

Towards an Anti-Sexual and Gender-Based Violence Norm in the Great Lakes Region of Africa:

A CIVIL SOCIETY REVIEW OF THE IMPLEMENTATION OF THE 2011 ICGLR KAMPALA DECLARATION

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Isis-Women's International Cross-Cultural Exchange
Amplifying Women's Voice And Power



Isis-Women's International Cross Cultural Exchange (Isis-WICCE)

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Abbreviations And Acronyms

ABD	African Development Bank
ACABEF	L'AssociationCentrafricaine pour le Bien Etre Familial
ACPHR	African Charter on Human and People's Rights
ADF	Allied Democratic Forces
AFNET	Anti-FGM Network
AU	African Union
AVIFEM	National Agency to Stop Violence against Women
CAGBV	Committees against GBV
CAR	Central African Republic
CEDAW	Convention for the Elimination of All Forms of Discrimination against Women
COCAFEM/GL	Concertation des Collectifs des Associations Féminines de la Région des GrandsLacs
COVAW	Coalition on Violence Against Women
CRC	Convention on the Rights of the Child
DDR	Demilitarization, demobilization and reintegration
DFID	UK Department for International Development
DHS	Demographic Health Survey
DPP	Directorate of Public Prosecutions
DRC	Democratic Republic of Congo
FDLR	Democratic Forces for the Liberation of Rwanda
FNL	National Forces for Liberation
FONAFEN	Fund for the Empowerment and Protection of Women and Children
FOWODE	Forum for Women in Democracy
HRC	Human Rights Commission
ICGLR	International Conference of the Great Lakes Region
ICJ	International Commission of Jurists
ICTs	Information and Communication Technologies
Isis-WICCE	Isis Women's International Cross Cultural Exchange
LRA	Lord's Resistance Army
MAJ	Maisond'Acces à la Justice
MISCA	African Union Mission in the Central African Republic
MLC	Movement for the Liberation of Congo
MoGLSD	Ministry of Gender, Labour and Social Development
MoWSS	Ministry of Welfare and Social Security
MSF	Medecins Sans Frontier
MSF	Medecins Sans Frontieres
NCCW	National Council for Child Welfare
NGO	Non Governmental Organizations
NLACW	National Legal Aid Clinic for Women

OCODEFAD	L'Organisation pour la Compassion et le Développement des Familles en Détresse
OMA	Organization od Angolan Women
PEPFAR	President's Emergency Plan for AIDS Relief
PoH	Polyclinic of Hope
PSAf	Panos Institute Southern Africa
RWN	Rwanda Women's Network
SADC	Southern African Development Community
SWAA	Society for Women Against AIDS in Africa
TAMWA	Tanzania Media Women's Association
TPF-Net	Tanzania Police Female Network
UK	United Kingdom
UN Women	United Nations Entity for Women's Empowerment
UNAMID	United Nations Assistance Mission in Darfur
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations Children's Fund
UNJHRO	United Nations Joint Human Rights Office
UNPSA	United Nations Public Service Award
USAID	United State Agency for International Development
WHO	World Health Organization
WILDAF	Women in Law and Development in Africa
YWCA	Young Women Christian Association
ZNBC	Zambia National Broadcasting Corporation

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The report is based on field visit and interviews with representatives from Angola, Congo Brazzaville, Kenya, Rwanda, South Sudan, Tanzania, Uganda and Zambia and extensive document review on the subject area from these countries, particularly Sudan and Central African Republic.

We appreciate the inputs from members of the Civil Society Coordinating Committee on the Kampala Declaration; they include Patience Ayebazibwe and Leah Chatta-Chipepa of Akina Mama wa Africa, Lillian Mpabulungi -Care Uganda, Lina Zedriga RACI, David Kigozi -International Refugee Rights Initiative, Hellen Malinga Apila -Action Aid International Uganda and Juliet Nakato -Accord International Uganda. We would like to specially thank the Executive Director of Isis-WICCE -Ms. Ruth Ojiambo Ochieng for her guidance and technical advice through out the period of the evaluation and report writing.

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Foreword

This study was undertaken to assess the progress made by the eleven member states of the International Conference of the Great Lakes Region (ICGLR), in implementing the landmark 2011 Kampala Declaration to prevent, punish and respond to Sexual and Gender-Based Violence (SGBV) in the region. The 2011 Kampala declaration defined the actions to be undertaken to prevent the occurrence of SGBV, end impunity for sexual crimes and provide support with legal, financial, medical and psychosocial support. Three years later, Isis-WICCE has commissioned a research study on behalf of the Regional Civil Society Coordinating Committee on the SGBV Declaration, to examine the current status of implementation. The report looks at States efforts to domesticate and implement relevant protocols, provide concrete support for judicial and security sector reform, as well as ensuring strong supporting structures, special courts or specific legal procedures against SGBV.

In a show of commitment, member States also pledged to establish gender desks, integrate SGBV in national planning and budgeting particularly within the ministries of Gender, Health, Defence, Security, Interior, Local Government, Education and Youth. The same states vowed to set up specific mechanisms to investigate and prosecute sexual crimes. The message of these actions would be echoed through campaigns launched to demonstrate zero tolerance to SGBV. For the individual survivors and particularly women, states promised to set up one-stop recovery centres to provide free medical, psychosocial and judicial services as well as income generating initiatives. This report therefore presents what currently exists as evidence of the implementation of the pledges made in the 2011 Kampala Declaration by the countries of the Great Lakes Region.

This qualitative study was informed by interviews and focus group discussions with women's organisations and Ministries of Gender in the various countries. This was complemented by a review of literature on SGBV in the region. The research process was guided by the content of a checklist developed by the Civil Society Coordinating Committee on the SGBV Declaration. The checklist was designed following the signing of the declaration as a means to keep track of whether or not countries had fulfilled their obligations. As such, it seeks to document whether or not the actions and priorities in the declaration have been carried out. While this allows for documenting whether or not provisions were implemented, it does not provide detailed information expounding on the nature of actions taken. As such, the information gathered and reflected in this assessment is limited in that regard. The research team was also constrained by limited access to specific data or information in different countries and this is reflected in the report.

This report introduces the reader to the ICGLR SGBV framework and goes on to discuss the progress made by each country under the three priority areas of SGBV prevention, punishment and protection as well as support and compensation for survivors. It also reflects country-specific challenges and recommendations. Ultimately, the report makes conclusions based on the general findings and matches these with recommendations to support stronger implementation of the 2011 Kampala declaration.

Summary of Findings and Recommendations

The research findings reveal that the majority of the governments in the ICGLR have made great strides to fulfil their commitments to prevent SGBV, punish perpetrators and support survivors as stated in the declaration. Most countries have shown good results in developing SGBV legislations; gender policies as well as putting in place gender focal points within different government ministries and departments. Non-government organisations (NGOs) in most countries have partnered with their governments and taken a lead role in launching public education campaigns to affirm the declaration that SGBV will no longer be tolerated nationally and in the region. Most countries have also made progress in establishing one-stop recovery centres for survivors of SGBV. While these gains have not been achieved without challenges, the significance of this progress should not be underestimated.

Across the region, the common cause for concern is reflected in the limited availability of necessary funding to comprehensively address SGBV and support all survivors. This study was not able to establish whether or not all governments lived up to their financial commitments in respect of SGBV, including the contribution to the Special Fund. Nonetheless, the issue of sufficient funding to back the rhetorical commitments must be made a priority for member states to assert true implementation of the Kampala declaration.

The study showed that the framework and national level implementation do not include rehabilitation of SGBV perpetrators under prevention strategies and actions. Therefore, while there is a heavy focus on redress and support for survivors, their protection from repeat by offenders after imprisonment must be considered.

Key Recommendations:

Governments of the Great Lakes Region

- * **Focus on finances:** Fulfil their commitment to implementing aspects of the Declaration within specific period by providing required resources for the implementation of the various aspects of the Protocol,
- * **Rehabilitation of SGBV survivors:** Pay more attention addressing the rehabilitation needs of SGBV survivors by providing response mechanisms and structures for rehabilitation.
- * **Prevention of SGBV:** ensure adequate laws and policies are put in place to deliver justice to SGBV survivors and ensure protection of women and girls from sexual crimes.
- * **Alternatives to prosecution:** In settings that have experienced widespread and systemic SGBV non-prosecutorial approaches should be explored as they can be effective in achieving restorative justice for survivors.

Civil Society Organizations

- * **Advocate for increased finances:** Civil society organisations in the Great Lakes Region should advocate for increased funding to implement the ICGLR provisions and monitor national budgets to ensure that member states are allocating sufficient resources for SGBV. Also, advocate for States to contribute to the special fund for reconstruction and development.
- * **Quality not quantity:** The ICGLR framework represents good intentions by making time-bound demands on governments to comply with its recommendations. However, there is a danger in slipping into a tick-box mentality of implementing measures too quickly without paying due attention to the quality of interventions that are being put in place. A good example is passing legislation with vague provisions that would be difficult or problematic to implement. Civil society must support government to develop realistic interventions and comply with international best practice.

TABLE 1: SUMMARY OF KEY FINDINGS FROM ICGLR COUNTRIES SHOWN BY SCORE

Country	Eradication of Armed Groups and Non-Aggression Protocol implementation	Enactment of a national gender policy and establishing gender desks	Zero Tolerance Campaign	Building technical capacity of judiciary and police
Angola	12.5	12.5	0	0
Burundi	12.5	12.5	0	12.5
CAR	0	12.5	0	0
Congo Brazzaville	0	12.5	12.5	0
DRC	0	12.5	12.5	0
Kenya	12.5	12.5	12.5	12.5
Rwanda	12.5	12.5	12.5	12.5
South Sudan	0	12.5	12.5	12.5
Sudan	0	0	0	0
Tanzania	12.5	12.5	0	12.5
Uganda	12.5	12.5	12.5	0
Zambia	12.5	12.5	12.5	0
Total Score	87.5	137.5	87.5	62.5

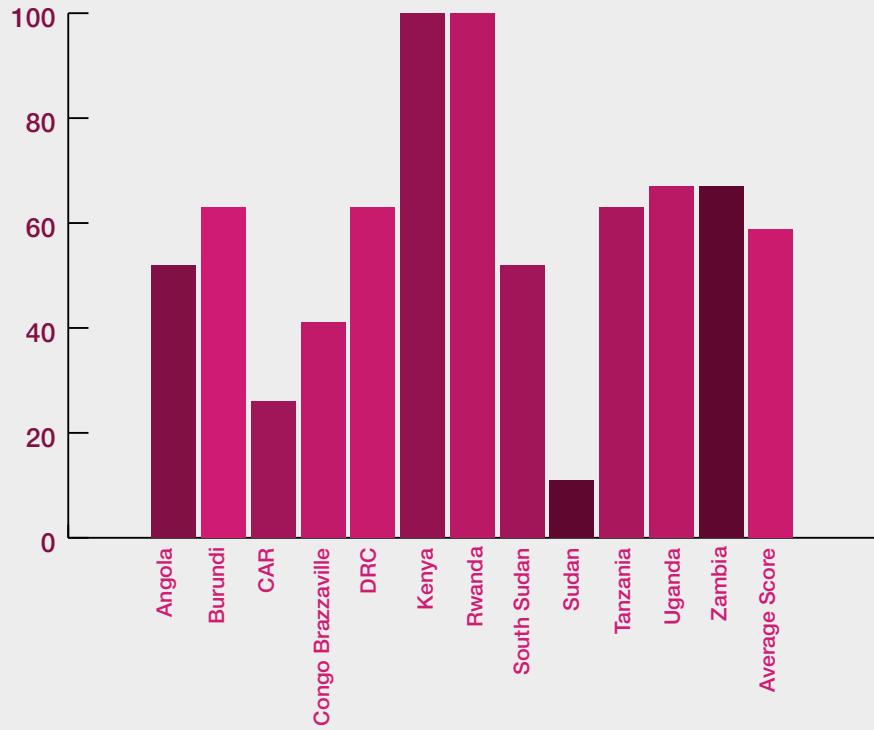
A uniform quantitative score of 12.5 was assigned for each one of the 8 initiatives taken as the parameters for study so that countries could be awarded a percentage score of achievement based on the actions undertaken. A score of 12.5 was awarded where some action has been undertaken and a score of zero where action is still pending. Due to the time and financial limitations of the study, a flat score was assigned to each initiative because there was insufficient data to evaluate the quality of the actions. A score of 100% therefore does not mean that a country has achieved perfection but that it has taken steps in each of the areas mentioned under the Declaration.

NB. A score of 100% therefore does not mean that a country has achieved perfection but that it has taken steps in each of the areas mentioned under the ICGLR.

Special courts, special procedures or special sessions	Establishing national structures for SGBV and a specific anti-SGBV Law	One stop recovery centres with free medical, psychological and legal services	Contribution to ICGLR Special Fund	TOTAL
0	12.5	12.5	0	50
0	12.5	12.5	0	62.5
0	12.5	0	0	25
0	0	12.5	0	37.5
12.5	12.5	12.5	0	62.5
12.5	12.5	12.5	12.5	100
12.5	12.5	12.5	12.5	100
0	0	12.5	0	50
0	12.5	0	0	12.5
0	12.5	12.5	0	62.5
0	12.5	12.5	0	62.5
0	12.5	12.5	0	62.5
37.5	12.5	125	25	

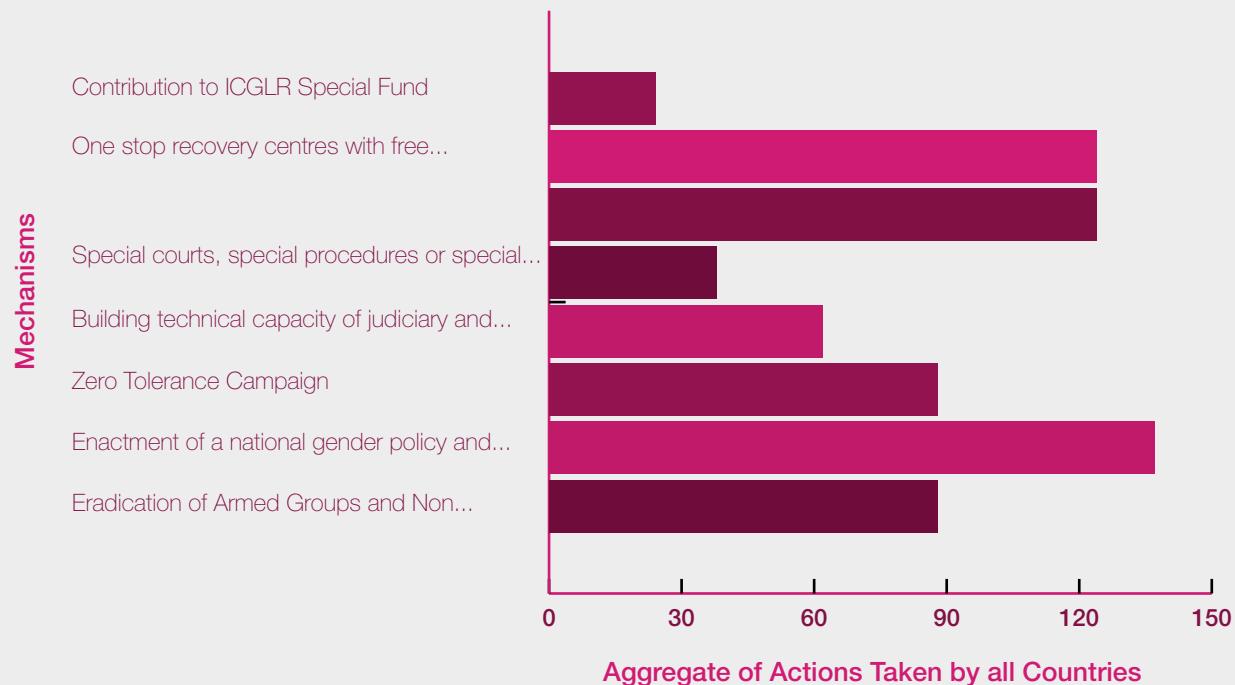
Graph showing country scores by percentage

Total Score



The bar graph shows the score of each country and the performance of ICGLR countries relative to each other. It enables comparison between different countries on what they have achieved. It also assigns an average score of 58.5, which gives a useful overall indication of progress under the ICGLR SGBV framework.

Graph Showing The Aggregate Of Action Taken By The Different Countries



Significant progress has been attained on establishing gender policies, passing anti-SGBV laws, and putting in place one-stop recovery centres. Further effort is needed to ensure the implementation of these laws and policies, particularly the aspect of providing adequate resources for the establishment of special courts and procedures for SGBV.



Introduction and Background

1

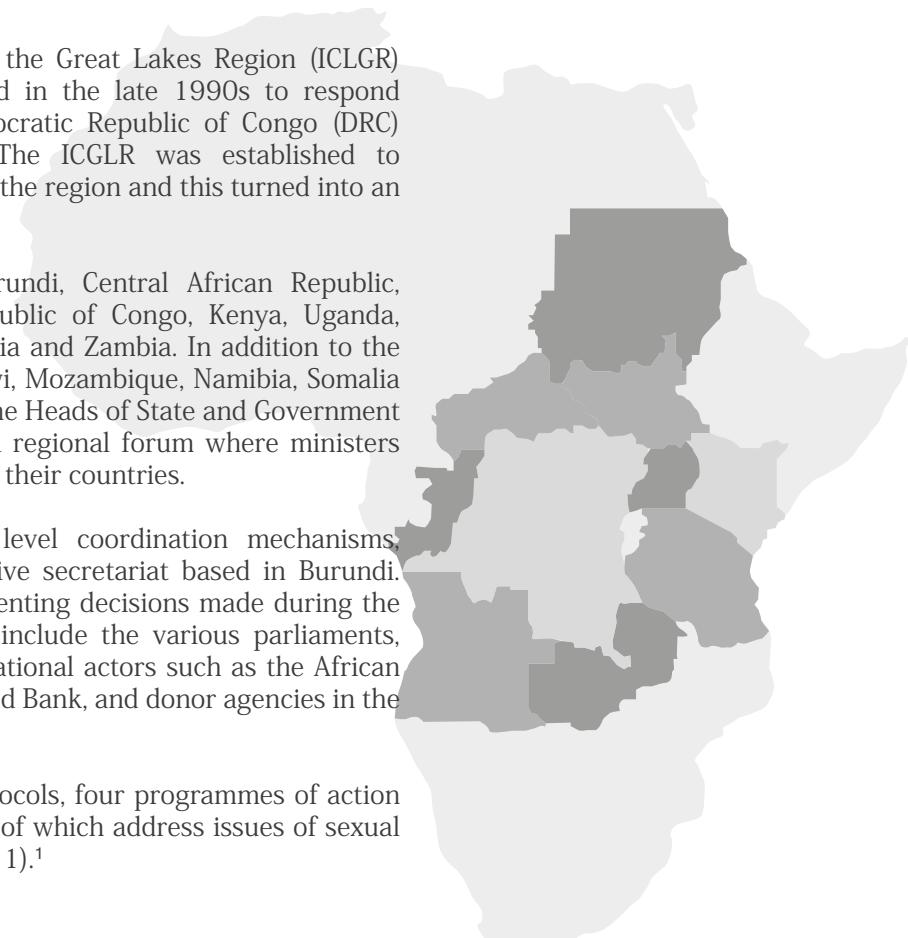
Structure of the ICLGR

The International Conference of the Great Lakes Region (ICLGR) is a regional institution formed in the late 1990s to respond to protracted war in the Democratic Republic of Congo (DRC) involving neighbouring countries. The ICGLR was established to provide a common security forum for the region and this turned into an institutional structure.

Member states include Angola, Burundi, Central African Republic, Republic of Congo, Democratic Republic of Congo, Kenya, Uganda, Rwanda, Sudan, South Sudan, Tanzania and Zambia. In addition to the 11 core member states, Egypt, Malawi, Mozambique, Namibia, Somalia and Zimbabwe have been co-opted. The Heads of State and Government meet every two years. This follows a regional forum where ministers make executive decisions on behalf of their countries.

The ICGLR also includes national level coordination mechanisms, national coordinators and an executive secretariat based in Burundi. These actors are tasked with implementing decisions made during the ICGLR summits. Other stakeholders include the various parliaments, civil society organisations and international actors such as the African Union (AU), United Nations (UN), World Bank, and donor agencies in the region.

The ICGLR Pact includes diverse protocols, four programmes of action and numerous priority projects some of which address issues of sexual and gender based violence (see figure 1).¹



Protocol on Judicial Cooperation (Judicial Cooperation Protocol)

Protocol on Non-Aggression and Mutual Defence (Non-Aggression Protocol)

Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children (SGBV Protocol)

Protocol on the Prevention of Genocide, War Crimes and Crimes Against Humanity and All Forms of Discrimination (Atrocity Protocol)

Protocol on Democracy and Good Governance (Good Governance Protocol)

Protocol on the Protection and Assistance to Internally Displaced Persons (IDP Protocol)

Protocol on the Property Rights of Returning Persons

Protocol on the Specific Reconstruction and Development Zone

Protocol on Management of Information and Communication (Media Protocol)

The 2008 Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region complemented the SGBV Protocol.

The Protocol for the Prevention and Punishment of the Crime of Genocide (Atrocity Protocol), also emphasises that SGBV can be interpreted as a crime of genocide or a crime against humanity. It also prohibits gender-based discrimination and outlines strategies for prevention and ending impunity for SGBV. The Protocol on Promotion of Democracy and Good Governance includes a priority project on prevention and curbing of genocide, war crimes, crimes against humanity and the fight against impunity, including actions for the prevention of sexual violence based atrocity crimes. The IDPs, Non-Aggression, Judicial Cooperation and Media Protocols also include provisions that cover SGBV. In addition, a special reconstruction and development fund has been established for the assistance of SGBV survivors..

An important feature of the framework is that all the components of the Pact are part of the integral whole; i.e. the entry into force of the protocols is not contingent upon separate signature and ratification. Moreover, States are not permitted to enter reservations to any of the treaties.

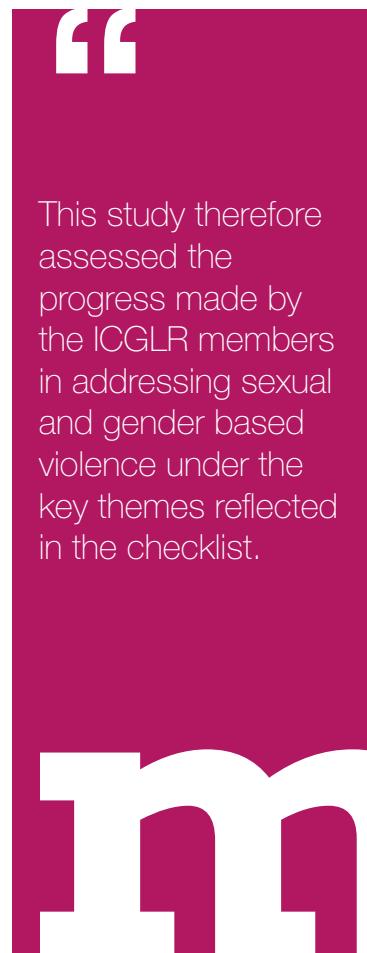
Figure 1

In December 2011, the fourth ordinary summit held in Kampala, Uganda, included a special session on sexual and gender-based violence. This session resulted in the adoption of the Declaration of the Heads of State and Government on sexual and gender-based violence, now known as the Kampala Declaration. The declaration reiterates the commitments made under the 2006 Pact and its attendant Protocol on Prevention and Suppression of Sexual Violence against Women and Children. It also establishes time bound targets for preventing SGBV, ending impunity and establishing support for survivors of SGBV.

Methodology of the Study

The central tool for this study was a quick and efficient checklist developed to assess governments' compliance to their commitments to address sexual and gender-based violence. The checklist was developed by Isis-WICCE and the Regional Civil Society Coordinating Committee on the SGBV Declaration to serve as an advocacy tool for stakeholders to hold their governments accountable for pledges made under the Kampala declaration². This study therefore assessed the progress made by the ICGLR members in addressing sexual and gender based violence under the key themes reflected in the checklist. This is reflected under the four priority areas of the declaration, which include prevention, punishment, protection, and support and compensation.

The research relied on primary data collected from NGOs and key government officials from September 2013 to May 2014. A web-based questionnaire and focus group discussions were employed in a number of countries with a specific focus on women's organisation. In-depth interviews with government officials and NGO staff also provided valuable information³. This was backed by secondary data from literature such as research studies and government reports for example State Party Reports to the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) Committee. Despite the attempt to collect as much up-to-date information as possible, the study faced limitations acquiring data, particularly in countries experiencing conflict such as Central African Republic (CAR) and South Sudan.



Definition of Sexual and Gender Based Violence

The ICGLR November 2006 Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children defines Sexual Violence as “any act which violates the sexual autonomy and bodily integrity of women and children under International Criminal Law, including but not limited to:

Rape
Sexual assault
Grievous bodily harm
Assault and mutilation of female reproductive organs

Sexual Slavery
Enforced prostitution
Forced pregnancy
Enforced Sterilisation

Harmful practices, inclusive of all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and children, such as their right to life, health, dignity, education and physical integrity, as defined in the Protocol on the African Charter on Human and Peoples' Rights on the Rights of Women.

Any other act or form of sexual violence of comparable gravity.

Infection of women and children with sexually transmitted diseases, including HIV/AIDS

Forced abortions or forced pregnancies of women and girl children arising from unlawful confinement of a woman or girl child forcibly made pregnant, with the intent of affecting the composition of the identity of any population or carrying out other grave violations of international law, and as a syndrome of physical, social and psychological humiliation, pain and suffering or subjugation of women and girls.

Sexual exploitation or the coercion of women and children to perform domestic chores or to provide sexual comfort.

Trafficking in, and smuggling of, women and children for sexual slavery or exploitation.

Enslavement by the exercise of any or all of the powers attaching to the right of ownership over women and includes the exercise of such power in the course of trafficking in women and children.

The Protocol refers to a number of UN instruments, including General Recommendation 19 of the United Nations Committee on the Elimination of All Forms of Discrimination Against Women defining gender-based violence as “violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.”

Furthermore, the preamble of the Protocol recognises that sexual violence “is a form of gender-based violence which seriously inhibits the ability of women to contribute to, and benefit from, development, and to enjoy human and peoples’ rights and fundamental freedoms, in private or public life, in peace time or during situations of armed conflict contrary to the relevant international instruments, including the Charter of the United Nations 1945, Security Council Resolution 1325, the Universal Declaration of Human Rights 1948, the Convention on the Prevention and Punishment of the Crime of Genocide 1948, the Convention on the Elimination of All forms of Discrimination Against Women 1979, General Recommendation 19 on Violence Against Women, Convention on the Rights of the Child 1989, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children 2000, the African Charter on Human and Peoples’ Rights 2000, and the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa 2003. The Protocol initially had one major shortcoming in its exclusion of men and boys as potential victims of SGBV. An attempt to correct this can be seen in the 2011 Kampala Declaration, which makes explicit references to men and boys as needing protection from and redress for SGBV⁴.



“

... sexual violence
“is a form of gender-
based violence which
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to contribute to,
and benefit from,
development ...





ICGLR Framework for Addressing Sexual and Gender-Based Violence

2

"No other sub-regional mechanism anywhere has such an extensive, focused anti-SGBV agenda."⁵

The ICLGR framework for SGBV is commendable in its attempt to be as multi-dimensional and thorough as possible. It includes political, legal, social and institutional approaches to SGBV, which if implemented, would go a long way in addressing the problem. The ICLGR recognises and enhances the role of pre-existing international law and thus reinforces previous and on-going efforts of governments and civil society in this area.

The ICLGR also recognises coordinated national, sub-regional, continental, and global action as necessary to combat SGBV. It emphasises a participatory approach involving the survivors, all branches of governments, civil society, international agencies and other partners. The SGBV framework is a powerful and important tool that civil society and other actors can use for research, advocacy and action.

While the framework established is far-reaching and has great potential to address SGBV, a number of concerns have been raised:⁶

- » The need to avoid duplication and ensure coordination among the various actors involved at national and sub-regional levels.
- » The ambitious goals and costly priority actions with no clear indication of funding sources.
- » The challenging time frames for achieving some of the objectives given the resource constraints of the member states.

The Kampala declaration focuses on prevention of SGBV, punishment of offenders, protection, support and compensation for survivors. As such specific actions have been laid out in the Kampala and Dar-es-Salaam declarations, the Great Lakes Pact, and the various protocols.

These actions include

- » Eradication of armed groups and abiding by the Protocol on Non-aggression and Mutual Defence.
- » Domesticating and implementing the various protocols in order to expel armed groups and combat SGBV.
- » Increasing technical and financial support for judicial and security sector reform on women's rights and SGBV eradication. This includes building institutional capacity for SGBV prevention.
- » Establishing or strengthening national structures for prevention, protection and support of survivors. Setting up early warning mechanisms to document SGBV and fast track prosecution as well as ensure justice.
- » Integrating SGBV in the planning and budgeting for national frameworks and particularly within Ministries of Gender, Health, Defence, Security, Interior, Local Government, Education and Youth.
- » Establishing or strengthening gender desks with adequate funding.
- » Launching 'Zero Tolerance' campaigns on SGBV and the need to end impunity.
- » Establishing and strengthening special courts, sessions and procedures within 12 months to fast track SGBV cases within the police and judiciary.
- » Put in place mechanisms to investigate and prosecute sexual violence crimes.

- » Contribute to the ICGLR special fund for reconstruction and development.
- » Establish and scale up one-stop recovery centres that provide free medical, psychosocial, forensic and judicial services particularly to women, youth, children and persons with disability.
- » Direct ministries to develop and strengthen income-generating initiatives to support women survivors of SGBV.

In addition to the specific actions that each member state is required to take, the ICGLR states collectively committed to the following.

- » Contribute to the Special Fund for Reconstruction and Development. The financing of this fund is by mandatory contributions from Member States and voluntary contributions of Cooperating and Development Partners. It is hosted and managed by the African Development Bank (ADB).
- » Strengthen the Levy Mwanawasa Regional Centre for Good Governance and Democracy. This is a regional think-tank created by ICGLR Heads of State and Government; it was established in line with the Dar-es-Salaam Declaration on Peace, Security, Democracy and Development in the Great Lakes Region 2006 and the Nairobi Pact on Security, Stability and Development (with a Protocol on Democracy and Good Governance) of 2006.
- » Establishment of a Regional Training Facility for the ICGLR. The centre was launched in Kampala in December 2013 and will provide training for judicial officers, police officers, medical officers, social workers, attorneys and prosecutors on SGBV issues. It is hosted by the Uganda Ministry of Gender, Labour and Social Development and will focus on providing consultancy services and training on DNA evidence gathering and analysis, as well as maintenance of a DNA database. It will be funded by contributions to the Special Fund.
- » Other proposed interventions include the establishment of a regional media strategy for exposing atrocities, sensitisation and raising awareness in accordance with Article 15 of the Kampala Declaration; inter-linkages between SGBV and Regional Initiatives on Natural Resources (Article 16) and the report on Youth Unemployment (Article 17 of the Declaration).





3

Country by Country Assessment

"Conflict does not simply generate heightened levels of SGBV in a vacuum; rather, conflict can draw upon and expose underlying prejudice and gender discrimination."



Angola

“ Women and children in Angola, as in other countries, suffered disproportionately during the conflict and due to their marginalised position and attack on their sexuality form 80 percent of the conflict-affected.

3.1 Angola

Background

Almost three decades following the civil war that devastated Angola, the country is celebrated internationally as a positive example of post-war reconstruction and economic growth. Angola has made positive steps to recover from a conflict that left up to 400,000 dead, four million internally displaced and over 300,000 refugees in neighbouring countries. Women and children in Angola, as in other countries, suffered disproportionately during the conflict and due to their marginalised position and attack on their sexuality form 80 percent of the conflict-affected.

As such while the country now experiences relative peace, the particular situation of women and children must be observed. While the country boasts of significant wealth and development progress, women continue to suffer gender-based discrimination and reel from its effects. Present day Angola is characterised by high levels of maternal mortality, feminised poverty and illiteracy as well as various forms of sexual gender based violence.

In 2013, data from the national demographics and health survey (DHS) revealed that 27% of married women were abused by their partners. The rate was even higher for girls aged 15 to 19 at 33% and 35% for 20 to 24 year old women. Statistics in 2010 reflected that of the 6,515 reported cases of violence, 104 were sexual. This is complemented by various accounts of girls experiencing sexual harassment in the school system with teachers demanding sexual favours in exchange for good grades. Reporting of violence against women and girls however remains low in Angola.

Patriarchal cultural norms and customary practices also pose a challenge for addressing the different forms of SGBV that prevail. Due to the social

In 2013, data from the national demographics and health survey (DHS) revealed that **27% of married women** were abused by their partners.



ABUSE



Statistics in 2010 reflected that of the 6,515 reported cases of violence, 104 were sexual.

stigma attached to survivors of rape, girls and women are often unwilling to report cases or seek support. The consequences of reporting rape include social rejection resulting in survivors being deemed unworthy of a marriage partner. Women and girls therefore continue to have sparse access to justice or medical services following sexual crimes.

Angola is also faced with the challenge of increasing rates of trafficking in women and children for domestic work in neighbouring DRC, Namibia, South Africa and Portugal. Despite a non-discriminatory labour law, women have limited access to formal employment, economic resources or participation in the formal economy. In addition, women experience gender discrimination in the workplace, particularly in private enterprises.

Implementation of the 2011 ICGLR Kampala Declaration on SGBV in Angola

Angola has ratified a number of international instruments to address sexual and gender based violence. These include the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the 1997 Southern African Development Community (SADC) Heads of State and Government on Gender and Development Declaration, the ICGLR Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children as well as the Maputo Protocol on the Rights of Women in Africa.

PREVENTION OF SGBV

At the national level, a specific law was enacted in July 2011 to underpin efforts to prevent domestic violence as well as other forms of SGBV. The law criminalises sexual abuse, early marriage, failure to care for a pregnant woman and also grants women and girls rights to inheritance and family money. This landmark law is particularly noteworthy because it categorises domestic violence as a ‘public crime’ that can be reported by a third party. This responds to the challenge of low reporting and access to support for women survivors in Angola usually due to fear of social stigma. The involvement of the community as co-actors in addressing SGBV is a positive step.

This is also in alignment with the national Constitution that contains provisions on gender equality, non-discrimination and personal security that provide a policy foundation for addressing SGBV. The government of Angola also developed a National Action Plan Against Sexual and Commercial Exploitation of Children that seeks to protect children from trafficking for domestic labour, commercial sex exploitation and other forms of SGBV.

In terms of providing institutional capacity to implement the commitment to address SGBV, the government with technical and financial support from United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) has put in place several initiatives to build the capacity of the Ministry of Family and Women Promotion. The programme also supports NGO partners such as the Organization of Angolan Women (OMA) to address SGBV through a diversity of initiatives such as the Programme of Family Valuation and Increase of Family Competencies. The Support Programme for Gender Issues and the Promotion of Women address social and economic disparities that negatively affect women, particularly in rural Angola.

Angola has also set up gender focal points to coordinate women and gender concerns in various ministries. This is done under the direction of the Ministry for Family Issues and Advancement of Women, in order to ensure gender is mainstreamed in government policies, programmes and projects. However, while these focal points exist, their functioning is severely challenged by limited technical capacities, lack of knowledge and absence of tools and guidelines for the role. It is clear that the ministry requires strengthening with sufficient financial and human resources in order to build significant institutional capacity to make a difference.

PUNISHMENT AND PROTECTION

In line with the Zero Tolerance campaign, Angola's National Criminal Investigations Police has partnered with United Nations High Commission for Refugees (UNHCR) to raise awareness among communities particularly those in rural areas on the country's domestic violence law. This law lays out the roles of different actors in addressing SGBV and seeks to ensure access to justice and protection for survivors.



Community members now have a significant role to play in reporting cases of sexual and gender-based violence against individuals whose marginalised position affects their ability to report or seek legal redress.

While this law represents a significant and positive step in the right direction, Angola has a long way to go in strengthening law enforcement across the country. It is critical that the government allots resources to building the capacity of the police force to effectively handle cases of SGBV. This must be supported by sensitisation efforts among communities concerning the law, particularly the provisions on the reporting procedure to ensure that women and girls are able to seek and access justice.

The law however does not specifically address the ignored problem of marital rape and attempts to reform it have not gained momentum. As such women are not protected from sexual violence within marriage. Nevertheless, the law contributes significantly to the implementation of the Kampala declaration. To promote punishment for domestic violence, a specific unit has been created within the Police Force and is headed by a woman. The unit also provides psychological counselling to survivors along with relevant information on judicial alternatives.

SUPPORT AND COMPENSATION

The 2011 domestic violence law provides a supporting framework for extending support to women SGBV survivors, who are often financially dependent on their domestic partners. The law provides for free medical and financial support to female survivors and their families. The Ministry of Family and Advancement of Women has been equipped to strengthen programmes and initiatives supporting women and targeting survivors such as the Programme for Victims of Violence and the Programme for the Promotion of Rural Women. Various income generating programmes are now operational such as the Micro-Credit Programme for Women that supports women to start implementing income-generating activities to improve their livelihoods.

Recovery centres, which are locally referred to as Family Counselling Centres, have been set-up by the government throughout the country to receive and handle cases of SGBV. These centres provide psychosocial assistance to survivors of SGBV along with legal aid and information on

It is critical that the government allots resources to building the capacity of the police force to effectively handle cases of SGBV.

individuals' rights. Survivors of SGBV also benefit from free medical services through these centres. The recovery centres reinforce the work being done by civil society partners such as the Organization of Angolan Women (OMA), which has been operating counselling centres for SGBV survivors and particularly providing a shelter for rape victims since 1987. Religious institutions such as churches have also traditionally provided psychosocial support.

Recommendations

- » The government must commit considerable financial resources to addressing SGBV. The Ministry for Family and Advancement of Women should be fortified with human and financial capacity to support prevention of SGBV.
- » The provision of special courts and special sessions should be put in place for SGBV cases as indicated in the Kampala declaration. This is particularly useful in a context with a high level of underreporting of SGBV.
- » The NGO Shadow Report to the CEDAW Committee⁸ expressed dissatisfaction with the provision of reproductive health services, which is still below par. This should be addressed particularly in relation to survivors needs for emergency contraception and post-exposure prophylaxis.
- » Implementation of the Zero Tolerance Campaign should be given priority. Existing opportunities should be exploited such as the Health and Wellbeing event celebrated annually in March.



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It is critical that the government allots resources to building the capacity of the police force to effectively handle cases of SGBV.

“ Burundi

In the domestic sphere, women experience sexual violence in the forms of incest and marital rape along with instances of verbal and economic violence.



3.2 Burundi

Background

Burundi is steadily recovering following the cessation of armed conflict and the reduction of incidences of violence by criminal elements within the country. The 2009 peace agreements signed by the government and National Forces for Liberation (FNL) rebel group provided the foundation for post-conflict recovery to ultimately begin. During the civil war, women experienced rape, sexual and domestic slavery, displacement as well as other human rights violations. Therefore, the positive developments of relative peace in the nation represent great promise for the women of Burundi. However the post-conflict situation of women reveals their continued experience of significant sexual and gender based violence even in times of “peace.”

“During the civil war, women experienced rape, sexual and domestic slavery, displacement as well as other human rights violations.

As a result of the armed conflict, traditional gender roles were altered as most men went to war and women became breadwinners. This has been linked to the increased rates of domestic violence against women after the war, as men have to assert their authority as heads of households. Even though in many cases women were the ones providing for the families. In the domestic sphere, women experience sexual violence in the forms of incest and marital rape along with instances of verbal and economic violence. Women are often arbitrarily arrested as a result of marital disagreements. In the workplace, women also deal with pervasive sexual harassment. In the public sphere, women are at risk of rape, trafficking and forced prostitution.

Due to the social stigma and rejection associated with sexual violence along with a history of inadequate medical, judicial and counselling responses, cases are gravely underreported in Burundi. Young girls and rural women who are most susceptible to sexual harassment or violence are intimidated by all the hurdles and very rarely report the different cases of SGBV. As such access to justice, medical and psychosocial support

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Young girls and rural women who are most susceptible to sexual harassment or violence are intimidated by all the hurdles and very rarely report ...

for survivors of sexual and gender based violence in Burundi remains minimal even as the country is now in the post-conflict reconstruction phase.

Implementation of the 2011 ICGLR Kampala Declaration on SGBV in Burundi

Burundi has demonstrated its commitment to address sexual and gender based violence through signing, ratifying and domesticating various relevant instruments. The same commitment is reflected in the Constitution of Burundi which under article 19 states, “The rights and duties proclaimed and guaranteed inter alia by the Universal Declaration of Human Rights, the International Covenants on Human Rights, the African Charter on Human and Peoples’ Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child shall form an integral part of the Constitution of the Republic of Burundi. These fundamental rights shall not be limited or derogated from, except in justifiable circumstances in the general interest or for the protection of a fundamental right.” Burundi has also ratified the Maputo Protocol with two reservations; all these policy instruments reflect the spirit of the Kampala Declaration on SGBV.

PREVENTION OF SGBV

Burundi must be commended for taking particular action to ensure the implementation of the Kampala Declaration. With support from the International Association of Jurists, a bill was drafted on prevention, reparation and prosecution of sexual and gender based violence. The cabinet draft includes provisions, which clarify definitions and address the concerns of victims of sexual and other forms of gender-based violence. However, while this represents a significant achievement, the bill itself lacks important elements such as provisions on reparations including legal aid, counselling, rehabilitation and compensation, which are critical to supporting survivors of SGBV. Nonetheless, the bill is currently in Parliament awaiting debate and the government will then be faced with the task of ensuring that rhetoric in the act is reflected in reality.

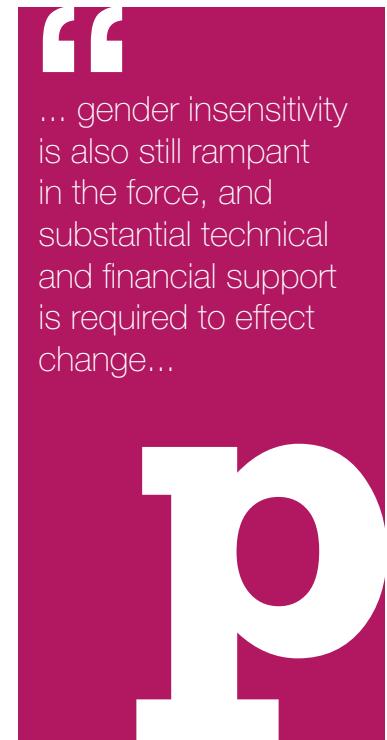
The Penal code has provisions prohibiting violence against women, and the criminal and evidence law lays out provisions for handling these cases with sensitivity, but the practise is yet to reflect these enabling laws. The government of Burundi has also made progress in integrating SGBV in national planning frameworks, by revising the sectoral policies of all the ministries to incorporate a gender perspective using a universal handbook prepared for this purpose. In addition, the National Gender Policy (year xxxx) provides for a number of follow-up mechanisms, such as the National Gender Council, the Technical Committee on Gender and the Permanent Executive Secretariat of the National Gender Council, among others, which can be strengthened to serve as structures to promote prevention, protection and support of women and children against SGBV. In order to ensure the implementation of the Kampala declaration, the government must apply the National Gender Policy along with coordinating plan of action geared towards combating the gender based discrimination and gender inequality affecting women in Burundi.

While the efforts to implement the declaration are commendable, gaps still remain in the provision of increased support for judicial and security sector reform on women's rights and SGBV eradication. Under the current laws, the requirements for evidence in a rape case negatively affect the chances of women and girls accessing justice and call for reform. There is often friction between the judiciary and medical personnel over the admissibility of DNA evidence. In addition, the costs and risks involved in reporting cases such as the price of medical tests, and the risk of compromised confidentiality, all discourage victims from resorting to law enforcement agencies. As a result, Burundi continues to register low levels of reporting SGBV, which by all means affects efforts to address the problem.

This is worsened by challenges such as limited legal knowledge, long distances to police units, as well as cultural practices that stigmatise sexual abuse and accuse survivors of immorality. Complainants are also required to provide for the feeding of the accused while they are under arrest and women who are poor cannot afford to maintain the upkeep of their abuser. While certain members of the Police Force have received training on SGBV, corruption and influence peddling from higher-ranking police officers has often interfered with the process of accessing justice for sexual crimes. In addition, gender insensitivity is also still rampant in

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... gender insensitivity is also still rampant in the force, and substantial technical and financial support is required to effect change...



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The penal code also criminalises issues such as keeping of concubines, sexual harassment and sexual violence committed by civil or military authorities.

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the force, and substantial technical and financial support is required to effect change and reform in this aspect of law enforcement.

PUNISHMENT AND PROTECTION

In line with the goal of ending impunity for SGBV, the revised Penal Code (2009) provides for punishment for rape and sexual harassment in articles 554 to 558 and 559 to 562 declaring them punishable with life imprisonment with no possibility of “remittance, amnesty, lenience or grace.” The penal code also criminalises issues such as keeping of concubines, sexual harassment and sexual violence committed by civil or military authorities. While these laws represent a positive first step in ending impunity, other laws continue to perpetuate other forms of SGBV. For instance, the penal code does not recognise marital rape as a crime; the Nationality Code does not allow Burundian women married to foreigners to pass on their nationality to their children or husbands. The Labour Code does not apply the requirement of paid maternity leave to private sector institutions in line with the CEDAW. This practice discriminates against women because of their reproduction role. Moreover, the Code of the Person and the Family undermines gender equality by not requiring spousal consent for disposal of common property or making the legal age of marriage the same for men and women.

As such, in order to strengthen the judicial system to improve access to justice and protect SGBV survivors, the International Commission of Jurists (ICJ) provided training to judges and CSOs on sexual violence. While this is a significant contribution, the wider judiciary lacks a strong capacity to deal with issues requiring gender sensitivity and would benefit from relevant capacity building. Restrictive judicial procedures must also be reformed such as the requirement for complainant to support their arrested abuser, which especially affects women’s access to justice.

Civil society organization and particularly women’s organisations like the Union of Women of Burundi and the Burundi Women Journalists Association have implemented various programmes to educate the public and report on SGBV and women’s rights issues. In addition, the Young Women Christian Association (YWCA) Power to Change project has focused on sexual violence experienced by girls in school by sharing relevant information, calling on community members to hold

perpetrators of violence accountable and challenging negative attitudes.

YWCA of Burundi has also produced and published information booklets to raise awareness on SGBV. These booklets were distributed to students under 30, head teachers and used for in-class discussions. The messages of this campaign were also transmitted on the local radio stations. In line with the zero tolerance for SGBV, YWCA also produced documentaries for TV Burundi and public service announcements for national radio making it clear that SGBV will not be tolerated and will therefore be strongly punished by law.

While these efforts are commendable it is important to note that most of these actions are by civil society organizations, there are no efforts led by the government of Burundi in this area, this signifies the lack of political will to ensure the implementation of the provisions of the Kampala Declaration.

SUPPORT AND COMPENSATION

In alignment with the provision calling for recovery centres to provide free medical, psychosocial, and judicial or prosecution services, Burundi put in place four centres for survivors of sexual violence. A centre was established in Muyinga Province with funding from the European Commission's Humanitarian Aid Department. This centre also benefits from the technical assistance of UNICEF to provide medical care along with psychological, economic and legal support. SGBV survivors can also receive HIV counselling and testing at the centre, which is run by the Society for Women against AIDS in Africa (SWAA), a local non-governmental organization.

In 2012 a pilot centre was established in Gitega. The Humura Centre provides three services including medical and psychosocial support as well as a magistrate who fast tracks and tries cases of sexual violence. The Seruka Centre is another recovery centre for survivors of SGBV that was set up by Medecins Sans Frontiers (MSF). It offers legal assistance, medical care and psychosocial care to victims of sexual violence in Bujumbura, Bujumbura rural, Bubanza, Kibitoke and Muranvya. The centre also offers group psychosocial assistance to communities and engages in community awareness raising activities.



In alignment with the provision calling for recovery centres to provide free medical, psychosocial, and judicial or prosecution services, Burundi put in place four centres for survivors of sexual violence.



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The Police Force in Burundi has established focal points across the country to specifically handle cases of sexual violence.

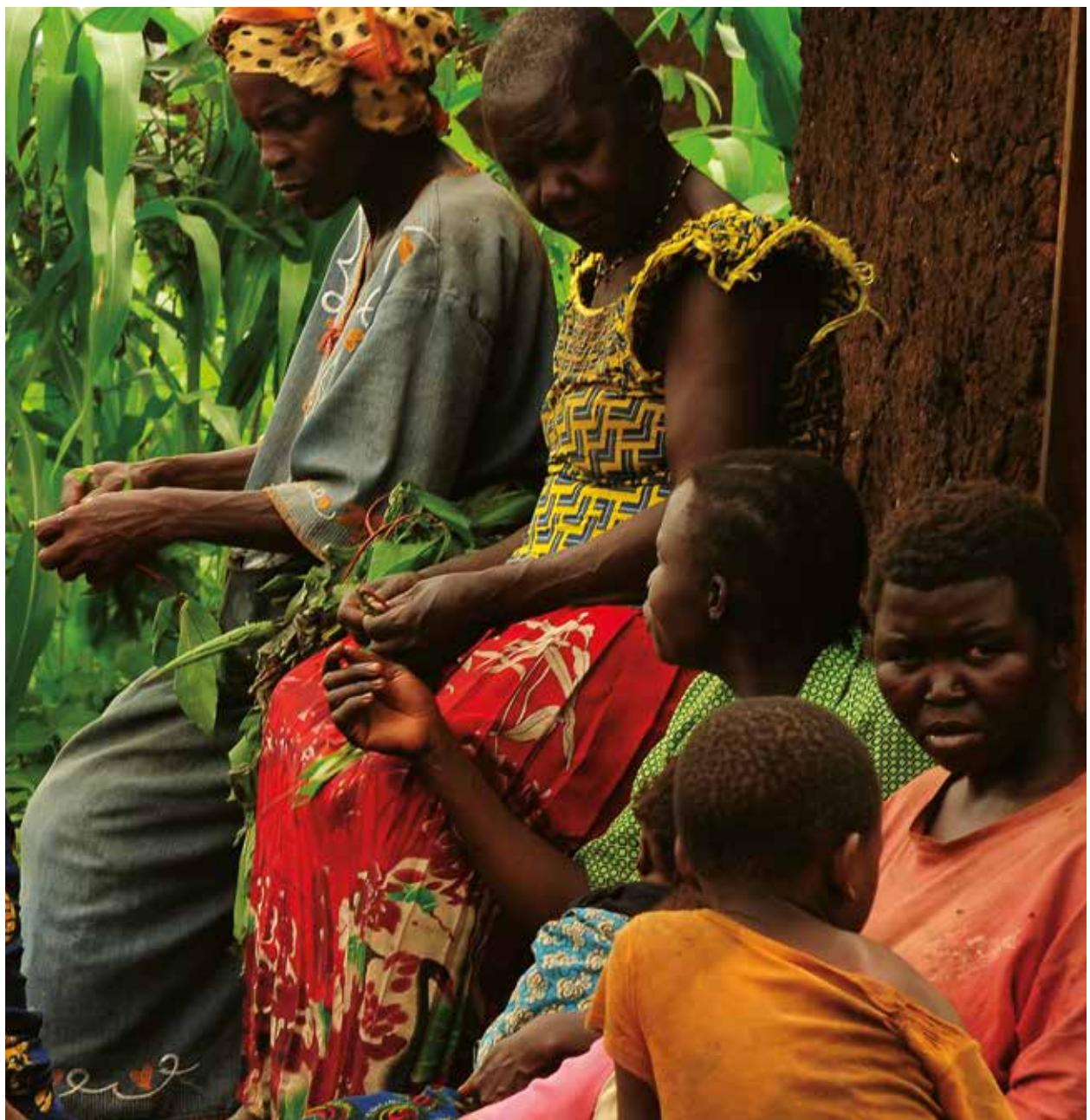
In collaboration with the government, Seruka Centre has the support of two nurses from the Ministry of Health and refers complex cases requiring surgery and specialised health care to the larger referral hospital. Seruka also offers post-exposure prophylaxis, treatment for sexually transmitted infections, and emergency contraception. The centre also provides legal assistance in the form of legal counselling and legal aid.

The centres have proved to be a valuable addition, however some centres are not well equipped with the medical facilities required to handle victims. In addition, under-age pregnant girls considered as minors under the law experience discrimination at these centres as they are denied free medical support because they have no national identity cards. As such there is room for improvement in terms of ensuring equal access to services for rural women and girls as well as fully equipping centres, there has been increased reporting to the police and to the medical centre, particularly for medical treatment of HIV/AIDs.

The Police Force in Burundi has established focal points across the country to specifically handle cases of sexual violence. While this is a laudable effort, citizens in rural areas or locations further away from urban centres, are often not aware of the available medical and legal services or the reporting requirements for SGBV cases.

Recommendations

- » Government and civil society must address the gaps reflected in the bill on prevention, reparation and prosecution of sexual and gender based violence, which overlook redress and responses to women survivors' specific needs.
- » Increase the number of fully equipped and staffed one-stop recovery centres. Bring the free services closer to women in remote and rural areas while ensuring that young women as well as women with disabilities are catered for. The government must commit resources towards the functionality and sustainability of these centres.
- » Review procedures that hinder access to justice or medical support for women SGBV survivors such as the requirement to pay for upkeep of the offender while imprisoned or for a national identity card for underage girls.





Central African Republic

Thousands of women have suffered rape and cases of violence against women and children now occur on a daily basis with impunity. This grave situation is compounded by the inability of the national security services to protect and assist the people of CAR.

3.3

Central African Republic (CAR)

Background

Central African Republic (CAR) has been ensnared by poverty and conflict over the past ten years. The country has experienced multiples coups and hosted violent conflict characterised by horrific crimes and extreme acts of violence. Armed militia invaded homes, raped, killed, tortured and humiliated women, men and children. During previous conflicts, the streets of CAR were overrun with people in flight, displaced by the conflict. Thousands were mutilated during the attacks and now live with serious injuries. A large number of survivors continue to deal with the psychological trauma of the conflict and many have since died of AIDS as well as poverty.⁹

The situation has since deteriorated following the outbreak of violence in 2013. Fighting and widespread acts of banditry are on-going between the Seleka group, a mainly Muslim alliance of five rebel movements and the anti-Balaka, a Christian Militia group. News reports reveal an alarming increase of sexual violence against women and children. In February 2014 alone, over 1,100 confirmed cases of sexual violence were reported, and officials expressed fear that the current situation had intensified to immense proportions.¹⁰ Survivors of sexual and gender-based violence in CAR are often faced with social stigma, discrimination, and at times a loss of means of survival.

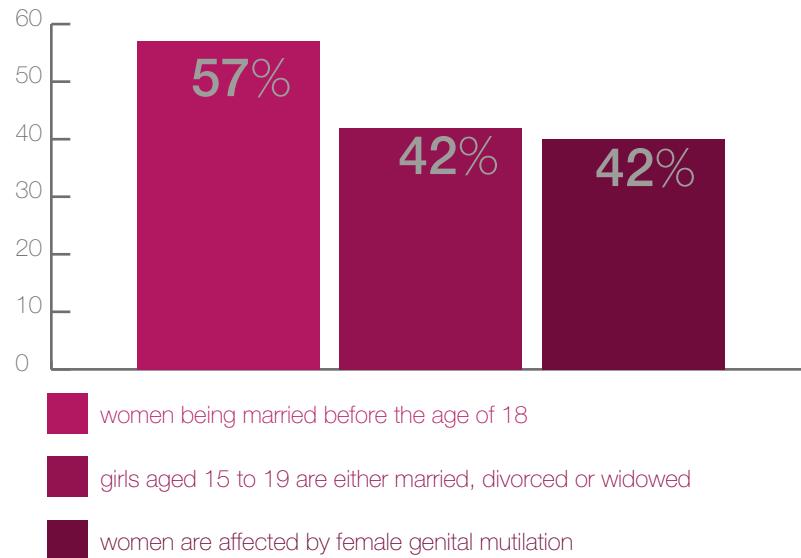
Thousands of women have suffered rape, and cases of violence against women and children now occur on a daily basis with impunity. This grave situation is compounded by the inability of the national security services to protect and assist the people of CAR. During times of relative peace, women experience different manifestations of gender based violence and this has been worsened by the on-going conflict. In CAR, gender inequalities fuel SGBV and perpetuate harmful practices such as the widespread child marriage with a rate of about 57% of women being married before the age of 18.¹¹



Survivors of sexual and gender-based violence in CAR are often faced with social stigma, discrimination, and at times a loss of means of survival.



CHILD MARRIAGE



A UN report also estimates that approximately 42% of girls aged 15 to 19 are either married, divorced or widowed. The World Health Organisation (WHO) provides further evidence of women's experience of SGBV in CAR with statistics estimating that over 40% of women are affected by female genital mutilation and the rate goes as high as 90% in certain regions.

During the interviews women revealed that most women in CAR do not have decision-making power within their lives and households. They are often cut off from economic opportunities and women who earn money often do not have control over this income. As such, women in CAR continue to live in a marginalised position. The outbreak of violent conflict has worsened the vulnerability of women because it destroyed women's support networks such as the local women's associations. Participants also observed that rape and sexual violence have been increasingly used as a weapon of war during a time when the justice system is completely broken down and thousands are displaced. Women experience rape while in the displacement sites such as mosques, church compounds and abandoned schools. Therefore women cannot obtain protection and perpetrators aware of the inability to face punishment, commit sexual crimes with impunity.

Survivors of SGBV are often faced with psychological trauma, health problems such as HIV and rejection by their partners and families. This also affects their access to economic opportunities and for young girls, their chance to find a marriage partner. As a result, the rate of reporting or seeking support following the experience of sexual violence is particularly low.

Implementation of the 2011 ICGLR Kampala Declaration on SGBV in the CAR

Before the outbreak of violence in 2013, the government of the CAR had made some efforts to address sexual and gender-based violence in line with the 2011 Kampala Declaration on SGBV. Central African Republic ratified CEDAW, the Palermo Protocol, the African Human Rights Charter and the Maputo Protocol on the Rights of Women.

PREVENTION OF SGBV

In order to address the pervasive SGBV, the government of CAR, tasked the Ministry of Family, Social Affairs and National Solidarity with implementing the National Plan of Action on Human Rights, a National Action Plan to Combat Domestic Violence, and the National Plan of Action on Women’s Rights. The Human Rights Commission (HRC) was also assigned the role of strengthening the observation of human rights including the prevention of sexual and gender-based rights violations. The current situation however reflects the country’s lack of sufficient human and financial capacity to prevent or adequately respond to the pervasive sexual violence within the country.

The AU through the AU Mission in the Central African Republic (MISCA) has extended support to the government of CAR through a special initiative to prevent and respond to sexual violence in conflict-affected CAR. This effort will be implemented by a team of doctors, lawyers, psychologists and police officers equipped to prevent the violence from escalating while responding to the immediate needs of survivors.



The current situation however reflects the country's lack of sufficient human and financial capacity to prevent or adequately respond to the pervasive sexual violence within the country.



PUNISHMENT AND PROTECTION

Regardless of the current situation, CAR has in place a solid policy foundation to support the implementation of the Kampala declaration in terms of punishment and protection. The 2004 Constitution declares that all persons are equal before the law without regard to wealth, race, sex, or religion and it makes specific reference to the protection of women and children. In article 6, it states,

“the protection of women and children against violence and insecurity, exploitation and moral, intellectual and physical neglect, is a state and community responsibility.”

In December 2006, Act No 6.032 was passed to ensure the protection of women against violence. The law punishes physical, sexual and psychological violence against women, whether in the public or the private sphere. Although the law prohibits female genital mutilation, which is punishable by up to 10 years imprisonment, girls continue to be subjected to this traditional practice in certain rural areas. A Family Code was also enacted in 1998 to strengthen women's rights, however customary laws often take precedence.

The law also explicitly prohibits rape, sexual harassment and the incitement of someone to prostitution and the act of profiting from prostitution. The law designates a fine and imprisonment for three months to one year for those found guilty of procurement of individuals for sexual purposes including assisting in prostitution. For cases involving a minor, the penalty of imprisonment is between one and five years. Despite the existence of these progressive laws, the challenge remains in implementing the protection of women and girls within a conflict setting that further marginalises them. Without strong and well functioning judicial and law enforcement systems, there is not much to celebrate in terms of implementing the Kampala declaration against SGBV in CAR.

While no information was found on the government's efforts to launch a zero tolerance campaign, local volunteers have been partnering with civil society actors such as Mercy Corps to champion the anti-SGBV cause. Traditional male leaders and male role models continue to reach out to community members using sketches and debates to challenge harmful attitudes and practices that perpetuate SGBV. Women's groups such as

Despite the existence of these progressive laws, the challenge remains in implementing the protection of women and girls within a conflict setting that further marginalises them.

TOP

L'Organisation pour la Compassion et le Développement des Familles en Dré tresse (OCODEFAD) and L'Association Centrafricaine pour le Bien Etre Familial (ACABEF) occasionally meet to provide a support system for survivors and decry instances of sexual and gender based violence within their communities.

SUPPORT AND COMPENSATION

Civil Society Organizations play a key role in providing recovery centres with free medical, psychosocial and judicial support for survivors of SGBV within CAR. L'Association Centrafricaine pour le Bien Etre Familial (ACABEF) runs a model clinic in Bangui, which seeks to improve women's access to contraception and other reproductive health services including adolescent reproductive health. With over a thousand volunteers, ACABEF also promotes women's empowerment and improving the economic security of rural and peri-urban women.

L'Organisation pour la Compassion et le Développement des Familles en Dré tresse (OCODEFAD) provides free prosecution support by taking legal action against rapists and their accomplices. It is an NGO founded by a teacher who was raped and widowed by the Movement for the Liberation of Congo (MLC) soldiers. The Association of Central African Women Lawyers also advises women on their legal rights and has published and disseminated various informative pamphlets.

Mercy Corps, an international NGO runs five 'listening centres' across CAR that provide women with psychosocial counselling, legal aid and medical care following sexual violence. International Refugee Committee also opened two recovery centres in Bangui providing legal and medical care to survivors of rape. Doctors without Borders works out of the Bangui hospital to provide survivors of sexual violence with free medical treatment

Recommendations

- » As the conflict is still on-going, it is a priority that SGBV prevention and response is mainstreamed into all humanitarian programmes; to enable adequate response that will ensure data collection and evidence for survivors to seek justice after the conflict.
- » The post-conflict government should establish specialised courts for SGBV cases in the aftermath of the conflict and make specific plans to provide assistance to survivors.
- » All efforts should be made to include women in the national dialogue and reconciliation efforts and respond to their specific conflict and post-conflict needs.

A close-up photograph of a woman's face, partially obscured by a white silhouette of the African continent. She has dark skin and is wearing a purple headwrap with a pink floral pattern. Her eyes are looking directly at the camera with a neutral expression. In her hands, she holds a small child, whose face is also partially visible. The background is dark and out of focus.

Congo Brazzaville

“ Maternal mortality rates are high and access to reproductive health services for women is significantly low in Congo Brazzaville.

3.4 Congo Brazzaville

Background

The Republic of Congo has a history of militia conflict and civil war, characterised by widespread killing, displacement, torture, rape and arbitrary detention of civilians. The consequent peace building and reintegration progress was marred by the outburst of violence and human rights violation. However since 1999, Congo Brazzaville has enjoyed relative peace and security.

As in other conflict-affected countries, women disproportionately suffered during the decade of conflict and continue to suffer the after effects. Women survivors of rape experienced unwanted pregnancies, psychological trauma, exposure to HIV/AIDS and social stigma. In the recent outbreak of violence following the expulsion of DRC nationals, women experienced rape and other forms of sexual and gender based violence. Maternal mortality rates are high and access to reproductive health services for women is significantly low in Congo Brazzaville. Women are also underrepresented in national and local level leadership with the majority confined to petty businesses and small-scale farming. This perpetuates women's marginalised position and their vulnerability to further experience SGBV.

Violence against women and children has continued and become normalised even following the end of armed conflict. Additionally, there are no legal protections for women against marital rape and domestic violence. Women experience various forms of psychological violence perpetuated in a highly patriarchal society such as the lack of freedom of movement, harassment, and accusations of witchcraft with severe repercussions. Women who are the minority in the workplace and institutions of learning are faced with sexual harassment and sexual assault. Family law permits polygamy and adultery for men but forbids it among women. In addition, girls continue to suffer harmful traditional practices such as early marriages with 30% of women marry before they are 18.



Implementation of the 2011 ICGLR Kampala Declaration on SGBV in Congo Brazzaville

The government of the Republic of Congo in addition to signing the 2011 Kampala Declaration on SGBV has committed to address SGBV by ratifying CEDAW and its optional protocol, the Palermo Protocol, the African Charter on Human and People's Right, and the Maputo Protocol to the African Charter on the Rights of Women. The 1992 Constitution also refers to the Universal Declaration of Human Rights, which formally enshrines equality between men and women. However while these policy and legal provisions exist, they are not adequately enforced.

PREVENTION OF SGBV

“... the government has put in place a sturdy enough foundation to guide the promotion of women's right and the prevention and protection of women and girls from SGBV.

In terms of integrating SGBV into national planning frameworks, the Republic of Congo has taken certain steps such as developing a plan to implement the 2008 National Gender Policy, including violence against women as the main area of focus. The National Action Plan, which is currently under review, includes specific action to raise awareness at a national level for SGBV prevention using opportunities such as the 16 days of Activism against Gender Based Violence annual campaign.

The plan also focuses on implementing UN Security Council Resolution 1325 on women, peace and security, which calls for the protection of women and girls from all forms of sexual and gender based violence in addition to responding to their specific needs. As such, the government has put in place a sturdy enough foundation to guide the promotion of women's right and the prevention and protection of women and girls from SGBV.

The government of the Republic of Congo has partnered with civil society actors to implement various campaigns against female genital mutilation, particularly among migrant communities. A key event that marked these efforts was the International day of Zero Tolerance on FGM commemorated in Congo Brazzaville.

The Ministry of the Integration of Women in Development is also the host for a leadership initiative seeking to educate and sensitise the population to prevent violence against women. While there are no specific programmes, ad-hoc talks are frequently conducted especially

in schools where it is important to build awareness on the issues of violence against girls.

PUNISHMENT AND PROTECTION

The Fundamental Act of 24 October 1997, by which public authorities are governed, declares that all citizens are equal before the law regardless of sex. The law also sets the minimum legal age of marriage at 18 years for women and 21 years for men. In addition, there is no specific legislation on sexual or domestic violence to ensure the ending of impunity for SGBV. These gaps in the legal framework do not represent the spirit of zero tolerance to all forms of sexual and gender based violence called for by the ICGLRSGBV declaration.

Additional, the Republic of Congo has not put in place any special courts, sessions or procedures for handling cases of SGBV. Moreover, no training initiatives exist to build the capacity of legal professionals and the judiciary in sensitivity and effectively handling cases of SGBV and particularly sexual violence.

Access to justice remains particularly low for women who have to tackle corruption within the police and the high cost of the police forms required to report cases of SGBV to the police. Women often settle these cases out of court for fear of stigmatisation and rejection by society. Survivors are also afraid to report violence by male domestic partners because of their economic dependency and the risk of losing a breadwinner.

SUPPORT AND COMPENSATION

A one-stop recovery centre was established in the South East Congo Brazzaville in 2013. The one-stop recovery centre is operated with a doctor, magistrate and prosecutor providing medical, psychosocial and judicial/prosecution services. Similar centres have been set up in Makelekele and Talangai. In addition, NGOs such as Femme Association de Femme Juriste du Congo and Clinique Juridique de Congo provide free legal assistance to survivors of SGBV. At Pointe Noire Nkayi, Azur Development provides survivors with rehabilitation services, relevant skills and economic aid. Survivors of SGBV also receive medical treatment and counselling services from hospitals, including post-exposure prophylaxis and anti-retroviral drugs.



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The law also sets the minimum legal age of marriage at 18 years for women and 21 years for men.



A network comprising 25 national NGOs provide legal assistance and extend medical support to SGBV survivors.

A group of international NGOs such as Medecins Sans Frontieres (MSF) and Medecins d' Afrique are contributing to providing free medical treatment for survivors in Makelekele and Talangai in Brazzaville, Betou hospital, Mindouli and Kindamba. This includes emergency contraception, HIV testing and prophylaxis along with psychosocial counselling

Various initiatives spearheaded by civil society organisations provide support to SGBV survivors. A network comprising 25 national NGOs provide legal assistance and extend medical support to SGBV survivors. The same network is providing support in the establishment of a national system for the collection, analysis and use of data on sexual and gender-based violence.¹²

Recommendations

- » Put in place a specific law on SGBV and finalise the enactment of the draft SGBV policy
- » Abolish fees for police forms to increase reporting of SGBV case
- » Establish special courts or sessions and procedures for dealing with cases of SGBV and train law enforcement officers.



PHILLIPE JIMENEZ

A close-up photograph of a woman's face, showing her profile and forehead. She has dark skin and is wearing a yellow headwrap with a black and white swirling pattern. Her eyes are closed or heavily shadowed, and she has a contemplative or sad expression. The background is a soft-focus green.

DRC

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Women in Eastern DRC have excessively borne the brunt of this conflict as the rates of sexual violence have been reported as the worst in the world.

3.5 DR Congo (DRC)

Background

The Democratic Republic of Congo (DRC) has made significant steps in restoring peace within a country that has been plagued by a climate of war since 1996. Regardless, armed groups still exist in DRC such as the M23 rebels in the East the Democratic Forces for the Liberation of Rwanda (FDLR), Mai-Mai, the Lord's Resistance Army (LRA) and the Allied Democratic Forces (ADF/NALU) rebels. As of January 2013, reports indicate that M23 has been defeated and given an ultimatum to surrender. While the government has made efforts to disarm, demobilise and reintegrate members of the armed groups into the national army, violent conflict continues in various parts of the DRC.

Women in Eastern DRC have excessively borne the brunt of this conflict as the rates of sexual violence have been reported as the worst in the world. The United Nations has reported 200,000 cases of rape in the East since 1996. These sexual crimes have also spread beyond the hot zones of the conflict with an increase in the number of rapes in Kinshasa and the country's major towns. The level of impunity for sexual violence has also been remarkably high as rape is increasingly trivialised and normalised. Suspects are often unpunished, released on bail or given very light sentences. Even more, the majority of reported cases are settled out of court.

As such, reporting of sexual violence remains low additionally due to the risk of social stigma, ostracising by family and the larger community as well as the economic effects of exclusion. Women are also faced with high incidence of domestic violence, which is often ignored by the police and considered a domestic dispute. Harmful traditions such as female genital mutilation are uncommon across the country but continue in areas such as Katanga and Equateur.





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The government also has in place a working group on SGBV, which includes representatives from civil society.

Implementation of the 2011 Kampala Declaration on SGBV in DRC

The government of DRC has put in place various enabling policy frameworks to support the implementation of the 2011 ICGLR Kampala Declaration on SGBV. These are underpinned by the 2005 Constitution, which in articles 14 and 15 calls on public authorities to ensure the elimination of all forms of violence against women including sexual violence. These laws and policies include national protocols on the provision of medical support for survivors of sexual violence; for the socioeconomic and educational reintegration of sexual violence survivors; on psychological support and the mental health of sexual violence survivors as well as the legal reference of survivors of sexual violence. DRC also has in place a specific law on sexual violence, the Congolese Penal Code and Law 06/019 contains specific provisions on sexual violence and that has been followed by a national SGBV strategy.

PREVENTION OF SGBV

While DRC has reflected its commitment to address SGBV and therefore implement the Kampala Declaration, it has not made sufficient progress in the eradication of armed groups and thus the implementation of the Non-Aggression Protocol. The failure to eradicate the armed groups has been interpreted as reflecting a low level of political will on the part of the government to reduce the risk of women and children to sexual and gender based violence.

The government through its Ministry of Gender, the Family and Child has however created a structure and a mechanism to contribute to increasing protection, support and compensation as well as promote prevention of SGBV particularly against women. This structure includes the National Agency to Stop Violence against Women (AVIFEM) and the Fund for the Empowerment and Protection of Women and Children (FONAFEN). AVIFEM focuses on gathering information concerning women's experiences of violence while FONAFEN mobilises resources to fund projects initiated by women survivors.

Both institutions are also responsible for the establishment of women's local councils within communes and estates in order to put in place more effective interventions targeting women in vulnerable situations. The agency and fund when fully operational present a significant opportunity to implement the Kampala declaration and address SGBV in DRC especially on behalf of women and children.¹³

The government also has in place a working group on SGBV, which includes representatives from civil society. An inter-agency group that includes NGO representatives and development partners was established in 2007 to address sexual violence issues. The National Programme for the Advancement of Congolese Women has also been re-established and is backed by the National Gender Policy, which is operationalized through the Ministry of Gender, the Family and Child.

Following the regional launch of the Zero Tolerance Campaign in March 2012 civil society actors have continually implemented media and sensitisation campaigns on SGBV in line with the ICGLR Zero Tolerance Campaign. These campaigns complement the government initiative to raise awareness and push for an end to impunity for sexual violence through the large-scale "I Denounce" campaign.

PUNISHMENT AND PROTECTION

Special mobile or circuit courts have been established with help from the ICC and other international actors such as the International Bar Association to improve access to justice for SGBV survivors. These courts have played a key role in ending impunity for SGBV as seen in the case where four military officers were recently convicted by one such court for sexual violence crimes and other crimes against the civilian population.¹⁴

The number of arrests and prosecutions for rape has also increased over time. The United Nations Joint Human Rights Office (UNJHRO) in Congo recorded 187 convictions by military courts for sexual violence between July 2011 and December 2013. The convicted include members of armed groups, soldiers, police and other state agents.¹⁵

Despite these efforts, there is a long way to go in improving women's access to justice as well as ending impunity for SGBV. The justice system

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The failure to eradicate the armed groups has been interpreted as reflecting a low level of political will on the part of the government to reduce the risk of women and children to sexual and gender based violence.

“here have been efforts to train the Police on SGBV and over the past 3 years additional funds have been allotted to improving gender equality.

in Congo is plagued by corruption, interference of political actors and insufficient internal capacity. Magistrates lack proper training and the basic equipment to conduct thorough investigations. Due to poor security in prisons, and corruption among judicial and prison staff, many of those arrested for rape have escaped from prison and some have returned to threaten the victims who reported the crime.

Continued insecurity in Eastern Congo and the presence of armed groups has also hindered the arrest of armed group commanders charged with mass crimes of sexual violence. The government process of disarmament, demobilisation and reintegration of former rebels into the army has resulted in perpetrators of SGBV holding senior positions and remaining unaccountable for crimes of sexual violence during the war. As such the vast majority of perpetrators of SGBV remain unpunished, which perpetuates impunity. It is therefore important that the government expresses its political will to address SGBV by comprehensively addressing impunity within the security forces and strengthening military justice processes related to SGBV.

SUPPORT AND COMPENSATION

There are various initiatives focused on providing survivors free medical, psychosocial and judicial support however these are still largely insufficient. There have been efforts to train the Police on SGBV and over the past 3 years additional funds have been allotted to improving gender equality.

The government spearheaded the building of a women's centre in Goma, to serve as a recovery centre and similar ones are currently under construction in Kindu and Kinshasa. In Panzi Hospital, a safe house called City of Joy was established for women and girls to recuperate after gynaecological surgery to repair rape injuries; and gain skills to be able to generate income and achieving financial independence. NGOs such as Medecins Sans Frontieres continue to play a key role in providing free medical and psychosocial support services to survivors of SGBV. Nevertheless the scale of the SGBV problem is not matched by the efforts that currently exist to curb and respond to its associated problems - Particularly the aspect of prevention and wider gender empowerment work, which has received less attention.

Recommendations

- » A vetting mechanism should be put in place to remove human rights abusers from the security forces and support efforts to end impunity for SGBV particularly among security agents.¹⁶
- » The establishment of a reparations program in accordance with the ICGLR framework should be prioritised. Under Congolese criminal law, civilian and military courts that prosecute rapes order those who are convicted to pay a fine. But these individuals usually claim they cannot afford to pay damages to survivors. When members of the armed forces are convicted of rapes and grave crimes, the state is convicted too, because of its responsibility for actions carried out by the army, a public institution. However, the state is not known to have paid any such reparations to date.¹⁷
- » Greater efforts are needed to ensure protection of survivors and witnesses who may be willing to testify. Closed hearings, concealing victims' identities, and preserving their anonymity, are positive practices that can be replicated in other trials.¹⁸
- » The requirements of a fair trial should be adhered to when alleged perpetrators of SGBV are on trial. Congolese law has provisions for legal aid for poor defendants, but in practice this is often not implemented. As such the judicial process should be monitored to ensure justice as individuals are sometimes wrongfully prosecuted to protect their commanders or to make a statement.
- » The government of DRC also should increase the number of one-stop recovery centres in addition to bringing the free services closer to women in remote and rural areas.



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Greater efforts are needed to ensure protection of survivors and witnesses who may be willing to testify.



Kenya

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The pronouncement of Kenya's Truth, Justice and Reconciliation Commission in 2013 brought to public consciousness a national history of sexual violence in conflict from the 1980s to the early 2000s.

3.6 Kenya

Background

The pronouncement of Kenya's Truth, Justice and Reconciliation Commission in 2013 brought to public consciousness a national history of sexual violence in conflict from the 1980s to the early 2000s. From the Wagalla Massacre of 1984 near Wajir in North-Eastern Kenya, which targeted Kenyan Somalis¹⁹ to the 2007 post-election violence characterised by widespread sexual violence against women and children. The record also shows various accounts of government forces raping and gang-raping women and children with impunity.



45%
of women aged 15 to 49 have experienced either physical or sexual violence.

Sexual violence against women was also highlighted as a major occurrence in the 1990s during the tribal clashes and forced evictions in the Rift Valley Area and Coast Province. Women's post-conflict lives are still plagued by violence as the 2008/09 Kenya Demographic and Health Survey reports that 45% of women aged 15 to 49 have experienced either physical or sexual violence, while 47% of those ever married have experienced emotional, physical or sexual violence.

47%
of those ever married have experienced emotional, physical or sexual violence.

SGBV SURVIVORS from 2007 -2010

250 - 900

Reports from the Moi Teaching and Referral Hospital show that there has been a sharp increase in the number of SGBV survivors seen at the Centre for Assault Recovery of Eldoret (CAR-E), from 250 in 2007, to over 900 in 2010. Statistics from a gender recovery centre at the Kitale District Hospital reveal that most cases involve children reporting defilement or a form of sexual abuse.

FEMALE GENITAL MUTILATION

Women and girls are also at risk of female genital mutilation.

27%
is the national prevalence rate

93%
are children below 18 years old and in the North East,

64%
of women underwent the procedure between ages 3 to 7 years.



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In terms of strengthening national level structures for SGBV prevention, protection and support of women and children, Kenya has in place a National Development Plan Vision 2030 with gender sensitive indicators.

Women and girls are also at risk of female genital mutilation (FGM), as the national prevalence rate is 27%. Statistics reveal that approximately 93% are children below 18 years old and in the North East, 64% of women underwent the procedure between ages 3 to 7 years. This practice continues despite widespread recognition that FGM is a violation of children’s rights and poses great risk to the health and well being of women and girls.²⁰

Implementation of the 2011 ICGLR Kampala Declaration on SGBV in Kenya

Kenya has made significant progress as per the parameters set out in the Kampala Declaration on actions to be taken by governments to redress SGBV. This is in alignment with legal frameworks, which Kenya has ratified such as the CEDAW, Maputo Protocol and the Child Rights Convention. Kenya has a monist system under which a treaty once ratified automatically becomes part of the laws of the country.

PREVENTION OF SGBV

While the policy framework to prevent SGBV exists, Kenya has not complied with the implementation of the Protocol on Non-Aggression and Mutual Defence. The country has not succeeded in eradicating armed groups due to the challenge of identifying the different members from within the communities. For this reason, Garisa and Busia region are still facing attacks from armed groups who indiscriminately kill community members. However, the government has made an effort to implement the Protocol on Non-Aggression and Mutual Defence by ensuring that the Police Act is revised to align with the provisions of the Protocol.

In terms of strengthening national level structures for SGBV prevention, protection and support of women and children, Kenya has in place a National Development Plan Vision 2030 with gender sensitive indicators. Holistic indicators on maternal mortality have also been developed and were launched in January 2014 to track progress in this area. This is backed by the practice of gender budgeting at national level and gender mainstreaming as overseen by the National Gender and Equality Committee. The National Gender and Equality Commission have also established a cluster group that involves all organisations working on

SGBV. In addition, there is a National Policy and Plan of Action on SGBV with National Guidelines on the Management of SGBV. These however are not known as there are not widely disseminated.

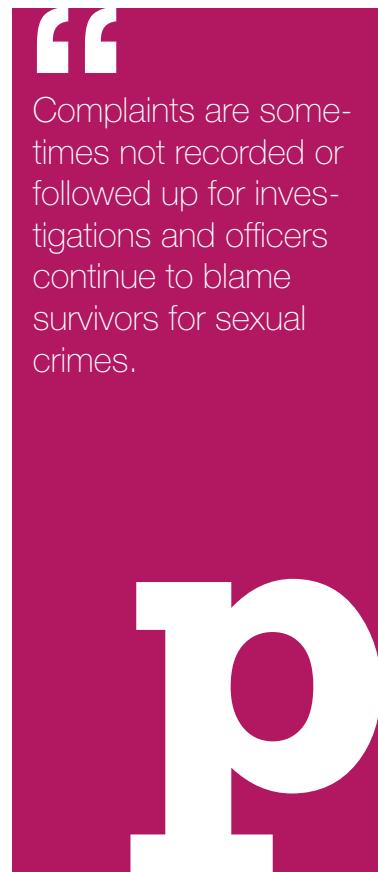
In 2004, the Kenyan police force established Gender Desks within police units and stations to facilitate reporting on domestic and sexual violence. While this has led to improvements in reporting rates, there is a need for specialised training for police officers assigned to the Gender Desks to enable them handle complaints sensitively. There is also room for improvements in police investigations of sexual and gender-based violence, and a need to prioritize the establishment of a comprehensive referral mechanism by the Gender Desks.

PUNISHMENT AND PROTECTION

Kenya has in place a conducive legal environment to support the investigation and prosecution of sexual crimes in order to end impunity for SGBV. The 2010 Constitution, the Penal Code, the Sexual Offenses Act 2006, and the Children's Act 2001 represent a positive step towards addressing sexual offences. The Domestic Violence Bill has just been presented to Parliament and it seeks "to provide protection and relief of victims of domestic violence; to provide for the protection of a spouse and any children or other dependent persons, and to provide for matters connected therewith or incidental thereto."²¹

There are specialised departments under the Directorate of Public Prosecutions (DPP) that deal with SGBV crimes. The office of the DPP delegated their mandate to ordinary lawyers to form a pool to handle and fast track cases of SGBV since October 2012. The government has also gazetted specific public prosecutors to handle SGBV cases. NGOs have also been involved in training judicial officers to handle cases of SGBV. There are no special courts in place but SGBV cases are heard in camera as a general rule.

However, there is still a need to strengthen the implementation of the existing procedures and to address related challenges, which hinder reporting and the prosecution of offenders. Complaints are sometimes not recorded or followed up for investigations and officers continue to blame survivors for sexual crimes. In cases of sexual violence committed against children, parents, guardians and other authorities such as





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...legal services are not widely and freely available across the country to support survivors who usually lack knowledge of the legal process.

teachers are often willing to enter into agreements with the perpetrators to either ‘compensate’ the victim’s parents or, in the case of girls, marry them off to the perpetrator.

These hurdles are worsened by the prohibitive cost of hiring a lawyer, paying a ‘photocopy fee’ to police for the reporting form or paying for the medical test, which should be free. Other charges include facilitation for transportation to court to give expert testimony on the medical examination results. These requests for money are a further burden and cause for stress to already traumatised victims, and they create barriers, blocking many victims from seeking justice.

SUPPORT AND COMPENSATION

Kenya is one of the countries on the record as having made its contribution to the ICLGR Special Fund for reconstruction and development to assist SGBV survivors.²² In addition, a pilot national legal aid scheme is in place but it is still limited in scope and capacity. As such, legal services are not widely and freely available across the country to support survivors who usually lack knowledge of the legal process.

The Ministry of Health has also produced National Guidelines for the Medical Management of Rape and Sexual Violence in 2004. The guidelines outline measures to respond to the needs and health consequences of survivors of sexual violence, such as unintended and unwanted pregnancy, transmission of HIV, psychological trauma, and physical injuries. The guidelines establish government standards of service provision to include counselling, treatment, and management of injuries and sexually transmitted diseases.

The Ministry of Health in partnership with various professional and civil society stakeholders have facilitated the development and approval of policy guidelines for effective administration of Post Exposure Prophylaxis and emergency contraception for survivors of sexual violence. However, many of these guidelines and protocols are not followed in most health facilities due to poor infrastructure and lack of budgetary allocation.

SGBV recovery centres provide counselling and medical services to survivors. The recovery centres were started as the private initiative of

Nairobi Women's Hospital, however its founders are now collaborating with the Ministry of Health to ensure replication and availability of these services on a national basis. Recovery centres have now been established in government hospitals all over the country to offer psychosocial support. The major ones are in Nairobi, Mombasa, Nyeri and Kisumu.

Other NGOs, such as FIDA Kenya, Kituo Cha Sheria, the Coalition on Violence Against Women (COVAW) along with the Kenya Human Rights Commission, and Women's Rights Awareness Programme (WRAP), focus on raising public awareness and providing services such as legal aid and representation for cases of domestic violence, sexual violence, property rights and child custody.

Recommendations

- » Hasten the establishment of one-stop recovery centres in every county where victims of sexual violence can access police, legal, medical and psychosocial support services based on the Nairobi Women's Hospital Model.
- » Strengthen the implementation of the existing judicial or prosecution procedures and to address challenges that hinder reporting and the prosecution of SGBV offenders.



“ Post-conflict Rwanda now deals with different forms of sexual and gender based violence such as high rates of domestic violence and sexual harassment in the workplace in addition to sexual violence, which continues even in times of peace.

Rwanda

3.7 Rwanda

Background

During the 1994 genocide, rape was used as a weapon of war and as a means of inflicting pain and humiliation on the victims. Women and girls in Rwanda were therefore victims of sexual violence, including rape and sexual torture. According to a UN report, at least 250,000 women were raped and a large number were infected with HIV.²³ However since 2001, no armed groups have sprung up and no violent conflict has occurred and therefore the country now enjoys relative “peace”.

Post-conflict Rwanda now deals with different forms of sexual and gender based violence such as high rates of domestic violence and sexual harassment in the workplace in addition to sexual violence, which continues even in times of peace.²⁴ While much progress has been registered since the genocide, several studies over the past six years point to high levels of gender-based violence in Rwanda. In the 2005 Demographic Health Survey, 31% of women reported suffering physical violence and 35% reported suffering some form of domestic violence predominantly by husbands or ex-partners.

A National University of Rwanda survey also revealed that out of 6000 pregnant women attending pre-natal clinics, 35% reported intimate partner violence including sexual abuse, hair pulling, slapping and kicking.²⁵ A Rwanda police report shows that 259 women were murdered by their husbands; between 2007 and 2009. In addition, over 2,000 cases of rape and 10,000 cases of defilement were reported to the police during the period.²⁶

SGBV is still pervasive in Rwanda due to various factors, such as the patriarchal society, which perpetuates negative gender stereotypes, harmful social and cultural norms about women and allows impunity for

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SGBV is still pervasive in Rwanda due to various factors, such as the patriarchal society, which perpetuates negative gender stereotypes...
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sexual and physical violence against women. Furthermore, many women are poor and therefore lack social and economic independence, which increases their vulnerability.

2005 Demographic Health Survey

31%

of women reported suffering physical violence



35%

reported suffering some form of domestic violence predominantly by husbands or ex-partners.



National University of Rwanda Survey

out of 6000 pregnant women attending pre-natal clinics

35%

reported intimate partner violence including sexual abuse, hair pulling, slapping and kicking



A Rwanda police report shows that **259 women were murdered** by their husbands; between 2007 and 2009. In addition, over **2,000 cases of rape** and **10,000 cases of defilement** were reported to the police during the period

Implementation of the 2011 Kampala Declaration on SGBV in Rwanda

The government of Rwanda has made commendable efforts in establishing a legal, policy and institutional framework for gender equality, SGBV prevention and response. Rwanda has ratified CEDAW, the African Charter on Human and Peoples' Rights, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the UN Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Optional Protocol on the Convention of the Rights of the Child on Child Trafficking, Child Prostitution and Child Pornography. While the legal and policy environment is favourable, implementation is still lacking and there is a need for better coordination in order to avoid duplication of effort.

PREVENTION OF SGBV

Rwanda has taken some concrete actions to prevent SGBV and implement the Kampala declaration. In 2011, a five year National Strategic Plan for Fighting Gender-Based Violence was put in place. This was followed by a National Reproductive Health Strategy and a National Gender Policy aimed at mainstreaming gender in all plans and activities of the government. In addition, a Gender Monitoring Office has established SGBV indicators to facilitate information and data recording on SGBV in Rwanda.²⁷

The government of Rwanda also introduced gender budgeting guidelines in 2008, to facilitate an assessment of the gendered impacts of government budgets and mainstreaming gender in key institutions. There are gender-based violence and child protection committees at all levels of government. However despite the existence of different coordination mechanisms, coordination of initiatives and efforts aimed at addressing SGBV is still problematic.

In order to strengthen national level structures for prevention, protection and support of SGBV survivors, the Ministry of Gender has developed a gender-based violence training module to be used as a common tool by all stakeholders in the fight against SGBV. Gender desks have also been established in government agencies including the army, the judiciary and police. Health centres have been staffed with GBV desks and anti-GBV clubs have been established in schools. The National Women's Council, the National Youth Council, the National Council for People Living with Disabilities and the National Children Committee have all been decentralised and bear responsibilities for preventing and protecting people from SGBV.

PUNISHMENT AND PROTECTION

The law n° 59/2008 of 10th September 2008 on prevention and punishment of gender based violence is comprehensive and covers sexual, physical and psychological forms of abuse. Marital rape and adultery are criminalised as forms of SGBV and the law grants power to authorities to hear and judge SGBV cases at the scene of the crime in order not to delay justice. This is problematic as it is not always easy to judge sexual gender based violence on the site of the crime. The same law



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... despite the existence of different coordination mechanisms, coordination of initiatives and efforts aimed at addressing SGBV is still problematic.

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At every district, Access to Justice offices has been put in place, with at least one member of staff dedicated to SGBV.



includes potentially negative provisions, which can be widely interpreted to criminalise various behaviours. For example, the law criminalises “indecent behaviour,” defined as “acts or behaviour different from good morals and politeness; degrading human beings²⁸.” This is a broad and vague definition, which can arbitrarily be applied to undermine the rights of others particularly women. It is also difficult to determine what constitutes indecent behaviour and from what perspective?

In line with the provision of the Kampala Declaration to end impunity for SGBV, the Rwanda government launched a zero tolerance campaign. In December 2013, the Ministry of Gender in partnership with women’s organisation hosted events during the 16 days of activism against violence campaign under the theme ‘Fighting Gender-Based Violence is My Responsibility’. Concertation des Collectifs des Associations Féminines de la Région des GrandsLacs (COCAFEM/GL) an umbrella organisation of Women’s NGOs working on SGBV in the great lakes region also launched national campaigns for zero tolerance on SGBV. The coalition translated both the 2011 Kampala declaration on SGBV and the 2006 protocol on the prevention and suppression of sexual violence against women and children from English into Kinyarwanda. With the support of Care International 2000 copies of these instruments was printed and disseminated at the grassroots levels.

Human rights clubs (called ‘Never Again Clubs) have been established at community and school levels. These ‘Never Again’ clubs aim to discourage a culture of violence. They are supported by Community Policing Committees and Anti Gender-based Violence Committees both at grassroots and national level.

At every district, Access to Justice offices has been put in place, with at least one member of staff dedicated to SGBV. In addition, extensive sensitisation efforts are on-going to build the capacity of the police, public prosecutors and health workers on SGBV. While these are positive developments, the length and complexity of court proceedings continue to discourage several survivors from seeking redress.

SUPPORT AND COMPENSATION

The support system in Rwanda includes medical and psychological assistance to SGBV survivors within the existing health infrastructure.

This assistance includes, but is not limited to HIV testing, counselling, emergency contraceptives and anti-tetanus vaccines. There are councillors from the Ministry of Health ready to offer counselling and medical assistance for survivors of sexual violence. There is also a referral system between health centres and the police to ensure the medical examination gathers evidence that is admissible in court.

In May 2012, Rwanda was awarded the United Nations Public Service Award (UNPSA) for its efforts in fighting sexual and gender based violence. This award was in recognition of the success of the Single One-Stop Centre, which is under the auspices of the Rwanda National Police in the Kacyiru police hospital established in 2009. The centre provides free medical care, legal and psychosocial services as well as counselling and has a room that provides meals, clothing and shelter. There are more one-stop centres in Kigali and Rusizi, which provide psychosocial support, legal assistance and short-term accommodation to survivors. Rwanda has since received World Bank funding to scale up the establishment of one stop centres in each of the 30 districts of the country.

SGBV service providers have also received training on care of survivors and procedures for collaboration with other key stakeholders such as the Police. A special department has been designated within the prosecution and judicial departments for handling SGBV cases. However, one of the main hindrances to justice is the requirement for complainants to meet the expenses of feeding incarcerated suspects. The rate of reportage of SGBV is very low, a recent report on the implementation of the ICGLRSGBV Declaration in Rwanda found that only 10% of SGBV victims report the crime to an appropriate authority.²⁹

The Ministry of Justice has established legal aid centres called Maisond' Accès à la Justice (MAJ), which are established in five pilot districts. Legal support is provided to victims through paralegals and lawyers who provide preliminary services, such as filling out forms, accompanying the victim to the police station, the local authorities and medical service providers in order to seek for and collect documents required by police for the investigation of the cases. They also offer judicial services for the prosecution. These lawyers work with MAJ to ensure free access to justice by the survivors, and liaise between different service providers. There are also legal clinics in various universities,

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... one of the main hindrances to justice is the requirement for complainants to meet the expenses of feeding incarcerated suspects.

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Psychosocial workers who conduct home visits and refer cases to paralegals are selected from the villages.

civil society mobile clinics staffed by paralegals and pro bono services provided by the Rwanda Bar Association. The one stop centres in Kigali and Rusizi also provide short-term accommodation to survivors.

Civil society organizations have played key roles in providing support to survivors through free medical, psychosocial and prosecution services. Polyclinic of Hope (PoH) came into being in 1997 as an intervention of the Rwanda Women’s Network (RWN) to respond to the plight of women survivors by addressing their health, psychosocial, shelter and socio-economic needs in the aftermath of the 1994 genocide. To date beneficiaries include survivors of sexual and gender-based violence, widows, orphaned and vulnerable children and people living with HIV and AIDS. The PoH has been replicated in four centres around Rwanda, and currently caters for over 11,000 beneficiaries.

In order to ensure that SGBV victims have necessary medical support, Pro-Femmes and YWCA signed a contract with Health Centres and Hospitals to facilitate the provision of a full medical package to the victims funded by COCAFEM-GL. SGBV survivors in Gatsibo and Ruhango district have received medical support from this project. Pro-Femmes and YWCA also work with other partners notably the police, Ministry of Justice personnel and the SGBV officers based at health centres and hospitals.³⁰

COCAFEM-GL working with Pro-femmes/TweseHamwe in Gatsibo district and YWCA in Ruhango district entered into partnership with the Committees against SGBV (CAGBV), local leaders and Village Committees. They work at village levels to directly support the victims and also denounce SGBV cases³¹. Psychosocial workers who conduct home visits and refer cases to paralegals are selected from the villages. They also follow up on the cases and act as liaison between different service providers in the area. COCAFEM/GL also plays a great role in providing compensation to survivors through providing economic reintegration support to survivors.

Recommendations

- » Continue and intensify sensitisation campaigns in order to enhance awareness on SGBV and the existence of health and legal support for survivors. Popularize the National Policy Against Gender Based Violence.
- » Strengthen the coordination and reporting mechanisms so as to ensure effective and efficient interventions
- » Create an information network or platform among various stakeholders in the field of SGBV
- » Strengthen training of SGBV service providers such as police, prosecutors, judges and other service providers.
- » Speed up the process of setting up one-stop centres countrywide and establish a DNA laboratory



South Sudan

“ With the eruption of violence in South Sudan in December 2013, the people have faced tremendous violence including rape and murder in their communities, the bush where they have fled, and the places where they have sought shelter, including hospitals and churches.

3.8 South Sudan

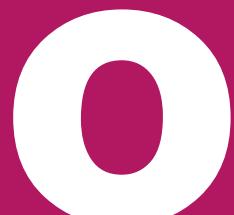
Overview

Fighting is presently on-going in South Sudan. Violence first erupted on December 15th 2013, when Dinkas in the presidential guard in Juba sought to disarm their Nuer colleagues. An atmosphere of rumour and paranoia had festered since July, when Mr Kiir sacked his entire government in a bid to limit the power of the ambitious Mr Machar. Once fighting broke out in the presidential guard, Dinkas started indiscriminately attacking Nuer civilians in Juba, killing scores of them. Tit-for-tat killings then spread across the country. Two dozen Dinka officials were massacred by White Army men (so called because they cover their bodies in white), along with two Indian UN peacekeepers, on December 19th 2013 in Akobo, a remote outpost in Jonglei state. That prompted more than 180,000 people to flee their homes; tens of thousands of them have gathered in Lakes state, north-west of Juba. Médecins Sans Frontières, a French-founded charity, said their conditions were “verging on the catastrophic”. Some 80,000 civilians are now crowded into five UN bases, including more than 20,000 at the two bases in Juba⁴⁴.

With the eruption of violence in South Sudan in December 2013, the people have faced tremendous violence including rape and murder in their communities, the bush where they have fled, and the places where they have sought shelter, including hospitals and churches. Prior to the latest wave of conflict, SGBV was a widespread concern in South Sudan;

“now it is a crisis,” says CARE.⁴⁵ The long term impacts are likely to be dreadful, with children witnessing sexual violence, children being born of rape, or children’s mothers disappearing or being murdered. Early marriage is being used by families to try to protect their girls in times of conflict and as a means of income generation in times of extreme poverty and food insecurity. Research by CARE conducted in 2013 showed that GBV is manifested in a variety of ways both physical and structural is not

“... the people have faced tremendous violence including rape and murder in their communities, the bush where they have fled, and the places where they have sought shelter...”



only widespread, and yet it is shrouded in secrecy. Sexual and physical violence, psychological abuse, and the denial of education and economic opportunity were all common place and seldom reported.

According to CARE's baseline survey, an overwhelming majority of GBV cases are never reported to authorities and in most cases, those that are reported do not result in convictions. Only seven percent of those who said they experienced GBV immediately reported it to the police, 54 percent said they first reported the incident only to other family members, and 12 percent said they reported to the local tribal chief. 27 percent of respondents who had experienced GBV said they eventually did go to a medical facility, but only 37 percent of respondents who said they reported to hospitals or police received any psychological support such as counselling. Asked why they did not go to the hospital, 43 percent of GBV survivors said they decided to keep quiet out of fear and 57 percent did nothing because they felt there was no point in reporting. Focus group participants and key informants said that the fears of survivors stemmed from the likelihood that they would be marginalized if people found out that they had been raped.



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Only 7 percent of those who said they experienced GBV immediately reported it to the police, 54 percent said they first reported the incident only to other family members, and 12 percent said they reported to the local tribal chief.

Laws, policies and institutions for SGBV in South Sudan

Non-aggression is provided for under the Transitional Constitution Article 4. Efforts at disarmament have been unsuccessful as per current events.

Transitional Constitution Article 16 provides for the rights of women. The Code of Criminal Procedure Act 2008, the Penal Code Act 2008, the Evidence Act 2006, Child Act 2008 have provisions on sexual violence. However there is no specific legal framework for SGBV. Even though South Sudan's 2005 Interim Constitution guarantees human rights and equality for all, there is a conflict with customary law, whose rules violate women's rights. Customary law took on great importance during the war, as family units and formal structures were disrupted, with people relying more heavily on customary practices to regulate their lives. This creates complexity because South Sudan is home to more than 50 tribes, each of which has its own customary laws and traditions. While these laws have many variations, they also have many commonalities,

particularly with respect to family issues, such as marriage, divorce, custody, and inheritance, which have a strong impact on women's security. All of the systems of customary law are inherently patriarchal, relegating women to a lower status in the family and community and perpetuating and enforcing a number of customs and traditions that are harmful to women. For example, in marital disputes customary courts place the emphasis on preserving marriages, even if doing so is to the detriment of a woman's safety and well-being.⁴⁶

There is a National Gender Policy in place and a National Reproductive Health Policy has been enacted. Gender Focal Persons have been provided for in all government departments. There is an SGBV working group in place, with NGO participation.

Prior to December 2013 when conflict started again, Radio Talk Shows were being used to raise awareness. The Zero Tolerance Campaign had been launched on March 15, 2012. 16 Days of Activism Against Violence are observed.

An ICLGR Country Committee was recently launched in September 2013. There are Gender Desks at Police Stations. The Police Force has received SGBV training. The newly developed Special Protection Units deal specifically with SGBV. Situated at police stations, these specialized units are staffed by police who are specially trained to assist women and children offering legal aid, protection, medical care, and psychosocial support. The development of these units has been slowed by a lack of trained personnel. Unfortunately, they remain largely unavailable outside of major urban centres.

South Sudan has ratified a number of international human rights instruments such as the Child Rights, CEDAW, Convention against Torture, the African Charter on Human and People's Rights, the AU Convention Governing Specific Aspects of Refugee Programs in Africa and other legal instruments such as UDHR, CEDAW, GA Res. 58/147, and UN Guiding Principles on Internal Displacement.

NGOs such as CARE were implementing SGBV projects in South Sudan even before the conflict broke out again. CARE sponsored Village Savings and Loan Associations, providing institutional support for women's economic empowerment initiatives. In addition, CARE is providing



NGOs such as CARE were implementing SGBV projects in South Sudan even before the conflict broke out again.

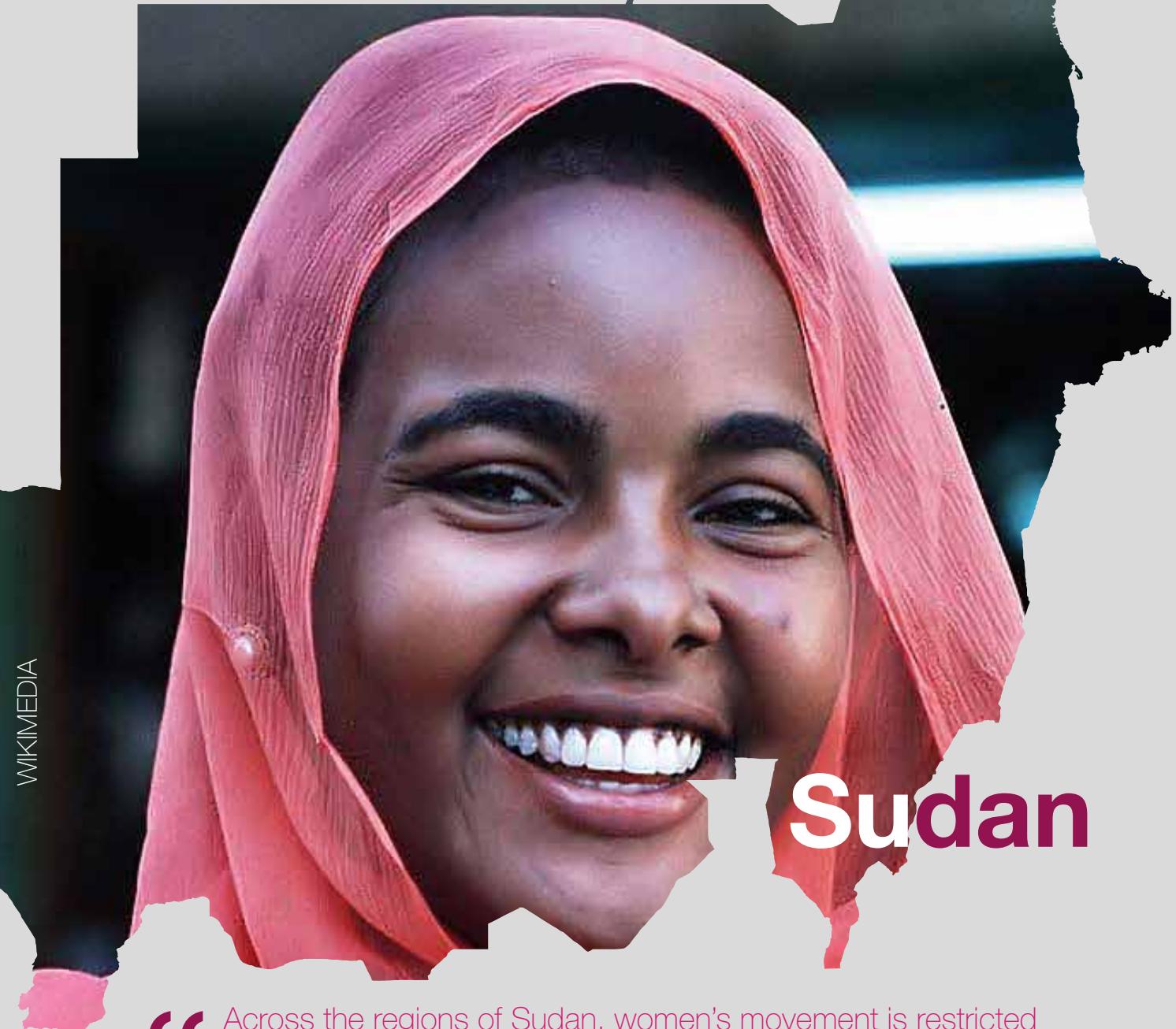


sexual and reproductive health services to women and girls. CARE reaches out to refugee and IDP women, identifying women and girls in need of services, and ensuring that they can access them in as safe and dignified a manner as possible. Furthermore, GBV officers are conducting anti-GBV campaigns, meeting with groups of people – men, women and youths – in churches, schools and water distribution points to facilitate knowledge sharing and open dialogue about GBV, in order to break the silence on this issue.⁴⁷

There are some recovery centres which provide guidance and counselling to SGBV survivors. There are SGBV units in 2 hospitals and health workers (midwives) have been trained and sensitised to discourage FGM.

Recommendations

- » All stakeholders should lobby for increased funding for the SGBV crisis in the country.
- » The Government of South Sudan should Support public awareness campaigns aimed at breaking the culture of silence on GBV while raising awareness of gender inequality, human rights, the rights of the child, and the importance of women’s participation in public life. This should involve the community, traditional elders, religious leaders and other key people. In addition, they should incorporate not only mass media, but must be disseminated to remote communities through networks of partners.
- » Men and boys should be brought on board the campaign to end SGBV as clients, partners and allies. Dialogue in the community should be encouraged, and people should talk about the importance of positive and inclusive relationships between men and women.
- » SGBV analysis and mainstreaming in humanitarian response activities should be maintained.
- » Create safe spaces for women and girls in areas with large numbers of IDPs and foster the development of support groups. Stakeholders involved in the on-going peace process should prioritize the inclusion of voices of all South Sudanese, including women, in the peace process and in long-term efforts to strengthen democracy in the country.⁴⁸



Sudan

“ Across the regions of Sudan, women's movement is restricted outside the home, except with permission from a male household head; this limits women's employment opportunities.

3.9 Sudan

Background

Sudan has a long history of conflict and continues to grapple with tension and conflicts in Darfur, Eastern Sudan, South Kordofan and Blue Nile states which have significantly affected the situation of peace, security and development. The federal system of government is also plagued by poor performance and corruption. The country is home to traditions and practices that perpetuate inequitable gender relations, discrimination, gender based violence and economic marginalisation of women and girls due to gender misconceptions about the role of women.

Across the regions of Sudan, women's movement is restricted outside the home, except with permission from a male household head; this limits women's employment opportunities. While up to 76% of women are involved in micro and small enterprise, this is often informal petty trade. Girls' access to education is also affected by gender perceptions that there is a low return on investment since girls often get married and focus more on subsistence agriculture. Other harmful cultural practices faced by women and girls include female genital mutilation, early and forced marriage, physical and psychological domestic violence among other forms of SGBV. These customs also affect women's access to reproductive health services such as family planning and maternal health because of objecting husbands and religious beliefs.

During conflict, women and girls in Sudan are subject to rape, abduction, sexual slavery, physical assault and forced marriages, which continue in destinations of displacement and during return. A study conducted in Darfur reveals that 43% of the interviewed women had experienced sexual violence and 42.9% suffered domestic violence¹. In Omdurman



During conflict, women and girls in Sudan are subject to rape, abduction, sexual slavery, physical assault and forced marriages, which continue in destinations of displacement and during return.



¹ E Rahma (2009). Reproductive Health KAP Survey among Communities Affected by Conflict in Darfur. UNFPA, Sudan Country



Darfur

43% of the interviewed women had experienced sexual violence and 42.9% suffered domestic violence.

Omdurman

...of 394 literate married women, 41.6% reported abuse in the form of controlling behaviour, threats or physical violence

a study showed that of 394 literate married women, 41.6% reported abuse in the form of controlling behaviour, threats or physical violence². Women and girls who were subjected to rape faced difficulties in reporting and seeking justice for fear of social stigma and exclusion, shaming their family as well as the risk that criminal law could be used to charge them with adultery instead of investigating the rape³.

Implementation of the 2011 Kampala Declaration on SGBV in Sudan

Sudan has not ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) nor the Africa Protocol on Women's Rights. However, various legal and policy frameworks exist to prevent and punish SGBV. Article 149 of the Penal Code 1991 addresses rape, crimes against humanity and genocide. The Penal Code was amended to make the penalty for rape more severe. The 2007 Law on the Armed Forces includes a chapter on the protection of civilians and in particular, women and children during military operations. The Law on the Child 2010 also focuses on prevention of the rape of children.

The National Interim Constitution (2005) reflects progress in promoting women's legal rights despite religious and cultural barriers to the implementation of these laws. Female genital mutilation or infibulation is forbidden under the health law.³² In addition, the Ministry of Welfare and Social Security (MoWSS) Women's Empowerment Policy (2007) includes a section on women's health, focusing on maternal mortality and FGM/C. Despite the existence of these strategies and policies, it is not clear how funding for their implementation will be assured.

Office

2 AM Ahmed, AE Elmardi (2005). A study of domestic violence among women attending a medical centre in Sudan. Eastern Mediterranean Health Journal.11(1-2):164-74.

3 L Tønnesen (2012). From impunity to prosecution? Sexual violence in Sudan beyond Darfur. Norwegian Peace Building Resource Centre

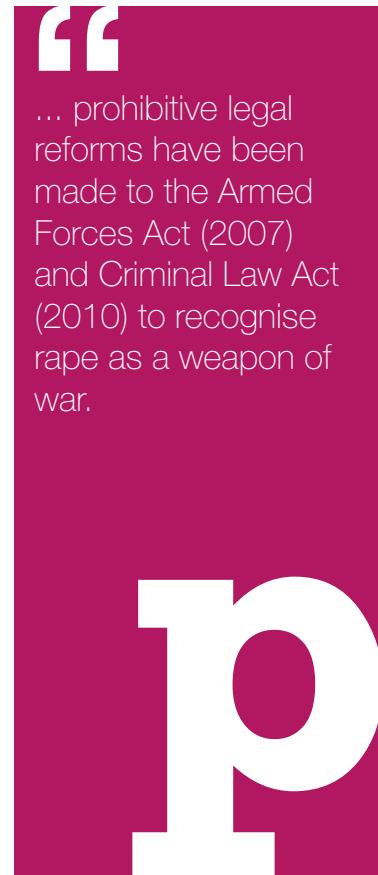
PREVENTION OF SGBV

The government of Sudan has developed a National Plan for Combating Gender-based Violence (2005) under the supervision of the Ministry of Justice. A National Commission on Violence against Women and Children also exists and operates under the Ministry of Justice since November 2005. The role of the National Commission is to address violence against women and children. It is headed by the Vice-President and composed of representatives of government, institutions and civil society organizations active in the field of violence.³³ This represents a level of commitment and a starting point for action to prevent and respond to issues of SGBV in Sudan.

A National Strategy for the Elimination of Violence against Women is currently being drafted under the leadership of the Council of Ministers.⁴ The National Policy on the Empowerment of Women was approved by the Council of Ministers in 2007. This policy focuses on safeguarding women's rights and empowering women to carry out their roles in development, peace building and conflict resolution. Conversely, the implementation of UNSCR 1325 on women, peace and security is weak. In addition, prohibitive legal reforms have been made to the Armed Forces Act (2007) and Criminal Law Act (2010) to recognise rape as a weapon of war. However, it is argued that minimal change has occurred for women in practice, due in part to limited resource allocation for the implementation of these initiatives.

The government of Sudan is currently receiving support from UNFPA to draft and implement the National Plan to Suppress Violence against Women and Children (2010-2011). Relevant government bodies, civil society organizations and international organizations developed the plan. It has been referred to the Minister of Justice for consideration and approval. The aim of the plan is to afford women and children adequate psychological and economic protection and help survivors report acts of violence. The National Strategy to Combat Female Genital Mutilation 2008-2018 also involved the participation of different parts of Government and civil society organizations.

⁴ African Women's Rights Observatory. Country-specific Information: Sudan. <http://new.uneca.org/awro/CountrySpecificInformationSudan.aspx>



PUNISHMENT AND PROTECTION



The Unit for the Suppression of Violence against Women and Children was established within the Ministry of Justice to specifically combat violence against women.

A Women's Unit of the Advisory Council for Human Rights has been established with the view of protecting, consolidating and raising awareness on the rights of women. This unit under the management of the Ministry of Justice looks into laws affecting women's rights, including rape, adultery, and violence against women, safe motherhood, reproductive health, FGM and integration of gender into HIV/AIDS programs.⁵ However, the impact of the Unit's initiatives is not clear in relation to actual legal reform within Sudan. Nevertheless, there are promising efforts by the women's rights organizations in Sudan to push for legal reforms that protect victims of rape and bring perpetrators to justice.⁶

Fifteen Child and Family Protection Units have been established since 2005 to take practical measures in all provinces to protect women and children victims of violence throughout the court process. These include ensuring physical separation of the survivor and perpetrator in courtrooms, separate entrances to courtrooms, notifying the police and facilitating investigation and the court case.

A ten-year impact study on the implementation of UNSCR 1325 showed some successes in Sudan, including the explicit targeting of women ex-combatants and other women associated with armed forces and groups in the demilitarization, demobilization and reintegration (DDR) programme. In addition, it recognised the designation of a 25% quota for women in elections, women's improved access to legal aid, and revisions of the Armed Forces Act 2007 to specifically protect women during armed conflict, establishment of a Family and Child Police Unit as well as the creation of a national GBV strategy⁷.

5 Sudan Ministry of Justice, Advisory Council for Human Rights, Women's Section.http://www.adhr.gov.sd/women_section.html

6 Liv Tønnessen (2012). From impunity to prosecution? Sexual violence in Sudan beyond Darfur. Norwegian Peacebuilding Resource Centre

7 United Nations Department of Peacekeeping Operations (2010). Ten-year Impact Study on Implementation of UN Security Council Resolution 1325 (2000) on Women, Peace and Security in Peacekeeping

Efforts are ongoing to address SGBV including initiatives during the 16 Days of Activism being celebrated in Khartoum and other parts of the country. As part of the campaign, in December 2013, United Nations Assistance Mission in Darfur (UNAMID) organized a workshop for members of the North Darfur Gender-Based Violence (GBV) Committee to develop a work plan for 2014. UNAMID's Gender Advisory Unit in collaboration with the State Ministry of Social Affairs and the North Darfur GBV Committee assessed the existing measures and mechanisms for mitigating and responding to violence against women.³⁴ Committees have been put in place in coordination with international organizations to combat violence in Darfur, to protect women, work with family services on the resolution of conflicts in IDP camps, and to support legal, health and social procedures for women victims of violence.

SUPPORT AND COMPENSATION

A decree No. 48 (2005) was issued by the General Director of Police Forces to form a child protection unit within the police. The same decree also provides for psychological, welfare and legal support for victims of violence in all provinces. The National Council for Child Welfare (NCCW) established in 2008 also develops strategies and plans including a focus on addressing violence against children. The NCCW is comprised of representatives of all government institutions, ministries and civil society organizations that operate in fields of relevance to children.

The Unit for the Suppression of Violence against Women and Children was established within the Ministry of Justice to specifically combat violence against women. It has since been working on the preparation of a guide for clinical treatment of rape cases, training physicians and other medical staff. This has the goal of documenting the medical status of survivors, and the provision of free medication and treatment within medical institutions. However, government spending on health in Sudan is generally low. As a result of limited spending on health, the poorer states and localities have insufficient financial and human capacity to provide the necessary medical and psychosocial services to survivors.

Recommendations

- » Facilitate a nation-wide campaign to promote a culture of zero tolerance towards SGBV as well as influence behaviour rooted in patriarchal ideology that perpetuate SGBV.
- » Ratify and domesticate CEDAW with corresponding laws and policies as well as structures, systems, and procedures for addressing SGBV.
- » Grant international and local NGOs the space to work on issues of gender and SGBV without fear of sanctions.
- » Strengthen the provision of free medical and psychosocial support services to SGBV survivors.

Tanzania

“ ... the education of girls is often interrupted to prioritise domestic responsibilities and girls are often subjected to child marriage as young as the age of 12.



3.10 Tanzania

Background

Tanzania is known for its history free of civil war or armed conflict and therefore as the home of relative peace and security. Despite this, gender inequalities exist and sexual and gender based violence occur in various forms. For instance, the education of girls is often interrupted to prioritise domestic responsibilities and girls are often subjected to child marriage as young as the age of 12.

A section of women also face other harmful traditional practices such as widow inheritance by a husband's male relatives or 'widow cleansing' through sex with a man to purge evil spirits. These widows also grapple with discriminatory inheritance and property law traditions. In the particular case of Zanzibar, which has a majority Muslim population, women face discriminatory restrictions on inheritance and ownership of property because of concessions by the government and courts to customary and Islamic law.

A particular concern within the country is violence against albino children with over 100 violently attacked since 2006 for the harvesting of their body parts as lucky charms for witchcraft. Girls from rural areas are also at risk of trafficking to urban centres as domestic workers or commercial sex workers. While female genital mutilation is illegal in Tanzania, research indicates that 15% of women between the ages of 15 and 49 have experienced FGM.³⁵

Women also experience spousal violence, which has been normalised and is often accepted in society. Cases of rape and defilement are underreported as parents often prefer to settle out of court in cases such as defilement by teachers in primary or Quran schools. Due to ignorance, poor law enforcement and lack of social cohesion, women and girls often have to deal with psychological trauma, risk of HIV infection and in some cases death as a result.



Girls from rural areas are also at risk of trafficking to urban centres as domestic workers or commercial sex workers.



Implementation of the 2011 Kampala Declaration on SGBV in Tanzania

Tanzania has ratified all the key instruments concerning SGBV such as the CEDAW, Maputo Protocol and the Child Rights Convention. There have also been amendments to the Penal code to address sexual violence offences and FGM. The Sexual Offences Special Provisions Act of 1998 was reviewed and incorporated in the Penal code. Tanzania also has a Domestic Violence Act and a Child Act of 2009. However the Marriage Act, Inheritance Act and other laws governing domestic relations are not gender sensitive and have been under review for over 10 years.

PREVENTION OF SGBV

Gender focal points and gender committees have been established in every ministry, although gaps still remain in terms of sufficient human capacity.

In compliance with the 2011 Kampala Declaration, the government has established a National Committee on the Elimination of Violence against Women. It has 25 members from government ministries and departments including the police, Ministry of Home Affairs, Ministry of Gender, Ministry of Social Welfare, Youth, Women and Children, Ministry of Finance, Ministry of Health, Education and Vocational Training, Ministry of Justice and Constitutional Affairs, Youth, Information, Culture and Welfare development, Office of the Prime Ministers, Local Government, Judiciary and Ministry of Foreign Affairs and International Relations. The committee includes six CSOs such as Women in Law and Development in Africa (WILDAF) and House of Peace as well as development agencies such as UNFPA, UN Women and United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO). The Committee meets quarterly and conducts monitoring visits, as part of a 3-year work plan especially to areas where SGBV is prevalent.

Tanzania also has in place a National Action Plan for Elimination of Violence Against Women and Children (2001-2015), which is under review. A National Action Plan for FGM 2001-2015, National Management Guidelines for the Health Sector Prevention and Response to Gender Based Violence are also in place. These are being disseminated to stakeholders and guidelines for gender-based violence focusing on other forms of violence are also being developed. Tanzania is also reviewing the 2000 National Gender Policy. There is also a Reproductive Health

Policy and corresponding gender sensitive development indicators in place for all sectors.

Gender focal points and gender committees have been established in every ministry, although gaps still remain in terms of sufficient human capacity. Tanzania also practices gender budgeting across the board.³⁶

PUNISHMENT AND PROTECTION

The government of Tanzania has not established special courts or sessions to fast track the handling of sexual violence cases. However, there have been attempts to train the judiciary on gender-sensitive court procedures. Women and girls' access to justice still remains a challenge as formal judicial processes are side lined and most cases are settled out of court. The technical procedures are complicated and the judiciary suffers from a corrupt image. Women are discouraged from reporting socially delicate issues such as rape within a male dominated judiciary as the ratio of female to male judicial officers is 3 to 22. This is compounded by a cultural mind-set that trivialises SGBV, the risk of stigma in the absence of full confidentiality as well as reluctance to report on perpetrators who are breadwinners in their homes. This persists despite the legal awareness activities carried out by many NGOs and calls for wider reforms on the part of the government.

The Tanzania Police Female Network (TPF-Net) plays a key role in handling SGBV. To promote the end of impunity for SGBV, 417 gender and children desks have been set up in a few police stations. Additionally, there is a police action plan that specifically outlines the functioning of the gender and children's desks. The presence of these desks has brought about some changes including improved skills of police officers who received specialized training on gender and management of SGBV cases. In addition, members of the public are sensitized and people are now coming out to report SGBV cases, hence increasing the number of reported cases to the police stations. It has also improved the working relationship between different actors in the criminal justice system in Tanzania Mainland and Zanzibar, increased reporting of SGBV convictions in some courts and increased number of partners in policing work both at national and international levels.³⁷



Women are discouraged from reporting socially delicate issues such as rape within a male dominated judiciary as the ratio of female to male judicial officers is 3 to 22.

Despite this progress, there are some issues that hinder the operation of the Police Gender and Children's Desks (PG & CDs), such as insufficient linkages with other important agents like private security companies and prison officials. The SGBV structures are also urban or peri-urban and therefore lack a strong presence at the grassroots. These gender desks are also negatively perceived by some of the heads of the police stations and often lack specific attention and administrative support. They therefore may not be given basic facilities such as a private room, stationery or furniture. The gender and children's desks also lack a clear regulatory mechanism, having been established by Administrative Guidelines that are not legally binding. In addition, Police Officers who have been trained to handle SGBV are sometimes transferred to other stations or departments, leaving gaps in the system.

In alignment with the zero tolerance campaign, Tanzania Media Women's Association (TAMWA) has produced a training manual on SGBV that covers the key issues comprehensively. Over the past 2 years TAMWA has trained journalists on responsible reporting on gender based violence. As a result, reporting on SGBV has improved qualitatively, and the 16 days of activism in 2013 reflected a greater understanding of issues of SGBV among the public. TAMWA engages with editors to ensure that SGBV issues are given adequate coverage in the media. They have also established relationships with the Police Gender and Children's Desks in order to sensitise the community on issues of SGBV and ensure that information is gathered and recorded.

SUPPORT AND COMPENSATION

A pilot one-stop recovery centre has been established in Zanzibar at MnaziMmoja Hospital. There are also plans for a one-stop recover centre on the mainland, in Ilala District. The Social Welfare Department of the Ministry of Health provides psychosocial support services to victims however, due to poor funding and a lack of adequate facilities, the shelters are very small and have a limited reach.

NGOs have also made efforts to address SGBV in the country with organisations such as Tanzania Women Lawyers Association training doctors, social welfare and health workers on how to handle victims of sexual violence in a human rights friendly manner. There is also an effort to improve medical and legal linkages within the system. There

There are also a number of civil society organizations involved in the education and eradication of FGM.



is a civil society initiative, developed by the Kiota Women's Health and Development Organization, which sets up structures in communities to identify and report sexual abuse as well as child trafficking. There are also a number of civil society organizations involved in the education and eradication of FGM, such as the Anti-FGM Network (AFNET) and the Christian Council of Tanzania.

Recommendations

- » Guidelines on SGBV should be translated from English to Swahili in order for them to be widely disseminated all over the country.
- » Awareness raising and community mobilization should be strengthened to overcome socio-cultural barriers that constrain women from seeking and receiving help. Campaign messaging should emphasize the role of communities in preventing and responding to SGBV as well as information on support services for survivors.
- » SGBV services such as one-stop recovery centres should be spread out from urban centres to the rural areas; streamlined and simplified to be more accessible to all.
- » Training on handling SGBV cases should be strengthened for legal and medical personnel in addition to coordination between health facilities and the legal system.



The SGBV structures are also urban or peri-urban and therefore lack a strong presence at the grassroots.



Uganda

During the two decades of violent conflict, the population experienced internal displacement and the rate of SGBV noticeably rose in Northern Uganda as girls and women experienced rape and defilement within the camps when they left the camp to fetch water or firewood.

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3.11 Uganda

Background

Uganda has a complex history of conflict characterised primarily by rebel groups in the Northern and South Eastern parts. In 2006, the government signed a cessation of hostilities agreement with the Lord's Resistance Army (LRA) and began long-term post-conflict reconstruction. The Allied Democratic Forces (ADF) rebels have also been pushed out of the country and the armed conflict in Karamoja has been managed following a process of disarmament.

During the two decades of violent conflict, the population experienced internal displacement and the rate of SGBV noticeably rose in Northern Uganda as girls and women experienced rape and defilement within the camps when they left the camp to fetch water or firewood. This was following periods during the conflict where women suffered rape, gang rape, sexual slavery and sexual mutilation by rebels and government forces. Incidence of rape and defilement also remain significant in other parts of the country with the highest rates reported in the relatively peaceful Busoga region.

According to the 2010 Uganda Demographic and Health Survey, over two thirds (68%) of ever married women have experienced some kind of gender based violence with the situation worse for rural women (61%) than urban women (54%). 78% of women in Uganda also reported being subjected to domestic violence. Other forms of sexual and gender-based violence persist, including early and forced marriages as well as widow inheritance, which is still practiced in some communities. While the rates of female genital mutilation are decreasing, the practice continues to exist among the Sebei community of Eastern Uganda.



Implementation of the 2011 Kampala Declaration on SGBV in Uganda

In accordance with the Kampala Declaration, Uganda has ratified various international instruments that are relevant to SGBV such as CEDAW, the Maputo Protocol, the African Charter on Human and People's Rights, the Universal Declaration of Human Rights, the International Convention on Economic, Social and Cultural Rights, International Convention on Civil and Political Rights, the Convention on the Rights of the Child including the two attendant Protocols on the Rights of the child on involvement of children in Armed Conflict as well as the Rights of the child in the sale of children, child prostitution and pornography.

Nationally, the Domestic Violence Act, FGM Act and Trafficking in Persons Act are in place. The Penal Code Act has also been amended to take into account aggravated rape and defilement. While all these are positive developments, the Domestic Relations Bill 2010 is still undergoing consultations along with the Sexual Offences Bill.

Gender focal points and gender committees have been established in every ministry, although gaps still remain in terms of sufficient human capacity.

PREVENTION OF SGBV

Uganda possesses the necessary legal and policy framework to support efforts to prevent SGBV within the country. It boasts of a specific policy on sexual and gender based violence along with a Reproductive Health Policy. The Ministry of Gender, Labour and Social Development (MoGLSD) in partnership with development partners and civil society has also drafted and is implementing a National Action Plan for the Implementation of UNSCR 1325, 1820 and the Goma Declaration with a specific focus on ensuring the protection of women and girls from gender-based violence, particularly rape and other forms of sexual abuse.

The same MoGLSD also facilitated the development of a comprehensive National Gender Policy with gender sensitive indicators. As such, the planning of national frameworks clearly incorporates issues of SGBV. In line with the Kampala declaration, the Government of Uganda launched the Zero Tolerance to Violence against Women campaign in 2012. The Ministry of Gender, Labour and Social Development has also made some progress by coordinating a SGBV Working Group that includes the participation of civil society actors engaged in various interventions to address SGBV.



Uganda through the initiative of the Forum for Women in Democracy (FOWODE) has been practicing gender budgeting to a reasonable extent and this has contributed to strengthening the capacity of national institutions. However, despite the existence of progressive laws, polices and plans, there is a lack of political will to implement these frameworks as reflected in the lack of clear budget allocations on SGBV. Consequently the policy frameworks and rhetorical commitments do not necessarily directly translate into great advancements in preventing SGBV.

PUNISHMENT AND PROTECTION

Uganda has not set up special courts to handle SGBV cases and efforts to sensitise judges and magistrates on SGBV are still minimal. Nevertheless, Child and Family Protection Officers have been placed at every Police Station to provide assistance in the reporting of cases and also extend counselling services to SGBV survivors. Since 2012, SGBV has been incorporated into the Police Training Curriculum and the Criminal Investigations Directorate now includes an SGBV Department.

To facilitate easy access to justice for SGBV survivors, various procedures have been strengthened. For instance, the general Police Form 3, which was inadequate for recording complaints of sexual violence, has been revised. This has been a result of the advocacy efforts of various civil society organisations and women's groups. The problem of inadmissible medical evidence, which has for a long time hindered the successful prosecution of SGBV cases, is also now being addressed. All doctors and midwives can now examine victims of sexual violence and their evidence would be admissible in court.

It is estimated that in Uganda only 2 in 10 women report violence or seek help. Even when cases are reported, conviction rates for perpetrators stand at only 6.6% of prosecuted cases. Low reporting of violence means that many survivors do not receive justice or psychosocial support. The police is faced with challenges such as understaffing, corruption and obsolete methods of evidence gathering and preservation. This negatively affects the success of women and girls in accessing justice for sexual crimes committed against them.³⁸ Uganda's Justice Law and Order Sector therefore allocated 250 million shillings (about US\$92,700) to the 2012-2013 budget for the Uganda Police Force to implement a programme to improve access to justice for SGBV survivors.³⁹



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SUPPORT AND COMPENSATION

The government of Uganda working with UNFPA is piloting recovery centres in 5 districts of Gulu, Lira, Masaka, Moroto and Mbarara. However it was not possible to establish whether or not these centres are functional as yet and questions arise concerning the sustainability of recovery centres largely funded by external donors. Efforts have also been made by various NGOs to provide temporary shelter for SGBV survivors such as the shelters in Tororo (MIFUMI project), Iganga (Uganda Women's Network- UWONET), Mubende and Nebbi (Action Aid International Uganda). The services offered at these centres include provision of temporary accommodation, physical protection from perpetrators, counselling, legal aid, provision of medical care and provision of basic needs such as food and clothing.⁴⁰

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Probation and Social Welfare Officers at every district have also been equipped and tasked with providing counselling to SGBV survivors.

The government has also established a new initiative through which qualified village nurses and clinical officers provide free medical examinations and counselling services to survivors of sexual and gender-based violence in order to speed up the prosecution of such cases. Probation and Social Welfare Officers at every district have also been equipped and tasked with providing counselling to SGBV survivors.

The health sector facilities are expected to provide emergency contraceptives, post exposure prophylaxis to prevent HIV/AIDS and general treatment to survivors. However, gaps still exist in implementation, as rural health centres are often poorly equipped or lacking in human capacity to provide psychosocial support.

The ICGLR Regional Training facility has been established in Uganda's capital Kampala and is currently developing a strategy and work plan for its first year of operation. The ICGLR Special Fund approved an amount of \$100,000 as seed money to get the centre off the ground. It is hosted by the Ministry of Gender, Labour and Social Development and will train judicial officers, police officers, prosecutors, advocates, medical officers, as well as various groups to handle cases of SGBV. The centre will also offer consultancy services on SGBV and will include a special focus on the role of DNA evidence in SGBV cases. It will establish and manage a DNA database for sexual offenders, training officials on handling DNA, provision of DNA kits, and related matters.

Recommendations:

- » The government must move from policy to action by providing adequate resources to implement policy plans.
- » All actors should embark on large-scale community sensitization focused on attitudinal change to eliminate cultural practices that promote SGBV.
- » Ensure training for police and judicial officers to increase the rate of reporting of SGBV and improve conviction rates.
- » Create special courts to hear and prosecute sexual violence cases and fast track judicial response. This requires allocating additional funding to the judiciary.
- » Continue on-going strengthening of medical to legal linkages to ensure that evidence for SGBV crimes is collected and preserved for successful prosecution of cases.



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... gaps still exist in implementation, as rural health centres are often poorly equipped or lacking in human capacity to provide psychosocial support.

Zambia

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Gender-based violence in Zambia is on the rise with one in five women having experienced sexual violence at some point in their lives.

3.12 Zambia

Background

Aside from three unsuccessful coups in Zambia, the country has managed to enjoy relative peace over the years. Despite this, the society does not enjoy a high level of gender equality and women bear the brunt of a deeply patriarchal society characterised by widespread discrimination as well as high levels of poverty and unemployment for women. Women have often limited access to credit services and married women report unfair conditions of service when employed.

Gender-based violence in Zambia is on the rise with one in five women having experienced sexual violence at some point in their lives. Of all the forms of violence, domestic violence was the highest form of abuse reported with various reports of wife beating, stabbing, burning, threats of murder and murder. Child rape is estimated to have increased by up to 60% with teachers as the largest group of perpetrators. Zambia also has one of the highest levels of child prostitution and children are often trafficked to Botswana, South Africa, the Far East and Middle East.





Zambia recorded one of the highest rates of intimate partner violence in the world. According to the 2007 Zambia Demographic and Health Survey, 47% of women in Zambia have experienced physical violence since age 15. In 77% of the cases, the perpetrator was a current or former husband or partner. However, less than half (46%) of abused women and girls seek help for various personal, economic, and social concerns, particularly due to the fear of social stigma and failings of the judicial system. In 2012 alone, up to 12,000 cases of GBV were reported and only 1,500 were tried in court.

Customary law and its institutions are still vibrant and traditional leaders still influence and shape societal norms. Thus, structures and attitudes within the family and the community marginalize women and have led to women remaining discriminated against in a number of sectors and being at a higher risk of violence. A number of customary practices such as cleansing ceremonies and early marriages continue to thrive in Zambia.

Implementation of the 2011 ICGLR Kampala Declaration on SGBV in Zambia

The government has signed and ratified all relevant major international instruments, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the African Charter on Human and People's Rights (ACPHR), the African Charter on the Rights and Welfare of the Child as well as the Southern African Development Community (SADC) Declaration on Gender and Development and its addendum on the Prevention and Eradication of Gender-Based Violence.

PREVENTION OF SGBV

In a bid to ensure effective domestication, a specific policy on sexual and gender-based violence was enacted in Zambia. This is backed by a Sexual and Reproductive Health Policy and National Gender policy that seek to strengthen institutional capacity to mainstream gender in all sectors. Each ministry also has a gender focal point and the Police Force has put in place Victims Support Units to specifically handle cases of SGBV.

The government has set out to ensure the implementation of the Anti-GBV Act by establishing an integrated and multi-sectoral mechanism with the support of the Joint UN Programme. The Joint Programme aims at strengthening the role of the health sector in addressing SGBV and establishing appropriate justice systems to effectively prosecute and end impunity for SGBV.

It is also focused on scaling up social protection systems for prevention and management of SGBV, including integrated approaches to economic empowerment of SGBV survivors and facilitating an effective coordination mechanism for the SGBV response.⁴¹ This is also in line with the government of Zambia's commitment to implement the provisions of CEDAW focused on the recommendations regarding violence against women of July 2011.

PUNISHMENT AND PROTECTION

Zambia's 2011 Anti-Gender Based Violence Act provides for the protection of victims of gender-based violence, it constituted an Anti-Gender-Based Violence Committee in addition to establishing an Anti-Gender-Based Violence Fund. However in addition to a lack of awareness of the Anti-GBV Act, there is a lack of knowledge among the majority concerning the policies and procedures prescribed by the act put in place to serve them.

As such, Zambia still have very low reporting rate of SGBV due to a lack of awareness as well as fear of stigma or blame for the abuse. This is worsened by a lack of trust in the police, which is plagued with corruption and inadequate capacity to handle SGBV cases. Several survivors also face difficulty in obtaining sufficient and reliable evidence to ensure prosecution. Consequently a lot remains to be done to achieve the goal of ending impunity for SGBV in Zambia.

A government-led Zero Tolerance Campaign was launched in 2012 with support from UNDP. In relation to this the Zambian Association of Women Judges (ZAWJ) organised a consultative symposium which produced a set of recommendations; one specifically called for the establishment of Fast Track Courts to ease the prolonged agony of survivors and exemplify the country's zero tolerance of SGBV.



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Zambia still have very low reporting rate of SGBV due to a lack of awareness as well as fear of stigma or blame for the abuse.

Similarly, the National Legal Aid Clinic for Women (NLACW) conducted an assessment of the judgement of SGBV cases under local and customary law to determine gaps. This included a consultative workshop with local court magistrates and traditional healers following which plans were made to develop a training manual to equip local court justices and traditional healers to appropriately handle SGBV cases.

Panos Institute Southern Africa (PSAf) also conducted a media campaign where men from different sections of society championed the anti-SGBV cause and spearheaded efforts to eradicate violence against women in Zambia. The former Zambian First Lady Dr Maureen Mwanawasa and Zambia National Broadcasting Corporation (ZNBC) Director General Mr Chibamba Kanyama were ambassadors of the campaign, which PSAf implemented with funding from the Oxfam Programme in Zambia. The campaign sought to build a movement of men that would stand up against violence, influence the adoption of new values by society, and affirm the development of new non-violent values and culture.⁴²

The government has also collaborated with civil society partners to establish girls clubs and programmes that empower girls to seek redress for gender based violence.

The government has also collaborated with civil society partners to establish girls clubs and programmes that empower girls to seek redress for gender based violence. NGOs and activist groups such as Planned Parenthood Association of Zambia and Men Engage Africa have also conducted trainings and sensitisation of men and women, boys and girls, to address attitudes towards SGBV in the country.

SUPPORT AND COMPENSATION

The government of Zambia in 2013 launched a One-Stop Centre for SGBV survivors in Katete district, which has the highest prevalence of SGBV in the country with the support of United State Agency for International Development (USAID). The centre serves as a model for holistic management of cases by providing HIV testing, medical treatment and trauma counselling. In April 2014 the government set out to double the number of one-stop centres from eight in Lusaka, Kabwe, Mazabuka, Ndola, Kitwe, and Livingstone to 16 with funding from the UK Department for International Development (DFID) and the President's Emergency Plan for AIDS Relief (PEPFAR). This effort will also increase the number of legal aids available to survivors and strengthen the capacity of the police to provide effective support.

The Anglican diocese in Zambia continues to take action to combat gender-based violence by setting up women's development groups to raise awareness of SGBV, provide support, and help women to establish income and a degree of economic independence. The church also offers psychosocial support and counselling to survivors as well as training for church workers to speak effectively about gender-based violence in churches.⁴³

Recommendations

- » Educate the population, especially within schools and other educational institutions on the provisions of the SGBV law.
- » Continue and increase the reach of training for police and judicial officers on SGBV.
- » Establish Fast Track Courts to handle SGBV cases speedily and reflect the zero tolerance spirit.
- » Provide special courts, sessions and procedures that are survivor friendly for SGBV cases.



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The church also offers psychosocial support and counselling to survivors.



Conclusion and Recommendations

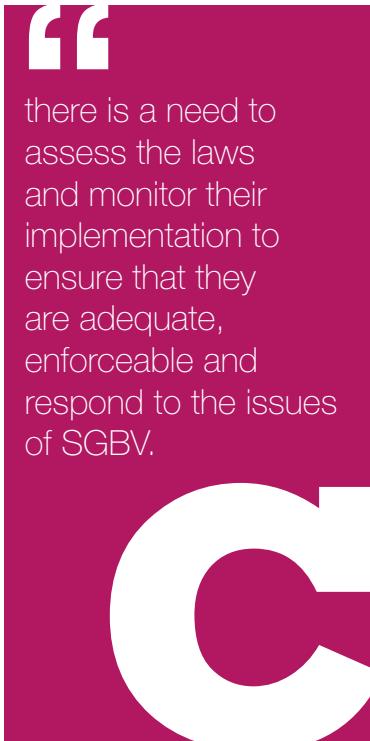
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The ICGLR framework as already noted is fairly ambitious in its scope and aims. As such, while some governments have registered significant progress, other countries have fallen short in fulfilling their time bound commitments. In addition, information on funds allocated to SGBV prevention were not readily available making it hard to determine the budgetary allocations associated with implementation of different provisions. Most countries have drafted specific laws against SGBV or are in the process of enacting such laws. However, there is a need to assess the laws and monitor their implementation to ensure that they are adequate, enforceable and respond to the issues of SGBV.

Countries have also largely put in place national structures for SGBV. A majority of the countries have gender desks in the various ministries and departments. Without these national coordinating mechanisms, only minimal results can be registered in fulfilling the ambitious goals of the ICGLR framework.

Progress has also been recorded in relation to the Zero Tolerance Campaign. The growing use of Information and Communication Technologies (ICTs) presents an important opportunity for campaigns aimed at prevention of SGBV as well as providing information on access to free support services. For instance, the use of social media has proven useful in the fight against SGBV in Zambia.

Many countries have not yet put in place special courts and procedures for SGBV, often due to financial hurdles, which nonetheless hinder access to justice for survivors of SGBV. DRC with international assistance has established mobile courts to try the multiple war crimes including SGBV. Kenya on the other hand has shown a good example where in the absence of special courts, the law allows SGBV cases to be handled in private. This small and manageable step can be emulated to protect the



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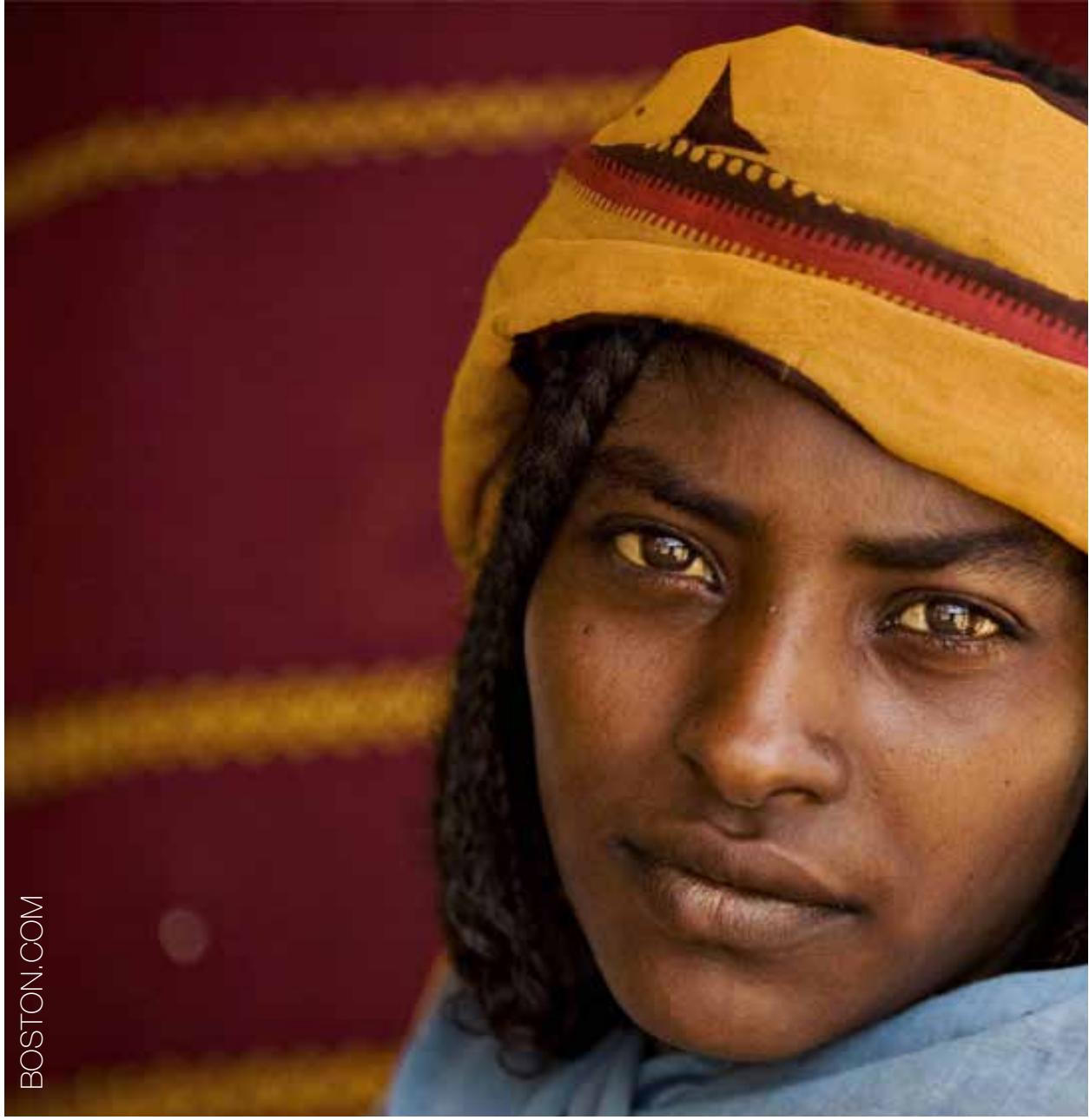
the ICGLR framework for SGBV is a commendable achievement, in itself for having sparked off significant change in the way SGBV prevention, protection and support is handled in the region.

confidence of survivors and improve on prosecution and conviction rates. States should be commended for efforts to establish one-stop recovery centres for survivors of SGBV. There have also been efforts to sensitise and train judicial officers to handle SGBV.

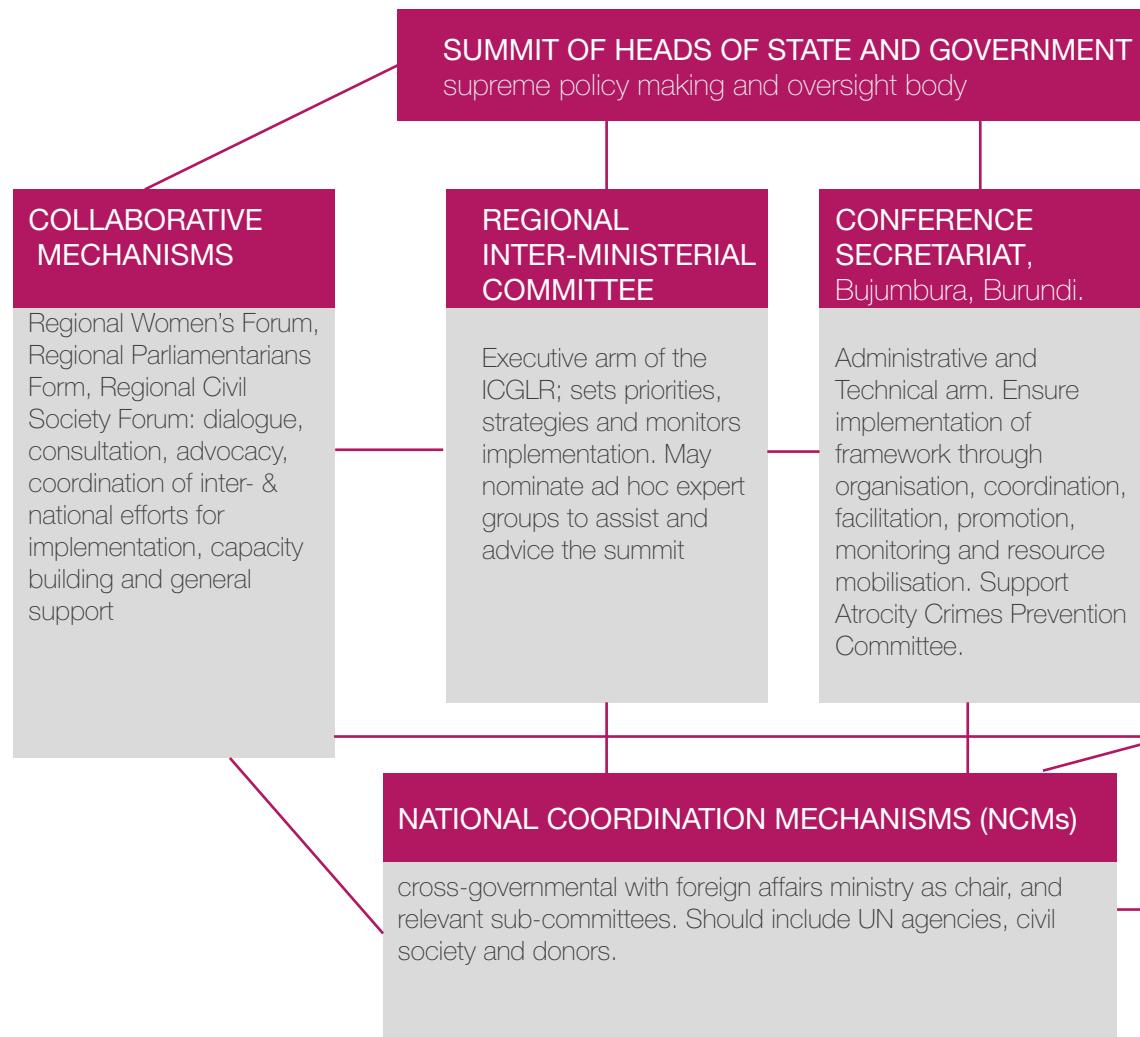
Given the constraints in implementing the Kampala declaration and achieving the attendant goals, this report provides an opportunity to revisit some of the proposed solutions. In that light, the recommendations to the ICGLR member states are as follows:

- » Ensure that laws, policies and other interventions made are of strong impact and quality as opposed to implementing actions in order to comply with the requirements of the declaration.
- » Pay additional attention to non-prosecutorial justice mechanisms, especially given the difficulties of prosecuting SGBV crimes. For instance truth telling and reconciliation could provide a form of reparative justice particularly in cases of widespread and systemic abuse such as conflict situations.
- » SGBV offenders should be targeted through mechanisms that are able to facilitate their rehabilitation and reintegration into society.
- » Governments should allot significant amounts of financial resources to implementing the Kampala declaration as the SGBV intervention require extending, large scale and multi-sectoral initiatives.
- » CSOs should continue to work with the national and regional mechanisms to ensure that the progress made so far does not stall by lobbying for governments to back their verbal and written commitments with fully funded action.

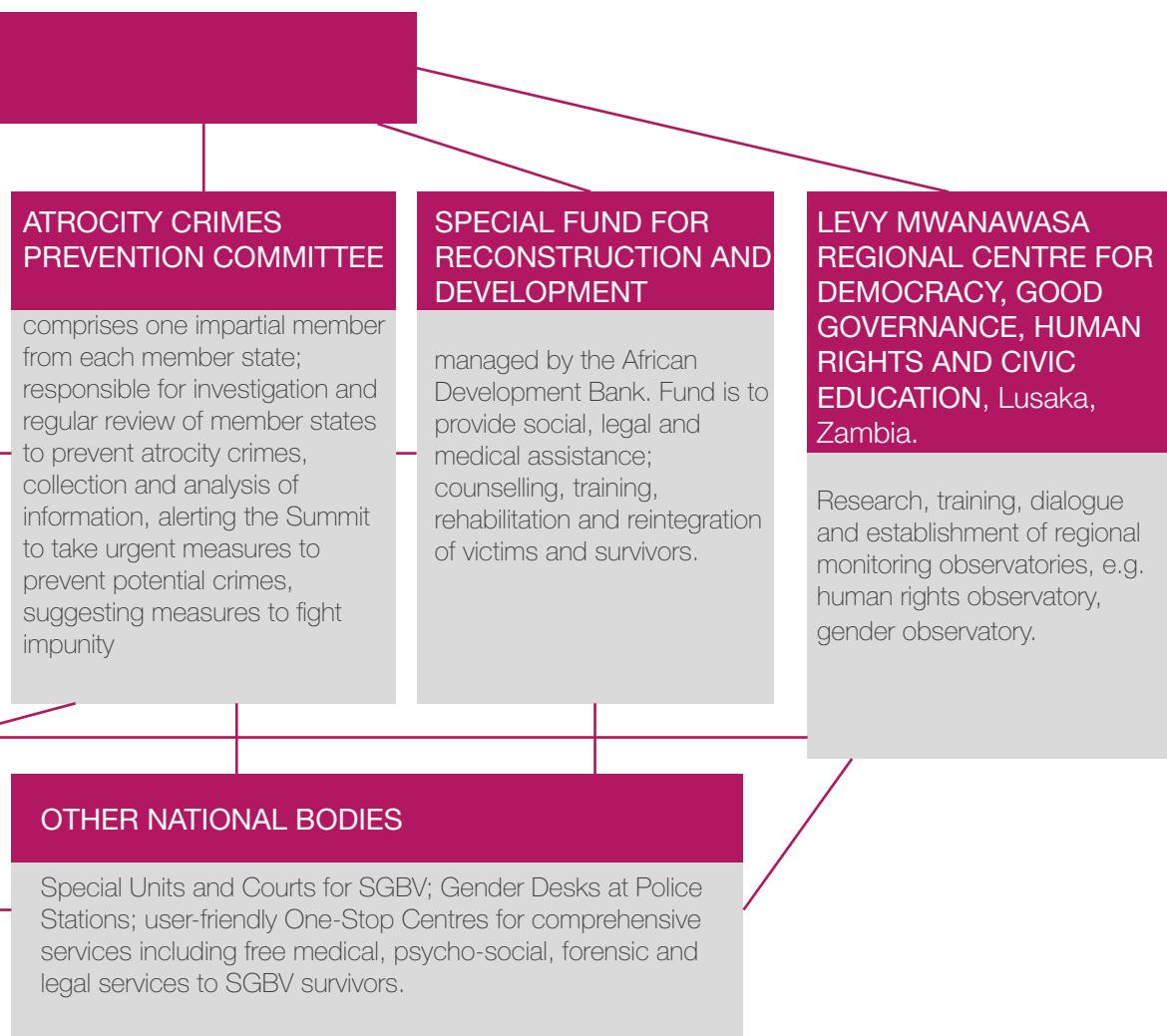
In conclusion, the ICGLR framework for SGBV is a commendable achievement, in itself for having sparked off significant change in the way SGBV prevention, protection and support is handled in the region. A clear statement has been made that SGBV will not be tolerated and it has been added to the mainstream agenda. The ball is now in the court of each country to address gaps in national implementation and concretely work towards prevention, ending impunity for SGBV and provide comprehensive support to all who experience SGBV.



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APPENDIX 1 ICGLR INSTITUTIONAL FRAMEWORK FOR SGBV



APPENDIX 2 CHECKLIST/ INTERVIEW GUIDE

- » Name of country:
- » Organization/Institution:
- » Name of contact person:
- » Phone number:
- » Email:
- » Armed Groups
- » Armed Groups NOT Eradicated
- » Non-aggression
- » Non-aggression implemented?
- » Non-aggression Evidence
- » Non-aggression Funded?
- » Non-aggression Actions
- » Non-aggression Gaps
- » Non-aggression Challenges
- » Sexual Violence Prevention
- » Sexual Violence Prevention Evidence
- » Sexual Violence Prevention Funded?
- » Sexual Violence Prevention Actions
- » Sexual Violence Prevention Gaps
- » Support Judicial
- » Early Warning
- » SGBV Occurrences
- » Prevention Skills
- » Prevention Mechanisms
- » National Planning
- » National Planning Provisions
- » National Policy
- » National Policy Publication
- » National Policy Budget
- » National Action Plan
- » National Action Plan Date
- » National Budget
- » Gender Desks
- » Gender Desks Sectors
- » Zero Tolerance
- » Zero Tolerance Challenges
- » Special Courts
- » Special Courts Challenges
- » Investigation Mechanisms
- » Police Focal Points
- » Police Report Desk
- » Police Report Desks Count
- » Gender Sensitisation
- » ICGLR Special Fund
- » ICGLR Special Fund Amount
- » Recovery Centres
- » Support Programmes
- » Regional Training
- » Media Strategy
- » Inter-linkages
- » Elimination of Discrimination Yes
- » CEDAW Provisions
- » CEDAW Last Report
- » CEDAW Observations
- » Human Rights
- » Maputo Protocol
- » Rape Prevention Laws
- » SGBV Causes
- » Rehab Mechanisms
- » Rights of the Child
- » Child Protection

- » Gender Equality Legislation against harmful practices
- » Gender Sensitive Laws
- » Medical and Legal Linkage Psycho-social Support
- » Medical Services
- » Legal Services
- » Ministry for Women and Gender
- » National Gender Policy in place?
- » National Reproductive Health Policy in place?
- » Cognisant of SGBV
- » Specific National Policy on SGBV
- » SGBV Working Group
- » NGO Participation
- » SGBV Units in hospitals
- » Health Workers SGBV Training
- » Police Force SGBV Training?

APPENDIX 3 LIST OF PERSONS INTERVIEWED

Country	Name	Organisation /contact
Angola	Vanda Rodrigues	Associacao Mas Livres
Burundi	Jeanine Nkinabacura Beatrice Christa Jociane Karirengera	International Associations of Jurists Centre, Centre Seruka
Congo Brazzaville	Madame Kouta Makendazo	President du Forum des Femmes de la Region des Grand Lacs Congo
Democratic Republic of Congo (DRC)	Romain Mindomba	Reseau National des ONG des Droits de l'Homme de la RDCongo (RENADHOC)
	Tsongo Mbalamya Claudine	Dynamique Des Femmes Juristes Goma. Des volcans, Av du Rond Point
	Rugenge Mwavita Noella	Service d'Accompagnement et de Renforcement des Capacités d'Autopromotion de la Femme au Sud-Kivu, (SARCAF)
	Bukaraba Nabu'horo Annie	Conseillene du caucus et Presidente de SEPPAF, Caucus Des Femmes Congolaise du Energy for Peace in the World Goma, DRC
	Nana BINDU	Women for Democracy and Fight Against Violence (WDFV), Goma, DRC
	KALIZA Mirindi Martine	Programme d'appui au Femmes Victimes des Conflit, Goma, DRC
	Bernadette MUONGO	Congolese Agency for the Fight Against Sexual Gender Based Violence (AVIFEM), Kinshasa, DRC
	Marie-Jacqueline Rumbu	Refugee & Professional Nurse
	Ms.Espoir Kitumaini Basmika Nelly Nee,a Zahinda	Refugee & Professional Nurse
	Nicole Mapendo Mihigo	Refugee & Professional Nurse
Kenya	Christine Ochieng Beatrice Chelangat	Executive Director FIDA (Kenya) Senior Legal Officer, FIDA
Rwanda		Concertation des Collectifs des Associations Feminines de la region des Grand Lacs (COCAFEM-GL)

Country	Name	Organisation /contact
South Sudan	Luate Charles Wani Lucy Veronica Gordon	South Sudan Human Rights Commission South Sudan Media Women's Association (AMWISS)
	Kiongo Evah Wanyika Ajaa Alaak	Eve Organization for Women Community Empowerment for Progressive Organization (CEPO)
	Pita Catherine	Eve Organization for Women
Tanzania	Judy Kazinga	Ministry of Community Development, Gender and Children
	Geoffrey Chambua	Africa Life Foundation
	Juliet Kingalo	Tanzania Women Lawyers Associaton
	Maria Nsemwa	Tanzania Gender Networking Programme
	Valeria Msoka	Tanzania Media Women's Association
	Godfrey Jola	Executive Director, Tanzania Media Women's Association
Uganda	Andrew Mbega	Program Officer, Advocacy and Research Programme
	Happiness Bagambi	Tanzania Media Women's Association Assistant Program Officer, Tanzania Media Women's Association
Zambia	Betty Akullo	Women and Rural Development Network (WORUDET)
	Prossy Nakaye	Isis Women's International Cross Cultural Exchange (Isis-WICCE)
	Hon. Susan Nampijja	CEAW-Women and Natural Resource Management
	Nabakooba Judith	Uganda Police Force
	Namande Henrietta Mwese Gorett Komurembe	Uganda Police Force Center for Women in Governance
Zambia	Lucy Masiye Leakhena Sieng Juliet Kaira Chibuta	President, Young Christian Women's Association WILDAF Executive Director, Zambia National Women's Lobby
	Ernest Sibande	Non Governmental Organisations' Coordinating Council (NGOCC)
	Sarah Longwe	Gender expert
	Royer Chongo Phiri	Programmes Coordinator, YWCA
	Debbie Chingobe	Adolescent Girl Child Educations Program Coordinator, YWCA

ENDNOTES

1. See Programme of Action under the humanitarian and social issues pillar which includes a priority project on “Prevention and Fight Against Sexual Exploitation, abuse and gender-based violence and assistance to victims.”
2. The Checklist is attached as Appendix 1
3. List of persons and organisations contacted for this research is in Appendix 2.
4. See articles 3 & 11 of the 2011 Kampala Declaration.
5. International Refugee Rights Initiative, 2011.
6. See Gabriel Oosthuizen (2011) and Angela Ndinga-Muvumba (2012).
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12. Eradicating Sexual and Gender-Based Violence in the Great Lakes Region: Realities in Member States; at <http://www.norway.go.ug/Global/SiteFolders/webkamp/Sammendrag%20ICGLR-statene%20og%20SGBV.pdf>.
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22. Source: Christine Ochieng, FIDA-Kenya, 2013. It was not possible to establish how much was given.
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26. Ibid.
27. Ibid.
28. See SGBV Law No. 59 of 2008, Chapter 1, Article 12.
29. Rwanda Report on the Implementation of the ICGLR Kampala Declaration (2013).
30. Ibid.
31. Concertation des Collectifs des Associations Feminines de la region des Grand Lacs,(COCAFEM/GL) (2013) Narrative report of the 16 days of activism on fighting gender based violence, Edition 2013
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48. These recommendations are by CARE which recently (2014) concluded research on SGBV in South Sudan.

