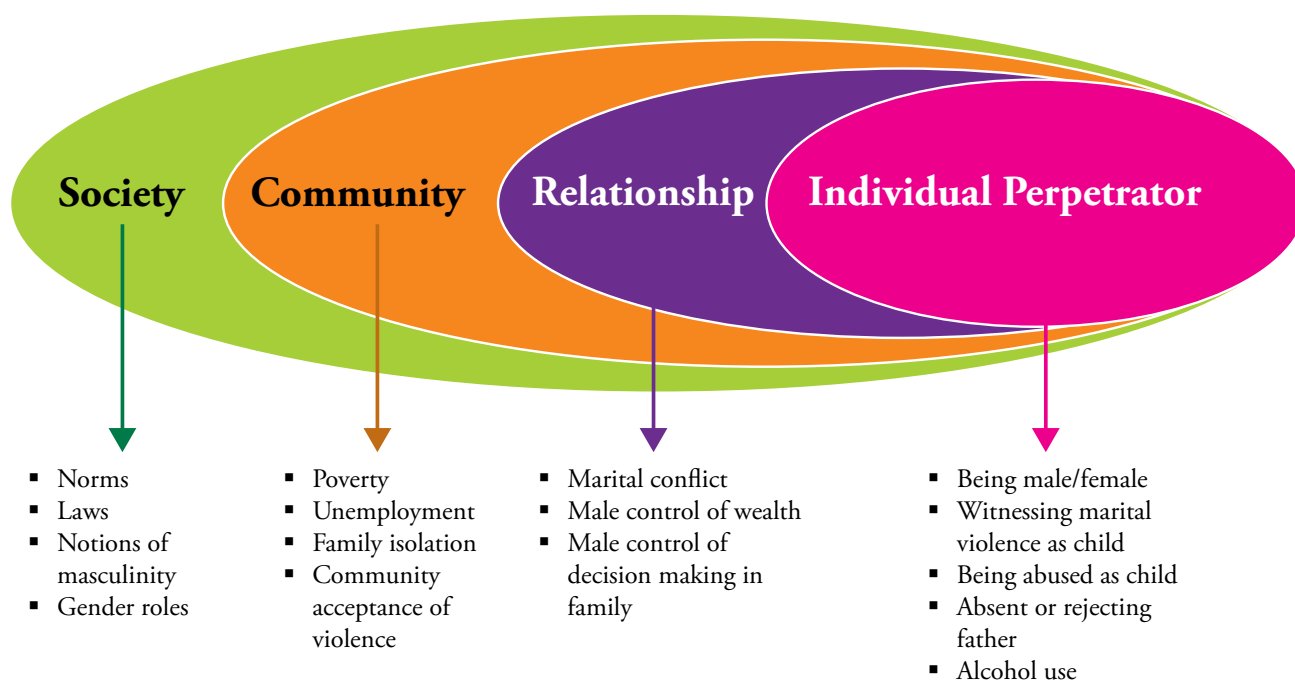
- Refers to all forms of violence that happens to women, girls, men and boys because of the unequal power relations between them and the perpetrators of such violence;
- SGBV may be physical, sexual, emotional/psychological, economic or socio-cultural.

Intimate Partner Violence: A pattern of coercive behaviors perpetrated by someone who *is* or *was* involved with the survivor/victim in an intimate relationship.

Characteristics of the Abuser

- Abused or witnessed abuse as a child;
- Abuse of drugs;
- Controlling behaviors;
- Pathologic jealousy;
- Verbal abuse and physical abuse over time;
- Use of isolation, intimidation, threats;
- Extreme jealousy or possessiveness;
- Controls access to resources;
- Low tolerance for frustration;
- Poor impulse control;
- Little insight into own behavior;
- Blames victim for the behavior.

Illustrative Conceptual Model: Intimate Partner Violence (IPV)



Abuse: This is the misuse of power through which the perpetrator gains control or advantage of the abused, using and causing physical, psychological or emotional harm or inciting fear of that harm. Abuse prevents persons from making free decisions and forces them to behave against their will.

Physical Violence: Includes any form of violence that is physical in nature. Examples of physical violence include slapping, kicking, pushing, strangling etc.

Sexual violence: Is any act or attempt to obtain a sexual act or unwanted advances otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim. It includes rape, sexual exploitation, sexual assault and abuse, forced prostitution, sexual harassment.

Sexual exploitation: Any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes including but not limited to monetary gain, social or politically from sexual exploitation of another.

Sexual abuse: Actual threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual harassment: This is unsolicited verbal or physical behavior of a sexual nature. Sexual harassment may include any sexually motivated behavior considered offensive by the recipient.

Power: This is understood as the capacity to make decisions. All relationships are affected by the exercise of power. When power is used to make decisions regarding one's own life it becomes an affirmation of self acceptance and self respect that in turn fosters respect and acceptance of others as equals. When used to dominate, power imposes obligations on, restricts, prohibits and makes decisions about the lives of others.

Perpetrator: This is a person, a group or institution that directly inflicts, supports or condones violence or other forms of abuse against a person or a group of persons. Perpetrators are in a position of real or assumed power decision making and /or authority and can thus exert power on their victims.

Victim/ Survivor: Person who has experienced gender-based violence. The terms are used interchangeably in the document. Some sectors like the health, children and educational sector prefer to use the term survivors, while sectors in the criminal justice system including

the Police, the Judiciary and the Director of Public Prosecutions prefer the use of the term victim.

Consent: This is when a person makes an informed choice to agree freely and voluntarily to do something. Consent is a voluntary, sober, enthusiastic, creative, wanted, informed, mutual, honest, and verbal agreement. Consent is an active agreement and cannot be coerced – It is a process, which must be asked for every step of the way; if you want to move to the next level of sexual intimacy, just ask. The phrase against her/his will is used to indicate an absence of informed consent. There is no consent when agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception or misrepresentation.

Discrimination: Discrimination is the differential treatment of men or women on the basis of age, sex, gender, color, ethnicity or social status rather than individual merit.

Discrimination Against Women: Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status on a basis of men and women of human rights and fundamental freedoms in political, economic, social, cultural, civil or any other field.

Domestic Violence: This refers to the physical, sexual, and/or psychological abuse to an individual perpetrated by a current or former intimate partner, adult household members or adult children and a parent. Abused persons and perpetrators could be of either sex, and couples could be heterosexual or homosexual.

Bride Price-Related Violence: This occurs when persistent demands for bride price against a woman or her kin lead to oppressive conduct by the spouse and/or in-laws toward the woman resulting in her harassment, death or act of suicide.

Female infanticide: This is the intentional killing of baby girls due to the preference for male babies and from the low value associated with the birth of females.

Female Genital Mutilation/Cutting (FGM/C): Refers to the cutting, or partial or total removal, of the external female genitalia for cultural, religious or other non-medical reasons. It is usually performed on girls between the ages of 4 and 10 and results in the cutting or removal of the tissues around the vagina that give women pleasurable sexual feelings.

Forced marriage: This is any marriage conducted without the full consent of both parties and where duress is a factor. Child marriages often include some element of force.

Honor killings: These are murders by families on family members who are believed to have brought “shame” on the family name. This “shame” could be caused by a victim refusing to enter into an arranged marriage or for having a relationship that the family considers to be inappropriate.

Marital/Spousal rape: This is non-consensual sexual assault in which the perpetrator is the victim’s spouse.

Rape: This refers to non-consensual sexual intercourse that is committed by physical force, threat of injury, or other duress. Rape can occur when the offender and victim have a pre-existing relationship (sometimes called “date rape”), or even when the offender is the victim’s spouse.

Sex Selection: This refers to the attempt to control the sex of offspring to achieve a desired sex. It can be accomplished in several ways, both pre- and post-implantation of an embryo, as well as at birth.

Femicide: This is the systematic killing of women and girls by men and for various reasons, usually socio-cultural.

Incidence: An incident of violence is an act or a series of harmful acts by a perpetrator or a group of perpetrators against a person or a group of individuals. It may involve multiple types and repeated acts of violence over a period of time, with variable durations. It can take minutes, hours, days or a lifetime.

Incest: Sexual relations between people classed as being too closely related to each other for instance, family members, close relatives or persons under one’s guardianship, care and protection.

Viricide: This is the systematic killing of men and boys for various reasons, usually socio-cultural. Viricide is seen as a gender crime. Viricide may happen during war to reduce an enemy’s potential pool of soldiers.

Rights-holders: Rights -holders are individuals or social groups that have particular entitlements in relation to specific duty-bearers. In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights. In particular contexts, there are often specific social groups whose human rights are not fully realized, respected or protected. More often than

not, these groups tend to include women/girls, ethnic minorities, indigenous peoples, migrants and youth, for example.

PEP: Refers to Post Exposure Prophylaxis. These are anti-retroviral drugs given to reduce the chances of HIV infection after sexual violence

PRC Form: Refers to Post Rape Care. These contains medical information about the Survivor and is normally filled in three copies, the original copy will be given to the Police for use in Court. The Survivor is given the duplicate for his or her own use. The final copy will remain at the hospital.

P3 Form: It is the Kenya Police Service Medical Examination form; it is provided for free and should not be paid for.

Intimate Partner Violence

Intimate partner violence is actual or threatened, physical or sexual violence or emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner.

SGBV takes many forms namely Physical, Sexual, Emotional/Psychological, Economic and Socio-Cultural Practices.



Physical Violence: Physical violence refers to all forms of violence that are likely to cause bodily harm to someone. Examples include slapping, kicking, burning, strangling, pushing, stabbing, whipping etc.

Sexual Violence: Any act of violence that is sexual in nature e.g. rape, defilement, sexual assault, sexual harassment, attempted defilement, attempted defilement, sexual exploitation, use of abusive language that is sexual in nature, threats of sexual act, coerced sex etc.

Example	Description
Defilement	Sexual intercourse with a boy or girl (someone below 18 years of age).
Rape	Sexual intercourse with someone of majority age without the person's agreement e.g. spouse (marital rape), social acquaintance (date rape) and as part of a group (gang rape). Rape can include the invasion of any part of the body, genital or otherwise, with a sexual organ, body part or object. Efforts to rape someone which do not result in penetration are considered attempted rape. Rape is coerced through threats, verbal insistence, manipulation, deception, cultural expectations or economic power.
Intentional infection	Willful transmission of a sexually transmitted or other disease to another person.
Forced pregnancy	Forcing a girl or woman to become pregnant e.g. by withholding or confiscating contraceptives, insisting on someone getting a child with you or forcing one to continue giving birth.
Forced sterilization	Curtailling the ability of a man or woman to procreate against their will.
Indecent assault	Touching someone in a manner that makes the target undignified e.g. touching the breasts, buttocks and sexual organs.
Sexual abuse	Actual or threatened physical intrusion of a sexual nature
Sexual exploitation	using one's position of power, trust and privilege to extract sex from a person in a position of vulnerability e.g., employer to employee, humanitarian aid worker to beneficiary, adult to child, teacher to pupil etc.
Sexual harassment	A persistent unwelcome sexual act advances directed at a person who has not invited it or responded to it positively, usually but not always by a person in a more powerful position e.g., sending messages about sex, asking for sex, brushing against the body in a sexy manner, touching in a suggestive manner, showing pictures of sexual activity, hugging by force, kissing by force etc. The act makes its target uncomfortable, offended, demeaned, humiliated, coerced and undignified. The act could be physical, verbal, pictorial, electronic, or carried out in any form and could be targeted at and coming from a person of the same or opposite sex.
Sexual deprivation	Denying a spouse sex as a way of punishing her or him.
Incest	Sexual intercourse with a close blood relative.
Sexual slavery	Taking someone into captivity to provide sexual services as a duty.
Procuration	Delivering a person to another for sex i.e., pimping.
Infanticide (usually femicide)	The killing of a child either while in the womb or during infancy usually if it is not of the desired sex.
Immolation	Insertion of physical objects into someone's genital organs, anus or other orifices as well as inflicting pain on someone's sexual organs e.g., pressing the testicles with pliers, pricking the genitals, burning the organs, castration etc.
Pornography	Exposing one to sexually explicit images, literature and acts.
Debauchery	Exposing one to sexual acts e.g., having children touch one's genitalia.

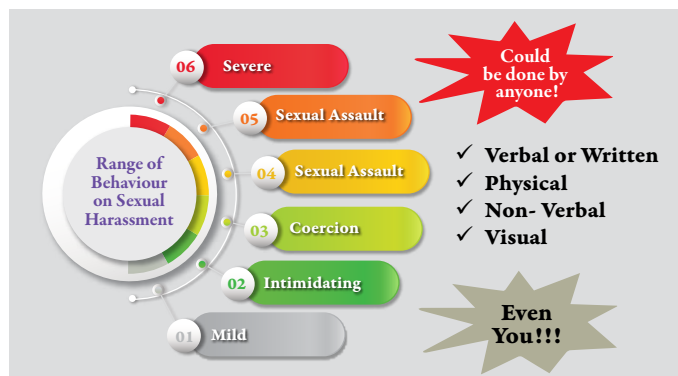
Sexual Harassment

Types of Sexual Harassment

- a) **Quid Pro Quo**
- b) **Hostile Environment**

Quid Pro Quo

Latin for “this for that” or “something for something” or “scratch my back I scratch your back” and refers to an exchange.



Examples of Quid Pro Quo

Quid pro quo is typically more severe and happens less frequently than hostile work environment sexual harassment.

- “Have sex with me and you will get raise,” or
- “Have sex with me or you will be fired.”

Hostile Environment

Unwelcome conduct of a sexual nature creates an uncomfortable work environment for some employees.



Examples of this conduct may include:

- Sexually explicit talk or emails;
- Sexually provocative images;
- Comments on physical attributes or inappropriate touching.

Why should we be concerned about Sexual Harassment?

- Sexual Harassment behaviour is contrary to the norms and values of the society;

This can happen between or amongst;

- Employees
- Employers
- Clients
- One is asked to provide sexual favors in exchange for something else

For example:

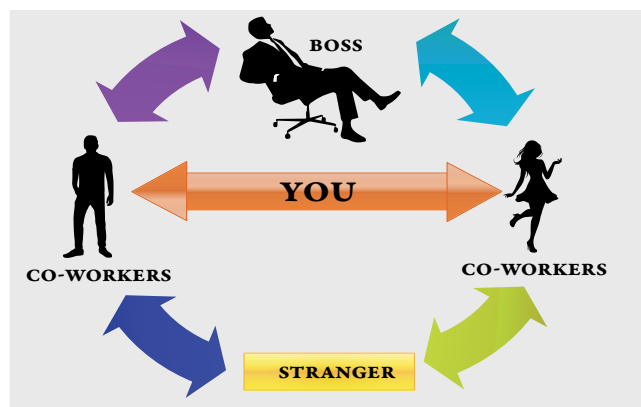
- Special treatment in work assignments
- Increased pay or promotion.



- Sexual harassment violates the rights of an individual and also civil rights;
- There is need to be able to identify what constitute sexual harassment conduct and gain information on to prevent and respond to it;
- Creating a safe environment where everyone's rights and dignity is preserved.

Sexual Harassment can occur in a variety of circumstances, including but not limited to the following:

- The survivor as well as the harasser may be a woman or a man. The survivor does not have to be of the opposite sex;
- The harasser can be the survivor's boss, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee;
- The survivor does not have to be the person harassed but could be anyone affected by the offensive conduct;
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim;
- The harasser's conduct must be **UNWELCOME!**



Examples of Sexual Harassment

- Unwanted jokes, gestures, offensive words on clothing, and unwelcome comments and witty responses.
- Touching and any other bodily contact such as scratching or patting a coworker's back, grabbing an employee around the waist, or interfering with an employee's ability to move.
- Repeated requests for dates that are turned down or unwanted flirting.
- Transmitting or posting emails, texts, or pictures of a sexual or other harassment-related nature.
- Displaying sexually suggestive objects, pictures, or posters.
- Playing sexually suggestive music.

Myths and Facts About Sexual Harassment

Myths About Sexual Harassment	Facts
<ul style="list-style-type: none"> ▪ Myth: People who sexually harass others are usually motivated by attractions and desire. 	<ul style="list-style-type: none"> ▪ Fact: Sexual harassment is about power, not sex. A harasser's action are often meant to humiliate or intimidate the victim.
<ul style="list-style-type: none"> ▪ Myth: The seriousness of sexual harassment has been exaggerated; most so-called harassment is really trivial and harmless flirtation. 	<ul style="list-style-type: none"> ▪ Fact: Sexual harassment can be devastating. Studies indicate that most harassment has nothing to do with "flirtation" or sincere sexual or social interest. Rather, it is offensive, often frightening, and insulting to the survivor.
<ul style="list-style-type: none"> ▪ Myth: If the harasser does not do it intentionally, then it does not constitute sexual harassment. 	<ul style="list-style-type: none"> ▪ Fact: As long as it goes against the will of the survivor, makes her/him feel offended, humiliated or intimidated, the survivor has the reason to believe that it is sexual harassment.
<ul style="list-style-type: none"> ▪ Myth: Many employees make up and report stories of sexual harassment to get back at their employers or others who have angered them. 	<ul style="list-style-type: none"> ▪ Fact: Research shows that less than one percent of complaints are false. The fact is that most people rarely file complaints even when they are justified in doing so, out of various concerns.
<ul style="list-style-type: none"> ▪ Myth: Women who are sexually harassed generally provoke harassment by the way they look, dress and behave. There's no smoke without fire. 	<ul style="list-style-type: none"> ▪ Fact: This is partly out of the stereotyped traditional view of '<i>women are trouble</i>', and partly an excuse the harassers find for themselves.
<ul style="list-style-type: none"> ▪ Myth: If you ignore harassment, it will go away. 	<ul style="list-style-type: none"> ▪ Fact: It will not. Harassers generally will not stop on their own. Ignoring such behavior may even be seen as agreement or encouragement.
<ul style="list-style-type: none"> ▪ Myth: Survivors of sexual harassment are all females. 	<ul style="list-style-type: none"> ▪ Fact: Males may also be objects of sexual harassment.

What Can You Do if You Are Sexually Harassed?

1. Say "NO" clearly. Tell your harasser to stop. Tell your harasser that you do not want the sexual attention. If it happens again, send a letter telling your harasser to stop, and keep a copy for yourself.
2. Write down what happened. Record the date, time and place. Include what the person said to you, and if the person touched you. Write down where you were touched and who was there. Keep a copy of these notes at home. They can be useful if you decide to file a charge against your company or to take legal action.
3. Get support from friends, family, and co-workers. Some people particularly women feel depressed or get ulcers, headaches or nausea because of the harassment. Take care of yourself. If you are afraid that you might lose your job, try to find out if other people have the same problem at the company. Join with them to try to work out this problem.
4. Talk to your union representative if you are represented by a union.
5. Talk to your employer. Your employer has a written policy against sexual harassment and a procedure for making a complaint. Check your employee handbook or talk to the personnel or civil rights employment office.
6. Keep a record of your work. Keep copies of performance evaluations and memos that show

that you do a good job at work. The harasser may question your job performance in order to defend his (or her) behavior.

7. Find out more about your legal rights. You do not need a lawyer to file a charge but you may want to talk with a lawyer who specializes in sex discrimination. The lawyer can help you figure out what to do. They know the pros and cons of different legal actions, including the time and the cost of filing a lawsuit.

NB: Many people have fought discrimination and have improved their work lives. The first step is to know your rights under the law. Laws give you and your co-workers the right to start an employee group or a union to try to get better treatment at work. You can also go to court to get back the money you lost because of discrimination.

Economic Violence

These are forms of violence related to withdrawal or denial of resources, income, support and deprivation of the opportunities to work, earn and/or improve one's self means of livelihood. Economic violence includes deprivation of basic needs, unreasonable deprivation of economic or financial resources which one is entitled to including household necessities, medical expenses, school fees, rent, mortgage etc. deprivation of inheritance, disposal of property without consent, withholding financial support, denial of employment and denial of resources or opportunities or services.

Other Example	Description
Enticement	Asking girls and women for sexual favours in return for employment or other benefits; luring children into sex with money and material benefits.
Trafficking	The recruitment, transportation, transfer, harbouring or receipt of a person, by means of threat or use of force or other forms of coercion, for the purpose of exploitation. e.g., as domestic workers, sexual workers or forced labour.
Dispossession	Taking away what rightly belongs to another person e.g., taking away from widows the property of the deceased husband.
Servitude	Giving someone too much work or making one work like a slave.
Vandalism	Deliberate destruction of someone's property e.g., a wife breaks up utensils or burns up the house and husband's car to show her displeasure.
Confiscation	Deliberate destruction of someone's property e.g., a wife breaks up utensils or burns up the house and husband's car to show her displeasure.
Neglect	Failing to provide food, shelter, health care, education and protection to one's dependents e.g., a woman who only gives birth to girls neglected by husband, girls denied education and older persons denied health care and food.

Emotional/Psychological Violence

This refers to any act that is likely to affect someone emotionally and can cause disturbance to the mind and feelings of an individual. **Examples include:** Forced isolation or confinement, verbal aggression, name-calling, body shaming, humiliation, intimidation, threats, stalking, lack of support which may cause harm to health, safety and well-being of a person entitled to the support etc.

Example	Description
Verbal insult	Use of offensive words against someone

Example	Description
Humiliation	Making someone feel ashamed or useless e.g., being beaten up in public or in front of own children, being undressed in public, being forced to do a sexual act in public and being forced to witness the rape of one's spouse, child or parent.

Example	Description
Intimidation	Instillation of fear through threats, bullying and pressure to do or not do something e.g., defiled children threatened with death if they report their defilers.
Confinement and immobilization	Denying someone the freedom of movement e.g., husband locks wife in the house and keeps her incommunicado, breaking one's legs to prevent escape etc.
Silence	Refusing to talk to your husband or wife (<i>"kneeling by the mouth"</i>) as a way of punishing him/her.

Socio-Cultural Practices/Harmful Traditional Practices

These include any cultural practices that violates rights of an individual or those of a particular group of people. They encompass all the negative cultural practices and acts of violence that are socio-cultural in nature and are rooted in traditions and customs. These kinds of Sexual and Gender-based Violence constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, including physical and mental integrity. Examples include child marriage, forced marriage, Female Genital Mutilation/Cutting (FGM/C), widow inheritance and disinheritance, beading, infanticide and/or neglect etc.

Example	Description
Female Genital mutilation	The cutting up or disfigurement of genital organs usually as a rite of passage but sometimes as a form of retaliation, punishment or military and cultural domination.
Scarification	Etching of physical marks on one's body usually as a rite of passage.
Forced and/or arranged marriage	Making someone marry a person not of their own choice e.g., families forcing their daughters to marry rich old men able to pay fatter bride price; and betrothing children and marrying them off to pre-determined suitors.
Child marriage	Making those below 18 years of age to marry.
Abduction	Physical removal of a person from one place to another by force or trickery e.g., girls carried away by their suitors.
Forced widow inheritance	Marital union with a widow against her will in the name of culture.
Discrimination	Biased treatment against one because of his/her sex e.g., denying girls education and women property.

Example	Description
Honour killing or maiming	Injury or death caused by family members or their agents against one of their own to preserve the family's honour e.g., abduction and killing of girls who have relationships with people of a lower social class or from a different race or ethnic group.
Derogatory folklore	Folk tales, proverbs, riddles and songs that depict certain groups as inferior or encourage/glorify violence against them.
Objectification and commoditization	Treatment of someone as property e.g., regarding women as property or sexual objects available through purchase or for use to meet ritualistic purposes.
Ghost marriage	Acquisition of a wife for a son who died before getting married, died at war or got lost in his youth. The woman is kept by the boy's family and arrangements are made to get children for the dead or lost boy by proxy.

Group Assignment:

1. Have you experienced or witnessed violence?
2. What was that like for you?
3. What patterns of violence do women/men experience in homes and communities?
4. How are these related to their everyday interactions and relationships?
5. What can they do to curb violence, express their perspectives and influence decisions about matters that concern them?

Causes and Contributing Factors of Sexual and Gender Based Violence (SGBV)

Gender Based Violence often results from power hierarchies and structural inequalities created and sustained by belief systems, cultural norms and socialization processes. However, there are factors that increase exposure to gender-based violence. The factors outlined below cover contexts that do directly or indirectly lead to SGBV.

There are many factors contributing to acts of SGBV in any setting. In general, the overriding causes are:

- Gender inequality
- Abuse of power
- Lack of respect for human rights

Contributing Factors (Drivers/Stressors) to SGBV

- Cultural, traditional and religious practices;
- Poverty;
- Alcohol, drugs and substance abuse;
- Lack of services and programs to address unemployment;
- Loss of male power or role in the family/ community;
- Insufficient laws against SGBV and human rights;
- COVID – 19;

- Assumptions and stereotypes about male & female behaviours.

The Pathways to Violence During Pandemics:



Pathways can be both direct & indirect, and are likely to interact, reinforcing existing vulnerabilities (inequalities). Pathways are not exhaustive & will depend on type of pandemic & contextual factors, including underlying gender norms & levels of VAW/C.

There are at least nine ways in which the consequences of and responses to pandemics like COVID-19 can lead to or increase SGBV:

- **Economic insecurity and poverty-related stress:** Poverty related stress and economic insecurity correlate with poor coping strategies (e.g., substance abuse) can lead to increases in intimate partner violence and child maltreatment. When unemployment rates skyrocket and economies slow to a halt, SGBV is likely to increase as a result of related stress.
- **Quarantines and social isolation:** Close quarters, especially those tied to stressful conditions are linked to stress, fear poor health and disorders, which can in turn increase the likelihood of SGBV. Evidence focused on other

crisis settings, including refugee camps and humanitarian assistance zones, confirms that when family members are in close proximity under conditions of duress for extended periods of time, rates of SGBV become higher. Quarantine also increases face to face exposure to perpetrators and can reinforce abuse tactics of social isolation.

- **Disaster- and conflict-related unrest and instability:** Pandemics can break down social infrastructure, compounding existing weaknesses in conflict and disaster settings. This may lead to increased family separation, *intra-familial violence*, and exposure of women and children to unsafe conditions, including exposure to sexual violence and harassment as they seek to obtain basic goods, including food, firewood, and water.
- **Exposure to exploitative relationships due to changing demographics:** Higher mortality rates drive extended family networks to care for orphans who have lost their parents to disease, creating new strains on households and risking a decreased quality of care, and even violence directed at children. Changing family structures, combined with school closures and financial duress, can result in higher rates of exploitative, *transactional sex among adolescent girls and higher fertility rates*, with longer-term consequences for increased SGBV.
- **Reduced health service availability and access to first responders:** Health providers and emergency first responders are often the *first point of contact* for survivors, as well as sources of short-term physical protection for women and children. With all hands-on deck needed to respond to pandemics, first responder resources and referral pathways that survivors rely on may not be available unless, intentional efforts are made to provide accessible points of assistance. In addition, women may avoid *seeking health services* for physical abuse and injuries, for fear of possible infection.
- **Virus-specific sources of violence:** The COVID-19 pandemic has already documented ways perpetrators are using *virus-specific misinformation and scare tactics*, as well as controlling behaviours to withhold safety items. In other pandemics, including the HIV & AIDS, violence has been linked to *disclosure of serostatus*, or may increase risk of lifelong exposure to violence due to coinciding disabilities (e.g., *microcephaly within the Zika*

outbreak).

- **Inability of women to temporarily escape abusive partners:** Women already *face complex decisions and a wide range of barriers* preventing their ability to safely escape abusive partners. In times of pandemic, when mobility is constrained, social distancing measures are imposed, economic vulnerability increases, and legal (social services) are scaled back, challenges in temporarily escaping abusive partners are exacerbated.
- **Exposure to violence and coercion in response efforts:** There have been documented cases of aid workers responsible for assisting vulnerable populations in times of crisis committing acts of *violence against women and children*. Unequal power dynamics open up possibilities for those meant to help—including, as seen in the Ebola response, health workers, taxi drivers, and even burial teams — *to pressure populations into exploitative relationships* in exchange for transport, food, cash, and vaccines.
- **Violence against health care workers:** Women make up nearly 70 percent of the global health workforce and are regularly subjected to *abuse and harassment* from colleagues and patients. Risks may be heightened in pandemic settings, harming women themselves and the crippling the effectiveness of broader health systems.

Proposed actions by governments, civil society, and international and community-based organizations:

1. **Bolster violence-related first-response systems:** First-responders should anticipate a surge of SGBV at the outset of pandemic outbreaks and prepare accordingly, including through increasing staff and support resources. Wherever possible, virtual (and free-of-charge) options for mental health support, legal counsel, and other services should be instituted.
2. **Ensure SGBV is integrated into health systems response:** Health care providers should be trained in identifying women and children at risk of violence present in all testing and screening locations, such that recommendations for “self-quarantine” or “shelter at home” are accompanied by an assessment of the safety of doing so. In parallel, health systems must institute protections for female health workers to mitigate risks of sexual harassment and violence.

3. **Ensure that survivors of SGBV access medical treatment** at all government facilities for free as part of a SGBV referral network to ensure uninterrupted access of emergency services for survivors.
4. **Expand and reinforce social safety nets:** Proposals for rapid expansion of gender-sensitive social safety nets, including paid sick leave, unemployment insurance, direct cash or food voucher payments, and/or tax relief are all immediate options—with emphasis on pro-poor or universal schemes of sufficient monetary value.
5. **That priority is given to female-, persons with disabilities-, and child-headed households** as they face exacerbated vulnerability and that food is given to individuals rather than households to regulate the unequal power relations within households, reduce women's dependence on men and ensure women have enough for their children. Distribution of dignity/hygiene kits such as sanitary towels to vulnerable women and girls should also be considered and acted upon.
6. **Expand shelter and temporary housing for survivors:** There is need to ensure pandemic-safe surge housing available for women and children at high risk of violence in their homes. Kenya is receiving funds from partners and agencies such as World Bank, IMF, and other donors, in addition to committing its own resources. We recommend strongly that at least 30% of the response funds be allocated towards practical needs of a SGBV prevention and response strategy.
7. **Ensure women and girls who are survivors of abuse and violence** have access to safe and alternative shelter and temporary accommodation that offers protection against Sexual and Gender Based Violence.
8. **Encourage informal (and virtual) social support networks:** Within the contexts of pandemics, there are a number of options to scale-up and leverage existing online and virtual platforms for online support networks. In settings without options for online platforms, options for text-based (i.e., WhatsApp) networks can be encouraged, building on existing women's groups and collectives.
Ensure Provision of free legal aid and representation for SGBV survivors in all counties and that access to justice for survivors of violence is prioritized by the courts. Additionally sustained messaging by NPS and the ODPP on SGBV. Courts should handle domestic violence cases as urgent following a United Nations alert about a horrifying global surge in domestic violence in recent times.
9. **Clear communication and support during quarantine mandates:** While quarantines and self-isolation are often a necessary public health response to pandemics, they also come with significant costs to populations' physical and mental health. Officials should quarantine individuals for no longer than required, providing a clear rationale for quarantine and information about protocols, and ensuring there are sufficient supplies of goods and essential services to populations under isolation.
10. **Integrate SGBV programming into longer-term pandemic preparedness:** SGBV should be integrated into disaster risk reduction and preparedness, as well as pandemic preparedness. Preparedness efforts should incorporate a gender and age lens throughout, ensuring women and children are included in preparedness processes and decision-making. Both One Health and Global Health Security Agenda are prime entry points to integrate SGBV programming.
11. **Convene briefings with partners, such as women's right groups** and other organizations representing most marginalized communities, to ensure that the response to COVID-19 does not perpetuate harmful gender norms, discriminatory practices and inequalities, including within the quarantine experience. Furthermore, ensure provision of accessible gender data further disaggregated by multiple dimensions crucial for response.
12. **Implement and invest in flexible funding mechanisms:** In times of uncertainty and crises, multilateral and bilateral donors, as well as philanthropic donors, should allow for flexible funding. This includes provisions to allow funding to be allocated away from contractual requirements and to operating (overhead) expenses with decreased reporting requirements, as spearheaded by the Ford Foundation in the context of COVID-19. Increased flexibility can allow grantees to prioritize increased and gender-responsive investment to curb the full array of risks brought on by pandemics, including heightened SGBV provision of cash to vulnerable households to ease economic stress in a dignified manner and especially to vulnerable female-headed households, including those with disabilities.

Settings and Context of Sexual and Gender Based Violence (SGBV).

SGBV can occur anywhere and at any time. In some instances, it is used as a tactic of war. Other times it is perpetrated in the supposed safety of one's home.

Consequences of SGBV

Sexual and Gender Based Violence (SGBV) has myriad of health consequences and impacts on the lives of individuals. SGBV has serious consequences, which are far reaching. SGBV survivors are at high risk of severe and long-lasting health problems, which could be physical or psychological in nature. These include permanent physical disabilities, erosion of self-esteem, loss of productivity, costs of health care, unplanned pregnancies, infections and even death. At societal level, gender-based violence can lead to breakage of families, homelessness, dispossession and destitution. SGBV can lead to trauma due to social stigma and rejection, unsafe abortion among others.

In politics and public life, SGBV limits aspirants [especially women, youth and persons with disabilities] political opportunities and discourages or prevents them from exercising their political rights, including their rights as voters, candidates, party supporters or public officials. It threatens democracy and also negates the gains made in the quest to enhance gender equality in politics.

Effective strategies like duty bearers responding and preventing the vice through reliable public services, rights awareness and options available can decrease the impact of SGBV in the society. On the other hand, insensitive response to reported cases of SGBV like disbelief, apathy, re-victimization and blame of survivor can lead to escalation of the vice and under-reporting.

The consequences of SGBV range from non-fatal to fatal and may also be classified along the same lines as the forms. This is again for purposes of categorization but with the knowledge that there is a huge overlap among them.

Physical Consequences

Turn “Human Wrongs” into Human Rights by engaging with men and boys in the fight against

- Fractures
- Bleeding
- Permanent disability
- Permanent disfigurement
- Gastro-intestinal disorders
- Stunted physical growth (for children)
- Chronic pain syndromes
- Traumatic gynecologic fistula
- Pregnancy complications
- Unsafe abortion
- Death

Social and Cultural Consequences

- Alienation and rejection;
- Loss of respect and dignity among peers, family and community;
- Rejection, stigmatization and neglect of children from rape or incest;
- Identity crisis for children born out of sexual violation;
- Emergence of new family set-ups e.g., street families;
- Early marriage in a bid to reclaim family's honour;
- Loss of children's right to education as a result of child marriage;
- Exclusion of victim from important communal events such as burial rites;
- Poor performance and dropout from school;
- Slow rate of development due to withdrawal syndrome and lack of interaction with peers;
- Development of deviance and criminal tendencies;
- Stigma and discrimination for life;
- Repeat violation due to perceived vulnerability;
- Breakdown in heterosexual relationships including marriage;
- Restricted access to services;
- Strained relationships leading to separation and divorce.

Economic Consequences

- Reduced economic opportunities and productivity due to illness, impairment, depression etc.;

*A study on economic cost of gender-based violence by the National Gender and Equality Commission (NGEC) estimates that the annual out-of-pocket medical-related expenses (money which a survivor or their family paid out of their own financial resources) were estimated at a staggering **Kes 10 billion**. The productivity losses from serious injuries were estimated at about **Kes 25 billion** and from minor injuries at **Kes 8 billion**. The total loss amounts to Kes 46 billion, which translates to about 1.1 percent of Kenya's gross domestic product.*

- Increased burden due to medical costs, unwanted children, unsafe abortions etc;
- Diversion of resources for treatment and care;
- extra burden especially for women bear the burden of care for family members with HIV & AIDS and very often assume the responsibility of children orphaned by AIDS;
- Severe strain on health services as it struggles to cope with illnesses resulting from violence and other possible consequences like HIV & AIDS that are essentially preventable;

Loss of productivity in the workforce which compromises delivery of services in different sectors and eventually reduces gross national product;

- Reduced investments as savings are diverted to medical treatment;
- Diversion of labour to care for the sick hence loss in productivity leading to reduced food security and standards of living.

Psychological & Behavioral

- Fear, timidity, shame and self-hate;
- Trauma, depression, introversion and self-harm including suicidal tendencies;
- Depression and anxiety;
- Eating and sleep disorders;
- Alcohol drug and substance abuse;
- Post-Traumatic Stress Disorder (PTSD);
- Poor or loss of self-esteem and confidence;
- Internalization, toleration and acceptance of future violence;
- Loss of especially in cases of intimate partner violence;
- Emotional detachment.

Perpetrators of Sexual and Gender Based Violence (SGBV)

One of the most common forms of violence is that perpetrated by a husband or an intimate partner. Vast majority of women and children are the survivors and victims of SGBV. This is mainly because women and children are often emotionally involved with and economically dependent on those who victimize them. This has major implications for both the dynamics of abuse and the approaches to dealing with them. Although women can also be violent in relationships with men, the overwhelming burden of partner violence is borne by women at the hands of men. Available data suggest that partner violence accounts for a significant number of murder of women and that men are the majority perpetrators of SGBV against women, children and also against fellow men.

The following are examples of how different categories of individuals and groups may be perpetrators of SGBV:

- i). Intimate partners:** Many forms of SGBV are committed by husbands, wives, boyfriends and girlfriends. These include: murder, physical assault, marital rape, date rape, battery, sexual violence, neglect, and vandalism of property, confiscation of property, sodomy etc.
- ii). Family members close relatives, acquaintances and friends:** People who are trusted and expected to provide protection can perpetrate incest, battery, trafficking, and exposure to pornography, neglect and denial of education, disinheritance, femicide, scarification and FGM. They are usually not reported since they are close acquaintances and even providers such as fathers, stepfathers, grandfathers, brothers, uncles, house helps and neighbours.
- iii). Influential community members:** This group enjoys positions of authority which they can easily abuse. They may include teachers, leaders, politicians, religious leaders and business people. The survivor may find it difficult to report because of fear of retaliation, loss of privileges or pressure to protect the perpetrator's "honour". Examples of SGBV perpetrated are: sexual exploitation, sexual harassment, procurement, forced prostitution, battery and trafficking.
- iv). Security forces (soldiers, police officers, guards):** This group wields power to grant and withhold rights and privileges. They can manipulate this power in abusive ways e.g. through sexual blackmail, arbitrary arrest,

extrajudicial killing, repeat violation of those who report to them and concealment of evidence.

- v). **Humanitarian aid workers:** Staff of humanitarian aid organizations hold positions of great authority and command access to vast resources including money, influence, food and basic services; unfortunately, some use this power to commit SGBV, especially sexual exploitation and abuse.
- vi). **Institutions:** Institutions may perpetrate SGBV by omission or commission. For example, institutions can provide discriminatory social services that maintain and increase gender inequalities e.g., withholding information, delaying or denying medical assistance, offering unequal salaries for the same work and obstructing justice. They may also not act to prevent or respond to GBV and may indeed systematize cultures that encourage SGBV.

The Role of Men and Boys in SGBV Prevention and Response

- i). Espouse a new dynamic of relationship with girls and women. This dynamic should move from the mindset of entitlement and domination to that of cooperation and dialogue. This has to come from the socialization that they receive and spread to their colleagues in order to reshape attitudes and behaviour. The socialization should also disabuse men and boys of the notion that masculinity inheres in risk taking and reckless behaviour. An alternative psyche should be promoted in which they are restrained and exercise more rationality.
- ii). Older men should reach out to younger men through schools, religious settings and social associations for re-modelling on new masculinities. This should include revision of the curriculum of rites of passage to inculcate ideals of gender equality rather than domination,

violence, braggadocio, permissiveness, absence, emotional distance and recklessness.

- iii). Opportunities should be created for men and boys to openly discuss sex, sexuality and the link with masculinity. Such forums should seek to cultivate new norms of masculinity that emphasize care for self and others.
- iv). Men should courageously confront the factors that propel them to casual sex and how to minimize them. For instance, male consumption of alcohol and drugs is an issue that must be addressed.

“We can’t go on thinking and believing that we are superior to women. However, we have a lot of pressure as men from our families, friends, and workmates expecting us not to change. We conform because we are afraid to be laughed at or be stigmatised or be called ‘weaklings’. These fears make it difficult for us to put into practice the discoveries that we’re making in this workshop.” – Participant in a workshop organized by ADSOCK

- v). Men and boys must decide to be examples to others in their own relationships with their siblings and intimate partners.
- a). The division of labour should be revised to have men play a greater role in the domestic sphere and particularly to increase their involvement in care for the sick, including those infected with HIV & AIDS. This can serve a self-sensitizing role that would have tremendous impact on male attitudes and behaviours.
- b). Male-friendly services should be set up to encourage male health seeking behaviour. Sometimes men do not seek services simply because such services are not responsive to their self-perceptions. To set up such services, there would be need for research on what men consider as friendly atmospheres.

**I Pledge NEVER to Commit,
Accept or Remain Silent on
Any Form of SGBV**

Module 6



**Key Elements of Women
and Girls Empowerment**

Session Objectives:

- Understand the importance of women and girls empowerment;
- Highlight some of the challenges women and girls experience in diverse contexts;
- Engage in discussions on how to employ workable strategies to advance gender equality and women empowerment.

Definition

Empowerment: This is the expansion of choice and the strengthening of voice through the transformation of power relations, so women and girls have more control over their lives and futures – (Eerdewijk et al. 2017:17). This is only one in a range of existing definitions of *empowerment*. It is based on a series of approaches which over the years have emphasized different dimensions of empowerment. In the 1980s and 90s, empowerment was perceived as an unfolding process that would lead to changes in consciousness and collective power, reflecting a radical feminist view that was concerned with transforming power relations in favour of women's rights and greater equality between women and men. Many writings of that period insist that empowerment is relational and that it cannot be bestowed by others: it is about self-image, self-consciousness, personal and collective action and change in the structural basis of gender inequalities. *"The personal is political and the political is personal"* was the motto (Rowlands 1997, Sen 1997, Kabeer 1994).

The emphasis of contemporary development policies no longer reflects these elements of empowerment. *'Rights', 'equality', 'justice' and 'collective action'* have been replaced with *'efficiency', 'investment', 'returns' and 'smart economics'*. Economic empowerment and the *'business case'* are the new hegemony, and it is believed that success for women in business or economic terms is enough to overcome other barriers to equality.

- **Choice:** This is the ability of women and girls to make and influence anything that affects their lives and futures. Alongside fundamental aspects of empowerment i.e., power to, power within, power with, power over and power through, *choice* is extremely critical and is empowering when, for example, women and girls have freedom to choose from a range of options regarding contraceptive use or when and whom to marry. In addition, empowered choice challenges social inequalities. This is called

'critical consciousness', defined as 'Women and girls identifying and questioning how inequalities in power operate in their lives, and asserting and affirming their sense of self and their entitlements (*'power- within'*)' (idem:43). *For empowerment to happen, choices need to materialise in actions and outcomes.*

- **Voice:** Another core feature of empowerment is the **amplification of women's and girls' voice:** 'the capacity of women and girls to speak up, be heard and share in discussions and decisions – in public and private domains – that affect their lives' (idem: 17). Voice is important to contest existing power relations. It can be realised through:
 - The participation and representation of women and girls in political and economic decision-making institutions;
 - Collective organising in favour of gender equality;
 - Strengthened leadership of women and girls (individually and collectively) to pursue own interests and needs; and
 - Holding institutions accountable (idem: 20).
- **Agency:** Relates to *choice* and *voice*, meaning "women and girls pursuing goals, expressing voice and influencing and making decisions free from violence and retribution" (idem: 25). More than voice it is about making informed decisions, implying awareness and *"imagining the previously unimaginable"*. Regarding SRHR, this entails, for example, that women and girls can decide whether, when and whom to marry or whether, when and with whom to have sex. These types of decisions are strongly affected by gender and age, in intersection with other social markers such as socioeconomic status, sexual orientation, ethnicity, race, or caste. Empowered decision-making involves negotiating, influencing and bargaining (Gammage et al. 2016, cited in Eerdewijk 2017:26).

Leadership is an expression of choice and voice, entails empowerment and greater control of women and girls over their lives.

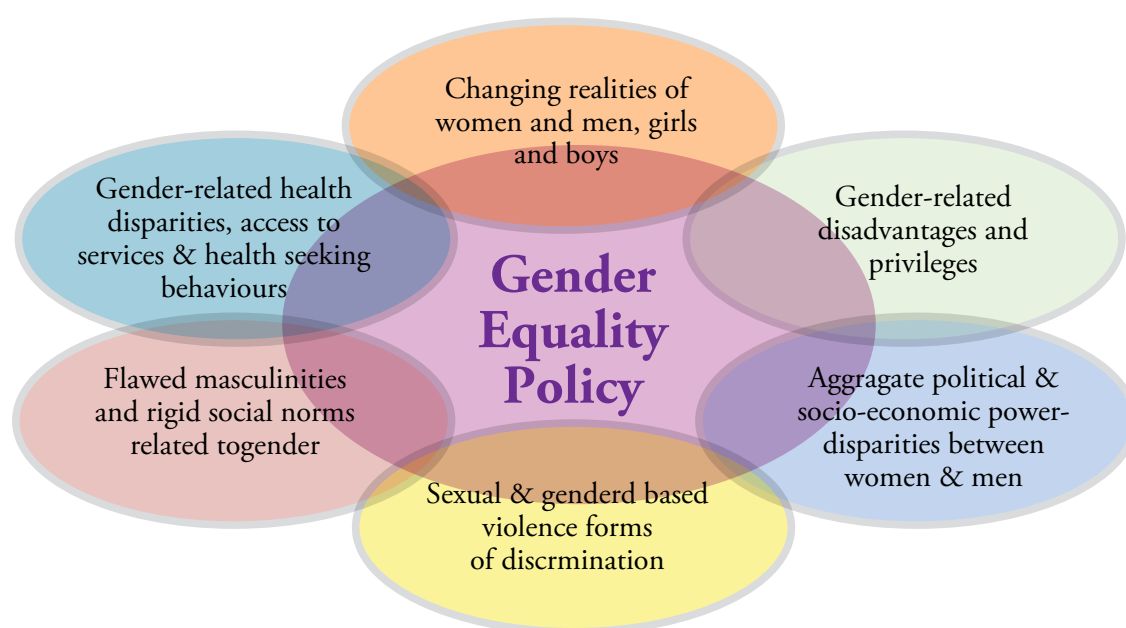
The other dimension of agency is leadership. There is need to distinguish between **formal leadership** concerning women's political participation or representation in leadership and management positions, and **informal leadership** defined as "*the ability to inspire and guide others in order to bring about change*" (Debebe 2007:2, cited in Eerdewijk 2017:29). Leadership can manifest itself *individually* and *collectively* and it can encompass power over, power within, power to and in case of collective action also power with (Cornwall 2014).

Women's Rights: New and Old Challenges

Considerable progress has been made in improving the situation of women and girls in recent decades, but developments have been uneven, and there have been setbacks in some areas. The situation varies across countries and regions, but some key challenges are clearly identifiable:

- Formal discrimination in national legislation is still widespread, particularly in the area of family law, but also in the areas of inheritance and property law;
- Violence against girls and women is widespread. It is estimated that, worldwide, a third of women experience violence during their lives, most often from an intimate partner ;
- Women are significantly underrepresented at all levels of decision-making processes and in governing bodies. Less than a quarter of all members of parliament are women;
- Armed conflict has major humanitarian consequences and creates huge flows of refugees. Conflict affects women and men in different ways, and puts women at risk of gender-based violence and sexual exploitation;
- Extremism and conservatism are on the rise. These are expressed in different ways, but a common denominator – and an inherent part of extremist ideology – is opposition to women's human rights;
- In many places, control of women is woven into the social fabric and culture through harmful traditional practices such as early marriage and female genital mutilation;
- Attacks on women human rights defenders are increasing in certain countries across the globe;
- Many women do not have access to sexual and reproductive health and rights including legal and safe abortion. Many women who would like to use contraception do not have access to it;
- Globally, the gap between women's and men's participation in the labour market has only seen a marginal reduction and in most countries (Kenya included), women still earn far less than men;
- Environment, and can have humanitarian consequences that often hit women, particularly women farmers, harder than men.

Gender-Related Factors to Considered for Policy Development



Why Do We Need Policies On Masculinities and Male Engagement for Gender Equality?

- In order to initiate work on gender equality and male engagement, critical examination of men's power and privilege and current constructs of "masculinities" are necessary prerequisites. Men's power over women in many contexts necessitates working with men to change the conditions of women's lives.
- All men, though not homogenous, share one thing in common- male privilege. In most societies, one is granted preferential treatment by virtue of being born male. This gives them easy access to positions of influence, power authority and access to and control over resources on a partisan basis to women in households, community, work places and in all spheres of the society.
- *Men* sustain, reproduce and legitimize the majority of social structures that justify the subordination of women, promote unhealthy male behaviour and undermine attempts by other men to become involved in social justice initiatives. Boys on the other hand imitate and adopt what adult men do.

Policy Environment: Which Policies Reflect Gender?

Gender and in turn masculinities, is reflected implicitly or explicitly in most policies. In other words, a lot of policies are "gendered" or are influenced by understandings of gender. Individual policymakers, male and female (*though more often male*) view the world through the lens of their own attitudes about what it means to be men and women.

The Nairobi Forward-looking Strategies adopted in 1985 (*during the 3rd UN Conference On Women*), provided guidelines for the advancement of women by the year 2000 and beyond. They were to achieve/accelerate the economic and Political emancipation of women at all levels; enhance the well-being of women through sustains improvements of the standards of living, poverty alleviation and the mainstreaming of gender perspective in all aspects of development assistance and development plans..... gender awareness and the advancement of women.

The reproductive health field was one of the first areas in which the pragmatic rationale of "male responsibility" was utilized to encourage male involvement. "The 1994 Programme of Action of the United Nations International Conference on Population and Development noted: "Men

play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of government".

"Equal rights, opportunities and access to resources, equal sharing of responsibilities for the family by men and women, and a harmonious partnership between them are critical to their well-being and that of their families as well as to the consolidation of democracy."
– UN, *Report of the 4th World Conference on Women*, Beijing, 1995

BPfA: Actions to be taken by Governments

Recommendation 119: Developing a holistic and multidisciplinary approach to the challenging task of promoting families, communities and States that are free of violence against women is necessary and achievable. Equality, partnership between women and men and respect for human dignity must permeate all stages of the socialization process. Educational systems should promote self-respect, mutual respect, and cooperation between women and men.

Recommendation 124 c): Enact and/or reinforce penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs done to women and girls who are subjected to any form of violence, whether in the home, the workplace, the community or society.

Secretary General's Report (expert group meeting October 2003-Brazil)

- Focus on socialization and education; and the role of men and boys in achieving gender equality in the labour market and the workplace; in sharing of family responsibilities, including caring roles; and in preventing HIV & AIDS;
- It emphasized that men can bring about change in attitudes, roles, relationships and access to resources and decision-making which are critical for achieving equality between women and men;
- It underlined the need for men to be actively involved in developing and implementing legislation and policies that foster gender equality, and in providing positive role models for other men to promote gender equality.

Engaging Men to Transform Harmful Masculinities for Women's Empowerment

Introduction:

Men's notions of manhood can change; so can the places where and the ways in which these notions are conceptualized and shaped. A good number of men are already taking part in this change, although the challenge remains in deciding how best to encourage and support the process. Those who wish to trigger and support men's advancement towards gender justice must determine the bottlenecks in the way of men's change, and what types of advocacies, activism, socio-economic policies, awareness campaigns, legal reforms, policies and programs can best accelerate this process.

Masculinities Gender Relations and Gendered Social Norms

All societies have deeply rooted sets of norms that influence their behaviours. Although these apply to the range of human relations, many underlying norms relate (*albeit in complex ways*) to gender.

Gender, as distinct from biological sex, holds the ideals of masculinity and femininity; it is the relations of power between women and men, boys and girls (and shapes relations among men and among women, boys and girls); it is both the beliefs and the practices of gender that structure our experiences as men and women.

Every society and every era have distinct gender norms; this is because gender itself is a *fluid* and ever-changing entity. However, most societies have some common denominators when it comes to specific norms for women and men. Indeed, patriarchal cultures, where men hold power and women are to varying degrees excluded from power through both formal and informal mechanisms, are the global norm.

The norms that flow from and reinforce gender relations and definitions are important because they are behavioral guides. Like any norms, they can play a positive role, but many gender norms become *justifications* for *individual self-censorship* and *collective social control*. In this sense, gender norms have a strong ideological character: they reflect and reinforce relations of gender power.

Harmful Masculinities and Their Consequences

Gender norms that uphold men's privilege over women harm not only women and children but also men themselves. *Examples include:*

- Behaviours that increase the likelihood of men's perpetration of Sexual and Gender Based Violence and particularly violence against women and children;

Men and boys are also affected by harmful masculinities promoting ideas of "manhood" that are predicated on taking risks, being strong, not seeking help, feeling entitled, and exerting power or dominance over women.

- Men's lack of, or limited, involvement in child care, domestic work and care giving – has wider implications for the well-being of the family, placing a disproportionate burden of care work on women and depriving them of opportunities to earn an income and contribute economically to the household;
- Men's control over a women's sexual and reproductive decision-making limits her access to life-saving health services including for sexual and reproductive health;
- Unequal gender division of labour coupled with unequal remuneration. For example, in tea plantations women do all the work but when it comes to getting the pay check, it is the man that has the pay card.

Men's gender norms have an enormous impact on their behavior in ways that are often harmful to both women and men. For example, if it is the norm that men are in charge of sexual and intimate relationships, then women lack autonomy and may experience physical and sexual violence. If norms that flow from the gendered division of labor stipulate that it is not manly to do housework or look after children (and takes time away from men's prescribed roles as breadwinners), then this creates enormous hardship for women and ensures that generations of men grow up with reduced empathetic ties to children. If it is normal to see a man as weak if he seeks help or unmanly if he shows physical or emotional vulnerability, then men may be more likely not to look after their own health needs, both physical and emotional.

Traditional Norms -vs- Gender Equitable Norms

Many cultures' traditional, usually inequitable, gender norms contrast with emerging, gender equitable ones. In many cultures, it is the norm (*accepted by both women*

and men) for a father not to be present at the birth of his children; a more equitable norm defines him as present to support his spouse, to bond with his child from birth, and to signal that the birth of his child is a pivotal moment in his life. It is the norm for men not to question another man's autonomy in his own home, including the use of violence against his wife and children.

A more equitable norm says it is men's responsibility to speak out against Sexual and Gender Based Violence (SGBV) being committed by other men. In some cultures, it has been the norm for men not to pay attention to their health, seeing such concerns as signs of weakness; a gender equitable norm has men taking responsibility for their health and well-being.

While there can be no single, global definition of what equitable norms for men should be this as a starting list:

- Never commit, condone, or remain silent about men's violence against women or against other men;
- Respect and support girls and women as equal members of society in all walks of life;
- Share equitably and enthusiastically in care-giving, child rearing and home-making, treating boys/sons and girls/daughters equally;
- Make mutual decisions around sexual and reproductive health issues as well as those in other intimate domains;
- Express sexuality free of stereotypes, coercion or violence in ways that are safe, pleasurable and mutually desired;
- Feel proud without necessarily being the sole breadwinner, or a father (especially of sons), or having many sexual partners, or being aggressive;
- Accept and feel comfortable with aspects of men's own personalities and with those of other men that may not follow "traditional" notions of what it means to be men;
- Feel comfortable expressing emotions in positive and non-violent ways;
- Questioning the costs of harmful, inequitable gender norms in relation to socio-economic development and making explicit the advantages of changing them;
- Be capable of forming emotionally supportive friendships with men as well as women.

Gender norms reflect the historically unequal power relations between men and women in the public and private spheres; all individuals live within a set of norms,

and in turn reinforce the underlying social structures that make those norms seem timeless and natural (or essential).

This is particularly true since norms are reflected, reinforced and celebrated in the media, religious practices, sports, schools, workplaces and families. For example, if for generations it has been the norm for women to carry babies and to do the bulk of childrearing, then it is assumed that men don't have the "natural" ability to look after children. Or, if generations of men in patriarchal societies are trained to kill in war and deny their own fears, then it is assumed that men are "naturally" or biologically violent

Changing Gender Norms

Since norms reflect deeper social structures, and since they are held in place and reinforced by numerous social institutions, changing norms is a daunting task. Change is even more difficult because some people benefit (or perceive that they benefit) from the *status quo*. If a society says that only men can hold certain jobs and professions (particularly trades such as doctors, senior managers, politicians, etc.), then a man only has to compete with half of the population for those positions.

If governments, religions, families, economies, media and educational systems are structured with men in charge, then power (*and the benefits that come with it*) is apportioned to men over women. Moving toward gender equality produces apparent winners and apparent losers and, thus, there are those who are invested in defending the status quo.

Changing norms is even more challenging because personalities are in part constructed through the internalization of gender norms and practices. From birth onward, children absorb and personalize gender definitions into their developing brains. Since individuals come to embody gender relations and gender norms, helping men (and women) to change what is not only perceived as, but also experienced as, normal behavior for men (and women) can be a difficult task.

While there is often a belief that such norms are ingrained, and thus fixed or rigid from an early age, research on the dynamic nature of human behavior finds that attitudes and practices change all the time, in different contexts throughout the life cycle, and that children are active – not merely passive – participants in the process. Inequitable norms are taught to boys and girls at very young ages, but they are never inevitable nor unchangeable.

The Sustainable Development Goals (SDGs) - Goal 5 On Gender Equality:

Framework **recognizes engaging men and boys as a key strategy** to eliminate all forms of discrimination and violence against women and girls – it is included in Paragraph 20, the “*gender paragraph*” of the Declaration which accompanies the goals & targets framework. *This means that:*

Men’s organizations and movements, gender equality, human rights and social justice partners should engage in advocacy for operationalization of the agenda through *gender transformative approaches*, including policies and programs that support the rights and empowerment of women and girls, address root causes such as power inequalities, negative stereotypes, human rights violations, and harmful gender norms.

- The UN CSW 53rd session (2013): Priority theme: Elimination and prevention of all forms of violence against women and girls. Review theme: The equal sharing of responsibilities between women and men, including caregiving in the context of HIV & AIDS;
- The UN CSW 60th session (2016) empathically asserted the need to “fully engage men and

boys as agents and beneficiaries of change in the achievement of gender equality and the empowerment of women and girls and as allies in the elimination of all forms of discrimination and violence against women and girls.” It makes sense; men are half the population so it is only logical to engage with them in the fight for gender equality and against sexual and gender-based violence (SGBV).

- The UN CSW 63rd session (2019) adopted agreed conclusions on “Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls”.

Summary: Looking at all the policies cited above, it is clear that we have a strong normative framework on masculinities, male engagement and women’s human rights. Furthermore, existing commitments are still not yet realised. At the CSW62, Member States decided that at the 25th Anniversary of Beijing in 2020, there would be a review meeting on Beijing+25 in the form of a one-day high-level meeting of the General Assembly, on the margins of the general debate. This meeting should focus on accountability, rather than agenda-setting.





“Considerable progress has been made in improving the situation of women and girls in recent decades. ‘Rights’, ‘equality’, ‘justice’ and ‘collective action’ have been replaced with ‘efficiency’, ‘investment’, ‘returns’ and ‘smart economics’. Economic empowerment and the ‘business case’ are the new hegemony, and it is believed that success for women in business or economic terms is enough to overcome other barriers to equality”.

Module 7



Best Practices for Engaging Persons With Disabilities In Development

The concept of mainstreaming disability in development is broadly defined as the inclusion of persons with disabilities in all aspects of development efforts. The concept of inclusive development is enshrined in article 32 of the Convention on the Rights of Persons with Disabilities (CRPD). “The Convention identifies disability as an issue to be considered in all programming, rather than as a stand-alone thematic issue, and requires all States parties to implement measures ensuring full and equal participation of persons with disabilities in society. However, disability-specific actions and programming may also be required, depending on national context.”

Mainstreaming is also recognized as the most cost-effective and efficient way to achieve equality for persons with disabilities. PWDs can be included in mainstream programmes with minimal adaptation. However, in order to achieve the full inclusion and participation of persons with disabilities, “it is often necessary to provide specific support to ensure that they are empowered to participate on an equal basis with others. This combination of ‘disability inclusion’ with disability specific projects, or components of projects, which aim to empower persons with disabilities in particular, is called the ‘twin track approach’. Unfortunately, to date, there have been, overall, “a low amount of people with disabilities who have experienced progress through development aid. Moreover, existing examples are not collected systematically and are often not available in accessible formats, with only a few exceptions.

The criteria for a best practice for PWDs:

- **Adopt a rights-based approach:** in other words, each mainstreaming initiative should contribute systematically to the implementation of the CRPD, which aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. This means promoting barrier removal and inclusion in all sectors, including health, rehabilitation, assistance and support, environments, education and employment. This, in turn, means that the mainstreaming initiative must:
 - **Ensure equality and be non-discriminatory,** allowing people to participate regardless of their disability, level of education, age, social and life skills, religion or ethnicity; it is especially important to ensure the inclusion of the most marginalized groups of persons with disabilities, such as persons with psychosocial disabilities and persons with intellectual disabilities;

- **Recognize the interaction between gender and disability;** in this regard, data should be disaggregated by sex and by type of disability;
- **Promote accessibility** (built environment, information and communications technology, institutional, economic, social) to people with all disabilities, i.e., physical, mental, sensory, intellectual, developmental;
- **Be participatory,** actively and meaningfully involving people with disability in all matters concerning them in the process of forming policies and programmes; Organisations of Persons With Disabilities are key players in this process and development agencies need to consider investing in capacity-building and capacity development initiatives for its promotion;
- **Be accountable to persons with disabilities,** involving them actively in the decision- making process in projects/programmes and policies and creating accountability mechanisms for monitoring, complaint and feedback.

Recommendations

In order to realize fully the rights of persons with disabilities in development, systematic efforts and commitments need to be made, together with appropriate resource allocation. Development agencies may wish to consider the following recommendations:

- Remove obstacles and constraints in international development so that persons with disabilities are included in international development and that new barriers are not created. A number of barriers limit or exclude the enjoyment of the rights of persons with disabilities. These include policies and standards, attitudes, services, lack of accessibility and of participation in decision-making, inadequate data and statistics. In order to maximize the removal of barriers for persons with disabilities, the “twin-track” approach should be strengthened: programmes and services should be designed accessibly and inclusively, but at the same time some people with disabilities may require specific targeted services and measures to make sure that they can participate equally with others in education, employment, health, social protection and all other services;
- Ensure that disability-sensitive indicators or markers are applied for the SDGs and in other development strategies and road maps. Make

determined efforts to include disability-sensitive indicators related to the accessibility and inclusion of persons with disabilities in the SDGs, all of which are “interconnected and mutually reinforcing” and relevant to persons with disabilities;

- Promote, enable and facilitate the meaningful participation of persons with disabilities, including children with disabilities. The active and informed participation of persons with disabilities at all levels—community, regional, national and international—is key in the planning and discussions to meet the SDGs;
- Strengthen statistical capacity to produce reliable disaggregated data on persons with disabilities. Resources should be allocated to the collection and analysis of reliable and disaggregated data by sex and disability in national statistical systems in order to support the design and the monitoring of better programmes, policies and emergency responses and to promote the awareness of persons with disabilities as a heterogeneous and internally differentiated group;
- Ensure disability-inclusive responses in situations of risk and humanitarian emergencies. Persons with disabilities, including children, have an equal right to be included in emergency preparedness and to benefit from full access to relief services;
- Include a gender perspective in disability work. The right to equality is essential, as well as being a means to achieving inclusive development. The empowerment of all women, the full enjoyment of their human rights and the eradication of poverty are essential to development efforts, including the achievement of the SDGs. Take cognisance of the disparities in access experienced by women with disabilities and their increased exposure to situations of vulnerability.

Good Practices for the Economic Inclusion of People with Disabilities

The first step is to identify the needs of the target population – in this case, people with disabilities – or a specific problem it faces. This includes analysing the local context, in particular the economic opportunities and constraints, as well as an assessment of the needs, strengths and weaknesses of the target group.

These activities are more successful when carried out in a *participatory manner*. Potential stakeholders –

individuals or organisations who, directly or indirectly, may gain or lose from the programme – are identified and participate in discussions that try to respond to the following question: What problem does the target group face? What is the best solution to address this? The knowledge of local leaders, businessmen, farmers, other relevant actors and community organisations should be taken into account when looking for answers to these questions. Gender, age, ethnicity and religion-linked differences between stakeholders and within the target population should be a primary consideration.

Participation of people with disabilities in this process is essential. Personal choice, ambition, concerns and assessment of capacities are crucial for the success of an economic activity. Their active involvement will also result in real commitment to the programme. Many programmes are ‘donor-led’ – responding to the donors’ requirements but failing to match the actual beneficiaries’ real interests, capacities and commitment – and this is not ideal.

The following information is needed to help define the best strategy to use:

The target group: their numbers, needs, and capacities;

- Their potential for different economic activities: livelihood activities of the target group, markets, identification of activities with a comparative advantage for the target group;
- Presence of governmental organisations or NGOs that can provide essential services to the target group relevant for their economic inclusion.

Assessing the needs of people with disabilities should also include a study of their entourage: many economic inclusion programmes for people with disabilities also assist the parents of children with disabilities or other family members. Persons with disabilities are likely to gain more in terms of social inclusion or empowerment if they participate directly in the economic activities. Even if it might be difficult for them to run an economic activity independently, due consideration should always be given to how people with disabilities can participate.

It is worth noting that People With Disabilities (PWDs) are highly underrepresented among the clients of microfinance institutions. One of the objectives of this report is to identify strategies that help reduce poverty among people with disabilities, in this case through access to microcredit for self-employment.

Approaches to counter internal and external barriers for PWDs in accessing Microfinance services:

- **Inclusion in mainstream microfinance institutions** through a variety of schemes, including raising awareness among microfinance staff, establishing partnerships for cooperation, adapting methodologies, or simply by supporting people with disabilities to submit their loan applications. This seems to be the most successful strategy in terms of *sustainability, cost-efficiency and effectiveness*.
- **Provision of financial services by organisations of/for people with disabilities themselves.** Some organisations affirmed that inclusion in microfinance institutions was a long-term goal, but that this would not respond to current pressing needs for loans. Others believed that people with disabilities could not afford to meet the mainstream microfinance institutions' requirements and fees. Some of the programmes that tried to provide financial services themselves have failed because of lack of expertise. However, some have been very successful in terms of *breadth and depth of outreach*, providing services to a vast number of people with disabilities, and reaching some of the poorest among them.
- **Community Based Rehabilitation (CBR)** is a comprehensive strategy that aims to foster rehabilitation, equal opportunities and social inclusion of all peoples with disabilities. It promotes collaboration among community leaders, people with disabilities, their families and communities, and the appropriate health, education, vocational and social services.

Practical recommendations for the provision of grants

1. *Careful selection:* Grant beneficiaries should be selected according to specific and strict criteria. Select the beneficiaries according to their poverty and vulnerability levels; but also, by identifying their skills, capacities and training requirements, and by analysing the market constraints or opportunities. These criteria should be clear so that other potential beneficiaries understand why they may or may not be eligible.

The following will help identify potential successful entrepreneurs, and they should be conducted by the beneficiary, facilitated by the grant provider:

- **Market research and feasibility study** – the process of gathering, analysing and interpreting

information about a market, about a product or service to be offered for sale in that market, and about the present and potential customers;

- **Basic business plan** – detailing what service or product will be provided, who are the potential customers and how will they be reached, and where will the financial resources to manage the business come from. This will demonstrate if the project is profitable and sustainable, and therefore if it should receive a grant.
2. *No free hand-outs:* Generate a real commitment on the part of the recipient. Disburse grants only after presentation of a business plan, otherwise the grant is likely to be considered a free hand-out that does not require any real efforts on the part of the beneficiary. A business will also prevent the creation of a dependency culture, as people with disabilities will develop sustainable businesses in the short term. Do not disburse the complete amount of the grant at once. This will encourage beneficiaries to do their best and comply with requirements to receive the second part of the grant.
 3. *Require a contribution from the beneficiary:* As far as possible, require the beneficiary to provide a contribution in cash or in kind of at least five per cent of the grant. This will reinforce the commitment of the beneficiary to his/her project, as his/her contribution is also at risk.
 4. *Capacity Building:* Provide training prior to disbursement of grants according to the needs of the grant beneficiary. Training is essential, especially for those who have no prior business experience. It may cover topics such as basic accounting, marketing and client service, but also vocational training on more specific skills. If training is offered, the domain in which the persons will be trained should be selected according to market-demand and/or be innovative.
 5. *Constant monitoring:* Identify problems before they become irreparable. Follow up the beneficiaries' economic activities to 'coach' them as the businesses develop and prevent or correct any problems or challenges. Lack of follow-up contributes to the failure of many projects. If the economic activity is not as successful as planned, or even fails, the role of the grant provider is to support the client to recover or switch activities. Planning for this step is vital to ensure the necessary changes and adjustments are made in time. Monitoring also helps ensure that the person spends the grant as intended.
 6. *Savings component:* Encouraging savings is a way to train beneficiaries to plan for the future and

to manage their assets. Some grant programmes require or encourage their beneficiaries to start saving as soon as they have received the grant. These savings may assist future investments, or build up reserves for emergencies or occasional expenses, thus reducing a beneficiary's vulnerability.

7. *Links to microfinance institutions: Try to facilitate the creation of links between those who receive grants and those who provide microcredit. The grant beneficiaries will then aspire to having access to credit to continue expanding their business.*

Practical recommendations for the provision of loans. Provide/design loans that respond to the demands of potential borrowers

1. *One financial product does not fit all:* Even when the goal of an organisation is to reduce poverty, borrowers should be seen as 'clients', in the sense that they are receiving a service and paying for it (in the form of interest fees or membership fees). They should not be thought of as 'beneficiaries' who receive whatever loan product is available, but as 'clients' who are looking for a loan that responds to their specific needs with different expectations.
2. *Charge interest rates – the less subsidised, the better:* Loans are a financial product and most providers charge a commercial interest rate for their service. Even when the goal of an organisation may be to reach people with disabilities, and not to achieve financial sustainability, a loan provider should charge interest rates – both to support its operations and also to help the borrowers understand that loans must be repaid and that there is a price for the service.
3. *Adequate assessment of potential borrowers:* Loans should be disbursed according to the potential borrower debt capacity, not only to his/her needs. The decision to provide a loan should take into account not just the potential borrower's needs, but also the amount he/she will be able to earn and reimburse. Otherwise, the borrower may default and this will increase his/her vulnerability.
4. *Motivate borrowers to repay, and manage late repayments and defaults strictly:* Motivation should be focused on the positive outcomes of repaying, but negative consequences for failing to repay should also be applied. Positive incentives include joint liability groups and access to subsequent loans and higher loan amounts for on-time repayment. Negative consequences include collecting collateral; while some organisations use 'moral' pressure,

such as publishing a list of those who are late with their repayments. These criteria should be clearly established, and understood by every borrower. Defaulting on repayments is often a result of poorly designed loan products that do not correspond to borrowers' needs or of poor management by loan officers.

5. *Follow up and monitor the loans constantly:* Identifying problems in their early stages is essential. If the borrower is facing problems managing his/her loan, corrective measures can be taken before debt accumulates. A proper loan monitoring system provides the programme staff with an overview of the repayment figures, allowing for rapid corrective actions.
6. *Evaluate the pros and cons of different kinds of microfinance providers:* There is no single 'best solution'. While some people with disabilities may be better served by special services provided by organisations of/for people with disabilities, others are able to join mainstream microfinance institutions or self-help groups

Practical recommendations for the management of revolving funds

1. *Interest rate policies:* Many organisations of/for people with disabilities use a revolving fund. Not all programmes aim at long-term sustainability; but those that do require strict application of microfinance principles. To achieve sustainability, organization's own revenues, mainly consisting of interest fees, should cover all costs related to the revolving fund. Charging low interest or no interest at all will probably lead to failure when the programme will not be able to cover its own costs. But it can be an adequate strategy if the objective of the revolving fund is to have a limited duration and to then direct borrowers to other microfinance providers.
2. There is no 'adequate' interest rate that can be suggested. Each programme has to fix it according to its costs and the local regulations. The interest rate practices of other local organisations should also be taken into account.
3. *Repayment discipline:* If the loans are properly repaid, a revolving fund can continue providing new loans as a rotating capital. This requires strict observance of the repayment discipline. If some clients do not repay and no corrective action is taken by the programme, it will easily grow into non-repayment by larger numbers, and finally lead to breakdown

of the revolving fund. Positive incentives for repayment and corrective actions are thus essential. Positive incentives include having access to more loans or higher loan amounts. Corrective actions include collection of collateral or denying access to other services.

4. *Financial administration:* Many revolving funds managed by people with disabilities have found themselves in trouble because the fund's management and money were not adequately separated from those of other areas of work. The fund, but also its staff, transport, expenses and revenues and administration should be administered separately from other programme components. Special management information systems exist for microfinance providers; they provide direct information on the quality of the loan portfolio and indicators for operational and financial sustainability.
5. *Strict application of the rules of the revolving fund:* The rules for the management of the revolving fund should be clear for all its members prior to disbursement of the loan; the rules should then be applied and followed strictly. Many revolving funds have failed because of a lack of discipline, or because the managers of the fund feel they are damaging people with disabilities if they have to collect the loan repayments or collateral in case of default. However, people with disabilities have the same rights and obligations as everyone else, and if they committed themselves to the revolving fund, they must also be held accountable in case of default. These rules should therefore be clear to prevent misunderstandings.

Practical recommendations for the support of self-help groups

1. *Raising awareness:* The self-help group approach, and the advantages the participants will gain in the longer term, have to be discussed and understood by all potential participants. Raising awareness among the participants will build their confidence that they can and should rely on their own organisational efforts, and that they can accumulate capital through mobilisation of their own savings.
2. *Capacity Building:* When sufficient people have demonstrated their interest and have been brought together in provisional self-help groups, they should be trained in the following: group formation and group dynamics, leadership, the set-up of the saving and credit programme, saving and lending procedures, record keeping, procedures for saving and loan meetings, etc. Internal regulations and a

group constitution should be developed: the first to create internal transparency and the second to get any official recognition necessary, for example, to apply for a loan from a bank or microfinance institution.

3. *Monitoring:* Savings can be started after the initial training, and internal loans after sufficient funds to do so have been raised. Initially the group activities and group functioning should be monitored; first intensively and then according to the necessities and development of each group. Further training and monitoring may be required if links are foreseen with microfinance institutions or banks.

Practical recommendations for programme identification

1. *Identifying the target group:* Get to know people with disabilities and their characteristics in the target community. This includes analysing their economic needs and current economic activities, as well as their number, their types of disabilities, their rehabilitation needs, etc. 'Based-area' programmes aim to assist people with disabilities within a region. House-to-house visits are the most complete way to identify people with disabilities in a community. An alternative method is to ask community leaders, other organisations or members of the community to identify people with disabilities.
2. *Needs assessment:* This process should be participatory and can be conducted through probabilistic risk assessment (PRA) methods. This will help people with disabilities to be actors in their own development and to be committed to the project, by:
 - Identifying and expressing their problems and obstacles themselves;
 - Describing current ways of solving their economic problems (and specifically, their lack of access to capital, through family loans, for instance);
 - Proposing solutions that use existing networks or traditional methods that will help guarantee effectiveness, ownership and sustainability.

NB: The organisation that will implement the economic programme has an advisory role; but good advice starts with good listening.

3. **Vulnerability analysis:** A vulnerability analysis will allow the organisation to establish selection criteria, and to define personal packages that may include training, self-confidence building and/or personal coaching and also to define what funding mechanism is most appropriate. Vulnerability analyses can include community leaders, representatives of the target groups, and staff of other organisations or government agencies. These assessments should include qualitative and quantitative factors; a community itself can identify vulnerable persons/families and explain what criteria they used.

4. **Market research:** Entrepreneurs have to compete in highly competitive markets. People with disabilities may be in a disadvantaged position because of non-efficient production, stigmatisation, a disabling environment that causes them to be less mobile, etc. Prior to funding an economic activity, it is vital to identify what market niches exist and what activities will or will not be profitable. The financing of activities for which there is no demand or an oversupply, or where beneficiaries cannot compete with the low prices or high quality offered by others, should be avoided as this will not lead to sustainable businesses. Quality and exclusivity of the products, the location of the market premises,

and the quality of service are all important elements in the competition. Market studies require special expertise. Assistance of specialised outside agencies should be sought if necessary.

5. **Identification of other service providers:** Possible partners should be identified at two levels:

- For the actual funding mechanisms and self-employment programme, by identifying trade associations, training centres, microfinance providers, local government agencies that may be relevant
- For other services that may be required by a person with disabilities to be a successful entrepreneur, by partnering with rehabilitation programmes, health and education services, etc.

Group Exercise:

1. What types/forms of SGBV are prevalent in your settings?
2. What are the risks in your setting that contribute to SGBV?
3. What can your sector do to prevent and mitigate SGBV risks?





“In order to achieve the full inclusion and participation of persons with disabilities, it is often necessary to provide specific support to ensure that they are empowered to participate on an equal basis with others. This combination of ‘disability inclusion’ with disability specific projects, or components of projects, which aim to empower persons with disabilities in particular, is called the ‘twin track approach’.”

Module 8



Survivor-Centered Approach

Session Objectives:

1. Introduce participants to basic concepts related to working with survivors, including gender, SGBV, and multi-sectoral programming;
2. Provide all participants, regardless of their professional responsibilities, the tools to use survivor-centred skills when engaging with survivors, including with child-survivors;
3. Provide all participants, regardless of their professional responsibilities, with practical methods for communicating with survivors that increase survivor comfort and facilitate survivor coping skills;
4. Provide all participants with information on the different roles and responsibilities of all actors engaging with survivors of Sexual and Gender Based Violence;
5. Impart knowledge and skills about protection activities and justice mechanisms involving survivors of Sexual and Gender Based Violence;
6. Deepen participants' understanding of the dynamics and the physical and psychosocial consequences of Sexual and Gender Based Violence in conflict-affected areas and other emergency settings.

Intended Outcomes

By the end of the workshop participants will be expected to be able to practically apply the knowledge and skills acquired and to have a survivor-centred attitude towards the survivors of sexual violence they meet in their communities.

Teaching materials: Marker pens, highlighter pens, flipcharts, masking tape, VIPP cards sticky note pads.

Methodology: The facilitator can use varied approaches to facilitate this session. Among these techniques are interactive lecturette, brainstorming, group work, question and answer, buzz groups, plenary discussion, power point presentation etc.

Steps

- Step 1: Ask the participants to describe who a rights holder is? Provide the written description on the flipchart.
- Step 2: Ask the participants to describe who a duty bearer is? Provide the written description on the flipchart.

Step 3: Have the participants brainstorm the roles of Duty bearers and list them down on the flipchart giving clarity when necessary.

Step 5: Brainstorm the “*dos* and *don'ts*” of a good duty bearer. Use a flipchart with two columns, one for “*dos*” and the other for “*don'ts*” to illustrate this.

Note: Here the facilitator can use role play to demonstrate the distinction between the qualities of an effective duty bearer from those of an ineffective one. The best way to do this is to engage volunteers in enacting the role play(s) and use predetermined scenarios for better outcome.

- There is need for a “survivor-centered approach” to service delivery and investigation into crimes that respects the “safety, confidentiality, and informed consent of survivors.
- In the well-intentioned attempt to garner a response to crimes against humanity and other atrocities, we run a new risk of pressuring survivors to “speak out” in ways that can lead to traumatization, stigmatization, and even ostracism, as well as retaliation by perpetrators.
- A wide range of actors, from governments, NGOs, and the media, compel women to tell their stories in ways that focus on the details of their rape, sometimes repeatedly and with little information or support. These interactions are often public, displaying the identity of survivors along with their painful narratives. We see it in the ways journalists and NGOs gather and construct narratives to report on and raise awareness of sexual crimes.
- There are instances where survivors have shared their experiences in the media but were not informed, they could remain anonymous, or who requested but were denied anonymity.
- In many cases, survivors have been interviewed so frequently and by multiple actors that that they could not always distinguish between journalists, NGO workers, or academic researchers, creating confusion and unrealistic expectations.
- Repeated testimony collection not only triggers trauma, but it also raises expectations that justice will be achieved, which in most cases remain elusive.

- From a survivor-centered perspective, those who want to tell their stories—or provide testimony as part of an investigation despite the inherent emotional difficulty—have the right to be made fully cognizant of potential consequences both positive and negative.
- Those working to document the testimonies of survivors know that the ability of individuals living with psychological and physical trauma to make key life decisions is often hindered.
- Desperation for solutions and justice means that some survivors have agreed to provide testimonies without fully understanding how that information will be used, what risks they might face, and how it will benefit either themselves or the broader cause.
- The sense of futility after going public, caused by the lack of timely or serious national responses, can add to survivor frustration and even despair.
- There are broader issues to consider in terms of how various actors gather and disseminate narratives and testimonial evidence of sexual violence crimes.
- Survivors have historically been silenced about sex crimes and denied the right to seek justice, the current use of graphic depictions of sexual violence, as well as the accompanying pressure on survivors, can strip away survivors' agency and resilience and obscure a more complex understanding of their experiences of sex crimes.
- There is a strong focus on graphic narratives of sexual violence in civil society advocacy that foregrounds the victimhood of women. It is important to note that despite good intentions, awareness-raising narratives about sex crimes, can actually serve to essentialize women as solely victims of sexual crimes, reinforcing the notion that men's experiences are universal and women's are "other." This can render some women's experiences invisible.
- In practical terms, internalized notions of honor and shame manifest in survivors' continuing fears of being ostracized, particularly those who have children as a result of rape.
- Creating an environment in which sexual violence can be spoken about openly as a crime is far preferable to the historical silence around it, which reinforced survivor's shame and normalized particularly men's behavior.

Survivor-Centred Skills

Informed consent, appropriate support, and greater awareness of the longer-term consequences of the sexual violence narrative must also factor into an understanding of “**survivor-centered.**” Otherwise, survivors of sexual violence who face pressure to be champions of the cause, have just replaced one shackle with another.

Examining How Duty Bears Address Sexual and Gender Based Violence in Their Communities

Step 1: Engage the participants in discussion about gender-based violence in communities and ask them to share scenarios and reflect on how such situations are handled in their communities.

Step 2: Share a scenario on GBV and ask the participants whether such a scenario exists in their communities.

Step 3: Help them identify the role having been played by different actors in the process (with the scenario in mind).

Step 4: List down the duty bearers involved in responding to the case from the beginning to the end. The list is highly likely to feature representatives from the following groups:

- Law enforcement agencies
- Health practitioners
- Community volunteers
- Development officers etc.

Step 5: Seize the opportunity to shed more light on the significance of the Multi-Sectoral Framework of Survivor Support and emphasize on the need for collaboration in addressing and responding to SGBV cases.



Multi-Sectoral Approach to SGBV prevention and response

A Survivor-Centred Approach to SGBV Case Management

SGBV case management is a structured method for providing help to a survivor. As mentioned earlier, it involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed about all the options available to them, and that issues and problems facing a survivor are identified and followed up in a coordinated way. It has unique characteristics that distinguish it from other approaches to case management. The approach is called “**survivor-centred**.”

What Is A Survivor-Centred Approach? A survivor-centred approach aims to create a supportive environment in which each survivor’s rights are respected and in which the person is treated with dignity and respect. A survivor-centred approach recognizes that every survivor:

- Has equal rights to care and support;
- Is different and unique;
- Will react differently to their experience of SGBV;
- Has different strengths, capacities, resources and needs;
- Has the right, appropriate to her/his age and circumstances, to decide who should know about what has happened to her/him and what should happen next;
- Should be believed and be treated with respect, kindness and empathy.

Using a survivor-centred approach means that you:

- **Validate the person’s experience.** A survivor-centred approach emphasizes the importance of communicating to the survivor that we believe her/him and that we do not judge their experience or their decisions about what to do. We trust that they are the experts of their situation.
- **Seek to empower the person.** A survivor-centred approach puts the individual at the centre of the helping process and aims to empower the person. We recognize that an experience of SGBV may take away a person’s control over their body and mind. Our interactions with a survivor should aim to restore their sense of control by making sure they are the decision-makers throughout the helping process.
- **Emphasize the person’s strengths.** A survivor-centred approach recognizes that survivors have

existing ways of coping and problem-solving. Understanding and building upon a survivor’s inner and outer resources—for example, prior successes in managing the aftermath of or overcoming a stressful or traumatic event—is a great way to begin to shift the focus from their weaknesses and problems to their strengths. These strengths-based approach helps to build and recognize people’s inherent resilience.

- **Value the helping relationship.** A survivor-centred approach emphasizes that a helper’s relationship with a survivor is a starting point for healing. This means that we must view all of our encounters with a survivor as an opportunity to build connection and trust.

Guiding Principles

Guiding principles of multi-sectoral response to SGBV for institutions and organizations addressing SGBV:

Underlying Basic principle — “Do No Harm”

- **Safety:** Ensuring the safety and autonomy of the survivor(s) and their families;
- **Confidentiality:** Respecting the confidentiality of the survivor(s) and their families;
- **Respect:** Respecting the wishes, choices, rights and dignity of the survivor(s);
- **Non-discrimination:** Ensuring non-discrimination in all service provision.

Accountability Processes

- In bringing sexual violence to the fore of accountability processes, we must be careful not to sideline other experiences of survivors, portraying a more holistic narrative of their lives and identities beyond sexual violence and associated trauma.
- Implementing a survivor-centered approach requires being intentional about both the concept and the practice.
- Ensure relevance and appropriateness of interventions to local setting;
- Employ public health and human rights perspectives;
- Encourage multisectoral interventions at multiple levels;
- Invest in evaluation—assess results and protect survivors’ safety.

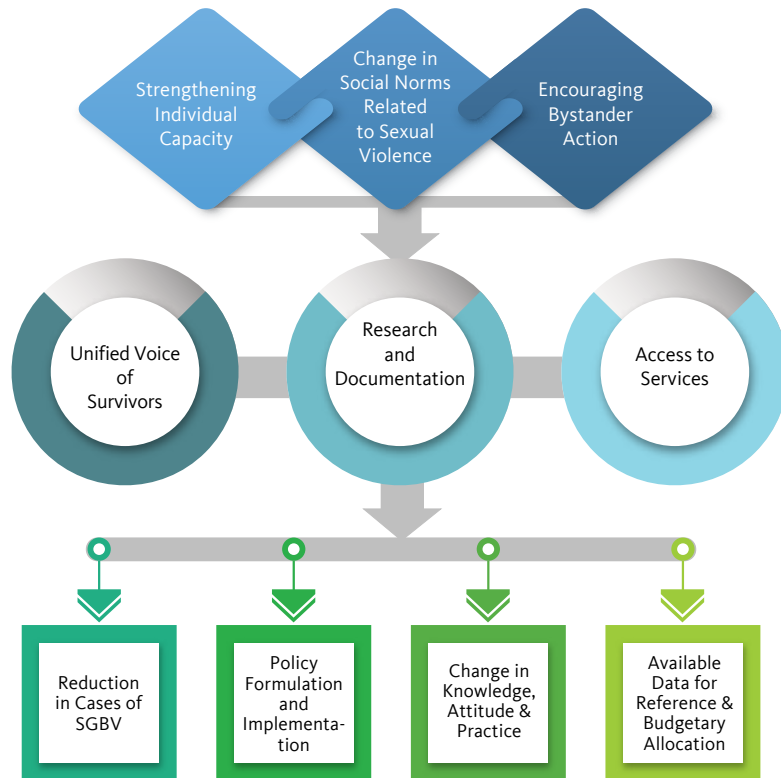
NB: A survivor-centered approach must be on survivors' own terms; it is the right of survivors to be fully informed about their options to allow them to decide when and how they share their experiences, and for what purposes.

The following guiding principles shall be used in the course of prevention and response to SGBV.

	Guiding Principle	Description
1.	Victim/survivor-centred approach.	All service providers engaged in multi-sectoral response to SGBV prioritize the rights, needs and wishes of victim/survivor.
2.	Partnership and Coordination.	<p>Ensure coordinated multi-sectoral approach by formation of or strengthening of working groups addressing issues of SGBV (examples are the current SGBV working groups).</p> <p>The multi-sectoral response to SGBV implies good cooperation and coordination of involved institutions/organizations.</p>
3.	Participation	<p>Ensure equal participation by women and men, girls and boys in assessing, planning, implementing, monitoring and evaluating programmes through the systematic use of participatory assessment on issues related to SGBV.</p> <p>Participative management. The rules regarding the multi-sectoral intervention and referral, the strategies and action plans, including planning, implementing, monitoring and evaluating programmes should be done in a participatory manner, including the input of beneficiaries (if applicable).</p>
4.	Strategic planning.	The policies that address SGBV phenomenon should be translated in inter-institutional common strategies, with specific objectives and activities.
5.	Integrated services.	The procedures for intervention and referral as well as the protection measures require a multi-disciplinary approach based on unified work methodology.
6.	Prevention.	An effective integrated approach sets as a priority also the prevention of SGBV.
7.	Accountability.	<p>Ensure accountability at all levels including signing of codes of conduct for service providers.</p> <p>All interventions/organizations have to ensure the accountability (and measures of it) for staff to implement and respect the agreed programs/rules and to follow these guiding principles in their work.</p>
8.	Sustainability.	Despite the political changes or staff turnover/demotivation, once the multi-sectoral response to SGBV is assumed, the institutions/organizations should ensure all conditions to implement and sustain this approach. The institutions/organizations that convene to be part of a multi-sectoral mechanism to address SGBV have to adhere, without exception, to a set of principles that represent the foundation for their interventions/assistance, referral, attitudes, and behaviour in addressing SGBV.
9.	Gender Equality	Promote gender equality and power relations that protect and respect the rights of women, men, boys and girls from SGBV.
10.	National and International Standards	International and national laws should be adhered to, at all times.
11.	Mainstreaming	Strive to mainstream and integrate SGBV response and prevention in all interventions

Survivors Journey:

Awareness—Reflection (Understanding)—Commitment (Justice)—Empowerment—Integration & Healing



Recommendations for Sexual and Gender-Based Violence (SGBV) Interventions

Sectors and Functions	Planning and Preparedness	Minimum Prevention, Protection and Response
1. Coordination	<ul style="list-style-type: none"> Identify and map out different stakeholders and partners to avoid duplicity of efforts; Determine coordination mechanisms, roles and responsibilities; 	<ul style="list-style-type: none"> Strengthen networks, build human capacity and enhance information sharing; Integrate comprehensive sexual violence and other gender-based violence activities into national programmes;
	<ul style="list-style-type: none"> Promote ‘Do No Harm’, ‘Leave No One Behind’ and Human Rights principles as central components to preparedness planning and program development; Advocate for sexual violence prevention, protection and response in all contexts i.e. during peace and conflict times; Coordinate SGBV capacity strengthening within all sectors; Engage in resource mobilization to ensure sustainability of the interventions. 	<ul style="list-style-type: none"> Implement coordination mechanisms, orient partners and coordinate response, referral and reporting procedures Advocate and mobilize for resource

	Sectors and Functions	Planning and Preparedness	Minimum Prevention, Protection and Response
2.	Assessment and Monitoring	<ul style="list-style-type: none"> Review existing data on nature, scope, magnitude of sexual violence and other forms of gender-based violence; Conduct capacity and situation analysis and identify good practices for replication; Develop strategies, indicators and tools for monitoring and evaluation. 	<ul style="list-style-type: none"> Conduct coordinated situation analysis and rapid assessments; Establish data collection, analysis and information systems; Maintain comprehensive and up-to-date database of sexual violence crimes; Review data on prevention measures, incidence, policies and instruments, safety and security measures, judicial response, and social support structures; Assess and use data to improve access to services and to ensure effective interventions; Engage community in implementation, monitoring and evaluation.
3	Protection <i>(Safety & Security)</i>	<ul style="list-style-type: none"> Identify priorities and develop strategies for security and prevention of sexual and other forms of gender-based violence; 	<ul style="list-style-type: none"> Expand prevention, protection and response to sexual other forms of gender-based violence; Provide technical assistance and capacity strengthening for judicial and criminal justice systems for reforms and effective implementation of laws in accordance with international standards;
3		<ul style="list-style-type: none"> Review national laws, policies and enforcement realities on prevention, protection and response to sexual other forms of gender-based violence; Encourage ratification, full compliance and effective implementation of international instruments based on article 2 (6) of the Constitution of Kenya (CoK); Prepare awareness campaign to promote 'Do No Harm', 'Leave No One Behind' and Human Rights principles; Develop a complaints mechanism, investigations strategy to monitor, report and seek redress for SGBV. 	<ul style="list-style-type: none"> Strengthen national capacity to monitor and ensure redress for sexual violence crimes Ensure accountability mechanisms to provide a platform for prevention, protection and response to SGBV; Ensure that programmes for reintegration and rehabilitation include survivors of SGBV especially women, children and persons with disabilities; Provide training to relevant sectors including security agents, judicial officers, health practitioners and other service providers including the civil society and community members; Seek accountability/redress for all forms of SGBV and facilitate confidential reporting, referrals and protection for survivors; Monitor effectiveness of complaint mechanisms and institute changes where necessary; Monitor security and provide protection in accordance with needs and advocate for full compliance and implementation of the legal frameworks.

	Sectors and Functions	Planning and Preparedness	Minimum Prevention, Protection and Response
4.	Health and Community Services	<ul style="list-style-type: none"> ▪ Map current services and practices; ▪ Adapt/develop/disseminate simplified version of laws and policies; ▪ Plan and stock medical and reproductive health supplies; ▪ Train staff in SGBV health care, counselling, referral mechanisms, and rights issues. ▪ Include SGBV programmes in health and community service contingency planning 	<ul style="list-style-type: none"> ▪ Expand medical and psychological care for survivors/victims; ▪ Establish or improve protocols for medico-legal evidence collection and conduct regular assessments on quality of care; ▪ Integrate SGBV medical management into existing health system structures, national policies, programmes and curricula; ▪ Conduct on-going training and supportive supervision of health staff; ▪ Support the creation of survivor/victim support groups; ▪ Target income generation programmes to girls and women to alleviate poverty and sexual violence and abuse; ▪ ▪ Provide SGBV related health services and ensure survivors' access to basic health services; ▪ Provide community-based psycho-social support for survivors.
5.	Community Education and mobilization	<ul style="list-style-type: none"> ▪ Involve community members in developing culturally appropriate messages (where possible in local languages); ▪ Determine education options for boys and girls ▪ Identify and train teachers on SGBV; ▪ Ensure use of appropriate means of communications for awareness and community sensitization campaigns. 	<ul style="list-style-type: none"> ▪ Include SGBV in life-skills training for teachers, girls and boys in all educational settings; ▪ Establish prevention, protection and response-mechanisms to SGBV in educational settings (i.e., awareness, training, safe settings); ▪ Inform girls, boys, parents guardians and teachers on reporting mechanisms; ▪ Make SGBV information accessible and inform the community about the availability of SGBV services; ▪ ▪ Provide Social Behaviour Change and Communication (SBCC) through different channels e.g. community radios, bill boards, posters, banners, t-shirts, stickers etc. ▪ Support women's groups and men's participation to strengthen outreach programmes.

Challenges Faced By PWDs

- *Stigma and Discrimination:* Vast majority of PWDs face stigma and negative attitudes in the community. They face frequent abuse from strangers, neighbors and even family members. As a result, they are denied even basic rights such as food, clothing and shelter. Women with disabilities living with HIV & AIDS suffer further discrimination due to their HIV-positive status.
- *Lack of access to government services and programs:* Access to government programs starts with accessible information. The limited access to sign language interpretation in public institutions such as hospitals

and police stations, coupled with the lack of training of deaf people and their families in sign language in the more rural areas, results in barriers to government services and programs for deaf women. Announcing programs solely on the radio also excludes deaf women.

- A second obstacle to community participation is physical accessibility. Lack of functional mobility, assistive devices, barriers to communication, and stigma in the community hinder the participation of women with disabilities in community meetings and programs.
- *Challenges to economic self-sufficiency:* Without specific efforts on their behalf, women with disabilities are unlikely to benefit from government livelihood assistance programs that target wider categories of individuals. Women with disabilities are at an even greater disadvantage, given their lower levels of education and literacy, making them unlikely to benefit from some of the the programs

NB: Economic self-sufficiency for women with disabilities—particularly those supporting multiple children on their own—is essential to their community participation, social independence, ability to access services such as health care and education for their children, and to increasing their self-confidence.

- *Abuses against Women and Girls with Disabilities:* A fundamental concern is the lack of reliable data on the number of women and girls with disabilities who experience sexual and gender-based violence in Kenya. It is unknown whether women and girls with disabilities experience violence at greater or lower rates than other women and girls.
- Obstacles to reporting SGBV include, stigma, discrimination, intimidation, disbelief, fear, the likelihood that the survivors will know the health workers or that the medical professionals will be unhelpful. The few women who do report rape are unlikely to see justice because of problems in the criminal justice system.
- *Physical and sexual violence against women with disabilities:* Women and girls with disabilities are vulnerable to such crimes because of their isolation, lack of support structures, limitations in physical mobility, communication barriers and also because of myths that women with disabilities are weak, useless, senseless, or asexual.

- Recognizing the specific vulnerabilities of persons with disabilities, the Convention on the Rights of Persons with Disabilities (CRPD) obligates the state to take all appropriate measures to protect such persons from exploitation, violence, and abuse, both within and outside the home.
- *Denial of access to justice:* Because of the stigma already associated with disability and the stigma associated with rape, women with disabilities are rarely comfortable reporting incidents of sexual violence to the local authorities. Moreover, local authorities seem to have done nothing to make such reporting less intimidating or to ensure confidentiality and thereby avoid stigma.
- Several women with disabilities have experiences of how their efforts to seek justice for SGBV against them have failed. Because of mobility or communication barriers, women and girls with disabilities often go to local Chiefs instead of police. In many instances, local Chiefs discouraged them from reporting to the police and instead personally mediate between the two parties. However, discussions between local Chiefs and the perpetrator(s) often results in no change in behavior and thus continued violence or abuse.
- *Property rights denied:* Women in general have faced greater difficulty in owning land due to their lack of land titles, and because customary land tenure is linked to men. Women with disabilities face additional hurdles in accessing mechanisms to assert claims to land and property.
- “When you are disabled, people don’t expect you to own property. They think you should just be dependent, not independent.” Many women with disabilities are not able to cultivate land, which customarily gives rise to certain rights, such as access to or control over the resulting crops.
- *Lack of child support:* Women with disabilities are particularly disadvantaged in cases of child neglect since they face multiple discrimination and are often limited in their ability to financially support themselves and their children.
- Abandonment and rape are particular problems for women with disabilities, which frequently leaves them caring for children without material support. In most cases, women with disabilities are abandoned by their partners once they

become pregnant since they do not want to be publicly associated with them because of their disabilities.

- *Denied Access to Health:* Experiences at health centers vary widely for women with disabilities; while many say that they are treated well by hospital staff and are satisfied with the services, other women with disabilities experience discrimination at health centers and are discouraged from seeking services, including for sexual and reproductive health such as family planning.
- Some nurses and staff may make derogatory remarks to women with disabilities; for example, by questioning why a woman with a disability would have a baby, since she would be unable to take care of the child.
- Poor women with disabilities often see their primary concern as supporting themselves and their children and therefore cannot afford to prioritize the struggle to access health care and rehabilitation. This leads them to often use mobility devices, such as wheelchairs or crutches, which are not correctly sized for them.
- Health facilities lack ramps, accessible beds and toilets, and sign language interpreters. By law, the government has an obligation to introduce sign language into curricula for medical personnel, provide interpreters in hospitals, and ensure that there is Braille for drug labels.
- *HIV, AIDS and disability:* Prevalence data for persons with disabilities in Kenya is not known but available evidence from a 2004 World Bank study suggests that it is higher than the national rate; it found that persons with disabilities globally are infected with HIV at a rate of up to three times greater than non-disabled people due to risk of physical abuse, isolation, general poverty, and lack of access to services and information.
- Most people believe that women with disabilities are asexual and thus uninfected, or even that sex with a woman with disability can cure AIDS. This makes women with disabilities especially vulnerable to HIV infection.
- Anecdotal information suggests that women with disabilities are frequently abandoned by their partners, meaning that they have more partners and heightened risk of HIV infection. Because of their generally lower status, women with disabilities may have greater difficulty than other women in negotiating safe sex or insisting

that partners wear condoms.

Key Recommendations to State and Non-State Actors:

- Ensure that national and county government plans for return, settlement, or relocation and rebuilding adequately address the needs of persons with disabilities, in particular women with disabilities, including access to health care and support for their education and livelihoods;
- Undertake targeted efforts to inform women with disabilities about mainstream government programs and services and encourage their participation. This may include arranging appropriate transportation and providing sign language interpretation;
- Promote access for women with disabilities to mainstream initiatives addressing sexual and gender-based violence, access to justice, reproductive health, and HIV & AIDS;
- The Persons with Disabilities Act 2003 and other relevant laws should be fully aligned with the Convention on the Rights of Persons with Disabilities. Provide regulations for the implementation and enforcement of the Act in line with the CRPD;
- Collect data on the number of women with disabilities benefitting from government programs and services and use this data to develop more inclusive programs for women with disabilities;
- Allocate sufficient funds to gender and disability programs, including for services for women with disabilities who experience sexual and gender-based violence;
- Strengthen the role of government officials at all levels representing persons with disabilities and district disabled persons' unions or other disabled persons' organizations in planning meetings, thematic working groups and decision-making processes to ensure that the perspectives of persons with disabilities, particularly women with disabilities, are included in all aspects of programs;
- Take measures to fight stigma and discrimination, for example through media and public education programs about the rights of persons with disabilities, particularly women with disabilities;
- Make public institutions such as police stations and hospitals more accessible for persons with disabilities, particularly women and girls with disabilities. Ensure that police stations

and hospitals have ramps, accessible facilities and toilets, Braille signage, and sign language interpreters;

- Monitor programs more closely to ensure that women with disabilities are actually benefitting from livelihood support initiatives and other government programs and services. This should include developing indicators to track outreach to women with disabilities.

Myths Surrounding Sexual and Gender-Based Violence

Myths and stereotypical attitudes about SGBV shape the way in which society perceives and responds to violence perpetrated against women. Such myths and attitudes are harmful as they tend to blame the survivors for the violence, rather than holding perpetrators responsible for their behaviour. As stated earlier, myths can inflict additional harm upon women who experience violence and may prevent health professionals from providing adequate medical care. It is therefore essential that health care professionals understand the difference between myth and fact, in order to understand the survivors' situation and needs and to maintain a professional and impartial attitude. Health care providers are responsible for providing medical care and support to the survivor and to avoid any behaviour that can lead to secondary traumatization. By no means is it the role of health care professionals to assess the credibility of the alleged violence or to blame the survivor.

Myth 1: Women allow intimate partner violence to happen to them and if they really want to, they can leave their abusive partners.

Facts: In no case does a woman deserve to be abused. The international community has recognized violence against women as a human rights violation that cannot be justified and requires a comprehensive state response. As explained in several theories on the dynamics of violent relationships, such as the Stockholm Syndrome or the Power and Control Wheel, perpetrators use a combination of tactics of control and abuse that make it very difficult for women to escape the violence. It is also important to understand that women who experienced violence from an intimate partner and seek to leave the relationship in order to ensure their own and their children's safety paradoxically face an increased risk of repeating and even escalating violence. Women are also prevented from leaving violent relationships due to feelings of shame and guilt, lack of safe housing, or the belief that divorce is wrong for children (adapted from Hagemeister et al 2003).

Myth 2: Conflicts and discord are a normal part of any relationship.

Facts: "Everybody can lose control," is a commonly used excuse to justify intimate partner violence. However, violence is not about "losing" control – rather, it is about "gaining" control through the use of threats, intimidation, and violence, as demonstrated by the Power and Control Wheel. Violence in a relationship is not normal - it is a manifestation of historically unequal power relations between men and women (DEVAW).

Myth 3: Men and women are equally violent to each other.

Facts: The majority of those affected by SGBV, in particular intimate partner violence, are women and girls. Worldwide, almost half (47%) of all female victims of homicide in 2012 were killed by their intimate partners or family members, compared to less than 6% of male homicide victims (UNODC 2013).

Myth 4: Domestic violence happens only to a certain type of person.

Facts: SGBV is a global problem of pandemic proportions. 35% of all women worldwide have experienced either physical and/or sexual violence from an intimate partner or sexual violence from a non-partner (WHO et al 2013). While a number of factors may increase the risk of women experiencing SGBV, domestic violence affects all women, irrespective of socio-economic status, educational achievements, ethnic origin, religion or sexual orientation (IGWG undated). While some studies have found that women living in poverty are disproportionately affected by intimate partner violence and sexual violence, it has not been clearly established whether it is poverty as such that increases the risk of violence or rather other factors accompanying poverty.

Myth 5: SGBV only includes physical abuse (hitting, punching, biting, slapping, pushing, etc.)

Facts: Physical abuse is just one form of violence. International law defines violence against women as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women*" (DEVAW, Article 1). Some studies show that women often consider psychological abuse and humiliation more devastating than physical assault (Casey 1988, cited in Heise et al 1994).

Myth 6: SGBV is caused by substance abuse such as alcohol and/or drugs

Facts: While substance abuse is present in many domestic violence cases and may lower inhibitions, it is a contributing factor, not the cause of violence. Neither should alcohol or drug abuse be used to justify violence (IGWG undated). Not all perpetrators of violence use drugs or alcohol, and not all those who use drugs or alcohol are violent (Roberts 1984, cited in Hagemeister et al 2003).

Myth 7: Women should tolerate violence to keep the family together

Facts: Every woman has the right to safety, dignity and a life free of violence. Every woman survivor of SGBV has the right of self-determination- she can decide to stay with her abusive partner or to leave him and either way she is entitled to support and protection from the state. The argument that women should stay in an abusive relationship is often justified for the well-being of the children. However, it is well established that the safety and health of children are negatively affected when children experience or witness domestic violence. State support for perpetrator programmes teaching violent men to adopt non-violent behaviour in interpersonal relationships is key for preventing further violence and changing violent behavioural patterns (Article 16 Istanbul Convention). This is of particular importance in situations where women are not willing or able to leave a violent relationship, for instance, due to economic dependence and risk of stigmatization by the community, particularly in rural areas. At the same time, perpetrator interventions should supplement, but not replace, or withdraw resources from, the work of women-specific support services.

Myth 8: Domestic violence is a private family matter, in which the state has no right to intervene. How a man treats his wife is a private matter.

Facts: Violence against women is a human rights violation, no matter whether it occurs in the family or in the public sphere. Under international human rights law such as CEDAW or the Istanbul Convention, states are not only entitled to eliminate all forms of violence against women, they are obligated to do so.

Myth 9: Sex workers cannot experience rape.

Facts: International definitions of rape and other forms of sexual assault (WHO 2013) focus on the type of violent acts committed, without consideration of who is the perpetrator or the survivor. Accordingly, any man who forces a woman into a sexual act against her is

committing rape, whatever her profession is.

Myth 10: A man cannot rape his wife.

Facts: As mentioned earlier, rape is defined by an action and not by the identity of the perpetrator or the survivor. Accordingly, any forced sexual intercourse is rape, irrespective of whether the woman survivor is married to the perpetrator or not. This statement is also grounded in international human rights law definitions, which encompasses all forms of physical, sexual, psychological or economic violence against women, no matter if they are committed in the family or in public. Even though international human rights law obliges states to criminalize and prosecute rape, not all jurisdictions recognize marital rape as a criminal offence, resulting in impunity of rape committed by intimate partners.

Myth 11: Most GBV is perpetrated by strangers.

Facts: The majority of women experience SGBV at the hands of a person close to them, as confirmed by the 2013 Global Study on Homicide. It is estimated that women make up 79% of all persons killed by their intimate partners. Additionally, 47% of all women killed in 2012 were killed by their family members or intimate partners; for men, the respective percentage totals 6% (UNODC 2014).

What Communities of Faith Can Do to Make A Difference

1. **Become a safe place.** Make the church, temple, mosque, or synagogue a safe place for victims of violence against women. Display materials that include local, state, and national hotlines for these victims. They can also offer meeting space for educational seminars and weekly support groups or to serve as a supervised visitation site when parents need a safe place to visit their children.
2. **Educate the congregation:** Routinely include instructional information in monthly newsletters, on bulletin boards, and in marriage preparation classes, and sponsor educational seminars on violence against women.
3. **Speak Out:** Speak out about sexual assault and domestic violence from the pulpit. A faith leader can have a powerful impact on people's attitudes and beliefs, and his or her leadership is important, particularly on public policy issues such as funding and changes in laws and policies.
4. **Partner with existing resources/ Structures:** Include local sexual assault or domestic violence programs in donations and community service

projects. Adopt a shelter for which the church, temple, mosque, or synagogue provides material support or provide similar support to families as they rebuild their lives following a shelter stay.

5. **Ready to intervene:** If suspicions that violence is occurring in a relationship or in a family exist, speak to each person separately. If an individual is being or has been victimized, speak to her privately. Help the victim plan for safety, and refer her to the community resources available to assist her. They should do this by engaging in theological and scriptural homework necessary to better understand and respond to sexual violence.
6. **Support capacity building initiatives:** Encourage and support training and education for clergy and lay leaders, chaplains, and seminary students to increase their awareness about sexual violence.
7. **Address internal issues:** Encourage continued efforts by religious institutions to address allegations of abuse by religious leaders to ensure that religious leaders are a safe resource for victims and their children.

Religious Communities Can Do

1. Commit to making the problem of violence against women and girls a critical concern.

- Emphasize the teachings, practices, and organizational structures that promote a woman's right to be free from violence, such as teachings that support equality and respect for women and girls;
- Develop theologically based materials that emphasize a woman's right to safety and support and a perpetrator's personal responsibility for ending the violence;
- Adopt policies developed by religious leaders that outline appropriate responses to victims and perpetrators of violence, and educate leaders about child abuse reporting requirements, the importance of confidentiality, misconduct by clergy or spiritual leaders, and other safety issues;
- Support local advocacy programs that provide services to victims and survivors by encouraging congregants to donate time, money, and other material resources.

2. Ensure that religious, spiritual, and faith-based communities are safe environments to allow victims of violence to discuss their experiences and seek healing.

- Encourage members and leaders of churches, synagogues, mosques, and other spiritual or faith-based groups to seek training on victim and survivor experiences and on support that will restore and heal the victim;
- Create opportunities for survivors to discuss their experiences and needs. Form support groups in collaboration with local sexual assault and domestic violence programs for women who desire faith- or spirituality-based healing;
- Encourage members to discuss sexual assault, dating and domestic violence, and stalking within their faith communities in a manner that is sensitive to their cultures and backgrounds;
- Create or provide materials that address victims' concerns, and offer informed referrals to various advocacy organizations;
- Integrate information on sexual assault, dating and domestic violence, and stalking into existing activities.

3. Develop strategies to address the needs of all women and girls exposed to violence.

- Include members of specific ethnic and cultural groups in discussions of community efforts addressing violence;
- Seek advice from various age groups within communities on ways to address violence;
- Organize youth ministry and leadership groups to educate young people about the dynamics, impact, and prevention of sexual assault, dating and domestic violence, and stalking.

4. Develop and refine guidelines and protocols for responding to disclosures of sexual assault, dating or domestic violence, or stalking of a member of the congregation or community.

- Encourage support for a victim's continued inclusion in the community of her choice if the perpetrator is from the same community, including respecting emotional and physical safety considerations and no-contact orders;
- Consider the emotional and physical safety of victims and any dependents affected by victimization, including elderly relatives and children;

- Encourage youth workers to receive training on child abuse reporting requirements and local child welfare practices;
- Encourage congregations, religious community centers, and other religious institutions to adopt policies for employees, members, and participants who may be victims or perpetrators of violence;
- Develop consistent policies for responding to misconduct or abuse by spiritual leaders or clergy to ensure that action is taken to protect congregants and that appropriate cases of clergy misconduct are referred to law enforcement agencies.

5. Create opportunities for youth to develop healthy and appropriate interpersonal relationships in the context of their religious, spiritual, or faith-based traditions.

- Consider conducting background checks of volunteers and staff who work with youth to try to ensure that they have not been perpetrators of physical or sexual violence;
- Invite youth to participate in the design and evaluation of programs that address their needs, such as writing and designing multimedia materials on safety and healthy relationships;
- Train youth to support victims and to constructively confront peers about violence against women and girls.

6. Institutionalize efforts to address violence against women and girls by educating, training, and supporting community leaders.

- Develop or expand core curriculums on violence against women in the basic education for religious leaders, including theory- and practice-oriented course work such as counseling or pastoral care;
- Create and support continuing education programs on violence against women;
- Develop and disseminate educational materials, regionally and nationally, about religious programming that address sexual assault, dating and domestic violence, and stalking;
- Work with religious educational institutions to teach ordained and lay leaders how to develop programs that address sexual assault, dating and domestic violence, and stalking in religious communities;
- Partner with secular advocacy and direct service programs for consultation, support, or joint

programming.

7. Draw on the resources of secular victim service, advocacy, and perpetrator treatment programs to enhance community responses to violence against women and girls.

- Network with victim service and advocacy programs to locate religious and secular allies on the local, regional, state, and national levels;
- Use the resources of other religious groups and existing sexual assault and domestic violence victim advocacy organizations to develop policies, protocols, and educational materials appropriate to specific traditions;
- Learn about local secular community protocols for handling sexual assault and dating and domestic violence;
- Make appropriate and informed referrals to local secular programs that have the expertise to help victims or perpetrators, including the legal community, health care system, and child welfare system;
- Collaborate with perpetrator treatment programs to hold perpetrators accountable for their violence.

8. Develop and expand relationships with religious organizations.

- Establish referral networks with religious leaders who understand the spiritual and practical issues facing survivors and perpetrators of violence;
- Establish ongoing opportunities for collaboration, cross training, technical assistance, and joint programming with religious organizations;
- Attend conventions and conferences organized by religious, faith-based, and spiritual organizations as participants, exhibitors, and presenters to raise awareness about the issue and available community resources;
- Collaborate with religious, spiritual, and faith-based groups and organizations to develop or adapt factual, germane materials for survivors and perpetrators of violence within those groups or organizations;
- Develop alliances with formal and informal women's groups both within and outside religious institutional boundaries, including inter-religious groups, ecumenical groups, or women-centered groups, to encourage and support their work on issues relating to violence against women;

- Develop alliances with formal and informal men's groups both within and outside religious institutions to support their role in eliminating sexual assault, dating and domestic violence, and stalking;
- Identify ways to institutionalize religious organizations' participation in local, regional, or statewide decision-making bodies, such as creating a vacancy on a board or commission for a "religious community representative" or establishing an interfaith task force as part of an existing commission;
- Work with religious organizations to secure appropriate funding for their participation in projects relating to violence against women and girls.

9. Help secure financial support for religious, spiritual, or faith-based groups and organizations developing responses to violence against women and girls.

- Encourage federal, state, and local governments to award grants within current legal restrictions to religious, spiritual, or faith-based organizations working in tandem with secular service providers to address violence against women and girls;
- Reach out to religious, spiritual, or faith-based organizations not familiar with grant seeking to facilitate active participation in program development.

10. Direct resources to community-based sexual assault, domestic violence, and stalking victim advocacy programs to help them better serve women with special religious and spiritual needs.

- Provide transportation to the victim's temple, church, or mosque, and provide religious or kosher foods, among other resources, to help her heal, recover, and obtain safety.

11. Develop and refine guidelines and protocols for dealing with victims and perpetrators who come from a religious background or present spiritual concerns.

- Enlist religious leaders to train advocates in addressing religious or spiritual questions with sensitivity and support;
- Refer victims, survivors, or perpetrators to trusted religious or spiritual resources;
- Collaborate with religious leaders and faith-based groups where appropriate.

We must address issues related to sexual violence from an interreligious standpoint, with emphasis on education and prevention. We provide religious leaders and other service providers with information, training, and resource materials to help them address religious questions and issues on sexual violence that may arise in their work stations.

- Create multi-religious support groups for victims of violence;
- Train religious leaders on SGBV issues and how to respond to diverse situations;
- Advocate for enactment and enforcement of laws to protect community members;
- Create multi-religious centers where people can receive help/legal assistance;
- Train multi-religious paralegals to give free advice to victims;
- Sensitize communities on SGBV and related issues;
- Conduct multi-religious seminars, specifically targeting men from different religions and including topics such as the effects and consequences of SGBV;
- Provide shelter and counseling services to victims of violence at existing religious structures;
- Facilitate a more in-depth look at their own religious/faith texts perpetuate SGBV and what they can do to confront it;
- Provide information on SV issues, based on religious scriptures and teachings.



**Access to Justice is A
Human Right – End
Stigma & Don't Blame
the Victim!**





“There is a strong focus on graphic narratives of sexual violence in civil society advocacy that foregrounds the victimhood of women. It is important to note that despite good intentions, awareness-raising narratives about sex crimes, can actually serve to essentialize women as solely victims of sexual crimes, reinforcing the notion that men’s experiences are universal and women’s are “other.” This can render some women’s experiences invisible”.

Module 9



**Engaging Men and Boys
to Advance Sexual and
Reproductive Health and
Rights (SRHR)**

Session Objective:

- Enable participants to have a deeper understanding of Sexual and Reproductive Health and Rights (SRHR) and thus be able to apply a life course approach to SRHR interventions in their community;
- Increase knowledge on Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) among men for increased health uptake and support women and adolescents' access to reproductive health services.

Learning Objectives

By the end of this session, participants will be able to:

- Understand the importance of engaging with men in promoting SRHR and SRMNCAH in their communities and contribute to care and support;
- Break barriers that prevent men from supporting SRHR and SRMNCAH health related concerns;
- Debunk myths and misconceptions about male involvement in SRHR and RMNCAH in their communities.

Facilitator's Notes:

1. As a facilitator, it is important to keep in mind that there has been little effort to involve men in SRHR and RMNCAH. Some of the existing interventions targeting male adults or adolescent youth are mostly in HIV & AIDS related programmes;
2. The facilitator should note that SRHR and SRMNCAH health matters are considered taboo subject for men in some areas. The facilitator should therefore develop culturally appropriate methodologies in delivering the training module;
3. Cultural practices such as FGM, widow cleansing and inheritance, child marriage and virginity testing may be practiced by the communities where the training is being conducted. The facilitator should be open minded and thus be able to moderate the discussions without being judgmental;

4. There can be a sharp contradiction on SRHR and SRMNCAH opinion between religious and cultural leaders. The facilitator must therefore be at hand to help in building consensus and take charge of the training event without taking sides and without imposing their own values.

Facilitation Methods:

The facilitator can use the inter gender dialogue methodologies to discuss the case studies analysis from newspapers or personal testimonies from the participants who feel safe enough to share their story. Videos clips with elements of SRHR and SRMNCAH can also come in handy including use of photographs, posters and other behaviour change and communication materials.

Resource Materials

- Marker pens
- Masking tapes
- Videos.
- SRHR/ SRMNCAH posters.
- Flip Charts

Definition of Key Concepts and Terms Related to SRHR and SRMCAH:

Steps:

1. In the plenary take the participants through question-and-answer methodologies to identify and define key terms and concepts on SRHR and SRMNCAH;
2. List the terms and concepts generated from plenary on a flip chart;
3. Identify and add any missing SRHR and SRMNCAH terms from the list generated by the participants;
4. Clarify the key terms and concepts that may have not been properly defined by the participants;
5. Remind the participants to recall definitions from the previous sessions with emphasis on the difference between gender and sex. Note that participants may use these terms interchangeably.

Facilitator's Notes:

- It is important to understand that, within the SRHR field there is a growing understanding that gender is a relational concept which means that people's gender identity and expression are formed and continuously (re)shaped in mutual interaction with others: between women (girls) and men (boys);
- Social and cultural values of what is considered to be normal, accepted and good are acted out and held in place by power dynamics. This is the way we approach gender, presuming that it is difficult to change harmful gender norms without involving all the players who maintain them in their daily behaviour;
- Gender transformative SRHR programmes should include women and girls, men and boys and people with. This is called the '**gender synchronised approach**' (Greene & Levack 2010).

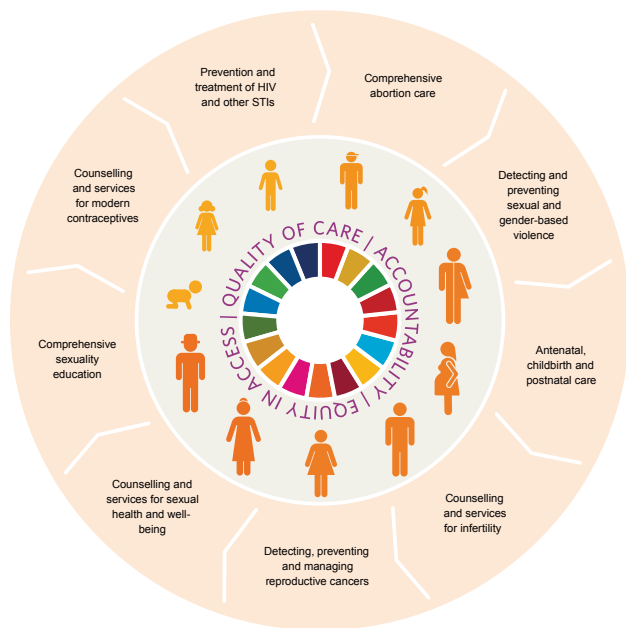
Definitions:

- **Sex** = this is a biological attribute of a male or a female. They are universal and permanent and cannot be changed.
- **Sexual Health** = According to the World Health Organization Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
- **Sexual and Reproductive Health and Rights (SRHR)** = A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. *It means;*
 - SRHR – Is understood as the right for all, whether young or old, women, men to make choices regarding their own sexuality and reproduction. Providing this respect, the rights of others to bodily integrity for instance, a woman's body is hers; she is a human being and a citizen of the state in her own right; and can exercise those rights i.e. no equality, no empowerment without owning one's body – non-negotiable;
 - SRHR implies that people should have a satisfying and safe sexual life and that they shall be assisted to have the capacity to reproduce and the freedom to decide if, when and how often to do so. It also includes the right to access information and services needed to support these choices and optimise health. Sexual Reproductive Rights are not secondary rights.
- **Reproductive Health** = a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (*Beijing Platform for Action, paragraph 94*).
- **Reproductive Health Care** = the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases. (*Beijing Platform for Action, paragraph 94*).
- **Reproductive Rights** = These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. (*Beijing Platform for Action, paragraph 95*).

Sexual Violence = Sexual violence is defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Apart from physical force, it may involve psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation.

SRHR and SRMNCAH in the Sustainable Development Goals (SDGs)

Broadly captured under two goals



Goal 3: Good Health and Wellbeing

- Reducing maternal mortality ratio;
- Ending preventable deaths of newborns;
- Universal access to SRH services including family planning;
- Ending AIDS and other communicable diseases;
- Integration of reproductive health into national strategies and programmes.

Goal 5: Gender Equality

- Eliminating all forms of VAW and girls;
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation;

- Universal access to SRH and Reproductive Rights in accordance with the ICPD.

Reproductive Rights and Health

- Family Planning;
- STIs/HIV;
- Human sexuality and gender relations;
- Adolescents.

What is missing in the SDGs?

- Universal access to a comprehensive package of SRH services;
- Women's sexuality, bodily rights and autonomy;
- A life cycle approach to women's health;
- Recognition of diverse forms of family.

Why SRHR?

Sexual Reproductive Rights (SRR) are a prerequisite for gender equality and there are core elements that are integral to individual autonomy;

- to decide on matters related to partnership, sexuality and reproduction;
- to have the right to consent;
- to have bodily integrity- *personal autonomy, self-ownership self-determination over own body*;
- to be free of coercion.

Why is it important to involve men in SRHR and SRMNCAH?

Steps:

1. Divide the participants into three groups
2. Ask each to share what role why it is important for men to support SRMNCAH.
3. Ask each group to list their points on a paper and share in plenary with the other participants.

Based on the feedback from the group work, lecture participants with the following points.

- Men make decision to keep the family healthy and seek care in times if sickness because they own financial resources that can be used to pay for the health services;
- Men's risky sexual behavior can lead to STIs including HIV infection hence their reproductive health has a bearing on the wife's pregnancy and maternal health;
- Men dictate the number of children in his family and can support access and use of children spacing or family planning services;
- Existing reproductive health service in many health facilities are mainly focused on SRH and RMNCAH concerns for women and girls with little focus on men even though, men need them in equal measures but they are not accessible to them.

What are the Barriers to Male involvement in SRHR and SRMNCAH?

Using Group discussions divide the participants into two groups and ask them to discuss barriers to male involvement in SRHR and RMNCAH as shown in the table below.

Group 1 (Socio Cultural Barriers): these are situations created by different members of the community based on their attitudes, culture, religion and socialization.

Your wife is pregnant and has asked you to accompany her to the nearby maternity facility to attend the antenatal clinic. Discuss the reaction of the following people in the community:

1. Your close male friends
2. Men in the community
3. Women in the community
4. Women at the antenatal clinic
5. How do the above issues affect your commitment to accompany your wife to the antenatal clinic?
6. What would you do to change the situation?

Group 2 (Service Delivery Barriers): These are barriers caused by the existing facilities at the hospital which can promote or prevent men from consuming SRHR services in the existing health facilities.

You have accompanied your wife to the local dispensary for the prenatal procedures. Discuss the following:

1. Is the environment conducive for a man to accompany the wife to the clinic?
2. What did you see in the facility?
3. How many men accompanied their wives to the facility?
4. What did you not like in the facility?
5. How will the medical staff treat you?
6. How will other women attending the facility treat you?
7. How does the situation discussed above promote or prevent men from accompanying their wives to the maternity facility?
8. What would you do to change the situation?

Facilitator's Notes: *There are many issues that prevent men from participating in SRHR and SRMNCAH programmes which can be summarized as follows:*



- Which of the barriers on the list specifically apply to your context?
- How can these barriers be dismantled?

Gender Norms:

1. Culturally defined gender roles prevent men from participation;
2. SRHR and RMNCAH communication between couples is limited;
3. Men report that they feel humiliated when they attend the services like antenatal care that their fellow men laugh at then and view them as bewitched;
4. Cultural, community view drinking of alcohol, violence against women and having multiple sexual partners as acceptable for men;
5. Cultural practices such as FGM and child marriage or sexual violence are not always punished.

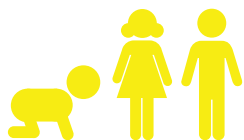
Service Delivery Issues:

1. Most of key reproductive health issues are centered on women. ANC, Delivery, PMTCT and Family Planning.
2. Maternal and child health services as well as issues to do with child care are viewed as women's services.
3. Maternity facilities in most government and public hospitals are not private to allow men to participate in the child birth.
4. When men visit the SRMNCAH facilities alone or with their spouses, there is no package of services for them; services available for men are not often communicated to them.
5. Men know less about sexual and reproductive health services while women know much more.
6. Poor health seeking behavior among men.
7. Men are not aware why they need to be involved, how they can be involved and what services are available to them and their partners.
8. Men perpetrators of sexual violence

SRHR Issues, Components and the Essential Package of SRHR Interventions for Use During the Life Course

Infancy and Childhood 0 – 9

- Antenatal, childbirth, and postnatal care, including emergency obstetric and newborn care;
- Prevention, detection, immediate services, and referrals for cases of sexual and gender-based violence;
- Prevention and treatment of HIV and other Sexually Transmitted Infections (STIs).



Adolescence 10 – 19

- Comprehensive sexuality education (in and out of school);
- Prevention, detection, and management of reproductive cancers, especially cervical cancer;
- Counselling and services for a range of modern contraceptives, with a defined minimum number and types of methods;
- Safe abortion services and treatment of



complications of unsafe abortion;

- Prevention, detection, immediate services, and referrals for cases of sexual and gender-based violence;
- Information, counselling, and services for sexual health and wellbeing;
- Prevention and treatment of HIV and other sexually transmitted infections.

Reproductive Age & Adulthood 15 – 49

- Prevention, detection, and management of reproductive cancers, especially cervical cancer;
- Counselling and services for a range of modern contraceptives, with a defined minimum number and types of methods;
- Safe abortion services and treatment of complications of unsafe abortion;
- Information, counselling, and services for subfertility and infertility;
- Prevention, detection, immediate services, and referrals for cases of sexual and gender-based violence;
- Information, counselling, and services for sexual health and wellbeing;



- Prevention and treatment of HIV and other sexually transmitted infections;
- Comprehensive sexuality education;
- Antenatal, Childbirth, and postnatal care.

Post Reproductive Age 50 and Beyond

- Prevention, detection, immediate services, and referrals for cases of sexual and gender-based violence;
- Information, counselling, and services for sexual health and wellbeing;
- Prevention and treatment of HIV and other sexually transmitted infections;
- Prevention, detection, and management of reproductive cancers, especially cervical cancer;
- Menopausal and post menopausal counseling and morbidities.



In order to move toward “integrated” reproductive health services, consideration must be given to:

- Drafting and operating from policies that promote a client-oriented approach to primary health care;
- Observance of standards and procedures for practice so that reproductive choice and health are promoted;
- Advocacy that ensures client choice, respect and safety;
- Community involvement in planning and evaluation of services;
- Delivering services that match client needs;
- Developing information, education and communication (IEC) programs that provide appropriate client-oriented messages;
- Managing programs and services to improve access, safety and overall quality of care;
- Establishing client outreach, follow-up and referral systems;
- Ensuring availability of necessary supplies and equipment for services offered;
- Creating management information systems that allow programs to collect and utilize/analyze patient and service data;
- Monitoring of program objectives and quality of services through observation, feedback and appropriate modifications;
- Designing evaluation and research to measure the success of various types of interventions;

- Managing finances to get the greatest return from the resources spent;
- Coordinating and linking programs and sectors;
- Utilizing supervisory systems that facilitate supportive evaluations and provide immediate feedback regarding progress toward reaching individual and organizational goals/objectives;
- Training and performance evaluation systems that identify problems or opportunities and prepare providers to meet the challenges at their work site.

Ideally, “integrated” reproductive health care services provided by primary providers address the various life circumstances and life stages of individual clients and might include:

- Family planning education (including fertility awareness), counseling and services or referral;
- Pre-conceptional counseling; pregnancy, safe delivery and postpartum care, including breastfeeding education and counseling about appropriate family planning methods;
- Newborn and child health services;
- Prevention and treatment of STIs, reproductive tract infections (RTIS) and HIV & AIDS;
- Expanded counseling and education on a variety of reproductive health issues;
- Services which reduce or treat gender-related abuses (e.g., female circumcision, domestic violence);
- Infertility management, counseling and services;
- Sexuality education and health services for adolescents;
- Nutrition services;
- Postabortion care, including counseling and education to reduce unsafe abortion;
- Reproductive cancers detection and education;
- Perimenopause and menopause management.

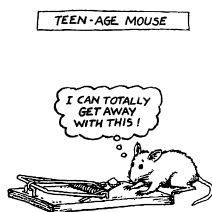
Adolescent Development

- Adolescents are not “mini adults”;
- Less developed frontal lobe capacities for executive function, impulse control, and long-term decision making.
- More developed limbic lobe

Not all negative and problematic: A dynamic time of shaping one's identity, discovering self, and becoming more independent.

favoring emotions, impulsive behaviour, and short-term gratification.

- A time of physiological, sexual, and social changes.
- Changing bodies and hormones create sexual desire and a focus on sex.
- Peer pressure is highly influential.
- A time of experimentation, testing limits, and questioning authority.



Facilitators Notes: On How to Engage with Men in SRMNCAH

Men and boys are crucial partners in effectively reducing gender inequality and the discrimination of women and girls. Leaving them out has often led to failures in challenging the systems and processes that control and limit the SRHR of women and girls. This means that we must politicize masculinities, considering how elemental economic, political and social power and gender relations shape men's behaviour and attitudes.

Points to remember:

- Undertake health education to increase men's awareness about reproductive health and SRMNCAH and child care; this education should include the invisible gender issues that take place in the home.
- Men need to be encouraged to be more responsive.
- Sensitize men about the importance of their sexual reproductive health on SRMNCAH.
- Provide a special healthcare package for men, alongside other services such as family planning, nutritional education, birth planning, STI screening, medical wellbeing test, HIV testing and counseling and advice on family care
- Sensitize community on negative taboos in SRH such as men should not escort their women to promote positive behavioral change
- Cultural and religious leaders should sensitize the communities about SRH and harmony in marriage

Family Planning and Child Spacing

Child Spacing/ Family Planning is when individuals or couples make a voluntary and informed decision on when to start having children, how much time they need between babies, how many children to have and when to stop having more children. This can be done using family planning methods of their choice.

This session will enable men appreciate issues related to family planning and support their wives and also be able to use family planning service. With lack of or low family planning services, the quality of life in the family will be compromised and the result will be increased socio-economic challenges as the family tries to cope to provide basic requirements like food, shelter, clothing, education among others. There will be a lot of pressure on the limited social amenities in the community such as schools, employment opportunities etc. If a man is not involved in the family planning, the uptake of family planning services by the wife will be low and there will be a higher risk of family conflicts.

Facilitation Tips:

- Family planning as a topic is not generally acceptable to some religious organizations notably the Catholics and Muslim faithful. To mitigate on this, the facilitator should use the term child spacing which is more acceptable;
- Based on the numerical strength, some of the participants may not be willing to listen to family planning methods but an entry point has been provided in the exercise below. Remember to remind the participants that communities are not homogeneous and have diverse members who belong to other faiths or have different beliefs and may in need of the information;
- Identify common areas of entry like post rape care and complicated birth resulting from diseases such as heart complications or reproductive organ cancer like cervical cancer that would make it risky for a woman to carry a pregnancy;
- Using the inter gender dialogue methodologies, discuss some of the family planning/ child spacing methods myths and misconception about family planning in your community.

How to Conduct an Inter-Gender Dialogue on role men in family planning, methods, myths and misconceptions:

Step One:

1. Form two groups one focusing on women and the other on men issues in family planning, methods, myths and misconceptions and ask them to retreat to a work station;
2. Each member of the group relates a personal experience with family planning, methods, myths and misconceptions relating to the opposite gender (men look at family planning issues in relation to women and *vice versa*);

3. Other members probe some of the ideas from the group to gain more details in areas where family planning, methods, myths and misconceptions issues are not clear;
4. Summarize lessons from the exchange and record them ready for presentation.

Step Two:

1. Each inter-gender group generates questions to pose to the opposite group on relations between men and women regarding family planning, methods, myths and misconceptions.
2. The questions are recorded and distributed among members.

Step Three:

1. The two groups come together as panels and take turns posing their questions to each other and receiving responses.
2. The plenary joins the discussion by asking questions and providing their own insights.

Step Four:

1. The groups reconvene separately.

2. Men and boys, women and girls generate proposals on what they would like their counterparts on family planning, methods, myths and misconceptions issues.

3. The panels reconvene and the proposals are floated.

Step Five:

1. The same sex groups reconvene and develop action plans based on the proposals floated and their own insights.
2. The action plans are merged into a common action plan.

Ground Rules Applied:

1. Confidentiality: No information revealed during the dialogues should be divulged elsewhere;
2. No judgment;
3. Questions must be genuine;
4. All questions must be answered even when they put the respondent in an awkward position;
5. Honesty and good faith in all statements (questions, responses, insight).

Facilitators Notes:

Some of the Existing Contraceptive methods:

	Short Term	Long Term	Permanent	Natural
Men and boys	<ul style="list-style-type: none"> ▪ Condom 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ Vasectomy: for men when tubes that transport sperms are cut but the man can still perform sexually. 	<ul style="list-style-type: none"> ▪ Abstinence. ▪ Withdrawal methods are not reliable to all individuals therefore, for effective family planning, a reliable artificial method can be recommended.
Women and girls	<ul style="list-style-type: none"> ▪ Condom ▪ Oral Pills taken by the females every day ▪ Injection (Depo Provera) given to females every three months 	<ul style="list-style-type: none"> ▪ Long term Family Planning Methods. ▪ Implants: a small device implanted beneath the skin. It protects the women for a long time. 	<ul style="list-style-type: none"> ▪ Tube ligation for women, when the tubes that transport the female human egg are cut, this is suitable for women who have had all the children they want. 	<ul style="list-style-type: none"> ▪ Abstinence. ▪ Lactation Amenorrhea, moon beads
	<ul style="list-style-type: none"> ▪ Emergency contraceptive pill (ECP) taken by females within 3 days (720 hours of having unprotected sex. 	<ul style="list-style-type: none"> ▪ Inter Uterine Device or Coil 		

Facilitator should emphasize:

1. Natural methods of family planning e.g., lactation Amenorrhea, moon beads withdrawal methods are not reliable to all individuals therefore, for effective family planning, a reliable artificial method can be recommended;
2. Abstinence is when the person avoids sex intercourse. It is the most recommended practice for adolescents to prevent pregnancies and STIs;
3. Permanent methods do not compromise sexual functioning of both men and women
4. All methods except condoms do not prevent STIs including HIV;
5. Some of the family planning methods have side effects. These side effects tend to be mild and wear themselves within 3 months of starting to use a family planning method and the woman should not worry about them. However, if a woman develops any of these, she should see a trained health provider urgently. One type of method may cause complications while others may not, the health worker can help the user to switch to another method.

Benefits and Advantages of Family Planning

1. It provides peace of mind to enjoy sex without any fear of pregnancy;
2. There is enough money to care and meet the needs of the family;
3. It improves the quality of life.

To the mother /woman:

1. Greatly reduces the danger of child birth by helping the women to space pregnancies at least 3 years apart;
2. It helps to prevent unwanted/ unplanned pregnancies;
3. It gives her enough time to recover from the last pregnancy;
4. It gives her time to look for the child properly as it helps them bond;
5. She has a chance to do other things to develop her family;
6. Some family planning methods helps in preventing some cancers;
7. Some methods such as condoms help to prevent STIs and HIV.

To the Adolescent:

1. Prevents unwanted pregnancies and its consequences;
2. Reduces the risk of contracting STIs and HIV infection;
3. Reduces stigma of early pregnancies;
4. Prevents early marriage;
5. Reduces drop out of school.

To other Children:

1. There is full enjoyment of parental love;
2. There is normal physical and emotional development;
3. There are adequate resources for school fees and medical care and shelter for the children.

To the Community:

1. It improves the social and economic standards in society by reducing on the number of people; competing for resources and services;
2. Communities with planned families are healthier and have more resources for themselves.

Statements on Gender Roles and Sexuality

- A woman's place is in the home;
- The most important thing a woman can do is have babies;
- A man is only valued for his ability to make money and provide for his family;
- A man is more of a man once he has fathered a child;
- Women are naturally better parents than men;
- A woman should have sex only with someone she loves;
- A man should have sex only with someone he loves;
- Sex is more important to men than to women;
- A woman should be a virgin at the time of marriage;
- It is okay for a man to have sex outside of marriage if his wife does not know about it.

Statements on Men and Reproductive Health

- Increasing men's participation in family planning (FP) and reproductive health (RH) programs will only further increase men's power over women;
- FP will always be a more important issue to a woman than to a man because she is the one who can get pregnant;
- Men are more concerned about sexually transmitted infections (STIs) than women are;

- Clinics should concentrate on serving older, married men because adolescent males are highly unlikely to seek clinical services;
- Men are uncomfortable going to a female-oriented health facility or being treated by a female clinician.

Additional Statements on Gender

- Men will feel threatened if too many women are in leadership roles;
- For women to succeed in the workplace, special benefits and dispensations must be made available to them;
- The burden of accommodating women's needs in the workplace is too costly;
- Gender equitable relationships should not be the goal of a SRHR program;
- Female-controlled contraceptive methods

perpetuate gender inequality in sexual relationships (because responsibility for contraceptive protection remains with the woman).

- It is unfair and inappropriate to expect service providers to mitigate power dynamics in the couple seeking services.

Role of Men in Family Planning:

Using a Buzz Groups:

1. Ask participants to divide themselves into three people and discuss what role men can play in promoting family planning.
2. Each of the group then gives feedback which the facilitator should record on a flip chart.
3. The facilitator then adds some of the missing points from the table below.

1. Follow up and support their spouses on renewal of family planning methods users e.g., Counseling
2. Mobilize communities with a focus on benefits of family planning men women including adolescents
3. Initiate dialogues among fellow men to encourage family planning
4. Give correct information to adolescent and other men and women on family planning and dispel rumors about family planning methods.
5. Provide condoms, oral pills, ECPs, moon beads to those who qualify for them including adolescents.
6. Link adolescent men and women to health facilities for family planning and other reproductive health services as found necessary.
7. Work with health facility staff to link adolescent, men and women with family planning outreach services.
8. Prevent all forms of violence affecting women who are using family planning methods.
9. Discourage archaic traditional practices that can lead to child marriage.

Safe Motherhood:

- Interchange the Buzz groups and ask them to discuss the participants understanding of what is a safe motherhood?
- Each of the group then gives feedback which the facilitator should record on a flip chart.
- After the feedback in plenary, cross check the points raised and include those missing from the table below.



Safe Motherhood: means that no woman or child should die or be harmed by pregnancy or birth. This is how men can contribute to its safety:

1. The assurance of basic safe living of women in society;
2. Freedom to choose when and whether to have children and family planning for all couples;
3. Active participation during health care. It is founded on freedom from discrimination of any form;
4. Values the girl child;
5. Availability and acceptability and easy access to health care for women's prenatal, birth, emergency obstetrics and newborn care, post-partum, family planning and gynecological needs;

6. Involvement and commitment from each community and the nation to fairly allocate resources that promote the health of all women and infants;
7. Promote gender equality and eradicate all forms of sexual violence.

Some key Components of safe motherhood.

1. Planning to have a child;
2. Antenatal care during pregnancy;
3. Clean and safe delivery supervised by skilled care givers;
4. Emergency obstetrics and newborn care in case of delivery complications;
5. Post-natal care;
6. New born care;
7. Post abortion care or care after miscarriage;
8. Management of STIs and infertility;
9. Nutrition and breastfeeding.

Using a lecture, the facilitator can make a presentation on some of the key causes of high maternal deaths in which men can play a role to reduce or eliminate include:

Situation	Men's Negative Attitude	Actions That Can Be Taken By Men
Delay to seek care in the health facilities	<ul style="list-style-type: none"> ▪ Some people think that if a man accompanies the wife to the antenatal clinic, then he is bewitched by that wife. ▪ Some men think that safe motherhood services are for women. ▪ Some men think that attending safe motherhood services is a waste of time as it prevents them from running their daily errands to make money. 	<ul style="list-style-type: none"> ▪ Reminding their spouse of ANC appointments ▪ Going with the spouse to the clinic and attend ANC health education ▪ Be present, available and accessible.
Poverty, failure to afford transport, long distances	Some men are insensitive and only after their own needs.	<ul style="list-style-type: none"> ▪ Provide finances for buying necessities and transport. ▪ Discuss birth preparedness plan with partner.
Child marriages, forced marriages, polygamy and having too many children	<ul style="list-style-type: none"> ▪ Some men are lazy and push their families into poverty and negative cultural practices and want to use their daughters as a source of income. ▪ Some cultural norms do not promote male involvement in safe motherhood. 	<ul style="list-style-type: none"> ▪ Ensuring the right age of marriage to be above 18 years. ▪ Discuss and plan the number of children in your family.
Poor social and family support during pregnancy	<ul style="list-style-type: none"> ▪ Some men wake up early and spend their days seated in the trading centers or taking alcohol without work. ▪ Some men have multiple sexual partners and fear the embarrassment of being seen with another partner at the clinic. 	<ul style="list-style-type: none"> ▪ Ensuring adequate nutrition for the another ▪ Discussing the number of children

Men often influence the choice of where to deliver from because they control the resources and decisions in homes.	Some men fear to know their HIV status or if they have STIs	Ensuring informed choice by carrying out necessary tests e.g., syphilis, sickle cell anemia, albinism among others
Some women who are expectant are facing sexual and physical violence.	Physical violence is a sign of love and a woman have no right to say no to sexual desires of men.	Men should investigate their infertility together with their partners because they too can be infertile.

Outcomes of Successful Intervention Programs

- Improve knowledge of sexual issues;
 - Improve ability to make decisions about sex;
 - Increase contraceptive use;
 - Improve personal values about sexuality;
 - Reduce number of sexual partners;
 - Delay first sexual intercourse.
-
- *There is need to broaden opportunities for young people to develop skills and use them productively;*
 - *Help young people to acquire the capabilities to make good decisions in pursuing those opportunities;*
 - *Provide young people with second chances to recover from bad decisions, either by them or by others.*
-





“Men can become good advocates for the strengthening of sexual and reproductive health and rights services. It is therefore important to broaden opportunities for men to develop skills and use them productively and consequently help them to acquire the capabilities to make good decisions in pursuing those opportunities towards enhancing Sexual and Reproductive Health and Rights (SRHR) for all”.

Module 10



Case Management

Session Objectives:

1. To understand the proper and appropriate handling of SGBV cases to ensure the realization of justice for the survivor, preservation of their rights, dignity and facilitation of a coordinated service delivery;
2. Understand the basic principles of the work with survivors of SGBV and how to handle disclosure.

Teaching Material

In this module, the facilitator is at liberty to choose the teaching materials depending on the approach they intend to take.

Steps

1. The facilitator should start by asking the participants to give insights on how a sexual violence case should be handled;
2. This can then be followed by a group discussion on the type of cases the participants may have witnessed, heard of or handled in their communities;
3. Thereafter the facilitator can split the participants into small groups and assign each a case study of a sexual violence case to discuss, identify the different roles played by the various actors. This should then be followed by the groups making presentation inform of five minutes enactment per group, with all the participants being asked to identify any issues of concern in the skits;
4. A plenary discussion can then be held to identify whether the right channels were followed in the handling of the cases, with the facilitator chipping in once in a while to make clarification on what need to be done to ensure the integrity in the evidence chain management process;
5. The facilitator can then check the participants understanding and wrap up the session with a summary of what had been covered during the session.

Facilitator's Notes

Definition:

Case management is the organization and coordination of a network of formal and informal activities, services, and support designed to optimize the well-being of a person. This process should improve a client's health and promote wellness and autonomy through advocacy, communication, education, identification of service resources, and facilitation of service.

What Is Case Management?

Case management is a process practiced by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. It begins when a person or family is identified as having a vulnerability or is in a difficult situation requiring support or assistance. Case management involves a social service worker or para professional social service worker who collaboratively assesses the needs of a client (and when appropriate the client unit) and arranges, coordinates, monitors, evaluates and advocates for a package of services to meet a specific client's needs. This may require the social service worker to liaise with and involve community members and leaders, non-governmental and faith-based organizations, as well as representatives of education, health and justice sectors. Collaboration and coordination are very important to ensure that a range of services, as identified in the case plan, are delivered without interruptions and that needs are met.

Effective case management practice can empower families to understand and access multiple services through creating a child- and/or family-centered case plan, with the end goal of helping individuals and/or families improve their coping skills, increase resilience, and promote greater autonomy, safety and well-being. It serves as a first step toward assessing client- level outcomes and builds in regular checks to see if the interventions are having the intended effect or if it is necessary to revise the case plan.

The case management process also supports good management practice because it requires social service workers to find out what social services are available (for example, clinics, legal aid, support groups, kinship care) and where there are gaps. It also helps to monitor the performance of staff and volunteers, promotes transparency and accountability, and helps to inform and plan budgets.

Principles of Case Management

Case management is built upon and informed by several key principles which reflect international child, vulnerable persons, the elderly, survivors of violence and human rights instruments and social justice values, which underpin the entire case management process. The said principles include; autonomy, respect, beneficence (good deeds), non-maleficence, (do no

harm), confidentiality, non-discrimination, and justice.

Respect for and Reflection of a Human Rights-based Approach: Case management should be guided by principles that are outlined in relevant human and child rights-based instruments such as the Convention on the Rights of the Child. While appreciating and respecting cultural practices, context is also important. Fulfillment of rights should supersede any practices or traditions that could be considered harmful. For example, child marriage may be a local tradition, but it is also a child rights violation.

Respect for Diversity, Culture and Tradition: All people involved in case management should know about and respect the local cultures and traditions that apply in the area in which they are working. Respect for diversity, culture and tradition also means looking for local solutions and using community resources where possible when setting goals and case planning. This also means making sure areas of difference such as socioeconomic status, race, sexual orientation, age, gender, religion or ability are acknowledged, respected and treated equally. Case management processes should also be designed to be inclusive and appropriately engage clients with disabilities.

Do No Harm: This means thinking about the rights and best interests of each member of the client unit, and making sure that the approach or practice is in their best interest and does not make the situation worse. These principles are best laid

Increasing Resiliency and Improving Quality of Life: The end goal of case management should be increased resilience of the client and his/her family i.e., an ability to better withstand shocks and adversities that arise without negative or debilitating consequences, as well as improved quality of life. The development of an individualized case plan should include short- and long-term goals that reflect this core principle and outline activities required to reach the desired outcome.

Consent to Participate in Case Management: Case management should be approached in a manner that encourages the active participation of the client. However, to initiate this process requires a clear explanation of the case management process, roles and responsibilities, and an opportunity for the client or a member of the client unit, depending on who has decision making capacity, to provide verbal or written consent. This approach helps to facilitate client and agency collaboration and an active role of the client within the different steps of the case management process.

Confidentiality: The social service worker should not share information about a client or client unit unless it is necessary to do so. For example, at a meeting to discuss a case (also referred to as a case conference) or with other organizations or individuals whom the client feels would be helpful to engage (for example a neighbor who might offer child care), some details of the client's case may be relevant to share. It is important that information about the case is not discussed at home, with friends and neighbors, or in places where other people may overhear information. Written records should also be confidential and kept in a safe place where they can only be accessed by the case manager. If there are electronic records, they should be password protected. The social service worker should discuss confidentiality with the client so that they are clear and provide consent about who will have access to information about their situation.

Collaboration and Partnership: All people involved in case management should work in collaboration with the client or client unit. The social service worker implementing a case management process must make sure that the client understands what is happening by giving them complete and accurate information in a timely manner. The social service worker should also actively listen to the client and all members of the client unit in order to jointly prepare the assessment and case plan. The case management process should be designed to engage the client(s), including children, according to their age and evolving capacities, in all steps of the process and empower them to help make decisions and actively participate in setting and reaching identified goals.

The social service worker should also work with other organizations, community groups and individuals to make sure children and families receive the best help by collaborating and coordinating with government and other providers that are able to provide support or play a role within the case plan.

Respect and Promotion of Client Strengths: The social service worker should work closely with the client and build on the existing resources, strengths, agency and potential contribution of the client rather than a pathology-based approach, which focuses exclusively on the needs of or problems faced by the client. The strengths and resources of the client should be built upon and integrated into the case management process to help inform decisions about what actions the client can complete independently, as well as what additional interventions or services the client may require, to what extent, and who can provide services, at what intensity, and for how long.

Assure Quality in Case Management: A case management process should be described in SOPs, tools and instruments designed for professional and para professional social service workers. The SOPs aim to ensure standardized processes and approaches within the different steps of implementing case management and have quality assurance as an overall objective. There are diverse ways in which quality assurance can be maintained. Some examples include:

- **Job Descriptions:** All social service workers responsible for implementing case management should have clear job descriptions that define the competencies and/or qualities they need to perform case management as well as outline their specific functions or tasks. Job descriptions enable organizations to ensure their workers are trained to an agreed standard of case management and assessed against the competencies and tasks described.
- **Supervision:** Good practice recognizes the need for supervision and oversight. This is especially important for members of the social service workforce who are implementing case management practice. Supportive supervision involves regular meetings between the supervisor and social service worker performing case management to agree on work plans, carry out individual case review, support decision making, provide support to cope with stress, and identify on-the-job training and professional development opportunities. Supervision may also include group sessions, during which groups of social service workers review cases together and provide peer support. Supervision responsibilities should be understood by the supervisor and supervisee and written down in job descriptions and SOPs.
- **Monitoring and Evaluation:** There should be a system for monitoring and evaluation which includes a mechanism for data collection, data sharing and analysis so that managers know what is working well and where improvements need to be made. This data, particularly when tracked through case management information systems, can help to increase understanding on the impact and benefits of the case management practice, which is helpful when advocating for resources.

The Goal of Case Management

The goal of case management is to facilitate coordination, communication, and collaboration amongst service providers, additional (ancillary) services, and others in order to achieve goals and maximize positive client health.

Role of a Case Manager

Also called social and human service assistants, case managers help people who are in difficult situations with advice, figure out what kind of help they need, help them find the services they need, create plans for treatment or recovery, work with other health and human service providers, and keep tabs on clients situation.

Types of Case Managers

At each stage of the case management process, it is important to think about who needs to be involved beyond the obvious engagement of the members of the client unit and the social service workers who coordinate the process.

The social service workforce involved in implementing steps or the entire case management process is diverse and comprised of people working to improve the well-being of individuals within their community. They can include:

- Paid and unpaid workers;
- Professionals and para professionals;
- Governmental and NGO employees;
- Members of community-based coordination mechanisms such as child protection committees.

Other examples of Case Managers Include:

- Nurse case manager;
- Medical case manager;
- Clinical case manager;
- Social work case manager;
- Mental health case manager;
- Substance abuse case manager;
- Legal case manager;
- Rehabilitation case manager.

In addition, workers allied with the social service workforce are critical to implementing the case management process. Examples of allied workers may include: the police, teachers, doctors, nurses, community health workers, magistrates, social security and labor office workers, religious leaders and others.

It is very important for all of these stakeholders and members of different sectors to work together to ensure that the case management process is coordinated and reflects shared core principles. The social service workforce and/or other stakeholders involved in the case management process are also encouraged to work closely with the client to identify strengths, weaknesses and opportunities with the aim of increasing resilience.

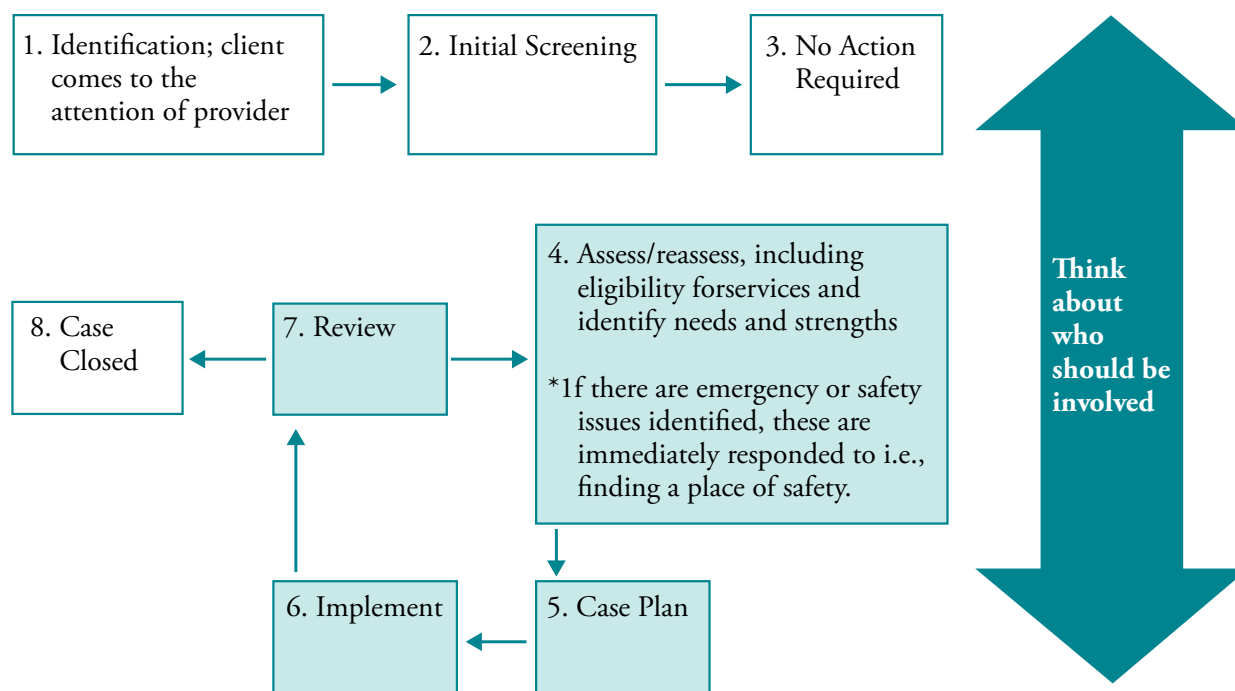
Phases of Case Management

The case management process consists of ten phases through which case managers provide care to their

clients: screening, assessing, stratifying risk, planning, implementing (care coordination), transitioning (transitional care), communicating post transition, monitoring and evaluating.

Key Components for Successful Case Management

Case management involves a series of stages or steps. Individual organizations may call each step by a different name; however, the objective of each step remains the same and the fundamental stages apply. Each step in the diagram presented below is followed by an explanatory note that provides more detail.



1. Identification: The starting point is when a client or client unit (i.e., a family, for example) comes to the attention of a social service provider, community volunteer or anyone with responsibility for providing support to vulnerable families. Identification can happen in many ways. Each organization will decide how the identification and intake process occurs. For example, a potential client may be identified during outreach work in communities, or by a school teacher, or the client may ask for help directly.

2. Initial screening: The initial assessment or screening can determine if the client meets the criteria for support. There might also be a rapid determination of the severity of the situation including if immediate safety is a concern. This screening process can use a standard tool or procedures to define if the client(s) meet the eligibility criteria and what their needs and strengths are. At this stage, the social service worker begins to build a trusting relationship with the client(s). This is done by listening

carefully, being emphatic, asking thoughtful questions and considering what is being said.

It is important to be aware of situations during the initial screening where it might be determined that the client(s) are at risk, especially in terms of their safety. If the client is at risk of immediate violence, first consider if it is possible to remove the risk, i.e., an individual perpetrator. This should all be done with the engagement of the appropriate authorities (e.g., the police). If this is not possible, an emergency place of safety may be needed. This is somewhere the person can stay and be taken care of away from risk of harm while a more complete assessment is completed.

3. No action required: Sometimes, at this stage, it may be decided that no action is needed. For example, where a single issue needs to be resolved such as help registering a birth but outside of that there are no other concerns.

4. Assess/Reassess: If the client or client unit needs assistance, a more complete assessment of their strengths and needs is done according to the agreed upon standard operating procedures. Assessment means collecting information and then analyzing it and further discussing with the client to jointly determine what help and support is needed. The social service worker doing the assessment works with the client and all the people in the client unit and listens carefully to understand the situation and to find out what the client needs and wants. When the people involved have different interests these should be considered objectively in the decision-making process.

5. Case plan: The case plan (also referred to in some contexts as a service plan or care plan) is developed with the client and outlines specific actions required to meet the needs and goals identified by the client, by whom and when they should be taken, to make sure the appropriate help and support is provided. The case plan should include a description of what the members of the client unit want to change so that the case can be closed i.e., identified actions and related goals that the client wants to reach. The plan will include immediate, short-term and longer-term changes or goals. It is important to note that case plans are not static, but should be periodically reviewed with the client and sometimes do need to be adapted (see Step 7 below for more information).

6. Implement: During the implementation of the plan, the social service worker follows up to make sure that the child and/ or family is receiving the planned help and support. During this stage, it is important for the worker to provide supportive counseling and other services within their job description as well as identify and facilitate any referrals to other services defined as part of the case plan. This requires following up to see if and how the service was accessed by the client and identifying any follow up issues that might need to be addressed. In some instances, the social service worker may accompany or identify someone in the client unit to accompany the client to the service point, particularly when the client has expressed unwillingness or inability to do so alone. If the issues are difficult, the social service worker should speak with a manager or supervisor to agree on actions to take.

7. Review: At regular and set intervals, the plan is checked to see if it is having the intended effect (to see if the goals are being met) and if necessary to make some changes. If changes to the case plan are required, then Step 4, reassess, might be required as a means of informing a revised case plan.

8. Case closed: The case plan should include a statement of what needs to be changed so that the case can be closed. A case is closed when all the goals jointly identified in the case plan have been met, they are no longer relevant or feasible, and new goals are not required. In some cases, the case might be referred to another service provider for services that the current provider does not offer. In some cases, a case might be closed due to attrition i.e., the client leaving the geographic area or the client no longer wanting to receive services or the death of a client. A closed case can be re-opened in the future if the child and/or family requires additional help and support. When that happens, a re-assessment in Step 4 will be required, followed by the other steps in the case management process.

A Case Manager must have a body of knowledge that includes:

1. Case management system;
2. Local resources;
3. Available services;
4. Cultural sensitivity.

What skills are required for effective Case Management?

1. Communication;
2. Time management;
3. Decision-making;
4. Problem-solving;
5. Organizational;
6. Autonomy;
7. Conflict resolution.

The Key Elements of a Service and Support Plan

1. Assessment of survivor's needs;
2. The extent & nature of survivor needs;
3. The capacity of the survivor to address these needs;
4. The capacity of the survivor's social network to address needs;
5. The capacity of the agency to meet survivor's needs;
6. Identifies actors;
7. Document needs clearly.

Precepts of Case Management Practice:

1. Work at the "client level";
2. Maintain a system's perspective;
3. Use administrative processes and skills;
4. Serve as a source of accountability;
5. Attempt to achieve integration of service delivery.

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The Importance of and Mechanisms for Coordination

To achieve the changes required to improve the lives of members of the client unit, sometimes, as noted above, many people and organizations need to be involved and their individual actions and interventions should be coordinated. The social service worker typically facilitates this process with assistance and oversight from his/her supervisor.

This can be done by holding meetings (sometimes referred to as a case conference) with:

- an individual client;
- members of the client unit (for example, family members or other people living in the household and stakeholders); and/or
- service providers (for example, teachers, doctors and nurses, representatives of NGO service providers).

Another form of coordination is when local service providers meet regularly, such as through community or district coordination meetings, to discuss and plan their roles and responsibilities as well as discuss how to work together. They may also talk about ways to approach more complex cases. For example, a local government may set up a child protection committee where representatives meet every three months to discuss local child protection responsibilities.

Why Use A Survivor-Centred Approach?

The rationale and impetus for using a survivor-centred approach in working with people who have experienced SGBV comes from theory, practice, advocacy by women's movements and research. It is informed by the practice of individuals and groups who have been at the forefront of working with survivors of SGBV for decades—many of whom are survivors of sexual violence and intimate partner violence themselves. It is also grounded in research with survivors who have articulated the type of support that is most helpful for them to heal and recover. These elements are described below.

Social Work Case Management

SGBV case management draws from a social work approach to case management. The aspects of social work case management that are very present in a survivor-centred approach are:

- **Person-centred services:** The survivor is at the centre of the helping process, and support is tailored to their needs and circumstances.
- **The role of the survivor–social worker relationship:** The relationship between the caseworker and the survivor is integral to helping the survivor achieve her or his goals.
- **Person-in-environment framework:** A person is influenced by their social and physical environment, and their experiences must be understood as such. This framework is important for understanding individual experiences of violence within systemic injustices and oppression—for example, patriarchy.
- **Strengths perspective:** Rather than focus on what is wrong with a person, the caseworker supports and builds on the existing resilience and potential for growth that exists in each individual.

Resources Required to Implement A Case Management Practice

The following are recommended minimum requirements for consistent and good practice of case management.

- **Standard operating procedures and tools:** The case management process should have recognized and agreed upon procedures that are documented (written down) and followed consistently by all stakeholders engaged in the process. Having standard operating procedures (SOPs), tools and forms for assessment and case planning and a code of conduct that guides practice will help to ensure fair and impartial criteria are used by all actors in the same way.
- **Trained workers:** The responsible organization will develop job descriptions for social service workers responsible for implementing a case management process, that includes the basic minimum qualifications for the position to ensure all workers receive initial and ongoing training. Training might include information on: relevant laws and policies, communication skills, assessment and documentation, problem solving, as well as any other basic training that is required for a particular social service worker. Members of the social service workforce who are responsible for case management should know how to use the procedures, tools and instruments, and how to build a trusting relationship with clients.

- **Place for safe storage of confidential records:** The information about clients should be kept confidential and stored safely. The written documentation must be kept in a safe place with clear instructions on whom can access it and how long documents will be stored. If the information is electronic (kept on a computer or mobile device) there should be a procedure for confidential storage and backup and clear accompanying instructions about who can view this information.
- **Transport:** The social service worker works as much as possible in the place where the client or client unit lives. They should have the means to make regular home visits. In some cases, they may be able to walk or use public transport, in others they may need to have or be able to use a bicycle, a motor-bike or a vehicle.
- **Telephone or other communication device:** The worker and his/her supervisor should have a means of communicating information with each other, with clients and with other people involved in the case management process in a manner that maintains confidentiality.
- **A place to hold meetings:** Meetings with the client can take place in his/her home, or any other place the client suggests that the worker can get to. A case conference or a community coordination meeting may need a formal meeting space that is accessible to all and offers privacy.
- Other considerations for a case management process include the following:
- **Documentation including use of technology:** Ensuring proper documentation is a critical component of case management. In some contexts, documentation is hand-written while in others access to computers, tablets and internet can support case management record keeping and transmission of data for monitoring, evaluation and planning purposes.
- **An emergency fund:** Sometimes social service workers can offer immediate help if they have access to cash. For example, if a child cannot go to school because they have no shoes, an immediate payment can be made while waiting for a referral for social protection (cash transfers) to happen. An emergency fund will need standard operating procedures to establish criteria for use.

- **Incentive scheme/motivation:** Consideration can be given to direct and indirect ways of motivating social service workers implementing case management processes. These will depend on context but can include in-kind incentives such as professional recognition, involvement in training programs or special celebratory events, as well as provision of bicycles, foodstuffs, clothing, etc.

Note: Proper management of SGBV cases can enhance client confidence and reporting of cases. It is therefore important that such cases are handled in a manner that upholds the rights and dignity of the client/ survivor and their families and to ensure that justice is dispensed.

Referral Pathways for Survivors of Sexual Violence

Objectives:

1. Identify the needs of survivors affected by sexual violence and offer support including referring to the appropriate organization/ facility for comprehensive care and support;
2. Understanding basic principles in making referrals.

Steps

1. The facilitator should then display the illustration on multi-sectoral framework of survivor support followed by a clear explanation on the right channel and procedure that practitioners should take in the event of a sexual violence case, citing the role that each sector service providers should play in the process;
2. After this, the facilitator should request for two volunteers from amongst the participants and have them enact a role play with one of them assuming the role of a counselor while the other that of a survivor;
3. Facilitator can then ask the participants to give their opinion on how the one playing the counselor's role had fared in terms of ensuring the survivor's comfort during the mock counseling session;
4. At this point the facilitator should seize the opportunity to explain the dos and the don'ts when it comes to dealing with a survivor of sexual violence;
5. This should then be followed up with facilitator checking the level of understanding among the participants, after which a summary of the content having been covered should be made before wrapping up the session.

Facilitators Notes

Handling Disclosures: Action Steps

1. Acknowledge the situation and listen supportively;
2. Ensure the safety of the survivor;
3. Refer for further support (if needed)

Basic services and security

1. Provide security and protection, such as safe shelters/ safe spaces;
2. Ensure that the assistance is survivor-centred;
3. Ensure that the assistance does not increase risk for SGBV.

Community & Family Support

1. Community awareness-raising and education;
2. Community self-help and resilience strategies;
3. Survivor-centred restorative justice processes;
4. Livelihood, educational and other socio-economic reintegration interventions.

Focused, Non-specialized Support

1. Appropriate post-incident health care, including psychological first aid and basic trauma counseling;
2. Referral to health services;
3. Case management for individualized service delivery and assistance;
4. Culturally appropriate supportive counseling.

Specialized Services

Assistance could include psychological or psychiatric support for people with mental disorders as a result of

their ordeal that cannot be adequately managed within primary health services.

Why establish a referral system?

1. Obtain the highest quality care and treatment, assistance and protection to survivors of violence;
2. Facilitate the provision of services to meet the various needs of survivors and ensure their recovery and reintegration;
3. Establish a feedback mechanism between and among concerned agencies to ensure that requested services are provided;
4. Make possible the exchange of knowledge, skills, practices, and experiences geared towards enhanced capacity of service providers;
5. Achieve a more rational use of financial and human resources for more efficient and effective delivery of services.

Essential elements of a referral system

1. A group of agencies providing comprehensive multi-sectoral services;
2. A coordinating agency/organization;
3. A directory of services and agencies with service provision;
4. Standard referral forms;
5. A feedback loop to track referrals;
6. Documentation of referral.





“The underlying premise of case management is based in the fact that when an individual reaches the optimum level of wellness and functional capability, everyone benefits. It should thus help in identification of appropriate service providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for survivor”.

Module 11



Understanding and Countering Patriarchal Backlash

Objectives

1. To help the participants understand the meaning of patriarchal backlash;
2. Engage the participants in the process of identifying the various forms of patriarchal and gender backlash and how it manifests in the society;
3. Imparting knowledge and skills on how to counter patriarchal and gender backlash.

Teaching Material

Like in previous modules, the facilitator is at liberty to decide on the approach and methodology through which to deliver content during this session. However, it is highly recommended that the facilitator goes for an approach that will enable the participants to share their views with one another for better understanding. This can be done well using the small group approach followed by plenary presentation and larger group discussions.

Scope

1. Definition of the term gender and patriarchal backlash;
2. Understanding the role of culture in promoting gender patriarchal backlash;
3. Identifying patriarchal and gender backlash in the society.

Steps

1. The facilitator should start the session by helping the participants understand the meaning of gender and patriarchal backlash (*other terms such whiplash, pushback or resistance can also be clarified*);
2. This should then be followed by an elaborate definition of other related terminologies among them culture, patriarchy etc;
3. After this, the facilitator should split the participants in small groups and have them discuss and come up with the efforts and gains having been made over the years as a result of the efforts to promote gender justice and human rights in the society. This exercise should cover all levels of the society i.e. local, national, regional and global levels;
4. The participants should then reconvene and make presentations in the plenary followed by a candid discussion on the outcome of the group presentations;

5. After the plenary session, the participants can once again be sent back to the groups to discuss and identify the various forms of gender backlash that have emerged as a result of the efforts in the society.
6. Once again the participants should reconvene in the plenary and make group presentations followed by an in depth discussion of the emerging issues and the proposed solutions on how well they can be dealt with/resolved;
7. After this, the facilitator can then wrap up the session with a summary of the main points having been made, using precise examples to firm up the reasons as to why it is important to address gender backlash.

Facilitator's Notes

Introduction

Backlash (Whiplash / Resistance)

The concept of «*Backlash*» refers to perceived setbacks and deteriorations in the relations between (and among) men and women. Its proponents assume that gender equality and women's rights are on the decline all over the world, or that there is at least a significant increase in rabid attacks against them. As a catchword it encompasses a seemingly odd medley of activities pursued by a multitude of different local initiatives all over the world all of which strongly promote tradition over equality. The term Backlash also refers to a negative, hostile or aggressive reaction to an idea. For long, the term has been applied to civil and race rights. However, lately it has been popular in politics, business and the media, as an opposing stance to initiatives designed to advance women's rights and social status.

A look in the past makes it clear that when gains for women are made, conservative forces, which strongly adhere to the idea that the roles of men and women are traditional or natural, will rise up to whack them down. This has the effect of limiting, and at times reversing the progress that has been made over the years when it comes to promoting women empowerment and gender justice. Backlash includes attempts to discredit efforts and arguments that are aimed at advancing gender equality or challenging the gendered nature of violence.

Backlash also supports efforts to preserve the status quo by maintaining existing gender norms and hierarchies. In organisations, backlash undermines attempts to

eradicate sexual harassment and other forms of gender-based violence. In organisations too, backlash has been a conspicuous feature of attempts to reverse entrenched gender inequality, including sexual and sex-based harassment, sex discrimination, and predatory behaviour. While most examples of backlash are ideologically driven, attacking the principles of feminism and gender equality more broadly, recently we've seen a new twist on the theme as opposing forces continue to challenge the science that sits behind predictions of global warming, the methods used to estimate the prevalence, impacts and nature of sexual harassment and sexual assault in the climate change discourse.

Glossary of Terms

Backlash - a strong negative reaction by large number of people, especially to a social or political development.

Uptake and Engagement - includes all the activities that facilitate and contribute to the use of research evidence by policy-makers, practitioners and other development actors.

Patriarchy - a social system in which men hold primary power and predominate in roles of political leadership, moral authority, social privilege and control of property.

Adaptive planning - A structured, iterative

There is little doubt that gender equality is firmly front and centre of public debates and policy making. Gains continue to be made to progress gender equality; however, progress is uneven, and the risk of regression is ever-present. This article considers why, despite the ongoing and heightened level of feminist activity, workplace gender equality remains elusive. Two reasons are advanced for this lack of progress. Firstly, it is proposed that male backlash, a form of resistance to gender equality, has resurfaced. Secondly, a more passive form of resistance – that of ‘gender fatigue’ is also evident. Gender fatigue is part of a backlash, and is perhaps more prevalent and difficult to counter, as it is subtle yet pervasive. This article considers how organisational gender fatigue as well as individual gender fatigue manifests. Further, the article considers how backlash and gender fatigue can be overcome to ensure progress towards workplace gender equality can be sustained. It concludes by engaging in a feminist imagining of what a truly gender equitable workplace might look like and how this might be achieved. [___](#)

Root causes of the backlash phenomenon could be:

- As a symptom of growing discontent with neoliberal globalisation and transformation processes in different contexts;
- An expression of the need to unify around a seemingly simple *«matter of the heart»* in order to recreate community and belonging in an increasingly alienating environment.

Tools for Change: Collective Actions of Human Right's Rights Activists

Kenya is a patriarchal society, in which gender-based stereotypes and patriarchal attitudes are passed on from generation to generation. To spread hate and fear in society, there are groups that are manipulating the wording of the law, misrepresenting the meaning of «gender equality» Women's rights defenders are called «traitors of their country» «destroyers of families» a «threat to Kenyan values» and accessories to the sexual abuse of minors. Such views are reinforced by the mass media, changing the general public's attitudes towards NGOs working on gender-related issues. Now, many people in Kenya use the word «gender» to describe anything perverted and immoral – anything that will undermine traditional Kenyan values and families. The backlash described is a part of a broader attack on civil society throughout Kenya.

Forwards or Backwards? Gender Backlash in Kenya

Over the past few years, gender equality has been under attack in Kenya. This backlash was made possible by the patriarchal character of Kenyan society. The idea that gender is an anti-family, pro-gay, and anti-life ideology spread much faster in Kenyan public discourse than had notions of gender equality, and consequently institutional gender mainstreaming was quickly purged from state structures. Today, the only remaining proponents of gender equality theory in Kenya are some NGOs and a few academics. However, there are hopeful developments as more young women become conscious of the issue, as do survivors of gender-based violence. Social media and blogs help the growth of this, as yet, incoherent *«movement»*.

Forces Driving the Backlash

It is extremely troubling to see the recent roll-backs on fundamental legislation in many parts of the world, underpinned by the renewed obsession with controlling and limiting women's decisions over their bodies and lives, and by views that a woman's role should be essentially restricted to reproduction and the family. Such an agenda threatens the gains of the past.

Although the pushbacks are frequently carried out in the name of tradition, they are often a reaction to efforts by broad segments of the same societies to promote change.

Debates around such policies have been marked by attacks on, or a disregard for, the evidence that shows the harmful consequences on the lives of women and girls, and on society as a whole. As ever, those paying the biggest price of such policies are the most marginalized women and girls.

- Workplace (Sexual Harassment, SGBV and unequal pay;
- Public and private institutions;
- Stifling of the voices of CSOs (criminalizing protests);
- Resistance to gender equality through retrogressive laws and policies- Populist policies aim to reverse progress on women's rights, championing similar gender norms and stereotypes to those promoted by fundamentalists;
- Religious institutions - push back against the recognition of gender and sexual diversity;
- Traditional and cultural institutions;
- Challenging patriarchy and misogyny;
- Lack of exposure to egalitarian alternatives: Women regard gender status inequalities and divisions of labour as 'natural' and unalterable, perhaps because of limited exposure to more egalitarian alternatives.

NB: With the world's young population concentrated in developing nations, retrogressive measures denying women and girls access to sexual and reproductive health services will have a devastating effect: more maternal deaths, more unintended pregnancies, fewer

girls finishing school and the economic impact of failing to fully include women in the workforce. In short, a generation without choices and a collective failure to deliver on the promises of the 2030 Sustainable Development Agenda. So it is time to come together to protect the important gains of the past and maintain a positive momentum.

(En)countering Backlash: *Strategies to respond to resistance to gender equality initiatives*

Getting Ready to Face Backlash

If you are working to promote gender equality, you can expect to meet resistance

What is Backlash?

Backlash is defined as an active pushing back against progressive programs, policies and perspectives.

The terms 'backlash', 'pushback' and 'whiplash' are at times used interchangeably to refer to any form of resistance towards progressive social change. But in discussions with those working to promote gender equality, we have found that people frequently describe backlash as the more extreme or aggressive end of resistance encountered.

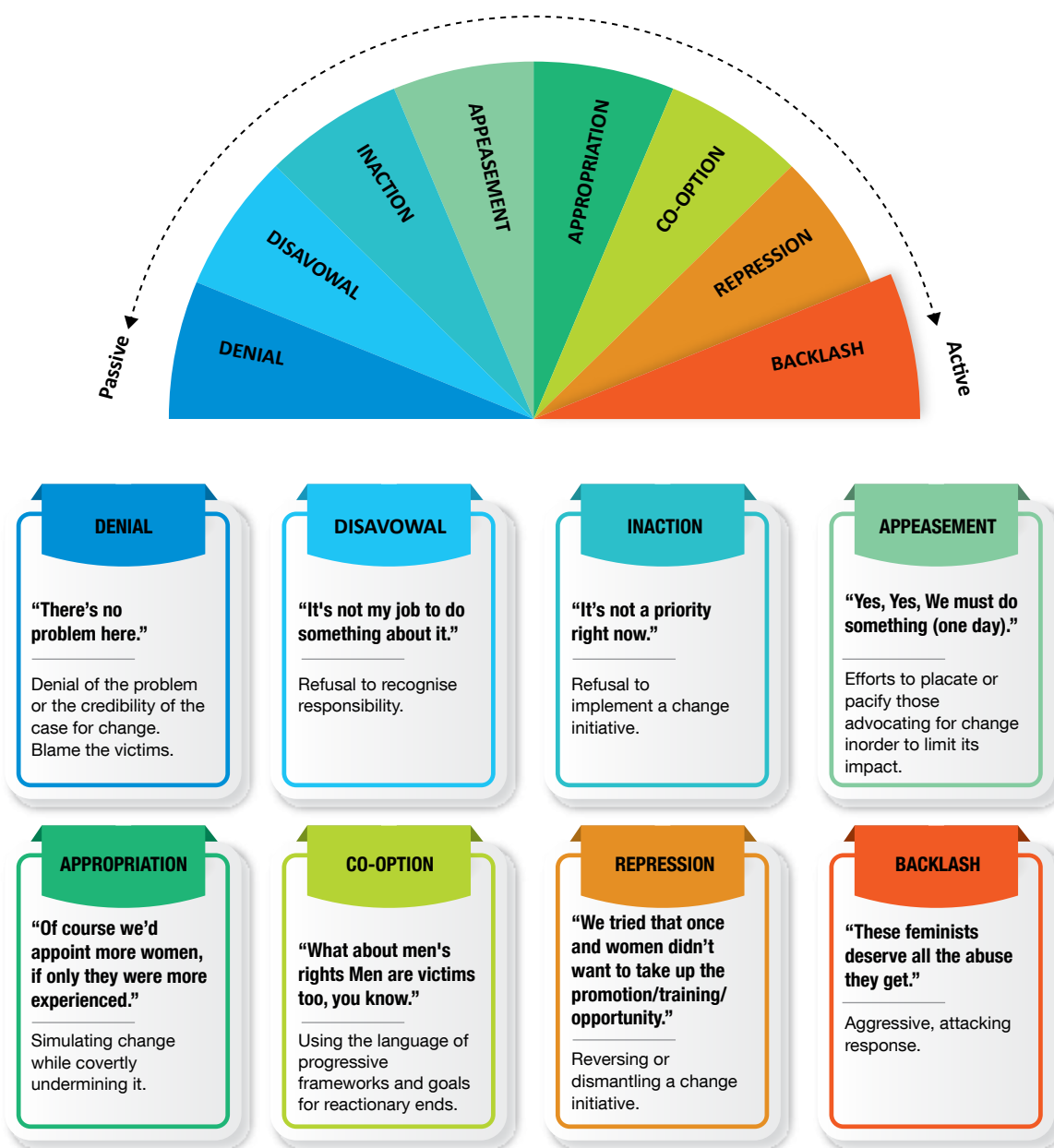
Backlash is most likely to come from the people who are advantaged by the *status quo*. In efforts to build gender equality, resistance is more common from men, but can also come from women.

Backlash can be at its greatest when existing structures are threatened. The idea of equality can provoke strong feelings – these are long-held social norms that are being challenged. You often know you're starting to get results with your gender equality initiatives when you meet resistance.

**COUNTERING
BACKLASH** RECLAIMING
GENDER JUSTICE

Forms of Backlash

The diagram below illustrates the range of pushback often met when promoting gender equality.



Being Prepared

According to research and promising practice, the following strategies are the best ways to prepare for and respond to resistance:

If you are working to promote gender equality, whether inside or outside organisations, knowing that you're going to meet resistance and what it looks like is a great start to being prepared.

Framing strategies

How you articulate, communicate, or 'frame' the initiative and explain why it's important.

Organisational Strategies

How you involve leaders, individuals and groups, and address policies, practices and organisational structures.

Teaching and learning strategies

Teaching processes, the learning environment, the content and the educators.

Individual Strategies

Identifying allies, self-care and focusing efforts on those you can influence.

More Strategies for Countering Backlash

- **Community Mobilization:** Preventing partner violence by changing social norms.
- **Access to information:** Sometimes, simply providing more information is the key to shifting sticky norms.
- **Education:** In most contexts, education is strongly associated with greater decision-making power.
- **Technological change:** Technological change impacts on economic opportunities and its impacts on exposure to information. There is some evidence of expanding opportunities in the information and communication technology (ICT).
- **Legal change:** There is a substantial discussion of the potential contribution of legal change to gender equality, although less discussion of the barriers to accessing legal justice that many disadvantaged people of both genders face.
- **Public investment:** The report makes a strong case for public investment – in health, education and water and sanitation – as a route towards gender equality. For example, expanding access to secondary schooling has helped shift norms in favour of both boys' and girls' attendance.
- **Political mobilization:** Mandating quotas for political representation can help shift norms concerning women's leadership capacity. This can also lead to transformative role of women's collective agency – in both formal settings and informal associations – which both depends on and determines their individual agency.

Who Can You influence?

When you plan for resistance from the start, you don't get derailed when objections occur.

If you're already working on gender equality initiatives, you're probably one of the 'committed' audiences to the right of the spectrum illustrated below. You're motivated and fully convinced of the benefits. So, it is useful for you to think about common reasons why people actively resist the idea of gender equality.

Gender equality involves people particularly men letting go of privilege. Resistance stems from a defence of privilege – the idea that an advantaged person or group loses out if we give equal rights and opportunities to another group who have had fewer advantages.

Resistance sees people clinging to sexist social norms – the unwritten rules about how to behave in our society. An old and inaccurate example of these unwritten rules is that there is something in our genes that limits what we are suitable for.

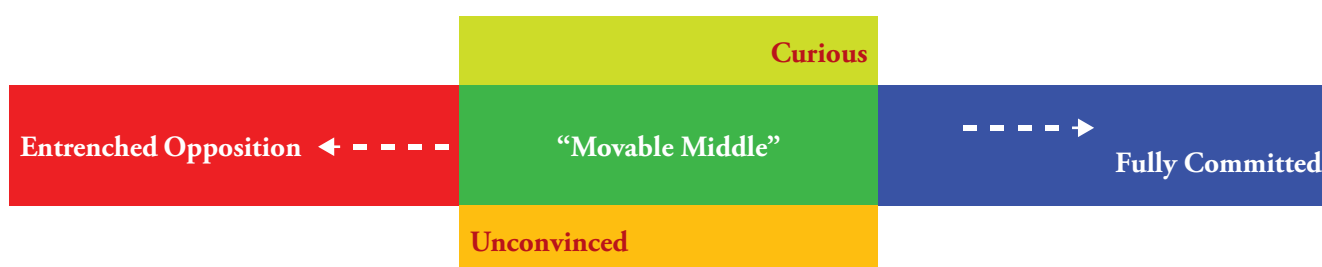
Such attitudes can be expressed by both men and women, and they are so much a part of our culture they are often unconscious, so people genuinely don't see a problem.

People at the left of the spectrum of resistance – the entrenched opposition – are the least likely to join and support your gender equality initiative, and the social norms in our culture reinforce their prejudices.

Most initiatives have found that identifying allies (others who are committed to equality) to work closely with, and then **focusing on the 'moveable middle', is where change can most effectively begin.**

It is only by shifting the existing social norms that the entrenched opposition will start to modernize, and realize how outdated and ill-informed they have become.

The Spectrum of Resistance



Source: VicHealth

Ideas for Men to Challenge and Counter Patriarchal Backlash

Society is generally not inclined to change - It wants conformity. If enough men began to question their perception of masculinity, or any of their deeply held beliefs, society as a whole would change.

- Starting Point– Getting out of your comfort zone and subjecting myself to new and different ideas;
- Unpack your notions about yourself and of being a man and your world view;
- Step out of the “man” box, look in the mirror and ask myself “What kind of a man am I?” and more importantly “What kind of a man do I want to be?”—This is accountability;
- Do It for You! Discard negative beliefs, behaviours, attitudes and practices and those that suit you;
- Does the society’s constructs of who you are and should be suit you thus far? Issues of hearts are not addressed because men are told not to show emotions - (*consider the roles, perceptions and expectations*).

Framing Strategies

Framing theory shows how the way something is presented influences how people process and respond to that information. Every time we communicate, we are framing – and we can choose the frame we put around our stories. Framing techniques used in contemporary media include metaphor, stories, tradition, slogans, contrasts and spin.

Framing is how we make the case for gender equality, anticipating and countering resistant reactions, challenging common defences of gender inequality, and ‘touching the hearts’ of those we seek to persuade. As we repeat and continually strengthen the frame, culture and practice can be shifted.

Framing of Gender Equality Needs Should:

- Continually articulate the rationale and benefits, noting the benefits to men as well as to women
- Offer clear, compelling accounts of the problem and the solutions – real-life stories and personal accounts from within our organisations and settings are extraordinarily powerful
- Acknowledge that gender is personal, interpersonal and structural, and that it involves unequal relations of power.

Framing should directly address claims about male disadvantage by anticipating and addressing common resistant reactions. In this we need to be careful not to reinforce common myths and misinformation.

Institutional Strategies

A comprehensive gender equality strategy, involving organisational structures, practices and policies, is both vital for preventing resistance and a necessary feature of gender equality work in organisations. This thinking is based on the fact that workplaces, organisations, learning institutions, public and private spheres are all important settings where gender equality initiatives are taking place.

Organisational leadership and workforce cultures are critical influences. In settings where leaders are perceived not to support gender equality initiatives, or where culture undermines diversity initiatives, resistance can flourish.

Strategies to minimise institutional resistance include these actions:

Secure Support From Those in Power

Senior leaders – both men and women – must step up (and be seen to step up) to advance gender equality and social justice. With the support of leadership, gender justice initiatives can then be built into the DNA of the organisation *via* capacity strengthening endeavours such as training, job descriptions and individual performance indicators.

Communicate the Importance of Recognising and Addressing Unconscious Bias

Biases are influenced by our background, cultural environment and personal experiences. We may not even be aware of these views and opinions, or be aware of their full impact and implications.

Tailor Information for Different Audiences

Develop materials specifically for different teams or groups known to have more sexist cultural tendencies within a particular organisation. Find supportive messengers who are likely to be listened to, and be prepared to work intensively with some groups. This will help to counter some of the myths and misconceptions they are likely to express, which can strongly influence others.

Form Strategic Partnerships and Allies

Forge links with other groups and individuals who are experiencing similar opposition to their work. This

enables you to share ideas and approaches, as well as providing a support network.

Encourage Open Debate and Discussion

Be open minded and have the courage to participate in difficult conversations. Listen without becoming defensive, and acknowledge people's fears, concerns and misinformation about equality.

Challenge Rationalizations for Resistance

Be prepared to respond quickly to questions or comments that seek to justify resistance, to nip it in the bud. Use framing strategies to present sound and constructive arguments and provide evidence to address misinformation.

Establish Clear Monitoring Processes

Feedback loops are essential to ensure that all stages of the change process are implemented, and to identify emerging issues or trends.

Teaching and Learning Strategies

Teaching and learning strategies must consider:

The Environment

Creating a safe, respectful and supportive environment for learners helps to build their understanding of the structures and social norms that underpin inequality;

There's a lot of power in letting people have their say in forums, no matter how strident their views. Feeling heard can make them more open to alternative messages.

- Conduct the sessions in a safe non-threatening environment;
- Ensure respectful and supportive learning;
- Work with small rather than large groups.

The Content

Using framing strategies and employing lived experiences builds understanding and breathes life into the learning process.

- Use framing strategies (a clear processing of understanding and deconstructing the issue);
- Conceptual framework that builds awareness of social structures and power relations;
- Use personal, independent accounts and lived accounts;
- Storytelling can help to contextualize the issue.

The Teachers

Those who teach gender equality need to have content expertise, and are more likely to be effective if they also are authentic and empathetic.

- Facilitator(s) and/or mentor(s) should be well versed and grounded with knowledge on gender (content experts);
- Should be authentic, credible, empathetic, open hearted, compassionate and more so be able to engage in self reflections with participants;
- Draw on both female and male mentors.

Teaching Practice

Education needs to be of sufficient duration and intensity. It needs to be participatory, engage the emotions and foster empathy. And it needs to be relevant to the group.

- Address risk factors;
- Ensure sufficient length, depth and intensity;
- Engage emotions;
- Foster empathy;
- Appeal to values of the group;
- Use participatory methodologies i.e. (role-plays, simulations, case studies, interactive learning, storytelling, discovery) to deliver the content.

Clarify Misinformation

Expose individuals to a small dose of arguments against an idea, followed by criticism of those arguments. Highlight the facts, not the myths, and use framing strategies to present sound arguments and evidence, while acknowledging doubts and fears.

- Employ sound arguments with fact/myth/misconception approach;
- Acknowledge fears, doubts and concerns.

Individual Strategies

Focus Your Efforts

It important to remember that there are some people who are in – entrenched opposition (*within the resistance spectrum*). These are people who no, matter what you do, they just “*won't get on board*”. It is therefore critical that you focus your efforts on those who you can influence and by setting achievable goals for yourself.

Dealing With Online Abuse

Digital platforms now play a central in mediating all aspects of social, economic and political life. Resistance is often expressed through social media platforms and websites. The virtual world seems to embolden antagonists to say hateful things (*even when not anonymous*) that they

would never say in person. While respectful debate is encouraged, it is vital to have guidelines around social media to protect you, your people and your audiences from online trolling.

This makes it all the more vital for initiative for countering resistance to explore the positive role played by digital tools in opening up space to connect and advocate for gender equality, as well as the ways in which these same tools might be fuelling the resistance and backlash to gender equality. Critically, it worth looking at two key areas;

- Understanding and countering the backlash against gender equality;
- Identifying new opportunities for feminist action and impact, within a context of shrinking civic space for women's movements and human rights defenders.

Online harassment can contribute to a culture of violence in which violence is seen as normal and inevitable, and thus more easily perpetrated and tolerated, both online and offline (Fraser and Martineau-Searle 2018). Hate online can inspire violence offline, which feeds a slow undercurrent of misogyny that threatens to corrode decades of progress made on women's rights and equality (*The Glitch Team 2019*). This violence silences women's voice and agency in the public sphere. There are also links between the growth in authoritarian populism and online misogyny.

Practice Self-care

Tackling entrenched inequality requires a long-term effort and it does not always run smoothly. When the going gets tough and it feels like the wall of resistance you are facing is too high, it is okay to step back and regroup and re-strategize. Looking after your own wellbeing is paramount and therefore you give yourself some time out and talk to trusted friends and allies. It is important to maintain perspective by recognising that resistance is an indication that your work is gaining traction and that long-term change is made up of myriad small achievements along the way. So take the time to share the tough stories as well as identifying and celebrating the gains, no matter how small.

Important Steps to Manage Resistance

Do Not Be Surprised

Resistance is to be expected. Prepare for it. Resistance means your work advocating for equality is getting traction.

Understand the Form

Resistance takes different forms. Thinking through the form will help in crafting your responses – for example, if it is 'co-option', where the language and facts are being twisted, a fact/myth/misconception response might be helpful.

Assess Who It is From

Monitoring and regular opportunities for feedback to your gender equality initiatives help you understand not just what resistance is being expressed, but who it is coming from. You can then tailor your messaging – and messengers – to address their concerns or correct misinformation.

Be Willing to Listen

Create spaces for diverse views and experiences to be expressed. When people can have their say and talk about their own beliefs (*and biases and fears*) without being shut down, they are more likely to be open to other messages.

Focus Efforts On Those You Can Influence

Entrenched opposition may not be convinced. Understand when to respond and when to leave it alone. Find allies and focus on the 'moveable middle'. At the institutional level, getting the senior leadership involved is pivotal to getting traction for gender equality initiatives. It is one of the ways of going beyond a training or awareness-raising exercise to seeing it embedded into policies, position descriptions and performance planning.

Harness the Power of Your Peers

Remember! You are not alone in this work. Find people in your organisation and others who are also committed to gender equality and share ideas, approaches and support.

Frame, Do Not Shame

Framing shapes the story of gender equality. Tell real-life stories and allow personal accounts to be shared to help people connect emotionally, not just rationally, to the concepts. Note the benefits of equality to both men and women, and address myths, misconceptions and misinformation.

Make Sure to Monitor the Progress

Regular feedback helps you see how your work is progressing, and understand where resistance lives and what is being said. This does not have to be an expensive, outsourced process. Where possible, an online questionnaire of just a few key questions sent out quarterly can be done in-house.

Put Guidelines in Place

Manage more extreme resistance with clear and simple guidelines about what is allowed and not allowed. In the teaching space, this is about creating a safe, non-threatening and respectful learning environment. For online forums, this requires moderation guidelines.

Practice Self-Care

Look after your own wellbeing and guard against burnout. Seek support and allow yourself space when you need it.

Celebrate Success

Truly bringing about attitudinal change will take time. We are tackling some entrenched and structural inequalities. It is a *“marathon – not a sprint”*. So, take time out to recognise and celebrate the wins along the way!

Group Assignment:

1. What are the institutional and structural factors that hinder the attainment of gender equality in both local and national governance structures in Kenya?
2. What are the critical factors contributing to the successes and failures of different actors in their work towards gender equality in Kenya?

3. What is the most effective way to package and present evidence to duty bearers about erosion of gains towards gender equality as well as the impacts of the erosion to families, communities, and nationally?

4. What strategies are most effective in mobilizing joint efforts (e.g., working in community and county coalitions) to ensure duty bearers enforce laws, and enact effective policies and practices for the attainment gender equality?

- It is important to recognize the complexity of communications and engagement processes towards countering gender and patriarchal backlash;
- Learning should take place within complex systems with the understanding that there are multiple, intersecting power differentials that need to be taken into account when bringing the stakeholders together;
- There is need to explore the drivers of the backlash and how pro-feminist men can respond better alongside women to counter the backlash, deploying a range of methods including creative and participatory visual media, interviews and reflective diaries, generation of reports, articles, blogs and video outputs.



Module 12



Promoting Gender
Equality in Cooperatives

To increase awareness on gender equality in order to enhance efficiency, democracy and economic development in the coop. To mainstream gender equality and equity in the coop policy, programs and services, structure and systems.

Summary

To transform cooperatives to be vehicles to achieve gender equality in society and women empowerment which includes educational activities to increase the competence of women in order to prepare them to act and take part as leaders and decision makers in the cooperatives

What Is A Cooperative

A co-operative is an autonomous association of persons united voluntarily to meet their common economic, social and cultural needs and aspirations through a jointly owned and democratically controlled enterprise. The unique position that co-operatives have in society, with regards to both economic and social components, make them an important catalyst of change within the community where they operate.

It is important to note that co-operatives are based on the values of self-help, self-responsibility, democracy, equality, equity and solidarity. In tradition of their founders, co-operative members believe in the ethical values of honesty, openness, social responsibility and caring for others.

What Is Cooperative Development?

The Blueprint for a Co-operative Decade, adopted by the General Assembly of Alliance in 2012, set forth key ambitions for the co-operative movement. According to the Blueprint, one critical area for co-operative development is creating economic opportunities for marginalized populations— especially women. Another key area is to, “elevate participation within membership and governance to a new level”, which entails expanding membership to include more women and further engaging women members in cooperative democratic processes

Cooperatives are part of both the private sector and civil society therefore they have unique views and impact on development processes. Additionally, cooperatives are ideal engines for development since they represent *people-centred businesses* which empower

citizens to fulfill their human, social and economic rights and needs.

Cooperative enterprises enable a sustainable, locally anchored and inclusive development process thanks to their specific model based on the cooperative principles, centred on self-help, democratic ownership and concern for the community.

Cooperatives’ actions have a particularly significant impact, since they function as efficient networks and encourage worldwide exchanges, such as discussions on good practices and reinforced partnerships between diverse cooperative actors. In addition to this **collaborative approach**, cooperatives have rich resources in human capacity, technical assistance, and finance.

Therefore, Cooperatives are key partners for actors interested in human, social and economic development around the world based on their strong assets to tackle hunger and poverty, provide employment in the form of decent jobs, strengthen self-help and empowerment of local communities, and provide learning opportunities for their members.

Studies indicate that: *Gender equity have been achieved across the co-operative movement, and that the co-operative model is particularly adept at addressing women’s empowerment and gender equality concerns. However, the findings also identify various obstacles to women’s empowerment and gaps in gender equality that persist within the co-operative movement.*

Great strides have been made towards gender equality over the last two decades. Nevertheless, deep gender disparities persist across the globe, surfacing in labour markets, as well as other realms. Compared to men, women continue to earn less, are more likely to partake in unpaid labour, and are more apt to be excluded from decent work and opportunities for advancement. As gender equity is increasingly seen as a pillar for sustainable economic development and broad social well-being, alternative models to development which incorporate women’s equality in work are needed. Rooted in values of self-help, equality, and equity, as well as economic growth through cooperation and democratic processes, co-operative enterprises are well- positioned to answer this call.

The Co-operative Identity

Co-operatives are business enterprises owned and controlled by the very members that they serve. Their member-driven nature is one of the most clearly differentiating factors of co-operative enterprises compared to other businesses. This fact means that decisions made in co-operatives are balanced by the pursuit of profit and the needs and interests of members and their communities.

Advocates for Social Change Kenya (ADSOCK) – Calls to ACTION! The cooperatives should take strong and positive steps so to become gender-aware thus helping them become even more progressive in promoting gender equality and social justice.

How Is Gender Equality Important In Cooperatives?

Cooperatives contribute to the SDG for gender equality **by increasing women's access to resources and economic opportunities**. Globally more women join Savings and Credit Cooperative Organisations (SACCOs) giving them increased access to financial resources.

Value Chains Are Anchored Within A Social Context

From access, production, processing to disposal, gendered patterns of behavior situate women and men's tasks and responsibilities, the distribution of resources and benefits derived from gainful activities in the chain, and the efficiency and competitiveness of value chains in the local, national and global market.

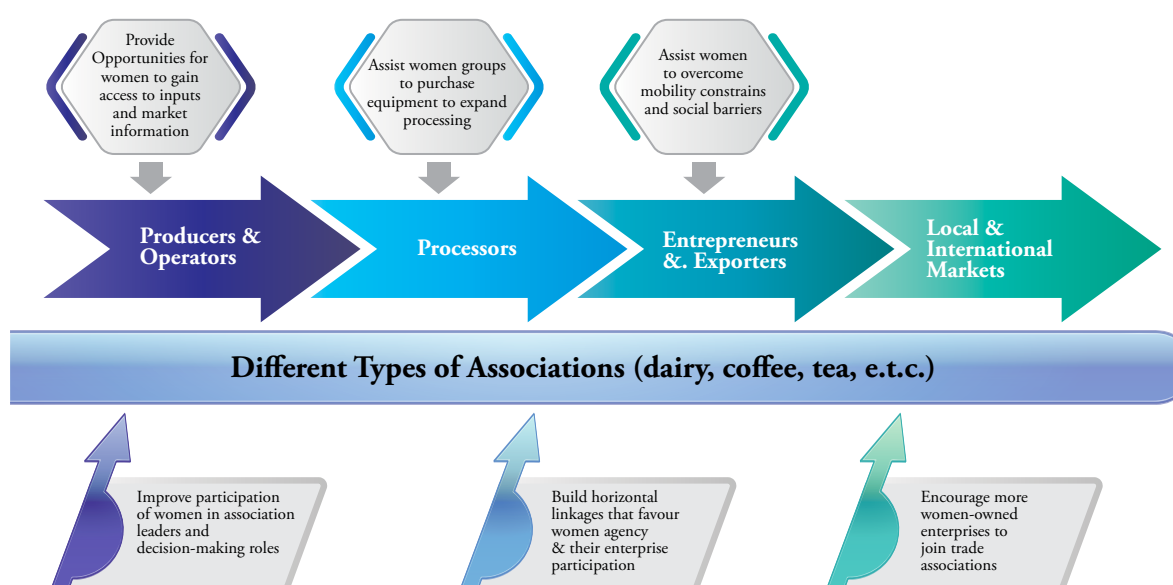
NB:

- Measuring social norms is extremely context-dependent. For instance, households and markets usually interact in ways that affect access to land, labour and other assets within a given context;
- Legal frameworks (laws and policies) at local and national levels tend to embody social belief system e.g., property ownership and rights, inheritance laws that restrict particularly women's ability to access and accrue wealth according to gender categories;
- Social institutions reflect social norms often leading to a differentiated division of labour.

Gender Equitable and Competitive Agricultural Value Chains Should Strive to:

- Foster equitable participation of both women and men by understanding their differentiated roles and relationships;
- Address the distinctive needs and strategic interest of women and thus support their socio-economic advancement;
- Promote gender equitable market-driven solutions including design and development of benefit sharing mechanisms;
- Engage with men in identifying conditions for gender disparities (*e.g., discriminatory laws, social norms...*) and the factors that causes them and possible solutions.

Value chain and possible entry points for removing gender-based barriers and constraints



Strategies for Promoting Gender Equality in Cooperatives

There is need for cooperatives to understand the need to promotion of economic growth based on the full use of human resources – gender equality is good for business.

To this end, they should endeavour to:

- Integrate gender equality in existing policies by reviewing all policies;
- Conduct gender analysis of your cooperative and ensure budgetary allocations towards activities to promote gender equality especially with regard to development programmes, but also with regard to communication and staff training;
- Strengthen institutional capacity to promote gender equality;
- Ensure participation of men and women in all decision-making process at all levels within the cooperative;
- Have in place a genuine statement of commitment towards gender equality from the top leadership;
- Promote public awareness on the positive role and contribution of women in decision-making positions in co-operatives;
- Appoint gender focal point persons tasked with the responsibility of ensuring that gender issues and concerns are addressed;
- Ensure adequate earnings, equal pay for equal value of work done by both women and men.

Increasing Momentum for Change

With the rationale for men's engagement in work for gender equality becoming clear, and the increasing organization of men into groups and networks, a momentum for change is already apparent. Contributing to this momentum are efforts to make *male privilege* more visible, increased research on the effects of the prevailing gender order and gender identities, the capacity for change among men, the influence of male leaders and role models, and the impact of other social change processes under way.

For the most part, public policies have yet to adequately engage men and boys in overcoming gender inequality or addressing their own gender-related vulnerabilities. The policies that do exist have rarely been monitored or evaluated for their effects on men and gender equality. Moreover, there is, in vast majority of settings, a huge gap between policy as laid out in national laws, policy proclamations and technical norms and what happens at the level of implementation.

Working on masculinities is going beyond 'working with men' – it is about changing patriarchal mindsets and addressing the need for structural and institutional change for instance, changing policy environment within the cooperative movement.

NB: It is not enough to pass good laws and policies but rather their implementation and enforcement is key in the realisation of human rights for all – **Leave No One Behind!**



Module 13



Understanding
Social Justice

What is Social Justice?

Social justice refers to a political and philosophical theory that focuses on the concept of fairness in relations between individuals in society and equal access to wealth, opportunities, and social privileges.

Furthermore;

- Social justice refers to a political and philosophical theory that focuses on the concept of fairness in relations between individuals in society and equal access to wealth, opportunities, and social privileges in a society;
- The concept of social justice first emerged in the 19th century, as there were wide disparities in wealth and social standing perpetuated through the social structure of the era;
- The five main principles of social justice include access to resources, equity, participation, diversity, and human rights.

History and Evolution of Social Justice

The concept of social justice first arose in the 19th century during the Industrial Revolution as attempts were made to promote more egalitarian societies and reduce the exploitation of certain marginalized groups due to the vast disparity between the rich and poor at the time. Social justice initially focused on issues such as the distribution of capital, property, and wealth due to the extreme levels of inequality and economic distress prevalent at the time, resulting from the European social class structure.

Today, social justice has shifted towards a stronger emphasis on human rights and improving the lives of disadvantaged and marginalized groups that have historically faced discrimination in society. Many of these groups have been discriminated against on the basis of factors such as sex, age, wealth, ethnicity, heritage, social status, religion, and others. Social justice often leads to efforts to redistribute wealth to some of the underprivileged groups through providing income, jobs, and education support and opportunities.

Social Justice and the Government

While activists and advocates significantly influence the widespread emphasis on social justice in the world today, the actual implementation of social justice policies is often left to administrators, such as the government, non-profit organizations, foundations, or agencies within the bureaucracy. Such organizations are responsible for shaping public policies to address social justice issues, and as a result, political factors influence the extent to

which social justice plays a role in the policies shaped by the government and administrators of the day.

Social justice initiatives can be pursued through many different types of government programs via wealth and income redistribution, government subsidies, protected legal status in employment, and even legalized discrimination against privileged groups through fines and taxes or even through purges historically. Social justice initiatives are commonly seen in socialist and communist countries, which integrates them into their economic policies, as well as in the platforms of left-leaning political parties within democracies.

The Five Principles of Social Justice

There are five main principles of social justice that are paramount to understanding the concept better. Namely, these are access to resources, equity, participation, diversity, and human rights.

As a term, “*social justice*” is vague and often misunderstood. To become a reality in every part of society – healthcare, education, employment, etc – social justice needs clearly-defined goals. With clear goals, solutions for change and progress are possible. A definition must consider four principles: access, equity, participation, and human rights.

Access

To serve the people, a healthy society must offer services and resources. These include education, healthcare, shelter, and food. However, in many societies, there’s unequal access. Education is a prime example of the consequences. When only people from a certain class can afford good schools, those with lower-paying jobs have to settle for less. This leads to those kids growing up and being unable to access certain jobs. In an unjust society, somebody’s race and sexuality can also limit services and opportunities. When everyone gets equal access, it helps even out the playing field.

Equity

Equity is different than equality. If social justice was only concerned with equality, it wouldn’t lead to a just society. As an example, let’s say two people need a health insurance plan. The benefits are identical and equal in every way, but one of the people has a chronic illness. In this case, “equality” can cause significant harm to the person who is ill. The two people with the same healthcare plan end up in very different places. Equitable healthcare considers the differences between the two people, adjusting to benefit the person who needs the most help. While “unequal” according to a strict definition, equity

leads to a society with reduced inequalities.

Participation

The fourth principle for social justice is participation. Society must allow everyone to voice their concerns and take part in making decisions. If something affects a person's life, that person needs to be a part of the process. If there's only a select group calling the shots with others silenced through discrimination, that's social injustice. This is where access and equity come into play again. Within most societies, participation is reserved for only a few. To increase access, society must remove barriers to participation. For equity, historically-undermined groups should be encouraged to speak.

Diversity

Understanding diversity and appreciating the value of cultural differences are especially important because policymakers are often better able to construct policies that take into consideration differences that exist among different societal groups. It is important to recognize that some groups face more barriers in society, and by considering the inequities, policymakers and civil servants will be in a stronger position to expand opportunities for marginalized or disadvantaged groups.

Discrimination in employment on the basis of factors, such as race, gender, ethnicity, sex, age, and other characteristics are constant issues in society, and enforcing policies to countermand discriminatory practices are one way in which diversity is taken into consideration.

Human Rights

Human rights and social justice are two sides of the same coin. They can't exist apart from each other. For a society to be just, it must ensure the protection of everyone's civil, political, economic, cultural, and social rights. These rights include the right to life, the right to free speech, the right to vote, the right to a fair trial, and so on. Governments must be held accountable when they violate these rights or fail to protect them. Human rights might be the most powerful principle for social justice because they're recognized internationally and enshrined in many treaties.

Where Do the Five Principles Apply?

Social justice is an umbrella term that covers a variety of issues within society. Access, equity, participation, and human rights apply to all issues such as:

- Reproductive rights;
- Access to healthcare services;
- Access to good education;
- Employment discrimination;
- Voting discrimination;
- Disability discrimination.

The best way to implement the four principles depends on the issue. One principle – such as participation – may need to take priority for a time so a clearer picture of the situation can be drawn. No principle can be ignored, however. They all work together to bring about social justice.

Why Does Social Justice Matter?



Each of the four principles of social justice comes with challenges. Oftentimes, definitions for essential concepts like “fairness” and “equality” can create rifts within communities. It's also common to trigger a backlash from societal groups that benefit from the *status quo*. Even though social justice is good for everyone, it can shake the foundations of long-standing systems. These types of issues make it hard to put real change into action. When solutions are finally selected and undertaken, progress is usually slow. It can seem like social justice will always be an unattainable dream.

It's important to know that the vision of perfect social justice will most likely never be realized. There's no finish line to cross, but when society values the four principles, things do get better. With each victory – big or small – inequalities are reduced and people's lives improve.



“Social justice has shifted towards a stronger emphasis on human rights and improving the lives of disadvantaged and marginalized groups that have historically faced discrimination in society. Many of these groups have been discriminated against on the basis of factors such as sex, age, wealth, ethnicity, heritage, social status, religion, and others”.

Module 14



Social Accountability

Session Objective:

- To understand the linkages between social accountability and other key issues such as governance, gender, participation, empowerment and rights.

What is Accountability?

In order to explain the concept of social accountability it is important to first start with a concrete definition of accountability.

Accountability can be defined as the obligation of **power-holders** to account for or take responsibility for their actions. “**Power-holders**” refers to those who hold political, financial or other forms of power and include officials in government, private corporations and civil society organizations.

- Accountability is a commitment to follow through on what has been agreed upon and to take ownership of the outcome.;
- **Accountability** eliminates the time and effort you spend on distracting activities and other unproductive behaviour;
- When you make people **accountable** for their actions, you're effectively teaching them to value their work.

A fundamental principle of democracy is that citizens have the **right** to demand accountability and public actors have an **obligation** to account.

The government should always be accountable for its conduct and performance. In other words, they can and should be held accountable to: i) Obey the law and not abuse their powers, and ii) Serve the public interest in an efficient, effective and fair manner.

It addresses five fundamental questions:

- What is social accountability?
- Why is it important?
- What are its core features?
- What are the key applications? and
- What are the factors that underpin its success?

State Accountability Mechanisms

All states have some form of mechanisms in place to promote or ensure accountability of public servants. Systems of accountability that are internal to the state are often referred to as “**horizontal**” mechanisms of accountability (Schedler et al. 1999).

These include:

- a). Political mechanisms (e.g., constitutional constraints, separation of powers, the legislature, executive and judiciary);
- b). Fiscal mechanisms (e.g., formal systems of auditing and financial accounting);
- c). Administrative mechanisms (e.g., hierarchical reporting, norms of public sector probity, public service codes of conduct, rules and procedures regarding transparency and public oversight), and;
- d). Legal mechanisms (e.g., corruption control agencies, ombudsmen and the judiciary).

Social Accountability

Is defined as an approach toward building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations that participate directly or indirectly in exacting accountability. It is both a right and a responsibility and seeks to complement and reinforce, not replace, conventional accountability mechanisms. *Furthermore:*

- Social accountability also refers to a broad range of actions and mechanisms that citizens, communities, independent media and civil society organizations can use to hold public officials and public servants accountable;
- It requires new attitudes, skills and relationships on the part of both citizens and state actors;
- It can contribute to improved governance, increased development effectiveness through better service delivery, and empowerment.

Social Accountability Mechanisms and Practices



They are demand-driven or bottom up. Also sometimes referred to as external or vertical mechanisms of accountability. *They include a variety of citizen or civil society-led actions such as:*

Participatory public-policy making, participatory budgeting, public expenditure tracking, citizen monitoring of public service delivery, citizen advisory boards, social audits, lobbying and advocacy campaigns, public interest (litigation)-lawsuits, investigative journalism, public demonstrations and protests; efforts to enhance citizen knowledge and use of conventional mechanisms of accountability through public education about legal rights and available services etc.

Ideally, social accountability mechanisms and practices are...

- based on active citizen participation;
- evidence-based (emphasize transparency and research);
- solution-oriented (*proposing -vs- opposing*);
- able to enhance the ability of citizens to move beyond mere protests;
- More informed;
- Organized and constructive;
- Systematic and increase the chances of effecting positive change;
- Focused on improving public service delivery and more informed policy design.

Since poor people are most reliant on government services and least equipped to hold government officials to account, they have the most to gain from social accountability initiatives.

Key Features of Social Accountability

- Social accountability mechanisms are intended both to complement and enhance conventional mechanisms of accountability;
- **“Internal”** (state) and **“external”** (social) mechanisms of accountability can and should be mutually reinforcing;
- Impact is greatest and most sustainable when social accountability mechanisms are **“institutionalized”** or when the state’s own **“internal”** mechanisms of accountability are rendered more **transparent** and **open** to civic engagement.

Risks of Social Accountability

- Lack of enabling environment such as an enabling policy, legal and regulatory framework, a permissive political environment, accessible government;
- Conducive socio-cultural and economic factors
- Not effective when governments do not have the capacity or financial means to sustain improvements in services, although they are responsive;
- Increase the social power of those civil society organizations and interests that are better able to participate;
- Can create tensions between citizens and authorities and trigger reprisals by elected officials;
- Increase the costs of participation.

Accountability, Transparency, Participation, and Inclusion:

A wide range of actions and instruments are used to achieve social accountability goals. Social accountability mechanisms can be distinguished, for example, according to:

- whether they are initiated by citizens or the state;
- the extent to which they are **“institutionalized” -vs- “independent”**;
- the extent to which they are **“collaborative”-vs- “conflictive”**;
- whether they employ formal or informal sanctions; and
- whether they occur at the local or national level, etc.

Why is social accountability important?

- Oftentimes the government fails to deliver key essential services to its citizens due to problems such as: misallocation of resources, leakages/corruption, weak incentives or a lack of articulated demand;
- Similarly, the government sometimes formulate policies in a discretionary and non-transparent manner that goes against the interests and actual priorities of the citizens.

There are three main arguments underlying the importance of social accountability – **improved governance, increased development effectiveness, and empowerment.**



NB: Social accountability mechanisms allow ordinary citizens to access information, voice their needs, and demand accountability.

Social accountability is closely related to:

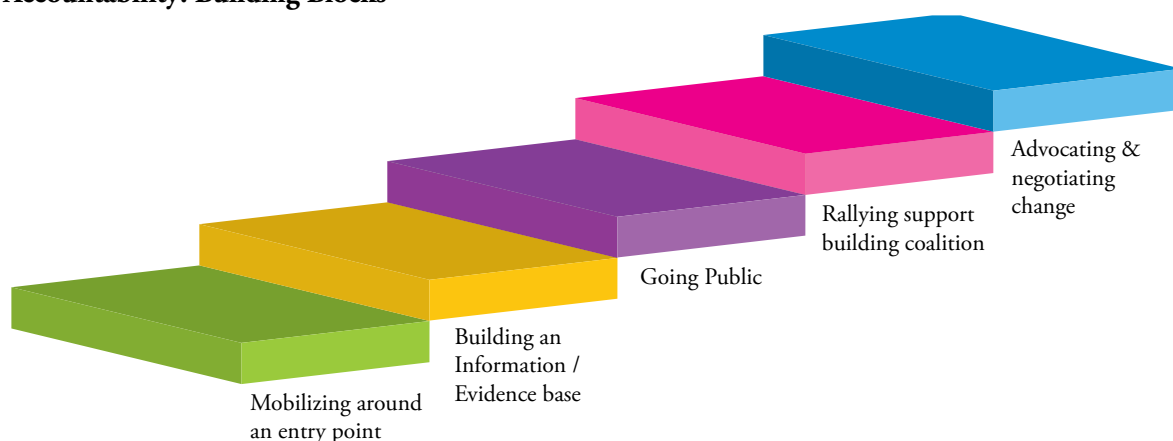
- **Rights-based approaches to development-** Social accountability offers mechanisms to monitor and protect these rights;
- **Participation-** social accountability mechanisms expand opportunities for participation at the macro-level;
- By monitoring government performance, demanding and enhancing **transparency** and exposing government failures and misdeeds, social accountability mechanisms are also powerful tools against **corruption**;

- Social accountability mechanisms have proved particularly useful in the context of **decentralization**, helping to strengthen links between citizens and local-level governments and assisting local authorities and service-providers to become more responsive and effective.

How To Bring About Change?

- From Coping to Raising **Voices** by Citizens;
- From Shouting to Counting - Quantify Voice and Feedback;
- From Reaction to Informed Action;
- From Episodic to Organized Action;
- From Confrontational to Win-Win situations.

Social Accountability: Building Blocks



Social accountability approaches regularly feature processes of collective interest articulation and negotiation. Beyond mere advocacy, they often also try to build a convincing evidence-base for public engagement. They normally comprise several (*and, ideally, all*) of the following key elements or **'building blocks'**:

- **Mobilizing around an entry point:** The first step of almost any social accountability initiative is the identification of an entry point and the development of a strategy whereby a priority problem can be addressed.

- **Building an information/evidence base:**

Accessing or generating relevant information and building a credible evidence base that will serve to hold public officials accountable is a critical aspect of social accountability. Social accountability initiatives often involve obtaining:

- **"Supply-side"** data/information (from government and service providers) and
- **"Demand-side"** data/information (from users of government services, communities and citizens).

- **Going public:** Bringing information and findings into the public sphere and generating public debate around them are a key element of most social accountability initiatives. Transmitting relevant information to government officials who are in a position to act on it (and, ideally, interacting directly with those decision-makers on an on-going basis) is also an essential aspect of social accountability.
- **Rallying support and building coalitions:** Informing citizens of their rights and responsibilities, engaging their interest and mobilizing them to build coalitions and partnerships with different stakeholders (like bureaucrats, media, parliamentarians, etc.) is a core aspect of social accountability. Ideally, every step of a social accountability initiative contributes to informing/engaging citizens and mobilizing support.
- **Advocating and negotiating change:** The most crucial and challenging element of a social accountability strategy is to be able to elicit a response from public officials and effect real change. The most effective strategies usually involve direct interaction and negotiation with the concerned government counterparts and, in some cases, the institutionalization of mechanisms for ongoing consultation and dialogue.

The Benefits of Strong Accountability

- At its heart, accountability is about a relationship between those responsible for something, and those who have a role in passing judgement on how well that responsibility has been discharged. When accountability works well, it enables a degree of feedback between the government and the public that it serves.
- While strong accountability is not a panacea for solving the numerous challenges that government faces in a complex environment, it can improve government. It generates incentives for responsible individuals to act in the interests of the public.
- Sometimes this means that ‘heads must roll’ following a major failure; but a healthy system of accountability also promotes improvements in how government works. *This should include:*
 - proportionate rewards for good performance;
 - proportionate sanctions for failure;
 - a greater degree of learning than the current system contains;

- support for responsible individuals to develop, so that they are able to innovate and take appropriate risks.

Seven Recommendations for Stronger Accountability

Strengthening accountability requires:

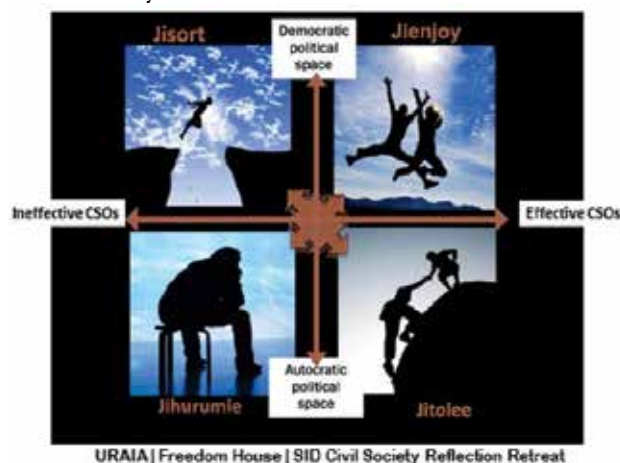
- Improving transparency around the feasibility of major projects;
- Providing stronger oversight of the civil service;
- Clarifying what public services citizens get for their money;
- Ensuring that government policies have strong accountability arrangements built in;
- Strengthening scrutiny of the links between local public services;
- Supporting earlier investigations of possible failures;
- Improving the scrutiny that parliament provides.

Social Accountability: Critical Factors of Success

Success of social accountability is dependent on a number of factors which include:

Political context and culture: The parameters for social accountability are largely determined by the existing political context and culture.

Access to information: Availability and reliability of public documents and data is essential to building social accountability.



The role of the media: The media plays a critical role in promoting social accountability. In many countries, independent media is a leading force in informing/educating citizens, monitoring government performance and exposing misdeeds.

Civil Society capacity: The level of organization of CSOs, their technical and advocacy skills, their capacity

to mobilize and effectively use media, their legitimacy and representativity and their level of responsiveness and accountability to their own members are all central to the success of social accountability activities.

State capacity: The success of social accountability initiatives also depends upon the capacity and effectiveness of the state. Social accountability initiatives make little sense, for example, where the state machinery has collapsed or is entirely ineffectual.

State-civil society synergy: Ultimately, the success of social accountability initiatives depends on some form of effective interaction between civil society and the state. Meaningful results are most likely to be achieved when citizens (*rightholders*) and Leaders (*duty bearers*) bureaucrats all have an incentive to act.

Institutionalization: Experience shows that impact is greatest and most sustainable when social accountability mechanisms are “institutionalized” – in other words, embedded within and systematically implemented by a civil society, state or “hybrid” institution.

Conclusion:

A growing body of evidence shows that social accountability efforts on the part of citizens and civil society organizations can serve to create new effective vertical mechanisms of accountability and to strengthen existing horizontal ones. This will in turn result in better governance, improved public service delivery and enhanced development effectiveness.



“Social accountability also refers to a broad range of actions and mechanisms that citizens, communities, independent media and civil society organizations can use to hold public officials and public servants accountable. It requires new attitudes, skills and relationships on the part of both citizens and state actors”.

Module 15



Understanding the
Social Ecological Model
& Communication for
Development

Session Objectives:

- Understand the social ecological model and communication for development initiatives;
- Provide guidelines for social mobilization and behaviour change communication;
- Engage participants in in-depth analysis of the key advocacy areas.

Introduction

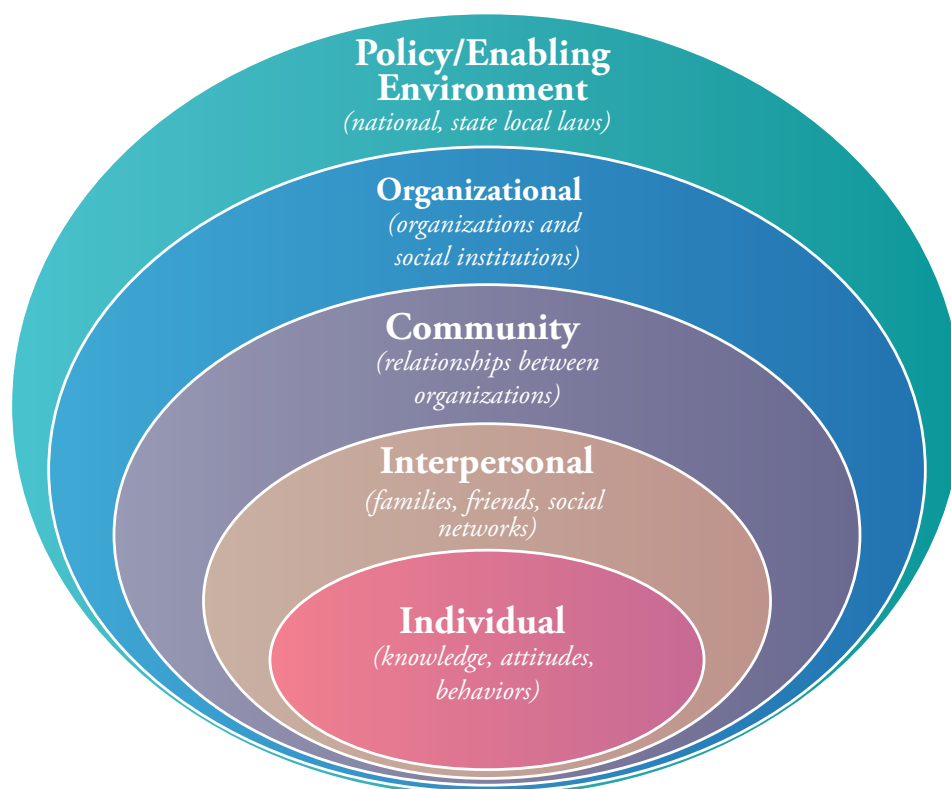
The present Module provides a description of (1) the Social Ecological Model (SEM), a framework for understanding the multiple levels of a social system and interactions between individuals and environment within this system, (2) a model of the communication for development (C4D) approach. The importance of identifying and incorporating social norms into programme planning, partnerships, and capacity strengthening is also discussed.

UNICEF C4D supports social and behaviour change strategies that produce programme and outcome synergies

and positive change within a social system. The Social Ecological Model represents a social system (Figure 1). For every level in the SEM there are corresponding C4D approaches for achieving behavioural and social change (Figure 2).

Social Ecological Model (SEM)

The Social Ecological Model (SEM) is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organizational leverage points and intermediaries for health promotion within organizations. There are five nested, hierarchical levels of the SEM: Individual, interpersonal, community, organizational, and policy/enabling environment (Figure 1). Table 1 provides a brief description of each of the SEM levels. The most effective approach to public health prevention and control uses a combination of interventions at all levels of the model.



Source: Adapted from the Centers for Disease Control and Prevention (CDC), *The Social Ecological Model: A Framework for Prevention*, <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>.

Table 1. A Description of Social Ecological Model (SEM) Levels

SEM Level	Description
Individual	<ul style="list-style-type: none"> Characteristics of an individual that influence behaviour change, including knowledge, attitudes, behaviour, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic/caste identity, sexual orientation, socio-economic status, financial resources, values, goals, expectations, literacy, stigma, and others.
Interpersonal	<ul style="list-style-type: none"> Formal (and informal) social networks and social support systems that can influence individual behaviours, including family, friends, peers, co-workers, religious networks, customs or traditions.
Community	<ul style="list-style-type: none"> Relationships among organizations, institutions, and informational networks within defined boundaries, including the built environment (e.g., parks), village associations, community leaders, businesses, and transportation.
Organizational	<ul style="list-style-type: none"> Organizations or social institutions with rules and regulations for operations that affect how, or how well different services are provided to an individual or group.
Policy/ Enabling Environment	<ul style="list-style-type: none"> Local, state, national and global laws and policies, including policies regarding the allocation of resources for maternal, newborn, and child health and access to healthcare services, restrictive policies (e.g., high fees or taxes for health services), or lack of policies that require childhood immunizations.

Communication for Development (C4D)

Communication for Development (C4D) is a systematic, planned, and evidence-based approach to promote positive and measurable behavioural and social change. C4D is an approach that engages communities and decision-makers at local, national, and regional levels, in dialogue toward promoting, developing, and implementing policies and programmes that enhance the quality of life for all. The C4D approach uses information- and dialogue- based processes and mechanisms to empower populations, especially those that are marginalized and vulnerable, and to facilitate and build collective efficacy and actions. C4D aims to strengthen the capacity of communities to identify their own development needs, assess the options and take action, and assess the impact of their actions in

order to address remaining gaps. C4D approaches and tools facilitate dialogues between those who have rights to claim and those who have the power to realize these rights.

Figure 2 shows the communication approaches that make up the C4D strategy: (1) Behaviour change communication (BCC); (2) social mobilization (including strengthening an enabling media and communication environment); (3) social change communication; and (4) advocacy. These strategies correspond to specific levels of the SEM where they are most effective. It is important to note that the different approaches (right side tabs) can apply to levels other than the one they are next to, for example, the advocacy approach can also be used at the community or organizational levels.



Figure 2. The Social Ecological Model (left side) and corresponding C4D Approaches (right side)

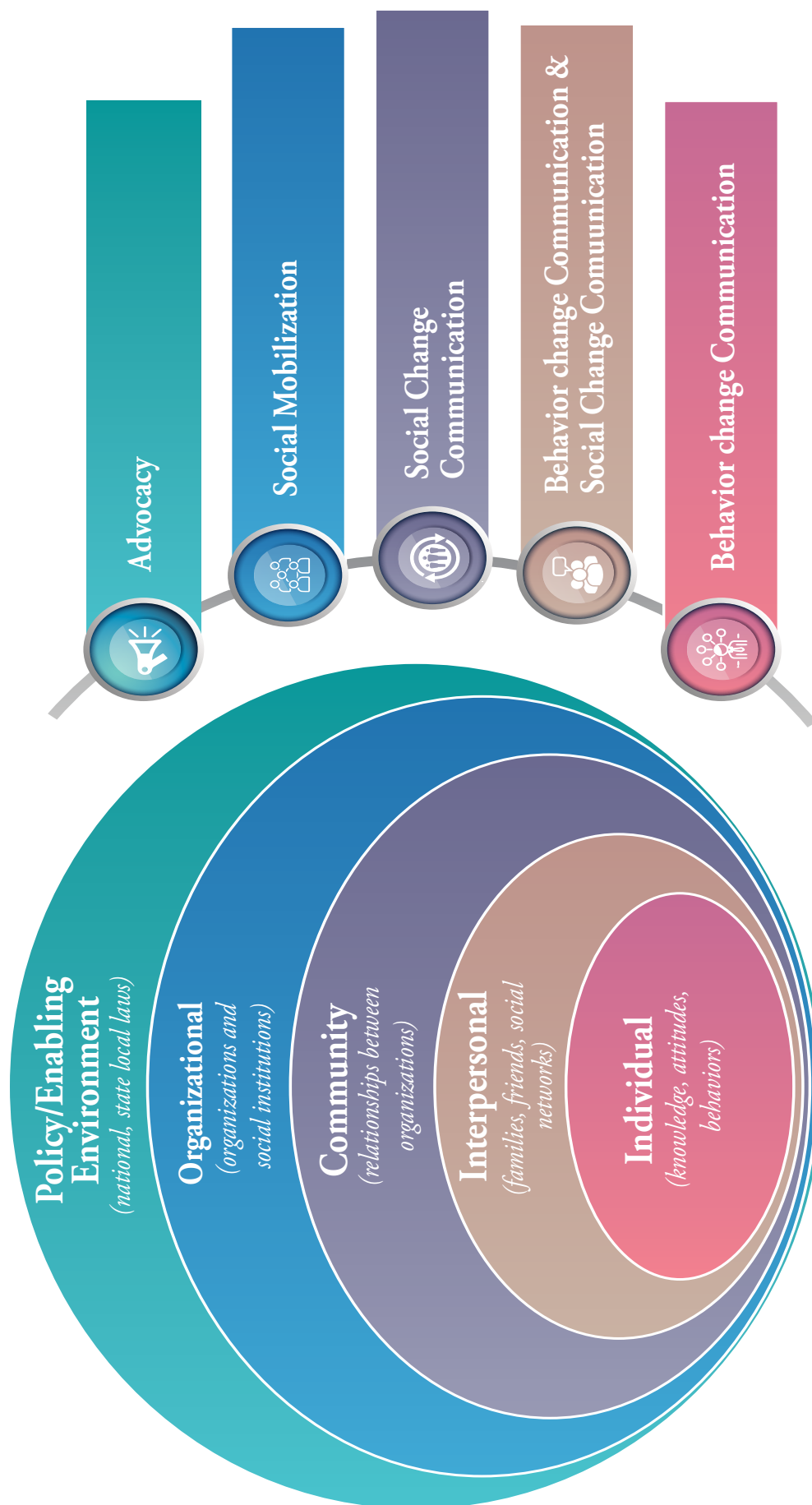


Table 2 provides a summary of the C4D approaches, their key features, and the usual intended participant groups for each approach. The C4D approaches are interrelated and interactive and using them in a well-planned programme produces a synergistic effect. Simple preventive actions by the individual, family and community, stimulated by behaviour change communication (BCC), are the most

immediate means for improving maternal, newborn, and child health. Advocacy strategies can pave the way for new laws or change a policy that may be impeding change. Multi-level approaches help shift community and organizational norms to ensure that behaviour changes are sustained over time. Below is a description of each of the C4D approaches.

Table 2. Summary of Key Features and Participant Groups for the C4D Approaches

C4D Approach	Key Features	Participant Groups
Advocacy	<ul style="list-style-type: none"> Focuses on policy environment and seeks to develop or change laws, policies, and administrative practices Works through coalition-building, community mobilization, and communication of evidence-based justifications for programmes 	<ul style="list-style-type: none"> Policymakers and decision-makers Programme planners Programme implementers Community leaders
Social Mobilization	<ul style="list-style-type: none"> Focuses on uniting partners at the national and community levels for a common purpose Emphasizes collective efficacy and empowerment to create an enabling environment Works through dialogue, coalition-building, group/organizational activities 	<ul style="list-style-type: none"> National and community leaders Community groups/organizations Public and private partners
Social Change Communication	<ul style="list-style-type: none"> Focuses on enabling groups of individuals to engage in a participatory process to define their needs, demand their rights, and collaborate to transform their social system Emphasizes public and private dialogue to change behaviour on a large scale, including norms and structural inequalities Works through interpersonal communication, community dialogue, mass and digital social media 	<ul style="list-style-type: none"> Groups of individuals in communities
Behaviour Change Communication	<ul style="list-style-type: none"> Focuses on individual knowledge, attitudes, motivations, self-efficacy, skills building, and behaviour change Works through interpersonal communication, mass and digital social media 	<ul style="list-style-type: none"> Individuals Families/households Small groups (e.g., mothers' support group)

The following is a description of each of the C4D approaches:

Advocacy

The policy/enabling environment level of the SEM consists of policy, legislation, politics and other areas of leadership that influence health and development. A strategy used to address this level of the social system is advocacy. Advocacy is an organized effort to inform and motivate leadership to create an enabling environment for achieving programme objectives and development

goals. The purpose for advocacy is (1) to promote the development of new policies, change existing governmental or organizational laws, policies or rules, and/or ensure the adequate implementation of existing policies (2) to redefine public perceptions, social norms and procedures, (3) to support protocols that benefit specific populations affected by existing legislation, norms and procedures, and/or (4) to influence funding decisions and equitable allocation of resources for specific initiatives.



1. Policy advocacy, to influence policymakers and decision makers to change legislative, social, or infrastructural elements of the environment, including the development of equity-focused programmes and corresponding budget allocations;



2. Media advocacy, to enlist the mass media to push policymakers and decision makers toward changing the environment.

Advocacy includes motivating different levels of decision makers (e.g. politicians, policymakers) to publicly discuss important issues, defend new ideas or policies, and commit resources to action. The advocacy process requires continuous efforts to translate relevant information into cogent arguments or justifications and to communicate the arguments in an appropriate manner to decision makers.

You may want to advocate for:

- Dedicated C4D programme funds;
- National, sub-national, and local C4D supportive structures;
- Research support;
- Media support;

- Standardized monitoring systems;
- Building capacity among community health workers;
- Raising the issue of child survival on the policy agenda;
- Community ownership and support for local C4D programme activities.

The most common barriers to influencing leadership toward creating an enabling environment for C4D programming can include: (1) political or institutional instability (e.g., high turnover of leadership and restructuring) or lack of political will; (2) a lack of local evidence on overall programme cost and cost effectiveness; (3) a lack of reliable data about the efficacy, effectiveness, or value of a programme; (4) dissension among the leadership between health and other divisions of a government; (5) tensions or low capacity with regard to the use of various levels of health workers; (6) resistance from professional and/or regulatory bodies; (7) systems requirements (e.g., human resources, commodities); (8) contradictory policies; (9) culturally ingrained practices, social norms, and resistance to change; and (10) a lack of social accountability by policymakers.

A good approach to developing an advocacy strategy is to identify key elements for different decision-makers, and examples of the concerns, activities and tools that suit these particular intended populations.

Box 1 provides a checklist for how to develop an advocacy strategy. Advocacy messages are a critical element of an advocacy strategy. The policymakers/decision makers you intend to reach have limited time to spend on your issue alone so it is important to craft clear, concise and compelling messages (i.e., what you are proposing, why it is important, the benefits and positive impacts of addressing the issue, and your specific request for action), deliver messages effectively (i.e., the messages should be easy to understand and stand out from competing messages), and reinforce messages to ensure that your issues remain on the leadership's agenda. All advocacy messages and tools should be pretested and all advocacy efforts should be monitored and evaluated for impact and outcomes.



Box 1: An Advocacy Strategy Development Checklist

1. Establish a working group to develop your advocacy strategy.
2. Collect data and information on the advocacy issue (e.g., review current practices and policies, inventory current programmes/activities, and understand the context in which programmes and policies are implemented). You should write a justification for why your issue is important and how it fills a practical need.
3. Identify your primary and secondary participant groups (i.e., make a list of key individuals, groups, stakeholders, decision-makers, that can help you move your issue forward, and a list of the opponents, and identify each person or group's current position/perceptions and concerns about the issue).
4. Identify the information sources that each individual or group uses/relies on/trusts the most.
5. Define your advocacy objectives and develop an implementation plan for advocacy activities (including team/partner responsibilities, timeline, and monitoring tools).
6. Identify the resources needed for advocacy activities (e.g., human resources, time, and money) and create a budget.
7. Develop and pretest advocacy tools.
8. Develop an evaluation plan for advocacy activities and document changes based on the established advocacy objectives.

Social Mobilization

Social mobilization (SM) is a continuous process that engages and motivates various inter-sectoral partners at national and local levels to raise awareness of, and demand for, a particular development objective. These partners may include government policy makers and decision-makers, community opinion leaders, bureaucrats and technocrats, professional groups, religious associations, non-governmental organizations, private sector entities, communities, and individuals. This communication approach focuses on people and communities as agents of their own change, emphasizes community empowerment, and creates an enabling environment for change and helps build the capacity of the groups in the process, so that they are able to mobilize resources and plan, implement and monitor activities with the community.

Engagement is usually through interpersonal communication (i.e., face-to-face dialogue) among partners toward changing social norms and accountability structures, providing sustainable, multifaceted solutions to broad social problems, and creating demand and utilization of quality services. Other channels and activities for SM may include mass media awareness-raising campaigns, advocacy with community leaders to increase their commitment to the issue, and activities that promote broad social dialogue about the issues, such as talk shows on national television and radio, community meetings, traditional participatory theater performances, home visits, and leaflets. The outcomes are usually oriented toward developing a supportive environment for decision-making and resource allocation to empower communities to act at the grassroots level. Table 3 shows the five usual phases of the social mobilization process:

Table 3. Five Phases of the Social Mobilization Process

Phase	Description
1. Building rapport and sharing knowledge	Partners organize meetings and activities to understand one another, determine commonalities, and share knowledge and perspectives with regard to the problem that will be addressed.
2. Problem analysis and action plan	Partners conduct exercises to analyze the nature of the problem, identify and prioritize needs, develop a common problem statement, goals and objectives, and draft an action plan.

Phase	Description
3. Organization building	Partners develop a participatory, self-governing, self-managing, and self-sustaining committee, coalition, or working group through which resources and actions are organized.
4. Capacity building	Partners may identify weakness in their ability to take action and engage experts or experienced individuals or groups to build the capacity of the committee or coalition to help them achieve their goals and objectives.
5. Action and sustainability	Partners must be involved consistently through all phases of the action plan. It is important that there is shared recognition for implementation and success, transparency, equity, and joint decision-making.

Social mobilization recognizes that sustainable social and behaviour change requires collaboration at multiple levels, from individual to community to policy and legislative action, and that partnerships and coordination yield stronger impacts than isolated efforts. Key strategies of social mobilization include using advocacy to mobilize resources and change inhibiting policies, media and special events to raise public awareness and create public spheres for debate, building and strengthening partnership and networks, and motivating community participation.

Social Change Communication

Social Change Communication (SCC) is a purposeful and iterative process of public and private dialogue, debate, and negotiation that allows groups of individuals or communities to define their needs, identify their rights, and collaborate to transform the way their social system is organized, including the way power is distributed within social and political institutions. This process is usually participatory and is meant to change behaviours on a large scale, eliminate harmful social and cultural practices, and change social norms and structural inequalities.

While social mobilization (above) focuses on creating and sustaining action-oriented partnerships to create an enabling environment for positive health and nutrition, SCC focuses on creating ownership of the process of change among individuals and communities. The emphasis of SCC is on creating empowered communities that know and claim their rights and become their own agents for changing social norms, policies, culture and environment (e.g., healthcare delivery infrastructure).

Multi-faceted communication interventions (e.g., using mass-, social-, and traditional media, digital or information communication technology (ICTs), and/or *mHealth*) aimed at changing individual behaviour play an important role as a foundation for SCC, with an emphasis on using local communication

content that is socially and culturally appropriate to the community. Community members control the tools of communication directly, allowing for suitably tailored messages. Such interventions, however, must be reinforced by activities that encourage dialogue within the community to motivate people to shift toward desirable social/community beliefs, norms, and practices, and are often combined with advocacy.

Community dialogue for social change generally follows a pattern. The dialogue usually begins with a catalyst for change. The catalyst may be an individual within the community, a change agent working for a health organization who introduces a new vaccine, or a mass media message heard by individuals in the community. For example, a mother might talk to another mother about how many infants in the community have severe coughs and how many have died as a result of pneumonia (the mothers may or may not know it as “pneumonia”). The mothers might talk to, and ask questions of, others in their family and social networks about the problem, which may prompt someone to identify an opinion leader or potential champion (e.g., a community health worker) that can help to address the problem. Usually, the person who takes up the cause calls a meeting to discuss the issues related to the problem and to achieve consensus about how to address the problem.

Collective action by the community to address the problem requires:

- Clearly assessing the current status of the problem and developing a shared vision of what the community would like to achieve (e.g., increased access to vaccines)
- Developing specific and measurable objectives that reflect the community’s expectations for addressing the problem (e.g., To increase by X percent the number of children under five years that are vaccinated by December 2025.)
- Deciding upon appropriate and reasonable

activities to motivate change (e.g., interactive street theater performance to raise awareness about the problem; health fairs or immunization days sponsored by the community)

- Developing an action plan and resources (human and financial) to implement activities
- Assigning responsibilities to community participants (and/or organizations within the community) for specific tasks
- Implementing the activities in the action plan
- Monitoring the inputs (e.g., resources) and activities to ensure that the activities are being implemented as planned
- Evaluating the outcomes to determine if the actions achieved the specified objectives (the evaluation should be participatory and involve the community members)
- Dialoguing about the outcomes and lessons learned (collective evaluation) and planning further action as appropriate

Communities that engage in this collective process of social change communication are likely to gain a sense of collective efficacy, feel a greater sense of ownership for their actions and outcomes, and believe in their capacity to engage in similar projects in the future.

Behaviour Change Communication

Behaviour Change Communication (BCC) is the strategic use of communication to promote positive health outcomes. BCC is a theory-based, research-based, interactive process to develop tailored messages and approaches, using a variety of population-appropriate communication channels, to motivate sustained individual- and community- level changes in knowledge, attitudes, and behaviours. Formative research is used to understand current levels of knowledge, attitudes, and behaviours among individuals in a specified population in order to develop communication programmes that move those individuals along a continuum of change (or through stages of change) toward the desired positive behaviour(s).

Using the BCC approach can help to:

1. **Stimulate community dialogue** and raise awareness about the problem;
2. **Increase knowledge**, for example, about the importance of exclusive breastfeeding or hand washing with soap;
3. **Promote attitude change**, for example, about the risks associated with not vaccinating a child against

pneumonia;

4. **Reduce stigma**, for example, around exclusive breastfeeding;
5. **Create demand** for information and services;
6. **Advocate** with policymakers and opinion leaders toward effective approaches to reducing deaths from childhood pneumonia and diarrhoea;
7. **Promote services** for prevention and control;
8. **Improve skills** and the sense of self-efficacy, for example, by teaching mothers how to keep their baby's umbilical cord clean or when to seek care for dehydration due to diarrhoea.

BCC is an essential part of comprehensive prevention and control programmes that include both services (e.g., health, medical) and commodities (e.g., vaccines, oral rehydration packets, VIP latrines). Before individuals and communities can reduce their level of risk or change their behaviours, they must first understand basic facts about health risks, adopt key attitudes, learn a set of skills (e.g., exclusive breastfeeding, care-seeking at appropriate times, hand washing with soap) and be given access to appropriate products and services. They must also perceive their environment as supporting behaviour change and the maintenance of safe behaviours, as well as supportive of seeking appropriate prevention, treatment and support.

The above four approaches (advocacy, social mobilization, social change communication, and behaviour change communication) are interrelated and interactive. When strategically combined, they produce a synergistic effect, that is, an increased intensity or effect with more efficient use of resources. BCC programmes stimulate the most immediate preventive actions among individuals, families and communities for decreasing childhood pneumonia and diarrhoea. Advocacy strategies can be used to create new laws or change existing policies to facilitate change. Multi-level approaches that help to change social, cultural, or institutional norms and enable behaviour change are most likely to result in sustained social and behaviour change over time.

The Importance of Social Norms

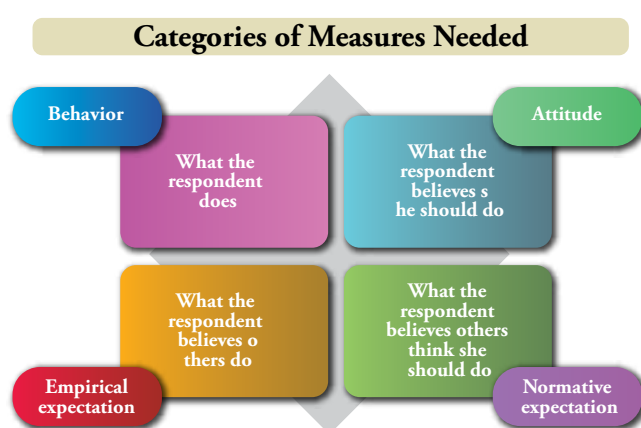
Social norms refer to the perceived “*standards of acceptable attitudes*” and behaviours within formal and informal networks. These are the “*unwritten rules*” that are adhered to in a person's family or peer group, and within a community or society at large. Norms can generally be defined as those regulating factors that determine how a person behaves in a particular context.

Individuals may engage in specific behaviours as a result of their perceptions about (1) the consequences of not conforming to social norms, (2) what others in their social network are doing and how they are behaving, and/or (3) what others in their social network think they should be doing. Evidence shows that strategies that include social networks, influencers, collective behaviours, and social norms have a large impact on social and behaviour change.

Changing social norms or creating new social norms requires shifting (1) people's paradigms about what they perceive to be right or true, and (2) people's expectations regarding normative behaviours. Social norms that are deeply rooted in one's beliefs are the most difficult to change. Often social norms are embedded in informal networks, such as grandmother's linkages or peer groups. Informal networks can be powerful and important because they have the capability of supporting or opposing larger social norm aims. Religious norms are very important to recognize; a religious norm can be a social norm, held in place by empirical and normative expectations and informally enforced; or can be a legal norm, held in place by the formal enforcement of a religious authority; or can be a moral norm motivated by conscience.

Figure 3. General considerations in measuring social norms

Social norms are usually understood by measuring individual attitudes (positive or negative feelings regarding an idea or behaviour) and beliefs (perceptions about what is true or false). **Figure 3** is a schematic that highlights the concepts to consider when measuring social norms.



To date, the most commonly used surveys (e.g., Demographic and Health Survey (DHS) and Multi-Cluster Indicator Survey (MICS)) do not capture social norm data. Efforts are underway to develop ways to

measure social norms. For example, the structure of ties in a network, and possibly their strength, can shape the pathway of a change. Social network analysis provides a way to describe the social relations among individuals, how the structures of relations vary, how the diffusion of social learning or social influence varies in different structures, what counts as a group, and more. The simplest and most informal type of network analysis is based on asking people who relates to whom with respect to a particular practice. For example, if supporting an organization within a community to shift toward a new social norm of universal latrine villagers would be asked who defecates where and the answers would be used to map the areas of defecation in order to determine, for example, high risk areas. In total sanitation programmes, these inquiries can be collaborative and quick.

The various C4D approaches can be used to shift social norms toward positive norms through interpersonal and community dialogue, social mobilization, and advocacy. For example, gender norms and social expectations of the roles that men play in reproductive health affects their attitudes and behaviours about HIV and pregnancy prevention, gender-based violence, and their participation in pregnancy, childbirth, newborn care and child care. Programmes that address the social construction of gender roles through group or peer education, community outreach, mobilization, and mass media campaigns, and promote policy-level changes that support positive social norms have been shown to have effects on changing norms.

How to Use the Social Ecological Model for Planning a Strategic C4D Intervention

Since individuals exist in a social ecological system, changing individual-level behaviours and creating new social norms collectively requires creating a supportive and an enabling environment, that is, an environment that is conducive to and facilitative of change and removes bottlenecks that inhibit change at the household, community, organizational, and policy levels. For example, if a programme goal is to increase the number of children that are immunized, then (1) parents and caregivers must understand what are vaccines and immunization, why it is important to have their child immunized, have trust in the vaccines and in the routine immunization programme, and be motivated to seek and demand immunization for their child, (2) parents and caregivers must have easy access to immunizations for their child in their local setting, (3) health facilities and/or community health workers must be trained in good interpersonal communication skills and health counseling, and equipped to provide immunizations, and

(4) communities must embrace and own the importance of child survival, demand immunization, and create a social norm around immunization.

Programme managers and programme planners should use the SEM (1) to understand the complexity of, and possible avenues for addressing the health problem, and (2) to prioritize resources and interventions that address the multiple facets of the problem, remove bottlenecks, and create an enabling environment for sustained social and behaviour change. As described above, a preliminary tool that some programme managers and programme planners use to help them assess the social ecological landscape prior to developing a strategic programme plan is the SWOT – strengths, weaknesses, opportunities, and threats - analysis. A SWOT analysis is one element of a strategic plan. The SWOT analysis is an inventory of resources. It usually focuses on four key programme management areas: (1) partnerships, (2) capacity development, (3) research, monitoring and evaluation, and (4) resource mobilization.

The SWOT analyses will highlight internal organizational strengths, internal weaknesses, external opportunities, and external threats or barriers to achieving your programme's goal and objectives. The SWOT analysis will help to determine how to focus on high-priority vulnerable, marginalized, and hard-to-reach populations, where change is possible, and provide opportunities to change course or revise priorities as appropriate in order to reach your programme goals. For example, an assessment of resources for a strategic C4D programme with a goal of increasing immunization may allow (1) for advocacy activities toward a policy that assures that every child is immunized, (2) for organizational capacity-building to develop a cadre of trained healthcare providers and promoters at the local level, (3) for community engagement activities to create demand for quality healthcare services where immunizations can be obtained at a reasonable cost, and (4) for a campaign to promote the importance, availability, skilled providers, and points-of-access for immunizations in an underserved community.

Partnerships, Collaborations, and Ownership

Strong partnerships and collaborations are at the core of effective C4D programmes. When partners take ownership of a programme, it is more likely to succeed. A strong communication programme should engage multiple partners at the national and local levels in a participatory manner; no single entity can achieve the

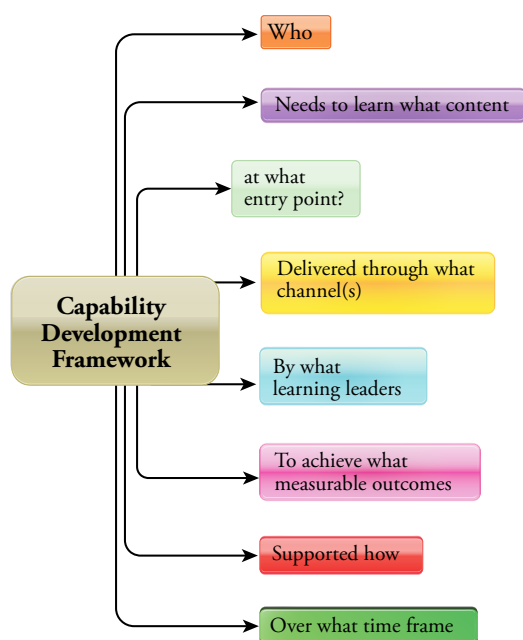
results produced through multi-partner collaborations. Partners can provide programme support through expertise, capacity building, and resource mobilization, can broaden the reach and profile of the programme through network affiliations, and can help to avoid duplication of efforts. Different stakeholders should be involved where appropriate including non-governmental organizations (NGOs) and the private sector.

A key strategy for developing and administering C4D programmes is to create an infrastructure or centralized mechanism for engaging partners in a participatory process to manage the programme (e.g., C4D Coordinating Committee). Such centralized mechanisms are more successful when partners create the mechanism together. The process for developing such a mechanism, and the ground rules by which it will operate, helps to create the culture of the partnership and develop working relationships.

The key to high-performance partnerships is continuous and open information sharing. There should be a mechanism for sharing information and communicating about the activities of the group and the programme. For newly formed groups, it is useful to begin by clarifying a shared vision to help partners focus on the path to achieving success and brainstorming about the limitations and challenges to realizing the vision and how the team of partners can overcome the limitations or challenges. The partners should also develop a common goal and objectives for the partnership and discuss the potential contributions of each individual, group, or organizational partner. Meetings should be held on a regular basis to share information, assess progress, revisit programme objectives and activities, and discuss next steps in the programme steering process.

Capacity Strengthening

Capacity strengthening at the institutional and community levels is an important component for strong and effective C4D programmes. There are many strategies for developing capacities for the management and delivery of C4D programmes, including formal and informal skills training, mentoring, supportive supervision, and team building exercises. The type of strategy selected depends on the existing level of capacity, the type of strengthening required and the level at which the capacity needs to be strengthened (e.g., individual, group, community, organization/institution, or national level).



Individuals might benefit from topic- or skills- based trainings, demonstrations, study-tours, observations, and supportive supervision. Groups and communities might engage in participatory training workshops, group education meetings, and team-building exercises.

Organizations and institutions might gain insight into their capacities through special studies, for example a

with government officials who are not clear on the contributions of C4D for child survival programmes, might involve advocacy briefings accompanied by well-packaged tools with appropriate data, field visits, focused trainings, and invitations to participate in special events (e.g., National Immunization Days), and educational materials (e.g., DVDs, booklets).

It is useful to conduct an inventory of current skills and gaps in capacity to decide what type of capacity strengthening is needed and at what level. Programme managers also need to be mindful of strengthening programme staffing and institutional policies that can affect overall programme capacity. The UNICEF C4D Capability Development Framework can guide and support programme managers on the identification of gaps and the development of plans for capacity strengthening; the box to the right provides a diagram of the most essential elements that must be known in order to develop capability.

To develop capacity, it is critical to focus on the development of partner capabilities. Training initiatives for capacity strengthening should build on past and current experiences. Also, participatory communication

SWOT analysis, that engages members of the organization in an exercise to determine the strengths, weaknesses, opportunities, and threats facing the institution in such areas as partnerships, research, monitoring, and evaluation, and resource mobilization, and enable them to make recommendations for leveraging internal strengths, improving internal weaknesses, exploiting external opportunities, and minimizing external threats.

For example, recent SWOT analyses for UNICEF offices in East Asia and the Pacific identified weaknesses in the area of research, monitoring and evaluation. Training programmes for national staff may be designed to cover specific topics (e.g., how to develop a survey questionnaire, how to write an evaluation report) or the broader area of how to implement and scale up a C4D intervention, and how to manage the monitoring and evaluation component of a programme. Training may be provided formally, through workshops and courses, or informally, through working together. Programme managers might identify and circulate copies of a well-written C4D strategy and implementation plan, monitoring plan or evaluation to illustrate what end products are expected. Formal training followed by on-site technical assistance is an effective way of supporting the skills building process.

Strengthening capacity at the national level, for example,

approaches should be integrated, if not yet, into existing human development related curricula within universities and training institutions. Existing staff in development projects at all levels (professional, operational, policy and decision-making) should be given opportunities to comprehensively upgrade and improve their communication for development skills.

Processes of Change



Phase 1: Community Assessment

The Community Assessment phase is a time to gather information on attitude and beliefs about SGBV and to start building relationships with community members. This phase corresponds to **pre-contemplation** in individual behaviour change.

Phase 2: Raising Awareness

The Raising Awareness phase is a time to increase awareness about domestic violence within the general community and various professional sectors (e.g., social and health services, law enforcement, teachers, religious communities, etc.). Awareness can be raised on various aspects of SGBV including why it happens and its negative consequences for women, men, families, and the community. This phase corresponds to **contemplation** in individual behaviour change.

Phase 3: Building Networks

The Building Networks phase is a time for encouraging and supporting general community members and various professional sectors to begin considering action and changes that uphold women's rights to safety. Community members can come together to strengthen individual and group efforts to prevent SGBV. This phase corresponds to **preparation for action** in individual behaviour change.

Phase 4: Integrating Action

The Integrating Action phase is a time to make actions against SGBV part to everyday life and institutions' policies and practices. This phase corresponds to **action** in individual behaviour change.

Phase 5: Consolidating Efforts

The Consolidating Efforts phase is a time to strengthen actions and activities for the prevention of SGBV to ensure their sustainability, continued growth, and progress. This phase corresponds to **maintenance** in individual behaviour change.

Stages of Behaviour Individual Change

Pre-contemplation: A person is unaware of the issue/ problem and its consequences for her/his life.

- **Contemplation:**
A person begins to wonder if the issue/ problem relates to her/ his life.
- **Preparation for action:**
A person gets more

"Sometimes it is the smallest decisions that can change your life forever."
Keri Russell

information and develops an intention to act.

- **Action:** A person begins to try new and different ways of thinking and behaving.
- **Maintenance:** A person recognizes the benefits of the behavior change and maintains it.

Summary of the Stages of Change:

ENDINGS: When Change Occurs, Some Things End

- It is important for those responsible for implementing change, to remember that they are asking others to stop doing something that they are familiar with and do something new or change how they are doing something. Large or small, change can and does have different effects on people.
- Ending old habits or routines can be frightening or confusing for some people. Usually before people can move on to new ways, they must come to terms with the change: they need to adjust, accept the change and let go of old ways.

TRANSITIONS: In between leaving old ways and accepting and beginning new ways

This stage of change can be difficult for people. They have stopped thinking, behaving, or working in the old way, but they have not really committed to the new approach. People can feel lost, confused and insecure at this stage of the change process.

BEGINNINGS: Accepting and beginning new ways

This is the stage of the change process when change begins to happen. People have been able to let go of the past approach, behaviours, beliefs and are open to start working in a new way. However, it is important to remember that how well people accept and adapt to change depends on their relations, perception and experience of it; for example, it can depend on if a person is:

- **A victim or an owner** of the event (was changed forced on them or did they choose it and are actively participating in effecting the change?);
- **A loser or a gainer** of the change (was someone's old role abolished or promoted due to the change?);
- **Resistant or open** to change.

All of these three stages should be given full attention and appropriately addressed during efforts to implement

Spectrum of Change

Influencing Policy Legislation Developing strategies to change laws and policies
Changing Institutional Practices Adopting regulations and shaping norms
Fostering Coalitions and Networks Convening groups and individuals for greater impact
Educating Providers Informing providers who influence others
Promoting Community Education Reaching groups with information and resources
Strengthening Individual Knowledge and Skills Enhancing individual capacity



Module 16



Movement Building

Session Objectives:

- Understand the social ecological model and communication for development initiatives;
- Provide guidelines for social mobilization and behaviour change communication;
- Engage participants in in-depth analysis of the key advocacy areas.

What is Movement Building?

A movement is an organized set of constituents pursuing a common political agenda of change through collective action. On the other hand, movement building is the process of mobilising the constituency that implicitly benefits from a particular social, economic or political change, organizing the constituency in some way, and building a clear political agenda (or change agenda), and preparing the constituency to choose its targets, strategies, and actions to bring about the change they seek. It can also be defined as Processes that build collective power by organizing constituencies of excluded, marginalized, oppressed or invisible people, who build a change agenda and engage in joint actions to access their human rights and entitlements, challenge and change ideologies of inequality, and transform social power relations in their favor

Rationale for Building Social Movements:

The central issue of social movements is the struggle between the movement and the power-holders to win the hearts (*sympathies*), minds (*public opinion*), and active support of the great majority of the populace, which ultimately holds the power to either preserve the *status quo* or create change. It is worth noting that power ultimately resides with the populace.

Key Elements of Social Movements:

An organized set of constituents pursuing a common social goal or (political) agenda of change through collective action of individuals working together in an attempt to establish new norms beliefs, or values;

- The building of some kind of collective power – whether of individuals, organizations, or a combination of both;
- The central concept within the term “movement”- means something dynamic, something moving towards some goal;
- Amassing the power necessary to do something you cannot do through one organization;

NB: *Understanding social movements requires an analysis of the battle over interests and ideas. All movements face opposition from political and/or corporate elites, grassroots counter-movements, or both. However, movements can win victories when they can take advantage of their opposition's weaknesses.*

- Are usually more successful when they can persuade a significant slice of the public that their cause is just and should be supported;
- They are formed by reformers, activists, advocates, radicals, and idealists who challenge the *status quo* of the day. They help bring about change by organizing and pushing for radical reforms, popularizing progressive ideas, and spurring others to action.

The Relationship Between Movements & Organizations

- We must remember that coalitions are not built because it is good, moral, or nice to get everyone working together. The only reason to spend the time and energy building a coalition is to amass the power necessary to do something you cannot do through one organization. (*Bobo et al., 70*).

Core Principles of Movement Building

The following is a working list of core movement building principles and can be refined tested as you apply them over time:

1. Movement Building Is About Transformation: Social movements are about deep social, cultural and structural transformation. When they are successful, they radically shift the way we think, the way our society and our communities are structured, the way we live and even who we are. *Collective or joint actions* in pursuit of common goals – movements are not based on providing services alone (though they may do so, for their members) but on acting for change.

2. Cultivate A Forward Stance: Our *stance* is literally our presence – how we are and how we move through the world. A *forward stance* is proactive,

forward and outwardly moving in nature, aggressive without the aggression. Some *continuity over time* (movements are not a “campaign,” though they may use campaigns as a strategy, nor are they a one-time struggle over a specific issue).

3. Embody A Bold Purpose, Values and Vision:

As movement builders we need to reach beyond what we think is politically feasible or culturally possible at the moment so that we can take a bold, fierce stand for what is needed. Many of us develop strategies around what we think is possible. While we need to be grounded and pragmatic in our short-term strategy, we also need to be bold and audacious in our long-term vision and goals. *Strategies* that combine *extra-institutional* (e.g., marches, protests) and *institutional* (advocacy & lobbying) forms – i.e., the strategies manifest *visible* political struggle.

4. Movement Are Made of People:

Movements are about *moving people* – individuals, groups, communities, and societies – to action. While we often mistakenly think of our work as connecting organizations, the lifeblood and spark of a movement is the relationships and connections we build with each other. Strong movements touch people’s hearts and minds, aligning people around *shared values*, and inspire them to take bold risks. When a movement helps people feel deeply connected to themselves, to each other, to a vision and to their *collective power*, it is a strong movement.

5. Alliances Are Central to Movement Building:

Social justice movements need a model of coordination and alignment that supports and centralizes the work of base-building organizations while building the power and vision to impact decisions on a national level. Local-to-national alliances offer strong models for other social justice sectors, allowing local and regional organizations to build relationships between and across peer organizations, while contributing to a national movement.

6. Move the Margins to the Center:

The leadership of “frontline” communities is vital. Without the

leadership and perspective of frontline communities, we are deeply limited in our ability to make change, particularly *transformative* change. The leadership and perspectives of frontline communities allows us to accurately see the root causes of problems, the true cost and consequences of our decisions and policies and the vision and solutions that will *benefit us all*. As we navigate our way between the old and the new, this grounding helps us exert the bold leadership needed for a *sustainable* and *just* society.

7. Grow Like An Ecosystem:

Movements are fundamentally connected to and a part of the time, place and context in which they exist. A key aspect of movement building is developing a keen awareness of interdependence and the landscape and movement ecosystem that you inhabit. As movement builders, our job is to know our terrain – the bigger context we are working in – and to nurture our movement ecosystem. By cultivating a movement perspective, we choose to leave behind a narrower vision and strategy that is based on our organizational needs/capacity, and take on an expansive vision and strategy that is based in movement needs/goals.



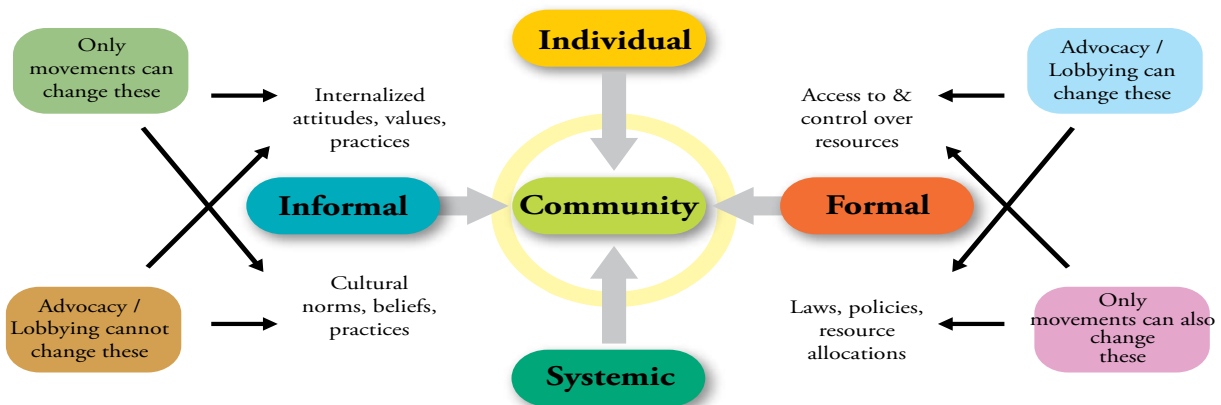
8. Re-imagine and Re-invent:

The ultimate goal of movement building is to *re-imagine* and *re-invent* our world. This requires us to take *bold steps* that reach way beyond what we think is possible. As movement builders we need to *invest* as much or *more energy* in leading and *creating new alternatives* to champion resistance and reform our current systems. By putting our energy and attention into governance and creativity we proactively define and *manifest the world we want!*

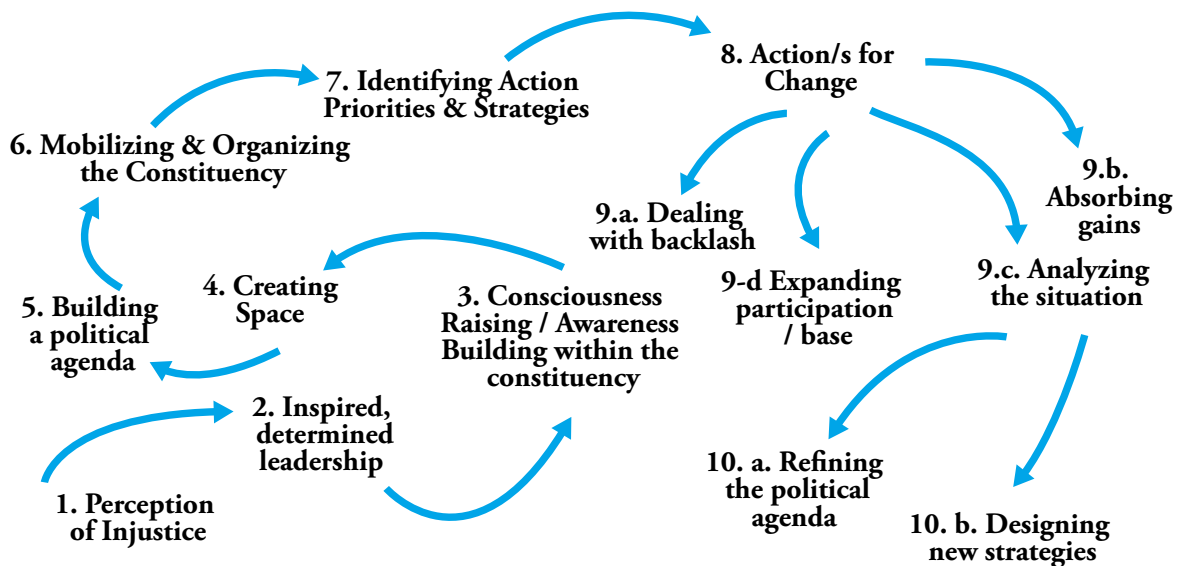


Why Movements Matter

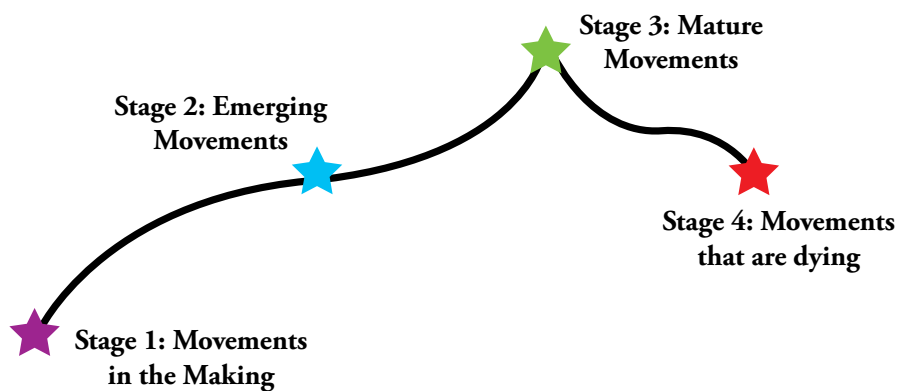
– (They can create change from individual to systemic levels, and in both formal and informal domains!)



Key Steps In Movement Building



Movements Have Different Stages of Growth and Levels of Maturity



Motivations for engagement

Group Identification: This is the fundamental social psychological answer to the question of what drives people to engage in collective action. Acting collectively requires some *collective* identity or consciousness;

Identity: This is the understanding of who we are and of who other people are- cognitive (*awareness of membership*), the values associated with the membership and the emotional/ affective feelings towards the movement as well as others standing in solidarity;

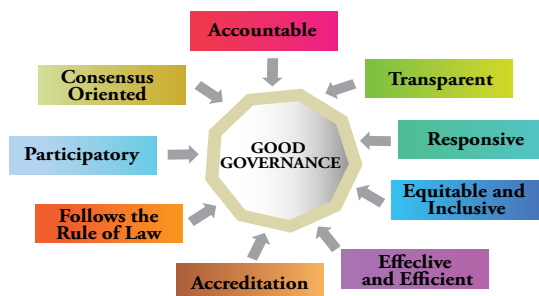
Recognition: People engage in collective action “*any time*” that they are acting as a representative of the group and the action is directed at improving the conditions of the entire group and building their own profile as individuals;

Professional expertise: Some people join the movement in order to contribute their talents and professional knowledge and skills e.g. artists, medical, legal or security sector professionals;

Novelty: Some people are attracted to the movement because it is a new venture that exposes them to new and exciting experiences. For instance, a substantial number of people may join the movement because it accords them an opportunity to travel out of their own localities, meet other people, build their capacities and engage in publicly visible activities;

Personal benefits: Some people/organizations join the movement because of expectation of tangible and non-tangible benefits e.g. recognition, employment, career advancement etc;

Social justice principle: Most people who become active in gender reforms, do so because gender equality follows from social, political or ethical principles that are important to them and not necessarily for “*economic gain*”.



Effective Coordination of the Movement

Factors That May Constrain Movements for Social Accountability:

NGO-ization: Narrow issue- or service- focus / lack of broader political analysis – “*non-profit organizations resisted a deep analysis of the political economic system that they were fighting to change, [and were] narrowly focused on issue-specific campaigns, rarely making connections with one another across communities and issue areas.*”

- **Lack of Leadership and Vision** of the why the movement was formed and what needs to be done- poor perspective;
- **Lack of Proper Structures:** The reformer role is confused for the movement- the radical, citizen and change agent roles are underdeveloped; - legitimacy crisis;
- **Weak Branding:** Poor positioning;
- **Social Base Challenges:** Divisions amongst actors can disabled effective response to the needs and concerns of the majority of people;
- **Lack of Adequate Resources:** Most movements are faced with perennial lack or inadequate resources to be able to undertake there mandate. For instance, they may not meet members’ demands for services or training, especially at the initial movement-building phase due to lack of donor support for hard-to-measure movement-building work and donor interference or control of organization’s activities.
- **Co-option / Repression:** – “hyper-alignment” with other actors (e.g., trade unions or political parties)

Values Social Movements

- **Value Assumption on Individual Worth and Capacity:**
 - A “worth” value places the individual in a position of eminence. They are above objects and institutions, worth caring for because they are an individual;
 - Other values include respect, dignity, and opportunities to express individuality;
 - The value of “worth” suggests that the individual has the ability to guide their actions and the potential for determining goals and their achievement;
 - Assumes the inherent worth and importance

of the individual and the interdependence between the individual and society;

- Emphasis is placed on the importance of respect for the dignity of the individual and on their ability to make important decisions;
- Self-determination is a basic right of the individual.

- **Participation:** Assess the extent to which large numbers of people are or can be actively involved.
- **Immediate relevance:** What is the significance of the goals and actions to people's day-to-day lives and concerns.
- **Mutual support:** Analyse the extent to which the actions are collective providing mutual support and reinforcement, rather than isolated individual activities.
- **Cutting edge:** What is the role of the actions in a strategy that challenges the roots rather than just the symptoms of social problems, and which intervenes at vulnerable points in dominant structures.

Ways of Engaging and Retaining People in the Movement for Social Change

- **Capacity Strengthening:** Building the capacity and providing knowledge and skills to movement members is at the core of ensuring retention of quality advocates for social justice movement and building their confidence level;
- **Tasking and Sharing Roles:** Done to with an aim of ensuring that as many members as possible are involved in the collective activities of the movement;
- **Regular Meetings:** Used to sustain the link among members and provide a platform for them to share ideas and to support each other towards positive change. These forums enable the members to encourage each other, vent out their frustrations and fears and share optional practical strategies for handling complicated cases;
- **Exchange Programmes:** The exposure provides the members with an opportunity to learn and share experiences with each other and thus help in networking and alliance building both at the local and international spheres;

- **Follow Up and Recognition:** Providing incentives (where possible) and recognition of the good work of members is vital as it encourages positive energy towards the cause.

Questions/ Points to Ponder

- Do you agree with the definition of movement and movement building? What are the implications of this definition for your work?
- Do you agree that movements can bring sustained change in ways that services, or professionalized advocacy / lobbying cannot? If not, why? Can you think of examples that illustrate your viewpoint or that of this presentation?
- How does your work or your organization's work fit with this framework of movements and movement-building? What would you change to make it more effective as movement-building work?
- Why is the term "movement" so attractive and so loosely used? Why does everyone want to claim to be / or have a "movement" whether this is the case or not?

Call for Action!

- There are people ready to engage in working towards a peaceful society including helping in attainment of a violence free and a just society for all. These people require a secure and non-threatening platform to facilitate non-violent reflections and deliberations;
- Unpack the socialisation of women and men at the same time showcase some of the good initiatives that are successful at the national and community level focusing on winning over ordinary citizens, not power-holders;
- Social change happens only when the majority of citizens are alerted, educated, and motivated to be concerned about a problem. Social movements are only as powerful as the power of their grassroots support.
- NB: The formal power-holders will not change their policies until there is overwhelming pressure from the general population.

Module 17



The Legal and Policy Frameworks for Addressing SGBV In Kenya

Session Objective:

By the end of the session, the participants would have an articulation on the legal and policy frameworks for prevention and response to SGBV.

The Bill Of Rights

“Rights belong to individuals and are not granted by the state. Human rights are entitlements that human beings have”.

The purpose of recognising and protecting human rights and fundamental freedom is to:

- Preserve the dignity of individuals and communities;
- Promote social justice;
- Allow for the realisation of the potential of all human beings;
- Show that it is the duty of the state and every state organ and state officers (duty bearers) to observe, respect, protect and promote fundamental freedom and individual rights;
- Ensure that every individual in the society is covered including women, the elderly, disabled, children, youth, marginalised communities, and religious or cultural communities;
- Ensure that every person has the right to start court proceedings when a right or fundamental freedom has been denied, violated, infringed or is threatened.

Excerpts From the Chapter Four of the Constitution of Kenya – Bill of Rights

Article 19

1. The Bill of Rights is an integral part of Kenya’s democratic state and is the framework for social, economic and cultural policies.
2. The purpose of recognising and protecting human rights and fundamental freedoms is to preserve the dignity of individuals and communities and to promote social justice and the realisation of the potential of all human beings.
3. The right and fundamental freedoms in the Bill of Rights-
4. Belong to each individual and are not granted by the state;
5. Do not exclude other rights and fundamental freedoms not in the Bill of Rights, but recognised or

conferred by law...

Application of Bill of Rights.

Article 20

1. The Bill of Rights applies to all law and binds all State organs and all persons.
2. Every person shall enjoy the rights and fundamental freedoms in the Bill of Rights to the greatest extent consistent with the nature of the right or fundamental freedom.
3. In applying any right under Article 43, if the State claims that it does not have the resources to implement the right, a court, tribunal or other authority shall be guided by the following principles—
 - a). it is the responsibility of the State to show that the resources are not available;
 - b). in allocating resources, the State shall give priority to ensuring the widest possible enjoyment of the right or fundamental freedom having regard to prevailing circumstances, including the vulnerability of particular groups or individuals; and
 - c). the court, tribunal or other authority may not interfere with a decision by a state organ concerning the allocation of available resources, solely on the basis that it would have reached a different conclusion.

Implementation of Rights and Fundamental Freedoms.

Article 21

- (a). It is a fundamental duty of the State and every State organ to observe, respect, protect, promote and fulfil the rights and fundamental freedoms in the Bill of Rights.
- (b). The State shall take legislative, policy and other measures, including the setting of standards, to achieve the progressive realisation of the rights guaranteed under Article 43.
- (c). All State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalised communities, and members of particular ethnic, religious or cultural communities.

- (d). The State shall enact and implement legislation to fulfil its international obligations in respect of human rights and fundamental freedoms.

Enforcement of Bill of Rights

Article 22:

- 1). Every person has the right to institute court proceedings claiming that a right or fundamental freedom in the bill of rights has been denied, violated or infringed, or is threatened.
- 3). The chief justice shall make rules providing for the court proceedings referred to in this article, which shall satisfy the criteria that-
 - a). No fee may be charged for commencing the proceedings;
 - b). The court, while observing the rules of natural justice, shall not be unreasonably restricted by procedural technicalities.

Limitation of Rights and Fundamental Freedoms

Article 24:

- 1). A right or fundamental freedom in the Bill of Rights shall not be limited except by law, and only to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, taking into account all relevant factors, including-
 - a). The nature of the right or fundamental freedom;
 - b). The importance of the purpose of the limitation;
 - c). The nature and the extent of the limitation;
 - d). The need to ensure that the enjoyment of rights and fundamental freedoms by any individual does not prejudice the rights and fundamental freedoms of others.

Article 25: Fundamental Rights and freedoms that may not be limited

Despite any other provision in this Constitution, the following rights and fundamental freedoms shall not be limited—

- (a). freedom from torture and cruel, inhuman or degrading treatment or punishment;
- (b). freedom from slavery or servitude;
- (c). the right to a fair trial; and
- (d). the right to an order of *habeas corpus*.

Article 26: Right to life

- 1). Every person has the right to life.
- 2). The life of a person begins at conception.
- 3). A person shall not be deprived of life intentionally, except to the extent authorized by this Constitution or other written law.

- 4). Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

Article 27: Equality and Freedom From Discrimination

- 1). every person is equal before the law and has the right to equal protection and equal benefit of the law.
- 2). equality includes the full and equal enjoyment of all rights and fundamental freedoms.
- 3). women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres.
- 4). The State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.
- 5). A person shall not discriminate directly or indirectly against another person on any of the grounds specified or contemplated in clause (4).

Article 28 Inherent Dignity:

Every person has inherent dignity and the right to have that dignity respected and protected.

Article 29: Every person has the right to freedom and security of the person, which includes the right not to be—

- 1). deprived of freedom arbitrarily or without just cause;
- 2). detained without trial, except during a state of emergency, in which case the detention is subject to Article 58;
- 3). subjected to any form of violence from either public or private sources;
- 4). subjected to torture in any manner, whether physical or psychological;
- 5). subjected to corporal punishment; or
- 6). treated or punished in a cruel, inhuman or degrading manner.

Article 30: Slavery, servitude and forced labour.

- 1). A person shall not be held in slavery or servitude.
- 2). A person shall not be required to perform forced labour.

Article 31: Privacy

Every person has the right to privacy, which includes the right not to have—

- (c). their person, home or property searched;
- (d). their possessions seized;
- (e). information relating to their family or private affairs unnecessarily required or revealed; or
- (f). the privacy of their communications infringed.

Article 35: Access to Information

- 1). Every citizen has the right of access to—
 - (a). information held by the State; and
 - (b). information held by another person and required for the exercise or protection of any right or fundamental freedom.
- 2). Every person has the right to the correction or deletion of untrue or misleading information that affects the person.
- 3). The State shall publish and publicize any important information affecting the nation.

Assembly, demonstration, picketing and petition.

37. Every person has the right, peaceably and unarmed, to assemble, to demonstrate, to picket, and to present petitions to public authorities.

Article 40: Protection of right to property.

- 1). Subject to Article 65, every person has the right, either individually or in association with others, to acquire and own property—
 - (a). of any description; and
 - (b). in any part of Kenya.
- 5). The State shall support, promote and protect the intellectual property rights of the people of Kenya.
- 6). The rights under this Article do not extend to any property that has been found to have been unlawfully acquired.

Article 43: Economic and social rights

- 1). Every person has the right—
 - a). to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;
 - b). to accessible and adequate housing, and to reasonable standards of sanitation;
 - c). to be free from hunger, and to have adequate food of acceptable quality;
 - d). to clean and safe water in adequate quantities;
 - e). to social security; and
 - f). to education.

Article 48: Access to Justice

The state shall ensure access to justice for all persons and if any fee is required, it shall be reasonable and shall not impede access to justice.

There Are Special Provisions In The Constitution For:

- Children- article 53
- Persons with disabilities – article 54
- Young people – article 55
- Minorities and marginalized groups – article 56
- Older members of the society – article 57

The provisions require the state to take special care of these groups of people.

Kenya has enacted very important laws. These include among others:

- a). Penal Code Chapter 63 Of The Laws Of Kenya, 1948 (Revised 2012)
- b). Children's Act, 2001
- c). Persons With Disabilities Act, 2003
- d). HIV & AIDS Prevention Control Act, 2006
- e). Sexual Offences Act, 2006
- f). Employment and Labour Relations Act, 2007
- g). International Crimes Act 2008
- h). Counter-trafficking In Persons Act, 2010
- i). Witness Protection Act 2010
- j). Prohibition Of Female Genital Mutilation Act, 2011
- k). National Gender and Equality Act – 2011
- l). Basic education Act 2012
- m). Marriage Act, 2013
- n). Matrimonial Property Act, 2014
- o). Victim Protection Act, 2014
- p). National Social Assistance Act 2014
- q). Protection Against Domestic Violence Act, 2015
- r). Legal Aid Act 2016
- s). Protection Against Torture Act 2017
- t). Elections Act 2017
- u). Computer Misuse and Cyber Crimes Prevention Act 2018
- v). Data Protection Act 2019

*“The survivor of SGBV is more of an alien to the criminal justice system because the offence is perceived by the system to have been committed against the state, not against the survivor of the SGBV as an individual. Additionally, The Constitution of Kenya 2010 provides for Alternative Dispute Resolutions for other offences- but **NOT** for sexual offences”.*

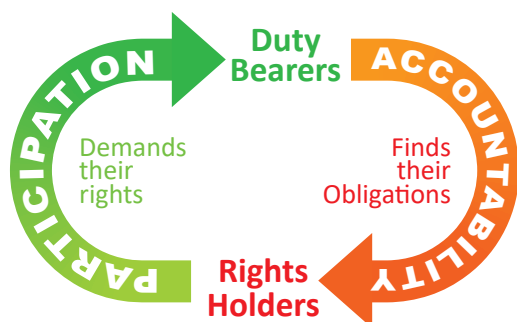
Below is A Summary of the Provisions of Some of the Laws:

Law	Summary of Provision
The Constitution of Kenya 2010	Chapter 4- Bill of rights <ul style="list-style-type: none"> ▪ Affirms the country's commitment to nurturing and protecting the well-being of the individual, the family, communities and the Nation (preamble); ▪ Guarantees every person the right to freedom and security of the person, which includes the right not to be subjected to any form of violence from either public or private sources (Article 29 (c) and subjected to torture in any manner whether physical or psychological (29(d); ▪ Guarantees every child the right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment (Article 53 (1) (d); ▪ Mandates the Parliament to enact legislation providing for the protection, rights and welfare of victims of offences (Article 50 (9); ▪ Chapter 7 – Representation of the People; ▪ A political party shall not engage in or encourage violence by, or intimidation of, its members, supporters, opponents or any other person; (Article 91 (2) (b).
The Children Act 2001	<ul style="list-style-type: none"> ▪ Safeguard and promote the rights and welfare of the child; ▪ Secure for the child such guidance and correction as is necessary for the welfare of the child and in the public interest; ▪ Non-discrimination; ▪ Right to parental care; ▪ Protection from harmful cultural rites, etc; ▪ Protection from sexual exploitation; ▪ Realization of the rights of the child; ▪ Survival and best interests of the child.
Persons with Disabilities Act 2003	<ul style="list-style-type: none"> ▪ Provide for the rights and rehabilitation of persons with disabilities; ▪ Achieve equalization of opportunities for persons with disabilities; ▪ Establish the National Council for Persons with disabilities; ▪ Protect the rights of persons with disabilities including protection against all forms of violence;
HIV Prevention Act 2006	<ul style="list-style-type: none"> ▪ Provide measures for the prevention, management and control of HIV and AIDS; ▪ Provide for the protection and promotion of public health and for the appropriate treatment, counseling, support and care of persons infected or at risk of HIV and AIDS infection, and for connected purposes.
The Sexual Offenses ACT, 2006	<ul style="list-style-type: none"> ▪ Provides for prevention and the protection of all persons from harm from sexual acts and access to justice and psychosocial support.
Employment Act 2007	<ul style="list-style-type: none"> ▪ The Act prohibits discrimination and harassment of employees on the basis of sex, guaranteeing equal remuneration for work of equal value. Section (6).
Counter Trafficking in Persons Act 2010	<ul style="list-style-type: none"> ▪ Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children; ▪ Sets out the definition of trafficking in persons and exploitation and explains particular instances of trafficking which include acquisition of travel documents by entry and exit into the country and particularly promotion of child trafficking.

Law	Summary of Provision
Prohibition of Female Genital Mutilation Act 2011	<ul style="list-style-type: none"> Prohibits the practice of female genital mutilation and safeguards against violation of a person's mental or physical integrity.
Political Parties Act 2011	<ul style="list-style-type: none"> Prohibits political parties from engaging in or encouraging violence by its members or supporters; Prohibits political parties from engaging in or encouraging any kind of intimidation of opponents, any other person or any other political party; Prohibits the Registrar from registering a political party which accepts or advocates the use of force or violence as a means of attaining its political objectives.
Teachers Service Act 2012	<ul style="list-style-type: none"> Gives provision for cancelling registration of teachers in cases of misconduct; Provide guidelines for teacher pupil or student relationship and their conduct with an aim of preventing and responding to cases of GBV within the school environment.
Basic Education Act 2013	<ul style="list-style-type: none"> Provides that no pupil shall be subjected to torture and cruel, inhuman or degrading treatment or punishment, in any manner, whether physical or psychological (Section 36).
Matrimonial and Property Act 2013	<ul style="list-style-type: none"> Provides for the rights and responsibilities of spouses in relation to matrimonial property; Prohibits the eviction of a spouse from the matrimonial home by or at the instance of the other spouse during the subsistence of the marriage, except by order of a court.
Marriage Act 2014	<ul style="list-style-type: none"> It provides for the age and kinds of marriages. The Act guarantees parties to a marriage, equal rights at the time of the marriage, during the marriage and at the dissolution of the marriage; Sets a mandatory minimum marriage age of 18 years for both parties to a marriage and considers void any marriage contracted with a person below the minimum age (Section 4); Identifies offences related to marriage and sets penalties; Prohibits inducing consent to marry by coercion or fraud.
Victims Protection Act 2014	<ul style="list-style-type: none"> Give effect to Article 50 (9) of the Constitution on fair hearing; Provide for protection of victims of crime and abuse of power, and to provide them with better information and support services; provide for reparation and compensation to victims; provide special protection for vulnerable victims; Provide for the protection, rights and welfare of victims of offences.
The Protection Against Domestic Violence (PADV) Act 2015	<ul style="list-style-type: none"> Recognizes domestic violence, in all its forms, is unlawful behavior; Provides for the protection and relief of members of a family from domestic violence; Makes provisions to ensure that, where domestic violence occurs, there is effective legal protection for its victims; Empowers the police to take action against domestic violence; Empowers the courts to make orders to protect victims of domestic violence; Empowers the survivor and other individuals and institutions to take action against domestic violence.

Law	Summary of Provision
Legal Aid Act, 2016	<ul style="list-style-type: none"> ▪ Providing affordable, accessible, sustainable, credible and accountable legal aid services to indigent persons in Kenya in accordance with the Constitution; ▪ Providing a legal aid scheme to assist indigent persons to access legal aid; ▪ Promoting legal awareness; ▪ Supporting community legal services by funding justice advisory centers, education, and research;
Elections Act, 2017	<ul style="list-style-type: none"> ▪ Prohibits the use of force or violence during election period; ▪ Prohibits direct or indirect use of threat of force, violence, harassment; ▪ Prescribes offences relating to elections.
Computer Misuse and Cyber Crimes Act 2018	<ul style="list-style-type: none"> ▪ Provide for offences relating to computer systems; ▪ Enables timely and effective detection, investigation and prosecution of computer and cybercrimes; ▪ Facilitates international co-operation in dealing with computer and cybercrime matters; ▪ Deals with the matters related to sexual harassment and other forms of SGBV.
Data Protection Act 2019	<ul style="list-style-type: none"> ▪ It was developed to control how personal or customer information is used by organisations or government bodies; ▪ Everyone responsible for using personal data has to follow strict rules called 'data protection principles'. They include; fair and awful use, transparency, specific for intended purpose, minimum data requirement, need for accuracy, data retention time Limit, the right to be forgotten, ensuring data security and accountability.

The policy framework has also been developed and include among others: -



- National Gender and Development Policy 2000;
- The Kenya Vision 2030 the government's blue print on the development agenda and its medium-term plans (2008-2012, 2013-2017 and 2017-2020);
- Sessional Paper No. 2 on Gender Equality and Development 2006;
- National Policy for prevention and response to Gender Based Violence;
- National Policy for the Abandonment of Female Genital Mutilation (FGM).

International Documents Ratified and The Key Obligations Created

Apart from the national laws mentioned above, Kenya is also a signatory to several international and regional instruments (treaties and declarations) that prohibit Sexual and Gender Based Violence. By virtue of Article 2(6) of the Constitution of Kenya, 2010 these international obligations that have been ratified by Kenya become part of Kenyan law.

- Kenya is a signatory to several international and regional conventions, treaties and human rights standards and programmes of action that seek to prevent or eradicate gender inequality and discrimination which are the major causes of sexual and gender-based violence in Kenya;
- Article 2 (6) of the constitution of Kenya posits that *"any treaty or convention ratified by Kenya shall form part of the law of Kenya"*. In essence, international obligations that have been ratified all become part of Kenyan law and therefore do not need to be domesticated through the enactment of specific relevant national laws;
- Until very recently, sexual & gender-based violence (SGBV) and violence against women

(VAW) generally was not thought of as a proper subject for international human rights law;

- The current existence of numerous international legal instruments and statements dealing with SGBV are indication that international bodies and the world's states have identified SGBV as a global rights concern and as human rights violation;
- Of great importance, is the principle of due diligence (which is central to the role of governments in preventing SGBV as enshrined under international law principles which obliges states to take appropriate and effective steps in responding to human rights abuses, even where those abuses are perpetrated by private individuals/non-state actors.

The Key International Instruments, Treaties, Conventions & Agreements Are:

- Universal declaration of human rights (UDHR), 1948;
- Refugee Convention 1951;
- Convention on the Elimination of Discrimination Against Women (CEDAW), 1979;
- United Nations Convention of the Rights of the Child (UNCRC), 1989; United Nations Declaration on the Elimination of Violence Against Women (DEVAW), 1993;
- The UN Declaration on the Elimination of Violence Against Women (UN General Assembly) (1993);
- Beijing Platform for Action (BPFA), 1995;
- The International Conference on Population and Development (ICPD) Programme of action, 1994;
- UN Protocol to prevent, suppress and punish trafficking in persons, especially women and children (adopted 2000) Rome Statute of the International Criminal Court (entered into force July 2002);
- UN Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, The ILO Convention 182 on the Worst Forms of Child Labor; and The Optional Protocol on the Convention of the Rights of the Child and Child Trafficking, Child Prostitution and Child Pornography;
- Sustainable Development Goals (SDGs).

At regional level, the key regional human rights instruments that promote prevention of and response to SGBV are:

- The African Charter on Human and Peoples' Rights (1981);
- The African Charter on the Rights and Welfare of the Child (ACRWC), 1990;
- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo protocol, 2003);
- The Solemn Declaration on Gender Equality in Africa (2004);
- The Intergovernmental Authority on Development Gender Policy and Strategy (2004);
- The Protocol on the prevention and suppression of Sexual Violence Against Women and Children – International Conference on the Great Lakes Region (2006);
- The African Union Gender Policy (2009) and the declaration of the Heads of States and Governments of the member states of the International Conference on the Great Lakes on Sexual and Gender Based Violence (2011).

Universal Declaration Of Human Rights (UDHR)

- Article 1 states that all human beings are born free and equal in dignity and in rights;
- Article 2 provides that everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind, based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status;
- Article 3 states, significantly, that *everyone has the right to life, liberty and security of person*;
- Article 5 provides that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

International Covenant On Civil And Political Rights (ICCPR)-1976

- Article 2 stresses an undertaking to respect and to ensure to all individuals within state territory and subject to state jurisdiction enjoy all the rights recognised in the covenant, without distinction of any kind, also based on as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status;
- Article 26 provides that "all persons are equal before the law and are entitled without any

discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as...Sex”;

- The covenant protects the right to life in article 6, and protects everyone from torture or cruel, inhuman or degrading treatment or punishment in article 7;
- Article 9 which protects the right to liberty of the person.

The African Charter On The Rights And Welfare Of The Child (ACRWC) - 1990

Article 12 (respect for the views of the child): when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

- Article 13 (freedom of expression): children have the right to get and share information, as long as the information is not damaging to them or others.
- Article 16 (right to privacy): children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.
- Article 34 (sexual exploitation): governments should protect children from all forms of sexual exploitation and abuse.
- Article 2 (non-discrimination): the convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

International Covenant On Economic, Social And Cultural Rights (ICESCR)- 1976

- Article 3 guarantees the equal right of women and men to the enjoyment of all rights set forth in this covenant;
- Article 10 (1) requires that state parties recognize that the widest possible protection and assistance should be accorded to the family, and that marriage must be entered into with the free consent of the intending spouses;
- Implementing article 3, in relation to article 10, would therefore require states parties, inter

alia, to: provide victims of domestic violence, with access to safe housing, remedies and redress for physical, mental and emotional damage; to ensure that men and women have an equal right to choose if, whom and when to marry - in particular, the legal age of marriage for men and women should be the same; to protect boys and girls equally from practices that promote child marriage, marriage by proxy, or coercion; and to ensure that women have equal rights to marital property and inheritance upon their husband's death.

The Covenant On The Elimination On All Forms Of Violence Against Women (CEDAW) – 1984

- It highlights that the state may be held responsible under international law for failure to provide reasonable and adequate measures to prevent or address women's rights violations. Furthermore, it includes explicit directions to countries to 'not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination;
- Article 6, which deals with prostitution and trafficking, the anti-discrimination clauses contained in it provide a basis for the protection of women from violence.

The African Charter On Human and Peoples' Rights (1992)

- Article 3 (4) provides for state parties to “adopt and implement appropriate measures to ensure the protection of every woman's right to respect for her dignity and protection of women from all forms of violence, particularly sexual and verbal violence”;
- Article 18 makes provision for states parties to ensure the elimination of every form of discrimination against women and to ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions.

Convention on the Rights of the Child

- Article 12 (respect for the views of the child): when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account;
- Article 13 (freedom of expression): children have the right to get and share information, as long as the information is not damaging to them or others;
- Article 16 (right to privacy): children have a

right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes;

- Article 34 (sexual exploitation): governments should protect children from all forms of sexual exploitation and abuse;
- Article 2 (non-discrimination): the convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Protocol To The African Charter On Human and Peoples' Rights On The Rights Of Women In Africa - 2003 (*Maputo Protocol*)

- In general, its extensive provisions, with regard to civil and political rights, physical and psychological integrity, sexual and reproductive health, non-discrimination, economic emancipation, among others, symbolize African states' commitments to put an end to discrimination, violence and gender stereotypes against women;
- It provides for rights such as the right to food security in article 15 and the right to adequate housing in article 16, both of which are rights beyond those that are enshrined in the *Banjul Charter*. With more specificity, it deals with the rights in CEDAW and also goes above and beyond in expanding the protected rights in CEDAW. An example of such is its enshrinement of the right to medical abortion in article 14 (2) (c). It recognises the need for a woman to be protected from HIV and not only encourages state parties to encourage monogamy, as opposed to polygamy which exposes women to HIV but also enshrines the

rights of women to know the HIV status of their sexual partners.

Kenya's Actions to Meet Her International Obligations

- Ratification of all international human rights instruments that deal directly or indirectly with gender-based violence and the implementation or domestication of these instruments at the national level;
- Establishment of constitutional frameworks guaranteeing substantive equality for men and women and prohibiting gender-based violence;
- Adoption, periodic review and effective implementation, in a gender-sensitive manner, of legislation that criminalizes gender-based violence;
- Formulation and implementation of executive policies or plans of action to eliminate gender-based violence and regular monitoring of such policies or plans of action;
- Prosecution of perpetrators of all forms of gender-based violence and the elimination of any climate of impunity surrounding such offences;
- Action to ensure that the criminal justice system, including rules of evidence and procedure, functions in a non-discriminating and gender-sensitive manner to encourage victim's testimony in proceedings regarding gender-based violence;
- Punishment of perpetrators of all forms of gender-based violence in a manner commensurate with the severity of the offence;
- Provision of appropriate remedies, including the adoption of measures to allow victims to obtain appropriate symbolic and actual compensation, without prejudice to possible civil proceedings against the perpetrator.

The National Policy Frameworks to Address SGBV

Policy	Description
Gender In Education Policy, 2007	<ul style="list-style-type: none"> ▪ Prevention and response to school related gender-based violence (SRGBV) is addressed in the education gender policy (2007). The policy recommends mainstreaming of policies that address SGBV at all education levels; establishing modalities for dealing with SGBV including harassment; developing of a framework for co-ordination of stakeholders involved in efforts of providing a safe learning environment;

Policy	Description
	<ul style="list-style-type: none"> It is far from realizing its objectives due to low levels of legal and gender awareness among the educational stakeholders including the girls, boys, families and teachers.
National Policy for Prevention and Response to Gender Based Violence, 2014	<p>The policy sets out a GBV prevention and response coordination structure, which includes the executive, legislature and judiciary in order to achieve the following objectives:</p> <ul style="list-style-type: none"> Facilitate a coordinated approach to GBV and ensure effective programming; To improve enforcement of laws and policies towards GBV prevention and response; To increase access to quality and comprehensive support services across sectors; To improve sustainability of GBV prevention and response interventions.
National Framework toward Response and Prevention of Gender Based Violence in Kenya 2015	<ul style="list-style-type: none"> The framework provides a strategy for effective coordinating the various State and non-State actors' responses to domestic violence in Kenya.
The Kenya Vision 2030	<ul style="list-style-type: none"> This Kenya Vision 2030 is a long-term policy plan for accelerating transformation of Kenya into an industrializing middle-income nation by 2030; It acknowledges that cases of GBV are increasing and lays out strategies to reduce the same and the vulnerabilities that surround it.
National Policy on Gender and Development, 2011	<ul style="list-style-type: none"> This is a comprehensive overall framework for guiding gender mainstreaming within the different sectors and line ministries involved in development to allow for them to participate in the sectors and benefit from the development.
Sessional Paper No. 2 of May 2006 on Gender Equality and Development	<ul style="list-style-type: none"> This is in tandem with the National Policy on Gender and Development and providing a framework for gender mainstreaming and outlining strategies of implementing programmes in varying sectors such as agriculture, health, education, environmental, legal and information communication technology (ICT).
National Guidelines on the Management of Sexual Violence	<ul style="list-style-type: none"> The guidelines establish government standards of service provision which include counseling, treatment and management of injuries, sexually transmitted diseases, PEP, HIV care and pregnancy preventions; Provide detailed information on management of sexual violence in a manner involving several parties and at several stages including information on steps to be taken when treating a survivor of sexual violence, like preservation of evidence for court use, issues of psycho-social support and other ethical issues.
The National Monitoring and Evaluation (M&E) framework on sexual violence	<p>The National Multi-Sectoral Monitoring and Evaluation Framework for Response and Prevention of Gender and Sexual Gender Based Violence in Kenya was developed under the auspices of the National Gender and Equality Commission in collaboration with LVCT Health, ITECH, and Center for Disease Control. The framework provides for:</p> <ul style="list-style-type: none"> Mechanism for monitoring progress of response and prevention management programmes; Systematic mechanism for coordination on sexual gender response and prevention mechanism; Facilitate availability of credible and reliable data for policy and programme decision;

Policy	Description
	<ul style="list-style-type: none"> Facilitate timely submission of data for routine, periodic reporting for stakeholder's consumption and international reporting. <p><i>The framework takes cognizance and compliments other related national frameworks including:</i></p> <ul style="list-style-type: none"> The National HIV and AIDS Monitoring, Evaluation and Research Framework (2009/10-2012/13); Monitoring and evaluation framework for Kenya Health Sector Strategic Investment Plan (July 2012- June 2018); Vision 2030 implementation framework; The linkage between the National Multi-Sectoral Monitoring and Evaluation Framework for Response and Prevention of Gender and Sexual Gender Based Violence in Kenya and other related National frameworks for reporting purposes.
Education Gender Policy (2007)	<ul style="list-style-type: none"> Addresses prevention and response to school related Sexual and Gender Based Violence (SRSGBV); Recommends mainstreaming of policies that address SGBV at all education levels; establishing modalities for dealing with SGBV including harassment; developing of a framework for co-ordination of stakeholders involved in efforts of providing a safe learning environment.

Kenyan Legal and Policy Framework On Gender Based Violence-gaps and Challenges Identified

Constitution of Kenya, 2010

- Article 2 of the constitution defines it as the supreme law of the land. Sub-article (5) incorporates the general rules of international law to form part of the law of Kenya;
- While sub- article (6) states that “any treaty or convention ratified by Kenya shall form part of the law of Kenya under the current constitution”. Kenya has therefore outlawed gender discrimination and inequality by domestication.

Kenya is a signatory to several international and regional conventions, treaties and human rights standards and programmes of action that seek to prevent or eradicate gender inequality and discrimination which are the major causes of gender-based violence in Kenya.

Gaps & Challenges:

- The key factors hindering the effective implementation of the Constitution, Acts of Parliament and by extension the international and regional treaties, conventions and programmes of action has mainly been lack of political good will, state reservations as well as ineffective enforcement. This is mainly attributed to lack of mechanisms to effect

discernible sanctions against non- compliance and poor performance of the duty bearers.

- Secondly, the Kenyan constitution as progressive as it may appear in its spirit and letter fails to provide clear mechanisms of how the embedded culture of violence in many tribes in Kenya can be rooted out, to free women and girls from violence. Moreover, it fails to provide mechanisms for educating the society to shun cultural practices and beliefs that perpetuate violence.

Children's Act 2001

- Though this act has been in force since march 2003, the national child protection policy was only recently developed to enhance its enforcement. Initiatives by the National Government to ensure its effective rolling out to benefit the intended beneficiaries have not been matched with resources both financially and technically this is very clear from the research done in Kisumu East which established that very few school going boys and girls were aware of the existence of the children's department.

Persons With Disabilities Act, 2003

- The Persons With Disabilities Act, 2003 has very progressive and responsive provisions to promote and protect the rights and freedoms of persons with disabilities both adults and

children. However, the National and County Governments have not put enough measures in place to address the basic rights and needs of Persons With Disabilities especially girls and women who are the most vulnerable to SGBV in the private and public settings like schools.

Sexual Offences Act, 2006

- The research established that the enactment of the Sexual Offences Act has not been matched with adequate capacity building of law enforcement officers who need to be trained on how to adequately handle cases of Sexual and Gender Based Violence. Civil society organizations have actively worked to educate the public but the government has not fully taken up this responsibility as is required.

Penal Code Cap 63 (Revised Edition 2012)

- This law does not sufficiently address Sexual and Gender Based Violence (SGBV) which is prevalent within Kenyan society. In fact, SGBV is only inferred by virtue of interpreting the vice as an assault as provided for under section 250 and 251. This therefore means that the vice cannot be adequately investigated or prosecuted through the penal code.

Teacher Service Commission (TSC) Act, 2012 and Basic Education Act, 2013

- The level of awareness of these two acts of parliament among the duty bearers chiefly the teachers, parents and other stakeholders in the education sector is very low. The same case applies to the children –girls, boys and male as well as female youth who are the rights holders.

Gender In Education Policy, 2007

- Prevention and response School Related Gender Based Violence (SRGBV) is addressed in the education gender policy (2007). The policy recommends mainstreaming of policies that address SGBV at all education levels; establishing modalities for dealing with SGBV including harassment; developing of a framework for co- ordination of stakeholders involved in efforts of providing a safe learning environment;
- It is far from realizing its objectives due to low levels of legal and gender awareness among the educational stakeholders including the girls, boys, families and teachers.

Ministry Of Health National Guidelines On The Management Of Sexual Violence In Kenya, 2009

- Despite its holistic approach to addressing the problem through a comprehensive care provision system that brings all the relevant stakeholders under one roof, it is not well disseminated and may only be accessible to health workers alone. The public need to be properly educated on their health options in cases of sexual violence or assault.

Multi Sectoral Standard Operating Procedures (SOPs) For Prevention Of and Response To Sexual Violence In Kenya (2013)

- This framework was developed by the task force on the implementation of the sexual offences act (TFSOA) to provide for the minimum package of care to be accorded to survivors across sectors-health, legal and psychosocial, and outline referral pathways in cross sectoral management of survivors. However, holistic as the approach is, the main challenge is low levels of awareness among the stakeholders due to limited dissemination.

Other weaknesses in the legal and policy frameworks noted are;

- a). Poor documentation of Sexual and Gender Based Violence cases and uncoordinated research, monitoring and evaluation of SGBV laws, policies and programme implementation;
- b). Socio-cultural factors that promote gender discrimination and gender inequality;
- c). Inadequate child protection policies in schools;
- d). Low levels of awareness of the existing Sexual and Gender Based Violence support services among school girls and boys;
- e). Inaccessibility to the justice system for most Sexual and Gender Based Violence survivors, many are poor and ignorant about their rights;
- f). Inadequate human and financial resources to operationalize the national child protection system.

Recommendations

- a). More investment in research, monitoring and evaluation of implementation of SGBV laws and policies is needed by the national government and international partners;
- b). There is a need to enhance support services for survivors of violence including crisis intervention, information and referral, support groups, free counselling and free access to medical services;

- c). Increased capacity building for all the key stakeholders and main implementers in the national child protection system on the legal and gender aspects with the intention of treating violence survivors with dignity and respect;
- d). There is a need to strengthen the child protection systems in schools. Students and teachers should be constantly educated and made aware about child rights in violence cases. This should also extend to the community level;
- e). National and county governments should facilitate the creation of child centred and gender responsive school environments that provides safe spaces in particular for girls who are a vulnerable group;
- f). The national and county governments in conjunction with civil society must provide free legal advice and in cases where the survivors cannot afford legal services, legal aid must be provided for survivors of SGBV;
- g). Safe houses for SGBV survivors are necessary as a crisis intervention mechanism. This is because many survivors may be homeless and lack capacity to take care of themselves as many are no longer safe in their homes;
- h). The national and county government need to provide sufficient human and financial resources for effective implementation of the relevant SGBV laws and policies.

Conclusion:

- It is important to address the aforesaid gaps and challenges by enacting legislation and develop policies that will address the socio-cultural factors that promote discrimination especially

against girls and women across the country as well as promote gender equality through greater representation of women in decision-making and governance positions. This will help move towards a safe and violence free environment with greater promotion and protection of children's and women's human rights through the full implementation of the national child protection system;

- There is need for a coordinated approach and harmonized strategies by the key stakeholders to help actualize the different sectoral responses to meet the various needs of the SGBV survivors. To address fully the consequences of violence and the needs of victims/survivors, it requires a multi-sectorial response with sufficient technical, financial and human resources to match the need;
- Despite the existence of policies, legislative reforms, plans and programmes, gender disparities still exist in legal, social, economic and political levels of participation in decision making, as well as access to and control of resources, opportunities and benefits;
- Overall, the implementation of policies and laws has been slow; a situation attributed to gaps in the laws, delayed enactment of gender related legislation and lack of comprehensiveness in content of the same laws, for example, the sexual offences act and the children act. These gaps have already been referred to in the various laws discussed above. However, challenges still exist!



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