An Analytical Report

on

Gender Based Violence and
Behaviour Change Communication in
Eastern and Central Africa

Rapport Analytique

de la Violences Basées sur le Genre et de la
Communication pour un Changement de
Comportement en Afrique Centrale et de l’Est

Country Technical Services Team
Addis Ababa, Ethiopia
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Regional Analysis Report
Gender Based Violence and Behaviour Change Communication

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1.0 INTRODUCTION

This Sub-regional Analysis Report on Gender Based Violence (GBV) and on Behaviour Change Communication (BCC) is undertaken through Desk Review by UNFPA Country Services Team Addis Ababa (CSTAA). The Desk Review covers 13 Anglophone and Francophone Countries covered by CSTAA in the Eastern and Central Africa. The Anglophone Countries are: Eritrea, Ethiopia, Kenya, Uganda, and Tanzania. The Francophone Countries are: Burundi, Cameroon, Central Africa Republic, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, and Rwanda.

1.1 The objectives of the GBV and BCC Sub-Regional Analysis were to:

1. Analyse the extent to which GBV and BCC have been given emphasis in various national strategic documents in each country.

2. Categorize various frameworks and strategies developed in countries to address GBV and to implement BCC, including innovative approaches being used.

3. Identify important facilitating factors and challenges in the implementation of GBV and BCC interventions.

4. Document lessons learned from the analysis.

2.0 RATIONALE FOR THE SUB-REGIONAL ANALYSIS

2.1 Behaviour Change Communication

The whole of human history is built upon communication. From the first story told in prehistoric times through the mass media of today, verbal communication has built the foundation of who we are, where we came from, and what we hope to become. But communication is complex especially when the result expected is a change or promotion of specific behaviours. For these reasons, development partners continue to grapple with challenges posed in the implementation of behaviour change interventions particularly socio-cultural issues, policy, political and programmatic factors. It is therefore critical to pay more attention to behaviour change communication and address the challenges accordingly.
**What is Behaviour change communication?** It is a set of organized communication interventions or processes aimed at influencing social change through effecting individual behaviours and community practices. BCC interventions seek to give people greater insight into their personal situations and to instil knowledge and skills among individuals and communities that lead to sustained behaviour and practices that are likely to improve conditions of society and quality of life.

The various studies done on social cultural practices in Africa have helped to create a better understanding of some opportunities and challenges posed in the implementation of behaviour change interventions. In particular we are now aware of the need to have an understanding of a community’s mental map which incorporates myths, beliefs, values and codes of conduct in community’s value system.

Therefore, the new paradigm shift in the field of behaviour change is leaning towards theories (proven practices) and models focusing on behaviour change through social groups and on larger contextual factors. This change is critical in order to respond to the Millennium Development goals (MDG) and to rapidly scale up and integrate BCC in development programmes and in a coordinated manner. The analysis undertaken will add greater insight on innovative approaches being used in response to the new paradigm shift.

During the Global Technical Meeting on BCC held in Japan in 2005, a number of recommendations made included the following:

a) Conduct sub-regional reviews on communication interventions aimed at empowering communities to make decisions that promote their well being and safeguard the rights of individuals
b) UNFPA Country Offices to ensure that BCC is incorporated in the UN programming process and in the national frameworks.
c) Country Offices to allocate specific resources for BCC at all levels
d) Institutionalize BCC capacity building within UNFPA and its partners.
e) Incorporate Africa experiences, context, priorities and lessons learned in the proposed Programme Advisory Note and Policy recommendations on BCC

Therefore, the results of the sub-regional analysis on BCC in Africa would have an added value in supporting future development of sub-regional BCC strategies and frameworks and in the provision of technical assistance based on field needs and lessons learned.

### 2.2 Gender Based Violence

On 18 December 1979, the Convention on the Elimination of All Forms of Discrimination against Women was adopted by the United Nations General Assembly. It entered into force as an international treaty on 3 September 1981 after the twentieth country had ratified it.

Le changement social en agissant sur les comportements individuels et les pratiques communautaires. Les actions de CCC cherchent à donner aux personnes concernées un meilleur aperçu de leur propre situation et d’inculquer aux individus et aux communautés, des connaissances et compétences entraînant des comportements et pratiques susceptibles d’améliorer la situation de la société et la qualité de la vie.

Les différentes études effectuées en Afrique sur les pratiques socioculturelles ont aidé à mieux comprendre certaines opportunités et certains défis qui se présentent dans la mise en œuvre des actions relatives au changement de comportement. En effet, nous sommes maintenant sensibles au fait qu’il est nécessaire de comprendre la mentalité des communautés qui comprend des mythes, des croyances, des valeurs et des codes de conduite au sein d’un système de valeurs communautaire. En conséquence, la nouvelle modification d’orientation dans le changement de comportement penche vers des théories (pratiques établies) et modèles axés sur le changement de comportement par le truchement de groupes sociaux et sur des facteurs contextuels plus larges. Cette modification est importante pour chercher à atteindre les Objectifs du millénaire pour le développement (OMD), et accélérer et intégrer la CCC dans les programmes de développement de manière coordonnée. L’analyse effectuée contribuera à faire mieux comprendre les approches novatrices utilisées dans le cadre de la nouvelle orientation.

Lors de la Réunion technique mondiale sur la CCC tenue au Japon en 2005, les recommandations faites comprenaient les suivantes:

a) Effectuer des analyses sous régionales des actions de communication visant à donner aux communautés les capacités de prendre des décisions qui favorisent leur bien-être et sauvegardent les droits des individus.
b) Les bureaux pays de l’UNFPA sont tenus de s’assurer que la CCC est incorporée dans le processus de programmation de l’ONU et dans les cadres nationaux.
c) Les bureaux pays doivent allouer des ressources spécifiques à la CCC à tous les niveaux.
d) Le renforcement des capacités en CCC doit être institutionnalisé dans les activités de l’UNFPA et de ses partenaires.
e) Il faudra inclure les expériences, le contexte, les priorités et les leçons retenues en Afrique dans la Note d’orientation de programme et les recommandations stratégiques proposées sur la CCC.

Par conséquent, les résultats de l’analyse sous régionale de la CCC en Afrique apporteront une plus-value en appuyant la mise en place future de stratégies et cadres de CCC et en fournissant une assistance technique fondée sur les besoins concrets et les leçons apprises.

### 2.2 Violence liée au sexe Basées sur le Genre (VBJ)

Le 18 décembre 1979, l’Assemblée générale des Nations Unies a adopté la Convention sur l’Elimination de toutes
In its preamble, the Convention explicitly acknowledges that “extensive discrimination against women continues to exist”, and emphasizes that such discrimination “violates the principles of equality of rights and respect for human dignity”. As defined in article 1, discrimination is understood as “any distinction, exclusion or restriction made on the basis of sex...in the political, economic, social, cultural, civil or any other field”. The Convention gives positive affirmation to the principle of equality by requiring State Parties to take “all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men” (article 3).

The Convention in article 1 defines discrimination against women. The definition of discrimination includes gender-based violence, that is, 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. Gender-based violence may breach specific provisions of the Convention, regardless of whether those provisions expressly mention violence.

Article 2 of the Convention elaborates that violence against women includes sexual, physical and psychological violence in the:

1. **Family** such as battering, sexual abuse of children, female genital mutilation/cutting and rape;

2. **Community** such as sexual abuse, sexual harassment and intimidation, trafficking and forced prostitution; and

3. **State** such as poorly drafted or unenforceable laws for violence against women, law enforcement agents who violate women, lack of facilities and education for prevention and treatment to women exposed to violence, the sanctioning and reinforcement of unequal gender relations. The State’s indifference and neglect in creating opportunities and entitlements for women in regard to employment, education, participation and access to social services also perpetuates gender based violence.

Among the UNFPA priority areas is GBV, Africa Division followed by launching the Africa Regional Gender Based Initiative.

Therefore based on UNFPA priority and Africa concerns on GBV, the Sub-regional Analysis is critical in the identification of the extent to which CEDAW has been domesticated and enforced in countries. Furthermore it is essential to identify the emerging challenges and opportunities in strengthening strategies for the elimination of GBV in Africa.

**Formes de Discriminations à l’égard des Femmes (CEDEF).** Cette Convention est entrée en vigueur en tant que traité international le 3 septembre 1981 après avoir été ratifiée par un vingtième pays. Dans son préambule, la Convention reconnaît explicitement que “les femmes continuent de faire l’objet d’importantes discriminations” et souligne qu’une telle discrimination “viole les principes de l’égalité des droits et du respect de la dignité humaine”. Telle que définie à l’article premier, la discrimination constitue “toute distinction, exclusion, ou restriction fondée sur le sexe … dans les domaines politique, économique, social, culturel, civil ou dans tout autre domaine”.

La Convention affirme le principe d’égalité en invitant tous les Etats parties à prendre «toutes les mesures appropriées, y compris des dispositions législatives, pour assurer le plein développement et le progrès des femmes, en vue de leur garantir l’exercice et la jouissance des droits de l’homme et des libertés fondamentales sur la base de l’égalité avec les hommes » (art.3).

La Convention, en son article premier, définit la discrimination contre les femmes qui comprend la violence liée au sexe, c’est-à-dire la violence contre les femmes parce qu’elles sont femmes ou qui touche les femmes de manière disproportionnée. Elle inclut des actes qui infligent des sévices ou souffrances physiques, mentales ou sexuelles, des menaces de tels actes, la coercition et autres privations de liberté. La violence liée au sexe peut entrentreindre des dispositions spécifiques de la Convention, même si elles ne mentionnent pas spécifiquement la violence.

L’article 2 de la Convention précise que la violence contre les femmes comprend la violence sexuelle, physique et psychologique :

1. **Au sein de la famille** : sévices, violence sexuelle sur les enfants, mutilation génitale féminine/excision et viol;

2. **Au sein de la communauté** : violence sexuelle, harcèlement et intimidation sexuels, trafic et prostitution forcée ; et

3. **Au sein de l’Etat** : lois sur la violence contre les femmes mal rédigées ou impossibles à appliquer, membres des forces de l’ordre qui violentent les femmes, manque de structures et d’éducation à des fins de prévention et de traitement des femmes exposées à la violence, absence de sanctions et renforcement des relations inégalées entre sexes. L’indifférence de l’Etat ou sa négligence à créer des opportunités et des programmes pour les femmes en termes d’emploi, d’éducation, de participation et d’accès aux services sociaux, perpétue aussi la violence liée au sexe.

The Team prepared a Desk Review Guide which helped them to review the documents, extract critical information, analyse the data and prepare this report. The guiding principle in the sub-regional analysis was that GBV and BCC are important priorities within UNFPA and critical for the achievement of the Millennium Development Goals. Therefore, every effort should be made to ensure that the commitment to address these topics is demonstrated by their inclusion in the UN planning documents, national frameworks and other UNFPA programme documents.

In the process of developing the Desk review Guide, the following critical issues were listed for assessment.

3.1 Critical issues for BCC in the national and other programme documents

1. Mention of BCC/IEC,
2. Specific issues addressed in relation to BCC/IEC,
3. BCC/IEC challenges and concerns highlighted including contextual and cultural factors facilitating or inhibiting behaviour change and BCC interventions,
4. BCC strategic frameworks proposed,
5. BCC/IEC strategies identified to reach communities,
6. Innovative approaches proposed,
7. Institutions and methodologies proposed for capacity building and
8. Any other relevant issue found in the cause of the desk review.

3.2 Critical issues for GBV in the national and other programme documents

1. Mention of any form of GBV,
2. Ratification of CEDAW and additional Protocol on African Charter for People and Human Rights, Reporting mechanism and status of reporting,
3. National Strategic frameworks proposed for GBV,
4. Responses/strategies by Governments, NGOs and Communities on GBV elimination,
5. Innovative approaches proposed for eliminating GBV,
6. Institutions and methodologies proposed for Capacity building, care and support
7. Challenges and concerns highlighted including contextual and cultural factors facilitating or inhibiting elimination of GBVs and,
8. Any other relevant issue found in the cause of reading.
3.3 Documents reviewed

The Team reviewed the following documents in each country which have been published between the year 2000 to 2006:

1. Situation Analysis Reports prepared by CSTAA
2. PRSPs documents
3. CCA and UNDAF documents
4. Latest UNFPA CPDs and CPAP documents
5. 2005 CO Annual reports documents
6. BCC and GBV related Publications
7. Other relevant documents from the country.

3.4 Data Entry and Analysis

The Team prepared a table for data entry on GBV and another one for BCC. Each country had two tables— one for GBV and one for BCC. The data was entered in each table as each document was reviewed. One Adviser entered data from the Anglophone countries while the other entered data from Francophone countries. The Team consulted each other continually as they entered data to ensure consistency and consensus.

The Team discussed critically how to analyse each issue and the form of presentation. The findings on each issue, first on Gender and then on BCC, were discussed. The format of the presentations of the Final Report consisting of the major findings, conclusions and recommendations was discussed and a consensus reached.

To ensure that UNFPA partners from Francophone and Anglophone read the Report, it was decided that the introduction and conclusions would be bilingual. The findings from Anglophone countries would be English and the finding from Francophone countries would be francophone.

7. Défis et contraintes, notamment les facteurs contextuels et culturels facilitant ou entravant l’élimination de la VBG,
8. Toute autre question utile à l’analyse des documents.

3.3 Documents examinés

Les conseillers ont examiné pour chaque pays, les documents suivants publiés entre 2000 et 2006:

1. Rapports d’analyse de situation préparés par l’Équipe d’Appui Technique d’Addis Abéba
2. DSRP
3. Bilan Commun Pays et documents UNDAF
4. Documents CPD et CPAP les plus récents de l’UNFPA
5. Rapports annuels BP pour 2005
6. Publications liées à la CCC et à la VBG
7. Autres documents pertinents provenant des pays.

3.4 Entrée et analyse des données


Les conseillers ont examiné chaque question de manière critique, ainsi que la forme de la présentation. Les conclusions sur chaque question ont été analysées, d’abord pour le Genre, puis pour la CCC. La forme du Rapport final comprenant les principales conclusions et recommandations a été examinée et le consensus atteint.

Pour s’assurer que les partenaires francophones et anglophones liraient le rapport, il a été décidé que l’introduction et les conclusions seraient en deux langues, les conclusions sur les pays anglophones étant en anglais et celles sur les pays francophones en français.
PART I

FINDINGS ON GENDER BASED VIOLENCE (Anglophone countries)

4.1 GBV in strategic documents

4.1.1 Forms of GBV

GBV has been mentioned in most of the documents reviewed. Sometimes GBV is referred to as domestic violence, Violence Against Women (VAW) and children, legal discrimination and social exclusion, sexual and gender based Violence (SGBV), and Gender Violence.

The form of GBV reported in different countries includes:

1. Physical Violence/battering with weapons including shoes, bottles, sticks, machetes, strangling, slapping, arm twisting, pushing, shaking, throwing, burning resulting in broken fingers, visible scars, missing teeth or cuts on their bodies and faces, miscarriages, sexually transmitted diseases, divorce and separation
2. Threat with weapons
3. Intimidation
4. Defilement
5. Rape
6. Abduction/Kidnapping,
7. Spousal violence/wife beating
8. Forced sexual acts other than intercourse
9. Sexual harassment
10. Stigma towards rape survivors
11. Emotional abuse
12. Sexual exploitation in exchange of gifts and money or other favours,
13. Trafficking
14. Transactional sex,
15. Forced Marriage
16. Early marriage
17. Wife inheritance
18. Denial of widows to inherit husband’s property
19. Considering a woman as responsible for the deaths of their husbands
20. Virginity Checks
21. Discrimination in employment,
22. Women forced to have as many children as possible
23. Parental refusal to educate the girl child while they educate the boy child
24. Female Genital Mutilation/Female Genital Cutting,
4.1.2 Available Data

The following data shows available data on some forms of gender violence.

FGM/FGC Prevalence

Eritrea: 89% among all women and 78.3% among young people (EDHS 2002)
Ethiopia: 74.3%. - Support for continuation of FGC is 60%
Kenya: 32%
Tanzania: 18% in 1995 among some groups such as the Maasai cattle reapers, some tribes in the Morogoro and Iringa regions, Somali ethnic groups who live in Arusha and among the Christian Chagga groups near Mt. Kilimanjaro
Uganda: 5%

Early marriage/Teen pregnancy

Eritrea: - 14 % of 15-19 years have a child
- 28% are mothers/pregnant with first child/childbearing
- 8.8% of women had first sexual intercourse at the age of 15 (EDHS 2002)
- 8.5% were married at age of 15 (EDHS 2002)
- 28.2% of women 15-19 years are married (EDHS 2002)
Ethiopia: Mean marriage age: 15.6 in the country and 16.2 in Addis Ababa
Kenya: 25% married by 18 years
Tanzania: 23% of 15-19 have started child bearing
Uganda: 50% Teens are married, 31% pregnant and 26% having a child

Physical/sexual violence

Kenya:
- 50% of all women have experienced violence by age 15 (2003 KDHS)
- 1 out of 4 women experienced violence in the last 12 months (2003 KDHS)
- 3 out of 10 married women experienced violence in the last 12 months
- 42% of women aged 15-19 have ever experienced violence
- 40% of never married women experienced violence since 15 years
- 26% of ever married women have experienced emotional violence

Spousal violence

Eritrea: (2002 EDHS)
- 29.1% burnt food
- 44.6% if wife argues
- 51.7% if wife goes out without telling the husband
- 51% if neglects child

Au Congo Les conflits politiques et armés ont entraîné une grave crise humanitaire qui a durement affecté les populations congolaises, conduisant à des mouvements massifs de populations à l’intérieur et à l’extérieur du pays (réfugiés et déplacés internes), des violences de tous genres sur les femmes et les filles, avec un risque élevé d’exposition au VIH. 3420 cas de viols ont été recensés à Brazzaville et dans la région Sud entre 1999 et 2000. Dans le Nord, on a compté 482 cas en 2002.

En RCA Selon l’enquête MICS 2000, près de 45 % de femmes ont subi des violences physiques de la part de leur mari ou d’un parent ; 51.6 % ont subi des violences verbales et 32.2% ont été violées

Au Cameroun 52.5 % des femmes ont déclaré avoir subi des violences sexuelles depuis l’age de 15 ans.


Avortements clandestins

En RCA le taux d’avortements provoqués est de 6.9% chez les filles de 15-24 ans (MICS2000).

Au Cameroun les avortements chez les adolescentes représentent 40%

Absence de pouvoir de décision

Au Congo les disparités et inégalités de genre, l’absence d’état de droit, insécurité, vulnérabilité, exclusion sociale contribuent à la discrimination et stigmatisation des PVVIH en particulier.

Au Tchad, il y a autant de statuts de la femme que de pratiques traditionnelles et religieuses souvent contraires aux dispositions réglementaires et aux lois écrites (coexistence du droit coutumier et du code civil). La femme tchadienne ne jouit pas de tous ses droits en matière de mariage et de succession.

4.1.3 Non prise en compte de la violence dans les principaux documents stratégiques

Gabon sauf dans les CPD 2002-2006 et 2007-2011
- 47.9% if wife refuses to have sex
- 70% agrees with at least one of the specific reasons

**Ethiopia:**
- 81% of Ethiopian women believe that their partners are justified in beating them for many reasons including:
  - burning food
  - neglecting children
  - refusing to have sex
  - leaving the house without informing the husband (DHS, 2005)
- 71% of women with male partners have experienced physical or sexual violence or both (SNNP 2003, WHO study)

**Kenya (2003 KDHS):**
- 33% - slapping or arm twisting
- 23% - pushing, shaking and throwing
- 17% - punched
- 15% - forced to have intercourse
- 11% - kicked or dragged
- 3% - attacking with a weapon
- 4% - forced sexual acts other than intercourse
- 4% - strangling or burning
- 6% - threatening with a weapon
- 15% - Marital rape (married women and separated or divorced women)

**Tanzania:**
- 29% of women agree that a husband is justified in hitting or beating his wife if she refuses to have sex with him; According to TDHS (2004) three in every five women agree that wife beating by the husband is justified
- Reported assaults increased from 1,525 in 1991 to 2,094 in 1993
- 41% of women in Dar Es Salaam have experienced lifetime violence compared to 56% in Mbeya.

**Uganda:**
- 76% of Ugandan women found wife beating acceptable
- 40% of women have experienced domestic violence

**Sexual Violence**

**Eritrea (2002 EDHS):**
- 2% of female street children age 15-17 work as commercial sex workers.
- 5% of all commercial sex workers are between 14 and 17 years.
- Commercial sex workers are two times more likely to be raped. 6/10 women who reported rape were raped during the last 12 months, more than 2/3 were raped multiple times.
- 12% of all commercial sex workers have been raped.
- 6% of all women in Eritrea have been raped.

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### 4.2 Cadres juridiques, stratégies et approches novatrices pour l’élimination de la VBG

#### 4.2.1 Cadres juridiques (CEDEF, Protocole Additionnel à la Charte Africaine des Droits de l’Homme et des peuples, Constitution, Lois et Règlements, Politiques, diverses Comités et instances...)

<table>
<thead>
<tr>
<th>Pays</th>
<th>CEDEF (1) Date de Ratification</th>
<th>CADHP (2) Date de Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>3 January 1992</td>
<td></td>
</tr>
<tr>
<td>Cameroun</td>
<td>23 August 1994</td>
<td></td>
</tr>
<tr>
<td>Republique Centrafricaine</td>
<td>21 June 1991</td>
<td></td>
</tr>
<tr>
<td>Tchad</td>
<td>9 June 1995</td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>26 July 1982</td>
<td></td>
</tr>
<tr>
<td>Republique Democratique du Congo</td>
<td>16 November 1986</td>
<td></td>
</tr>
<tr>
<td>Guinee Equatoriale</td>
<td>23 October 1984</td>
<td></td>
</tr>
<tr>
<td>Gabon</td>
<td>21 January 1983</td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td>2 March 1981</td>
<td></td>
</tr>
</tbody>
</table>

(1) CEDEF : Convention pour l’Elimination de toutes les Formes de Discrimination à l’Egard des Femmes

(2) CADHP : Charte Africaine des Droits de l’Homme et des Peuples

Tous les pays de la région couverte par le CSTAA ont ratifié la CEDEF et tous dispose d’un Code de la Famille à l’exception du Tchad et de la Guinée Equatoriale amais peu de pays, comme le montre l’analyse ci après, ont procédé à l’harmonisation de leurs lois nationales. En effet, la CEDEF étant une Convention Internationale, les Etats signataires ont l’obligation de rendre conforme leur législation nationale, c’est-à-dire réviser toutes les dispositions discriminatoires.


Tanzania: 
- Abduction accompanied with rape is 7.8%.
- Child domestic work is widespread; 84 percent of child domestic workers in Addis Ababa are girls, many of whom are subjected to sexual abuse by their male employers; more than one-third of them do not go to school, and work for 11 hours a day; and 50 percent are paid only in kind, especially in form of food and accommodation (UN-ocha, 2004).

Kenya: See under Sexual/Physical Violence

Uganda: 
- Between 7,000 and 12,000 children are estimated to be in commercial sex (study of 4 districts)
- 31% of 15-19 years unmarried adolescent girls reported that they received gifts in exchange for sex.

Decision Making on Health and Economic Advancement:

Eritrea: 
The EDHS 2002 covers some questions regarding decision making on health and economic advancement.

Decision making on own health care:
- 80% of the women said that they decided themselves
- 7.8% said they decided together with another person
- 11.9% said that another person decided for them

Decision making on economy:
Daily household:
- 44.8% said they were deciding themselves only
- 21.1% said it was a joint decision
- 33.5 said it was decided by another person only

Large household items:
- 22.9% said they decided themselves only
- 32.3% said it was a joint decision
- 44% said it was decided by another person only

Tanzania: Only 57 percent of women alone or jointly have the final say in their own health care;

Uganda: Not reported

Ethiopia and Eritrea do not seem to have any documented information on physical and sexual violence. The countries are encouraged to document such information as a basis for advocacy to seek commitment to address this type of violence.

It is extremely surprising to note that 29% of women in Tanzania and 76% of women in Uganda agree that

4.2.2 Stratégies ou réponses à la violence


Le Gabon a ratifiée la CEDEF en 1983 et a commencé le processus de révision des lois discriminatoires et la révision du Code de la famille

Le Tchad a ratifié la CEDEF en 1995. Le code pénal révisé en cours d’adoption prévoit certains aspects relatifs aux violences faites aux femmes. Le pays dispose d’une loi sur les droits et devoirs des PVVIH.

husbands are justified in beating their wives.

_There was no report on decision making on health and economic advancement in Eritrea, Ethiopia and Kenya_

### 4.1.3 Others

GBV was not mentioned in the Investment Programme for _Economic Recovery Strategy and Employment Creation_ referred to as ERS for Kenya demonstrating the possibility that there was little consideration on the role GBV could play in poverty alleviation, economic recovery and employment creation. Similarly GBV was not mentioned in a number of documents in Eritrea including _CCA 2001, I-PRSP (2003), UNDAF 2002-2006_, and in _CP 2002-2006_ and this could be due to sensitivity on the issue. However, it is observed that GBV was addressed in later years in Eritrea and specifically in _UNDAF 2007-11, CP and CPAP 2007-11_ and this could have been facilitated by greater efforts and advocacy made by UNFPA to address this issue.

_Eritrea_ has documented some information on physical and sexual violence in the EDHS 2002. But there has not been a separate survey conducted to cover these areas.

### 4.2 Frameworks, Strategies and Innovative Approaches

#### 4.2.1 National Frameworks

_CEDAW, African Charter, Reports:_ As can be seen from the table below, all the five Anglophone countries have ratified CEDAW. UNCT in Eritrea has been contributing to the CEDAW report which noted positive development in areas of legislature and policy level but the legal instrument is yet to be domesticated and harmonized with domestic laws. In other countries, documentation on the status of CEDAW reporting and process of domestication was not available.

<table>
<thead>
<tr>
<th>Countries</th>
<th>CEDAW Ratification Date</th>
<th>ACPHR Ratification Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>5 September 1995</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>10 December 1981</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>9 March 1984</td>
<td></td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>20 August 1985</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>22 July 1985</td>
<td></td>
</tr>
</tbody>
</table>

The status of the ratification and implementation of the African Charter on People’s and Human Rights (ACPHR) was not documented. However, there was a mention that Tanzania ratified ACPHR but the date is not stated.

_Eritrea_ has a _National Gender Action Plan_ aimed among other things to eliminate wife beating, FGM/FGC and early marriage as well as to promote health. Also an Adolescent Health Policy was developed in 2004 with the support of UNFPA/WHO to promote access to information and

discriminations dont' son victims les vieilles personnes. Toutes les agences du Système des Nations Unies sollicitées par l’UNFPA notamment le PNUD, le PAM, l’OMS, la FAO ont mené des activités en 2005 en faveur des personnes âgées. Par ailleurs le Congo développe des mécanismes de solidarité pour soutenir les victimes de violence d’une part et pour protéger les enfants et les femmes, d’autre part. Une autre réponse consiste au renforcement des capacités pour la prise en charge des victimes de viol

#### Au Burundi

L’UNFPA est le point focal du groupe thématique inter agences sur la lutte contre les violences sexuelles. Le Bureau a réalisé entre autres : une participation active dans la campagne contre les violences sexuelles, la révision des indicateurs de suivi du CP et le développement d’une base de données. L’UNFPA a participé à l’Appel Consolidé d’octobre 2005 en proposant un projet conjoint avec le HCR, l’OMS et l’UNICEF pour la mise à disposition d’un paquet minimum de services de santé, y compris la SR dans les provinces qui accueillent le plus de réfugiés, de déplacés, de rapatriés et des retournés. L’UNFPA met en œuvre un projet de prise en charge des victimes de violences sexuelles en collaboration avec l’UNIFEM dans les pays des Grands Lacs et d’un projet de SSR pour les jeunes. Parmi les stratégies ou réponses à la violence au Congo on peut noter l’information et la sensibilisation des responsables religieux et de l’administration locale sur les obstacles à la scolarisation de la fille et à la réintégration à l’école de l’élève mère célibataire. La formation des animateurs communautaires (50% de femmes et 50% d’hommes) en Genre et lutte contre les violences sexuelles constitue une autre stratégie. Les messages élaborés dans le domaine de la SR tiennent compte du genre, en mettant l’accent sur les jeunes filles et sur l’implication des hommes. L’exploitation des résultats de l’enquête sur les violences sexuelles dans les sites des déplacés et sa diffusion auprès des leaders communautaires, des enseignants et la Mission de maintien de la Paix des Nations Unies au Burundi (ONUB) constituent un élément important de plaidoyer. La formation des magistrats et des enseignants sur le genre et violences sexuelles ; l’assistance juridique aux victimes de viol ; le suivi des dossiers juridiques pour violences sexuelles constituent des axes de la stratégie de lutte contre les violences. L’organisation de campagnes d’activisme contre les violences sexuelles est un autre élément de réponses à la violence

#### Au Rwanda


#### Au Rwanda

Le Réseau Pro-Femmes regroupant 42 organisations de femmes pour la paix et la stabilité et la lutte contre toutes les formes de discriminations a l’égard des femmes est impliqué dans la sensibilisation de la population sur les droits humains, l’éducation civique,
services, improve social cultural environment and, to protect adolescents from harmful traditional practices. In addition, a draft Sexual and Reproductive Health Policy and Strategy Plan was developed in 2004. One of the principles of this Policy and Strategy document is to protect women and children from sexual abuse and gender discrimination.

**Ethiopia** developed a National Policy on Ethiopian Women in 1993 (NPEW) aimed to ensuring rights and equality.

**In Ethiopia**, rape under article 589 of the Criminal Code, is a crime punishable up to 10 years of imprisonment. If the crime is committed against a young girl under 15 years of age under the supervision or care of the accused, the penalty will be up to 15 years of imprisonment. There is a proposed draft amendment of the criminal law which states that if a rape results in the transmission of HIV/AIDS or results in grave injury or death of the victim, the penalty will be more than 15 years of imprisonment. It sets the minimum penalty at 5 years and the maximum 20 years of imprisonment. The penalty for female genital mutilation (FGM) crime in article 105 of the Criminal Code is imprisonment not exceeding 3 years.

**Battering** is an act of beating of wives by a husband or boy friends. Article 16 of the Ethiopian Constitution states that, “every one has the right to protection against bodily harm”. Also, Article 537 – 544 of the Criminal Code punishes a person for causing bodily injury to another person, and this provision protects women from acts of battering.

**Trafficking** in women or children is another area of gender violence in Ethiopia. Although there have not been studies or data on this type of gender violence, some of the cases have been addressed by the police and by Ethiopian Women Lawyers Association (EWLA). The law punishes those who are trafficking women and infants by seducing them or inducing them to engage into prostitution. According to Article 605 of the Criminal code, trafficking women and children has a penalty of imprisonment not exceeding 5 years and a fine of 10,000 Birr. The law also punishes illegal agents (delalas) who send women abroad.

**In Kenya**, the Miscellaneous Criminal Law Amendment Act of 2003 raised the age limit for defilement from 14 to 16 years, with a harsher punishment of life imprisonment. The Sexual Offences Bill imposes harsher penalties for sexual offences. The Children’ Act passed in 2001 outlaws FGM and other forms of abuse. The Children Act also classifies children exposed to domestic violence and female circumcision as children in need of care and protection. For the very first time in the history of the DHS in Kenya, questions on domestic violence were included in the 2003 Survey.

Gender-based violence especially rape and sexual violence were addressed in the Reproductive Health Policy in Kenya. The Adolescent Reproductive Health/Development Policy (2003) acknowledges that harmful practices such as early marriage have a direct impact on reproductive health of adolescents and young people. The policy recognizes that early marriage negatively affects young girls in particular, la prévention et la résolution des conflits. Le PNUD a appuyé les efforts de reconstruction du Gouvernement à travers deux projets : « Des maisons pour les veuves » et « Renforcement des capacités économiques des veuves » 2078 maisons ont été construites dans 7 préfectures et des crédits ont été mis à disposition des veuves et autres groupes vulnérables. L’appui aux femmes IDPS constitue une des réponses de l’UNIFEM aux violences faites aux femmes dans ce pays. Le Fonds pour les victimes du Génocide reçoit 5% du budget national est une expérience unique en Afrique. Il est destiné à la réinsertion sociale et économique des femmes victimes de crimes de guerre. Le Plan Cadre d’Assistance des Nations Unies renforce la détermination du Gouvernement à éliminer les bases légales ou juridiques de la discrimination à l’égard des femmes, à promouvoir la sécurité des plus vulnérables et à prendre en compte le genre dans toutes les politiques et tous les programmes. Le Rwanda a investi dans le renforcement des capacités des leaders communautaires à protéger les droits des femmes et des filles et à lutter contre les violences basées sur le genre. La sensibilisation des parlementaires pour l’adoption de lois protégeant les droits des filles et des femmes et pour l’éradication de la violence constitue un autre axe d’intervention. L’ONG ARFEM Femmes et medias s’engage dans la promotion et la reconnaissance sociale des droits des femmes, mais aussi leur important rôle dans la réhabilitation et le reconstruction nationale, les droits des femmes et des enfants, la prévention des violences basées sur le genre.

- **Au Cameroun** les principales stratégies ou réponses aux violences répertoriées consistent à appuyer les cliniques juridiques dans la sensibilisation et l’éducation pour réduire les violences à l’égard des femmes et des filles. Un autre est la sensibilisation des jeunes à travers les programmes d’éducation à la vie familiale en milieu scolaire. Le développement de centres d’écoute et de conseil constitue la troisième catégorie de réponses.

- **En République Démocratique du Congo** l’intensification des activités de lutte contre les violences faites aux femmes a pu se réaliser grâce au Joint Initiative financé par la Belgique.

- **Au Gabon** les réponses à la violence ont consiste à la mise en service d’un Centre Social de Consultation sur les Violences (traitement et counselling, a appuyer la mise en place d’un comité multisectoriel de révision des textes et les réseaux de mobilisation sociale pour réduire les discriminations de genre.

- **Au Tchad** des actions de plaidoyer ont été organisées à l’attention des parlementaires. Certains réseaux comme la CELIAF regroupant plus de 100 associations de femmes ont reçu un appui technique et financier de l’UNFPA pour mener des campagnes de lutte contre les violences y compris l’excision, l’égalité et l’équité de genre ainsi que la promotion économique des femmes, la reconnaissance de leurs droits en matière de SR et la reconnaissance de
limiting their access to education and ultimately economic development and general well-being, and exposing them to the risks of early childbearing. Among the proposed strategic actions to respond to these concerns is to enhance protection of girls through enforcement of the Children’s Act at all levels. Its Plan of Action was developed 2005.

The National Plan of Action for the Elimination of Female Genital Mutilation (FGM) 1999-2019 in Kenya outlined five broad strategies to be applied in achieving its stated goal of accelerating the elimination of female genital mutilation in order to improve the health, quality of life and well-being of women, girls, families and communities in Kenya. These strategies include the establishment of national and district FGM programme coordination mechanisms, establishment of multi-sectoral collaboration to ensure integration of FGM elimination interventions in all key development programmes, mapping of new and ongoing interventions on FGM, and coordination of new and ongoing FGM interventions.

In Tanzania, Sexual Offences Special Provisions Act (SOSPA) was passed in 1998. It defined as offenses: rape, sexual assault, grave sexual abuse, threats and intimidation, sexual harassment and use of criminal force, female genital mutilation, trafficking in women, defilement and cruelty to children. Other tools to support reduction on Gender Based Violence include Constitution of the United Republic of Tanzania, Tanzanian Penal Code, the Marriage Act 1971, Gender Policy, and National Strategy for Gender Development and the Gender Budgeting tools adopted in national planning process.

It is to be noted that Tanzania has no law against domestic violence.

MKUKUTA: the MKUZA, the MCDGC Strategic Plan in Tanzania has demonstrated national political commitment to promote gender equality. The sixth goal of MKUKUTA, under Cluster III states: “Governance and Accountability, aims to improve personal security, reduce crime, and eliminate sexual abuse and domestic violence. The desired operational target is to ensure that Government institutions and agents namely the police, courts and prisons observe human rights and ensure justice and security for all. Efforts will be made to increase awareness of people about their Constitutional rights, right to public information and women’s rights, including protection of women against violence and right to seek redress and access to justice. The prosecution system and coordination of Ward Tribunals will also be streamlined and strengthened. Monitoring of the police, prisons and judicial systems will be strengthened by ensuring that accessible channels of redress are available and data on crimes gender based violence cases are reported.”

The Government of Uganda’s (GoU) Constitution of 1995 provides for equality and under the law (Article 21) as well as affirmative action (Articles 33 and 78) to redress gender imbalances created by history and tradition. Uganda has also revised the National Gender Policy and initiated a Paralegal programme focusing on gender-based violence and basic rights of the poor and the vulnerable in 24 districts.

4.2.3 Approches novatrices
- Burundi : Cliniques IEC mobiles
- Rwanda : Gender budgeting. La violence basée sur le genre est mentionné dans le PRSP, 5% du budget national est alloué au fonds d’appui aux victimes.
- RDC : Recommandations de l’atelier de formation de l’Armée et de la Police sur la VBG de Création d’une unité de prévention et de réponse a la VBG au sein de la police et l’instruction des cas de violences sexuelles

4.3 Facteurs facilitant et défis de mise en œuvre des stratégies d’élimination de la violence

4.3.1 Facteurs facilitants
- Au Burundi la collaboration avec le Gouvernement les autres agences du SNU et les ONGs dans la lutte contre les violences basées sur le genre représente une bonne opportunité. Les nouvelles institutions sont déterminées à lutter contre les violences sexuelles (prise de conscience, discours positif). Il existe une bonne représentativité de femmes dans les instances de prise décision : une femme, présidente du Parlement, les 2 vice-présidents du Sénat, la 2e vice-présidente de la République et 7 ministres femmes sur les 19 qui forment le gouvernement (soit 38%).
- Au Rwanda les élections de 1999 ont permis l’arrivée au pouvoir des femmes : au Parlement 47,5%. Le plus haut taux en Afrique et dans le monde. Au niveau local sur 10 comites, 6 sont en charge de la santé, de l’éducation, du développement, des finances, des femmes et des jeunes.
- En RDC la création du Réseau Islam et Population et le partenariat fécond qui existe entre les différents intervenants a permis la mobilisation d’importantes ressources pour la lutte contre VBG

4.3.2 Défis
- Au Burundi la faiblesse de la législation en matière de lutte contre les violences sexuelles n’a pas suffisamment préoccupé les autorités de transition;
- Au Congo l’exigence de la protection des personnes vulnérables s’est accrue avec les crises et les conflits armés. Ceux-ci ont en effet aggravé le phénomène des enfants de la rue ont été à l’origine de celui des enfants soldats et ont, de manière générale, accentué la faiblesse de la législation en matière de protection des personnes vulnérables.
- Au Rwanda il n’existe pas de mécanismes d’appui juridique, médical et psychologique des femmes victimes de violence.
The GoU has set up the Ministry of Gender, Labour and Social Development to be responsible among other things for gender mainstreaming and advancement of women. It is the main duty bearer for the execution of CEDAW as well as other international and national commitments.

4.2.2 Strategies in Anglophone countries

ERITREA: National FGM/FC Strategy: UNFPA in collaboration with UNICEF supported the development of A National FGM/FGC Strategy to guide appropriate interventions. UNCT has committed itself to address Gender based Violence through its proposed Outcome 2007-2011 “Women and children are protected from exploitation, violence, abuse, neglect and discrimination”. Other proposed strategies in Eritrea include: Sensitization programmes for community leaders and religious leaders to enforce laws on marriage age, Partnership with community networks in the elimination of Social cultural practices that promote GBV and FGM/FGC including community level dialogue. The Government of the State of Eritrea issued on 20th March 2007, A Proclamation No. 158/2007 to Abolish Female Circumcision. The proclamation states the harmful effect of FGM/C, definition of what constitutes FGM/C, the prohibition and the punishments for the continuance.

ETHIOPIA: The Government through its Plan for Accelerated and Sustained Development to End Poverty (PASDEP) has committed itself to reduce violence against women and girls and improve their Human Rights. Its main strategy is to conduct a massive and systematic training and awareness campaigns on national laws, policies as well as international laws on gender equality. Repeal discriminatory laws in every Region to ensure the human rights of women; achieve strict application and enforcement of all laws; Eliminate all forms of violence against women; Promote constitutional guarantees of equality by removing the impediments of societal belief, harmful traditional practices and prejudices. The Ministry of Women Affairs has been established to operationalize the National Action Plan for Gender Equality.

Other strategies in Ethiopia include promoting public education to eliminate harmful practices especially early marriage and FGM/FGC and to provide legal support and counselling services to victims of trafficking by Ethiopian Women Association (EWLA).

UNFPA in Ethiopia plans to support the conduct of studies on Gender Based Violence and in particular domestic violence, sexual harassment, rape and trafficking for evidence based advocacy.

KENYA: Awareness on gender-based violence and women’s rights has been created through electronic and print media. A total of 25 radio and television programmes, both in English and Kiswahili were aired in 2005.

FIDA Kenya is a registered NGO of women lawyers committed to creating a society that is free of all forms of injustices and discrimination against women. FIDA monitors

CONCLUSIONS POUR VBG

1. La VBG demeure un problème sérieux en Afrique. En effet, elle est rendue complexe par ses différentes formes: physique, sexuelle, émotionnelle et psychologique qui en font un défi énorme et permanent. La VBG affecte dans une large mesure aussi bien les femmes que les filles, elle est la cause de décès, de désintégration familiale, de stress et handicape certaines d’entre elles.

2. Le Protocole Additionnel à la Charte Africaine des droits de l’Homme et des Peuples (CADHP) est en vigueur en Novembre 2006 après sa ratification par 15 pays. Cela signifie qu’elle lie tous les pays, y compris ceux qui ne l’ont pas encore ratifiée.

3. Il est à noter que beaucoup d’efforts sont déployés pour faire face à la VBG à travers différents cadres et stratégies dans tous les pays. Toutefois, étant donné que la VBG est très ancrée dans les sociétés et les communautés en Afrique, il est essentiel de revoir plus profondément les stratégies pouvant permettre de commencer à en examiner les causes profondes.

4. Beaucoup d’efforts sont déployés pour mettre en place et renforcer les capacités de lutte contre la VBG. Mais les différentes stratégies ne sont pas institutionnalisées, sauf au Kenya où il existe des efforts dans ce sens.

RECOMMANDATIONS POUR VBG

1. Etant donné l’ampleur de la VBG et les défis que posent ses multiples formes, il est nécessaire de créer des partenariats en vue d’actions stratégiques harmonisées et coordonnées.

2. Davantage d’efforts s’imposent pour inclure la VBG dans les programmes scolaires et des clubs de jeunes, afin qu’elle soit considérée par les jeunes comme un délit contre la société et une violation des droits de l’homme. Les jeunes devraient par conséquent briser la chaîne et apporter à la société des attitudes positives, des normes et des valeurs.

3. Certes les pays ont ratifié la CEDEF, mais ils doivent faire preuve d’engagement dans la présentation régulière de rapports et l’harmonisation de la Convention par rapport aux instruments nationaux.

4. Il est important de sensibiliser la population en général sur la CEDEF et la CADHP pour qu’elle sache qu’elle est protégée et possède des voies de recours.

5. Il est nécessaire de briser le silence sur les différentes
national compliance to international conventions, does research on women’s rights violations, advocates for reform of laws and policies that discriminate against women, and offers legal aid services. FIDA also creates awareness on legal rights and educates women on how to claim them through self-representation in court.

The Nairobi Women’s Hospital Gender Violence Recovery Centre in Kenya offers comprehensive post-rape care services to survivors of rape and sexual violence. The hospital participated in the drafting of the National Guidelines for the Medical Management of Post-Rape/Sexual Violence under the Kenyan government’s Gender & Reproductive Rights Programme.

The Medico-Legal Network on Gender-Based Violence in Kenya is a network of individuals and organizations from the health care services, forensic services, and the criminal justice system involved in addressing sexual violence.

TANZANIA: There is increasing media attention on GBV. Furthermore, documentation of various types of GBV has also been given priority in this country.

UNCT through UNDAF aims to develop sharper advocacy and communication messages particularly to address stigma and gender discrimination

The Government through MKUKUTA, the PRS document of Tanzania, has committed itself to eliminate sexual abuse and domestic violence.

UNFPA through its CPAP Document has committed itself to follow up on GBV by focusing on discriminatory legislation and policies, the implementation of existing policies and agreements and the establishment of a mechanism that include both rights holders and duty bearers to monitor and reduce gender based violence. Support will be provided to enhance the partnership between the Government and CSOs in the implementation of the National Action Plan for the Elimination of Violence Against Women and Children and the Elimination of Female Genital Mutilation. Support will be provided to enhance the partnership between the Government and CSOs in the implementation of the National Action Plan for the Elimination of Violence Against Women and Children and the Elimination of Female Genital Mutilation. Existing data will be used to advocate for review of the Marriage Act, customary and inheritance laws, the enactment of a law against domestic violence, and implementation, monitoring and reporting on CEDAW and SADC protocols.

UGANDA: UNFPA through its CPAP document (2006-2010) has committed itself to provide services on Sexual and Gender Based violence (SGBV). UNFPA will work with partners to initiate SGBV treatment, counselling and referral services for survivors. The services will be linked to activities implemented under the gender component and will among others include provision of emergency contraception, post abortion care, treatment of STIs, and post-exposure prophylaxis for HIV infection after rape, screening and treatment of cervical cancer, prevention of primary and secondary infertility, and treatment of gynaecological conditions. The services will involve community participation, and will contribute to improved client/provider relations, men’s participation, and women’s empowerment to make

Communication pour un changement de comportement (CCC)

5.0 Partie II: ANALYSE SUR LA COMMUNICATION POUR LE CHANGEMENT DE COMPORTEMENT (CCC dans les Pays Francophones)

Dans la plupart des cas, ces termes étaient utilisés de manière interchangeable, sauf peut-être conseils et marketing social. Il n’est cependant pas certain que ces termes avaient la même signification pour tous les lecteurs ou rédacteurs du document. De plus, il a été difficile de déterminer si l’interprétation des termes a été incorporée dans la conception des diverses actions de communication. Il n’était pas clair non plus si les services de prévention et de promotion pouvaient s’appliquer aux activités de communication en même temps que d’autres.

5.1 Communication pour le changement de comportement (CCC) dans les documents stratégiques

5.1.1 Différents concepts de CCC

1. Information Education Communication (IEC)
2. Sensibilisation
3. Campagnes médiatiques
for reproductive health choices.

4.2.3 Capacity Building Plans

ERITREA: UNFPA in partnership with other development partners has developed a number of capacity building plans including:
- Creating a Gender Research Centre
- Conduct baseline survey to establish the nature of GBV
- Undertake analytical studies of CEDAW documents and the implementation of the NGAP (National Gender Action Plan)
- Monitoring CEDAW implementation
- Support training of legal and paralegals, law enforcement officers, community leaders and FBOs to prevent GBV and protect rights of women and girls in the community
- Enhancing capacity of NGOs and FBOs and CBOs to address early marriage and gender based violence including FGM/FGC

KENYA: A Post-Rape/Sexual Violence Training curriculum is already in place in Kenya. It has three modules, on clinical care, rape trauma counselling and training of trainers (ToT). It provides training on comprehensive post-rape care. A police-training manual on gender and human rights was produced in Kenya and is currently being used to train new recruits and in-service officers. Gender analysis monographs at all levels were developed with the support of UNFPA. In addition, a gender responsive monitoring and evaluation tool for the PRSP/MTEF has been developed in Kenya.

TANZANIA: A School Curriculum on life skills that cover GBV is available in Tanzania. Legal literacy campaigns to educate the public about laws and rights related to HIV/AIDS victims are continuing to be promoted in this country.

UGANDA: As in Eritrea, plans are under way in Uganda to put in place programmes to address GBV namely:
- Establish networks and coalitions for Advocacy on GBV prevention
- Establish a database for male and female victims on SGBV
- Train Service providers in GBV prevention and management:
- Establish a model SGBV recovery centre
- Develop and disseminate SGBV materials
- Conduct a baseline survey on FGM/FGC in districts and pockets within communities still practicing FGM/FGC

Capacity building plans on GBV have not been documented for Ethiopia.

4. Mobile d'IEC dans les provinces à fortement rapatriement de réfugiés
5. Plaidoyer
6. Communication pour le changement de comportement (CCC)
7. Mobilisation Sociale
8. Marketing social
9. Prise en charge psychosocial ou counselling
10. Conscientisation
11. Education et information par les pairs
12. CAP
13. Education pour la santé

5.1.2 CCC dans les documents stratégiques

- Au Burundi les principales activités d'informations pour un changement de comportement se résument comme suit : la création de centre conviviaux d'informations pour les jeunes sur la Santé de la Reproduction et le VIH. Ces centres ciblent en particulier les jeunes non scolarisés. Il y a aussi des programmes d'éducation à la vie familiale dans l'enseignement en matière de population (EVF/EMP) ou encore Clubs scolaires sur la SR et le VIH. Ces programmes sont destinés à promouvoir l'accès des jeunes et des adolescents à l'information en SR. L'IEC concerne différents domaines du développement tels que la nutrition, l'hygiène, la SR, et le niveau communautaire.

- Au Cameroun, le programme EVF/EMP a permis en 2004/2005 de toucher 22891 élèves, dont 4149 garçons et 8742 filles et 306 enseignants fondateurs. Le taux de couverture du programme est de 75%. En matière de SR la sensibilisation a permis d'augmenter les visites prénatales (79%) de 1991-1998 à (84%) en 2004. La sensibilisation sur les questions de population a ciblé les leaders traditionnels, politiques, religieux et administratifs. Le projet conjoint UNFPA/FAO IEC/SR a permis d'enseigner les membres du Gouvernement sur la PF, IST, VIH/SIDA. L'IEC concerne des domaines aussi variés que le VIH, la lutte contre le paludisme et la bonne gouvernance. Ainsi 239 relais communautaires ont été créés pour informer et sensibiliser les jeunes sur la Santé de la Reproduction et le VIH. Ces programmes sont destinés à promouvoir l'accès des jeunes et des adolescents à l'information en SR. L'IEC concerne différents domaines du développement tels que la nutrition, l'hygiène, la SR, et le niveau communautaire.

- Au Congo les Centres de jeunes jouent un rôle important dans la sensibilisation sur la SR et VIH et la mise en œuvre des programmes EVF/EMP. En effet ils assurent l'accès des jeunes et des adolescents à l'information en SR. Dans ce domaine UNFPA appuie des campagnes de sensibilisation à travers les médias et au moyen de la...
4.2.4 Innovative approaches to address GBV

Among the innovative approaches planned are:

- Strengthen the community courts and continue training of community judges and law enforcement personnel in Eritrea to enforce elimination of violence against women
- “Leave no Woman Behind” project on early marriage in Ethiopia that encourages community led initiatives in changing community’s perception towards the issues of early marriage and women empowerment.
- Community conversation and dialogue in Ethiopia to address norms, values and practices that negatively affect women and girls
- The creation of a Coalition on Violence against Women (COVAW) in Kenya committed to the eradication of all forms of violence against women and the promotion of women’s rights.
- Creation of partnership with Human Rights Activists and the media under the leadership of UNFPA in Tanzania to address GBV. In this respect UNFPA plans to work with Civil Society organizations (CSOs) such as Tanzania Gender Networking Programme (TGNP) under the Feminist Activism Coalition (FemAct), to support systematic reporting on gender based violence and on reproductive health and rights. UNFPA will also support effective participation of respective stakeholders in building evidence and information to address gender based violence. Partnership with the media will be built to inform and raise awareness of parliamentarians, policy and decision makers and the public on the evidence established regarding GBV. It is expected that this will result in the promotion of positive behaviour and in the review of discriminatory policies and laws.
- UNFPA initiative in Uganda on Sexual and Gender-based violence in one of the war-affected districts with special emphasis on training health workers in management of GBV survivors and equipping selected health facilities.
- Working with Faith Based organization as happened in Uganda whereby a bye-law was passed in the Kikizzi diocese in year 2000 restricting the conduct of holy matrimony for any couple below 18 years and encouraged parents to take girl children to school.

4.3 Facilitating Factors and Emerging Challenges

4.3.1 Facilitating factors

Facilitating factors in the elimination of GBV include:

- Commitment by Government through the constitution, laws, policies and clear strategies to address GBV
- Partnership building with Civil society Organizations
- Strengthen the community courts and continue training of community judges and law enforcement personnel in Eritrea to enforce elimination of violence against women
- “Leave no Woman Behind” project on early marriage in Ethiopia that encourages community led initiatives in changing community’s perception towards the issues of early marriage and women empowerment.
- Community conversation and dialogue in Ethiopia to address norms, values and practices that negatively affect women and girls
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- Working with Faith Based organization as happened in Uganda whereby a bye-law was passed in the Kikizzi diocese in year 2000 restricting the conduct of holy matrimony for any couple below 18 years and encouraged parents to take girl children to school.

Stratégie des pairs au sein des centres conviviaux. Le plaidoyer et la sensibilisation sur les fistules de même que la réalisation d’une enquête nationale qualitative sur les Connaissances Attitudes et Pratiques (CAP) ont permis d’accroître la prise de conscience du problème au niveau national.

- En Guinée Equatoriale la sensibilisation des adolescents sur les IST/VIH se fait par une ONG de personnes âgées par la promotion de valeurs culturelles positives. Les campagnes médiatiques et la mobilisation sociale sur VIH ciblant les jeunes sont privilégiées dans le cadre de la conscientisation, sur le VIH. Le programme de transmission parentale du VIH aussi base ses activités sur l’IEC. Les activités de sensibilisation ont été également menées dans les districts pour amener les femmes enceintes et les familles à utiliser les services d’accouchement disponibles. En dehors de l’IEC sur les questions de population et la sensibilisation des décideurs sur le VIH, il a été noté des initiatives de plaidoyer sur le lien entre la pauvreté et les questions de population.


- En République Centrafricaine l’intégration de l’Education à la Vie Familiale et En Matière de Population (EVF/EMP) se fait à l’école pour les scolarisés, et à travers les maisons de jeunes et le Réseau de Jeunes en Population pour le milieu informel. L’éducation par les jeunes pairs pour un changement de comportement et la promotion de l’utilisation des condoms masculins et féminins ont été noté.

- Au Tchad, les maisons de jeunes et le Centre d’information et d’orientation des jeunes offrent des services d’IEC/VIH et counselling. La préparation du Projet de Code des Personnes et de la Famille a fait l’objet d’une campagne médiatique impliquant les décideurs politiques, religieux et communautaires. Le Réseau des parlementaires en Population et Développement a été très actif dans le plaidoyer pour l’adoption de lois. Les activités d’IEC touchent des domaines tels le VIH/SIDA, c’est ainsi que femmes urbaines sont plus informées que les femmes rurales des méthodes de prévention du VIH (59% contre 39.1%).

- En RDC le plaidoyer du Réseau des Femmes Ministres.
Partnership with the media to break the silence and to encourage open discussions. It also creates a forum for the victims to know where to go for psychosocial support and counselling as well as legal redress.

4.3.2 Challenges

Most GBV remain invisible and unacknowledged in many African countries. Indeed due to socio-cultural norms and practices, reporting violence among victims has been limited thus making it difficult to document both its prevalence and magnitude. Most sad is the fact that socialisation process has made many women to accept, tolerate, and even rationalise domestic violence and to remain silent about such experiences. For example, according to TDHS (2004) three in every five women agree that wife beating by the husband is justified.

Stigma that is often attached to Rape survivors

Where statutory laws operate in conjunction with customary laws, practices exist which have the potential of violating the Reproductive Rights of women, men and young people such as child marriage/early child bearing, FGM/FGC, wife inheritance and wife beating.

Lack of enforcement mechanism for the existing policies and laws

OVERALL CONCLUSIONS FOR GBV

1. GBV remains a serious problem and a huge challenge in Africa. It appears in various forms namely: physical, sexual, emotional and psychological forms. GBV to a great extent affects both women and girls and is reported to cause maiming, stress, death and family disintegration.

2. African Charter for Peoples and Human Rights (ACPHR) is enforceable since early 2006 after 15 countries ratified it. This means that all countries are bound by it including those countries that have not yet ratified the charter.

3. It is noted that a lot of effort is being made to address GBV through various frameworks and strategies in all the countries.

4. There is a lot of effort to build and strengthen capacity on addressing GBV. But, capacity building is not institutionalized except in Kenya.

5.2 Cadres juridiques, stratégies et approches novatrices pour la CCC

5.2.1 Plan Cadre Stratégique ou Plan d’Action (VIH)

Seuls les documents des pays suivants ont mentionné l’existence de textes, de plan ou de cadre stratégique relatif à l’information et à la communication.


En ce qui concerne la Guinée Équatoriale, le plaidoyer mené par le Bureau de l’UNFPA auprès du Gouvernement, des Parlementaires et du Pouvoir judiciaire, a permis de renforcer la sensibilisation des autorités sur des questions de droits en matière de Santé de la Reproduction. C’est ainsi que d’importantes décisions ont été prises, parmi lesquelles : l’adoption de la loi sur le VIH/SIDA, sur la protection des malades du VIH/SIDA et la gratuité des médicaments. La mise en place d’une équipe multisectorielle de formateurs en IEC et SR renforce les interventions IEC/CCC.

Le Rwanda est le seul pays à avoir mentionné l’existence d’une Stratégie nationale IEC/CCC pour la SR.

5.2.2 Stratégies

Burundi

- Plaidoyer pour la mobilisation des ressources et l’intégration de services conviviaux aux jeunes dans les services de SR
- Cliniques et services IEC mobiles en collaboration avec l’ONG ABUBEF
- Mise en place de relais communautaires pour la Distribution à Base Communautaire et l’IEC
- Centres de jeunes pour l’IEC/SR dans un cadre récréatif
OVERALL RECOMMENDATIONS FOR GBV

1. Promote CEDAW and ACPHR
   - Although countries have ratified CEDAW, they need to demonstrate commitment in reporting regularly and domesticate it.
   - It is critical to educate the general population on CEDAW and ACPHR so that they know that they are protected and have legal redress.

2. Build Partnership to address GBV
   - Noting the magnitude of GBV and challenges posed by the multitude of various forms of GBV, there is a need to forge partnership to ensure harmonized and coordinated strategic actions.
   - Through partnership silence on various forms of GBV should be broken. In deed the public must be educated on the magnitude, forms and consequences of GBV happening in their own communities.
   - Noting that GBV is deeply rooted in society and communities in Africa, partners should rethink appropriate strategies that could be used to address the root causes.

3. Encourage the use of innovative approaches
   - Countries are encouraged to review the innovative approaches documented in this report and adapt scale up those that can be replicated.
   - Community conversations on GBV need to be scaled up to identify community sanctions and rewarding systems that have proved effective for implementation.
   - More effort needs to be undertaken to include GBV in the school curriculum and youth club materials so that young people can internalize GBV as a crime against society and a violation of human rights. It is expected that this young blood would break the GBV chain and bring about positive attitudes, norms and values in society.

4. Build institutional capacity to address GBV
   - Further studies should be undertaken in countries to identify institutions that are building capacity on GBV. Where they do not exist, it is recommended that efforts be undertaken to identify specific institutions to do so.

- Allocation d’horaires spécifiques pour les services d’IEC et de prestations aux jeunes dans les centres de SR
- Prévention du VIH avec changement des comportements à risques
- Appui aux clubs « Stop VIH » dans les écoles.

Cameroun
- Implantation de radios communautaires.
- Production de matériels didactiques en collaboration avec l’UNESCO
- Intégration des questions de SR EVF/EMP dans les curricula scolaires
- Formation de relais communautaires pour mener des activités de sensibilisation sur la PF, les IST et le VIH/SIDA.
- Campagnes de sensibilisation sur IST et VIH/SIDA

Au Congo
- Campagnes de sensibilisation ont eu lieu notamment dans les centres conviviaux pour jeunes (visant la jeunesse extrascolaire) et dans les écoles (en direction de la jeunesse scolaire), au sein des clubs anti sida,
- Formation des pairs éducateurs.
- Initiative conjointe UNFPA, UNDP, UNICEF de production d’un film sur les violences sexuelles

En Guinée Equatoriale
- Counselling dans les centres de santé par les agents IEC des districts
- Causeries dans les villages
- Sensibilisation accrue à travers les Mass media et production de supports audio visuels

Au Rwanda
- Education et sensibilisation,
- Appui technique et financier aux journaux locaux qui diffusent des articles sur la santé de la reproduction,
- Publication par l’UNFPA d’un journal spécial sur ses réalisations au cours de la journée mondiale de la population
- Plaidoyer pour la prise en compte des droits humains dans les programmes de VIH et pour la solidarité communautaire dans les centres de santé

République Centrafricaine
- Publication d’un magazine mensuel « 100 % jeunes » réalisé par les jeunes pour les jeunes portant sur la SR et les IST/VIH/SIDA
- Diffusion d’émissions hebdomadaires sur Radio Ndéké-Luka
- Promotion de l’éducation par les pairs éducateurs chez les jeunes et chez les hommes en tenue
- Promotion de la mobilisation sociale en SR, en particulier
5.0 PART II: FINDINGS ON BEHAVIOUR CHANGE COMMUNICATION

5.1 BCC in Strategic Documents

5.1.1 Different Concepts of BCC

The following terms on Behaviour Change Communication were used in the Anglophone countries.

1. Information, Education and Communication (IEC)
2. IEC Persuasive communication
3. Information and communication efforts
4. Information provision
5. Behaviour Change Communicating (BCC)
6. Behaviour Change Education
7. Promoting behaviour Change
8. Promoting behaviour Change education
9. Support for Behaviour Change
10. Culturally sensitive behaviour Change communication interventions
11. Preventive behaviour communication
12. Behaviour modification activities
13. Information and social mobilization for behaviour change
14. Health promotion/ Promotion of health
15. Health prevention and promotion
16. Health education
17. Health awareness
18. Health talks
19. Preventive health actions
20. Enhancing awareness of good health practices
21. Preventive care
22. Public education
23. Public awareness
24. Community mobilization
25. Community awareness campaign
26. Preventive and promotive service
27. Prevention initiatives
28. Peer education
29. Family life education Awareness
30. Sensitization
31. Knowledge provision
32. Social marketing strategies
33. Counselling.

5.2.3 Renforcement des capacités

- Le renforcement des capacités se fait à travers les différents programmes sur une base ponctuelle. Il n’y a pas de mention de structures spécialisées dans le domaine de CCC ou IEC qui interviennent dans les pays. Les domaines de renforcement des capacités recensés sont les suivants :
  - Renforcement des capacités des associations et réseaux de leaders communautaires en technique de communication
  - Renforcement des capacités des femmes leaders de la société civile en particulier les membres du Réseau des
In most cases, these terms were used interchangeably except counselling and social marketing. What is not clear from the reading was whether all the terms meant the same thing to all the readers or writers of various documents. In addition, it was difficult to tell whether the interpretation of the terms was incorporated in the design of the various communication interventions. It was also not clear whether preventive and promotive services could refer to communication activities along with other services.

5.1.2 Issues addressed

As can be seen from the table below, specific issues addressed under BCC/IEC included poverty, HIV/AIDS, Condom use, knowledge on HIV/AIDS, FGM/FGC, contraceptive prevalence, spousal approval on use of contraceptives, fertility, teen pregnancy, unmeet need for family planning, maternal mortality, unsafe abortion, fistula and VCT uptake.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Anglophone Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eritrea</td>
</tr>
<tr>
<td>Poverty:</td>
<td></td>
</tr>
<tr>
<td>The poor 66.4%</td>
<td>37% below poverty line</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2.38 % population</td>
</tr>
<tr>
<td>22.8% of female bar workers, 4.6% of military personnel. (HMI 2006)</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Knowledge of HIV/AIDS</td>
<td>78.3% of women know 2-3 ways to avoid HIV/AIDS. 8.4% of women do not know any way of avoiding HIV/AIDS. (EDHS 2002)</td>
</tr>
<tr>
<td>FGM/FGC</td>
<td>89% in 2002</td>
</tr>
<tr>
<td>Contraceptive Prevalence Rate (CPR)</td>
<td>5.8 %, from 1995 to date</td>
</tr>
<tr>
<td>Male Spousal Approval to use contraceptives</td>
<td>1.9% of husbands are opposed to contraceptive use. (EDHS 2002)</td>
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</tbody>
</table>

Femmes Ministres et Parlementaires en techniques de plaidoyer, population et développement et genre.
- Renforcement des capacités techniques et institutionnelles en IEC/CCC en SR et VIH/SIDA
- Renforcement des capacités des prestataires en IEC et sur le paquet minimum de services.
<table>
<thead>
<tr>
<th>Issues</th>
<th>Eritrea</th>
<th>Ethiopia</th>
<th>Kenya</th>
<th>Tanzania</th>
<th>Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge on contraception</td>
<td>88.9% of all women know of at least one method, 87.2% of all women know of a modern method, and 56.4% of all women know of a traditional method. (EDHS 2002)</td>
<td>81.6%</td>
<td></td>
<td></td>
<td>96% all 92% female adolescents 96% male adolescents (15-19)</td>
</tr>
<tr>
<td>Total Fertility Rate (TFR)</td>
<td>4.8 in 2002</td>
<td>5.4 national average (CPAP) 2.0 Addis</td>
<td>4.7 national, 7.0 rural (1999)</td>
<td>5.7 in 2005</td>
<td>6.9 children per woman 8.5: poorest (20%) quintile 4.1 richest 20% quintile</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>14% of 15-19 have a child</td>
<td>13% have given birth (15-19)</td>
<td>25% married by 18 years</td>
<td>23% (15-19 years)</td>
<td>31% (15-19 years)</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>27% of married women have unmet need for family planning (EDHS 2002)</td>
<td>56% among married women</td>
<td>24% among married women</td>
<td>22 % among married women</td>
<td></td>
</tr>
<tr>
<td>Maternal Mortality Ratio (MMR)</td>
<td>630/100,000 live births</td>
<td>871/100,000 live births</td>
<td>414/100,000 live births (KDHS-2003)</td>
<td>578/100,000 live births</td>
<td>505/100,000 live births Losing 6000 women per year due to pregnancy related causes</td>
</tr>
<tr>
<td>Unsafe abortion</td>
<td>50.4% of outpatient and inpatient visits among OBE cases in 2005 were abortion. 2612 cases of abortion were registered in 2005 (HMIS 2006)</td>
<td></td>
<td>50% of all gynae-obstetric admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fistula</td>
<td>An estimate of 102 new cases of fistula may occur every year (WHO)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>VCT uptake</td>
<td>39 VCT centres in 2005, 66892 individuals used the centres (HMIS 2006)</td>
<td></td>
<td>48% women 62% had heard of VCT. (2003 KDHS)</td>
<td></td>
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</tr>
</tbody>
</table>

Other major issues of concern which could not be quantified included the following:

- HIV/AIDS spread among troops in Eritrea before demobilization and its effect at community level after demobilization
- Misconceptions regarding VCT in Ethiopia
- Stigmatization of youths by health personnel when seeking VCT services (Kenya)
- Social stigma and discrimination associated with HIV/AIDS (Kenya and Tanzania and Uganda)
- Unwanted or casual sex mostly with older men as survival strategy for women and girls in Uganda

5.2.4 Stratégies novatrices

La revue documentaire a permis d’identifier les approches ou stratégies novatrices suivantes dans le domaine de l’IEC/CCC.

5.2 Frameworks, strategies and Innovative Approaches

5.2.1 National Strategic Frameworks

A number of frameworks were proposed in all the five Anglophone countries namely:

a. Adolescent Health Policy in Eritrea: Among the principles of this policy is availability and accessibility of health information appropriate for different age groups of young people.


c. National IEC Strategy and National health promotion Strategy developed in Ethiopia. In addition, Ethiopia has teaching manuals, materials, audiovisuals leaflets and posters, which are adapted to local conditions.


e. Bruce-Jain framework (Bruce 1990) cited and recommended in the Situation Analysis Report in Kenya. This framework was specifically developed for assessing the quality of the family planning services. The framework is useful for assessing all communications at health facility level. It has six dimensions on which the quality of services are assessed including client-provider information exchange, interpersonal relations, choice of methods, technical competence of providers, continuity and follow-up, and constellation of services. This framework is extremely useful for monitoring customer care at service delivery sites.

f. Secondary school Curriculum developed in Tanzania on Family Life Education for young people that incorporate ASRH information and Life skills training.

g. Systematic communication strategy on participatory community communication in Tanzania proposed under UNDAF. The use of this strategy would ensure that communities have access to critical information for decision making.

h. Commitment for increased resources by the Government of Tanzania through MKUKUTA for effective HIV and AIDS prevention programmes. Another strategy is targeted and focused peer education to promote VCT services, condom use and to address stigma and discrimination.

5.3 Facteurs facilitants et défis

5.3.1 Facteurs facilitants

Au Burundi, le partenariat et la mobilisation des ressources sont facilités par la présence de nombreux bailleurs de fonds, c’est ainsi que l’Appel consolidé a permis de mettre à la disposition du pays, les ressources financières indispensables a la mise en œuvre du programme.
i. Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) initiated by President Museveni in Uganda.

j. Community Mobilization and Empowerment Strategy under the Ministry of Gender and Social Development in Uganda aimed to promote awareness on community development issues.


l. UNFPA/POPSEC/MOH Vision 2006-2010 Uganda on Results Based BCC for RH aimed to address communication at household level and community level.

5.2.2 Strategies

BCC/IEC strategies identified to reach communities

The following behaviour Change Communication strategies were either being used or were proposed in each of the five Anglophone countries:

Eritrea

- The following three-branched IEC/BCC strategy has been proposed:
  - Inter and intra-ministerial collaboration to develop a package of IEC materials which addresses SRH in an integrated manner;
  - Gender and RH-related advocacy through “gate keepers” and media to sensitise and mobilise the communities; and
  - Sustaining community mobilisation by development support communication (DSC) that promotes RH and rights as essential for effective integrated household resource management.
- Pre-demobilisation awareness of all military personnel, and national and service conscripts.

Ethiopia

- Interpersonal communication in formal and informal settings to respond to the needs of adolescents
- Family life education
- Use of modern mass-media and traditional channels of communication to promote institutional and community initiatives on promotion of positive behaviour
- HIV awareness raising
- Awareness creation and behavior modification through School Anti-AIDS Clubs
- Partnership with state and non state actors including Kebele, Women and Youth Health Institutions Associations Agricultural Extension Workers Religious organization and indigenous institutions such as Idirs, Senbetes and Mahbers
- IEC through Work Place
- IEC Materials development and dissemination
- Counselling

Organisation des séances d’information plaidoyer à l’endroit des décideurs (administration à la base, responsables des services de santé et des services judiciaires) en matière d’égalité des genres et de la lutte contre les violences sexuelles.

Au Cameroun la création d’un réseau de journalistes et de communicateurs en population pour accroître la sensibilisation des populations et la collaboration entre agences facilitent les interventions IEC/CCC.

En RCA les jeunes sont mobilisés à travers l’éducation par les pairs et un magazine 100% jeune conçu et publié par les jeunes pour les jeunes en vue de la promotion des comportements à moindre risque en matière de SR et de VIH/SIDA. Un Centre d’Information et de Documentation sur le SIDA a été créé en 2002 et fournit depuis des informations aux utilisateurs divers sur les IST/VIH/SIDA.

5.3.2 Défis

Au Burundi beaucoup de parents et de personnels de santé ne savent pas communiquer avec les jeunes sur les questions de SSR/VIH. Par ailleurs l’accès à l’information et aux services de santé sexuelle et de la reproduction est limité pour les adolescents et les jeunes. Ces services restent encore plus inaccessibles pour les populations déplacées/rapatriées suite à la destruction et des pillages des infrastructures sanitaires durant la guerre ainsi qu’à l’insuffisance du personnel de santé tant en quantité qu’en qualité.

En Guinée Equatoriale l’insuffisance de la sensibilisation en PF et le manque de communication entre parents et enfants constituent des défis majeurs.

Au Rwanda l’absence de sensibilité de genre dans les medias rend difficile la lutte contre les stéréotypes. L’ONG ARFEM Femmes et medias s’engage dans la promotion et la reconnaissance sociale des droits des femmes, mais aussi leur important rôle dans la réhabilitation et le reconstruction nationale.

Au Tchad l’instabilité des décideurs cibles des actions de plaidoyer et la faiblesse des ressources financières allouées aux activités de plaidoyer sont retenues comme des contraintes. Les pesanteurs socioculturelles limitent la participation massive des filles dans les activités d’IEC. La faible couverture géographique par la radio/TV risque de creuser l’écart malgré toutes les campagnes de sensibilisation.

Au Congo les causes du non respect des droits économiques, sociaux, civils et politiques des populations congolaises tiennent essentiellement à l’inadaptation des politiques de communication, de sensibilisation et d’information des citoyens. Les familles et les communautés sont handicapées par leur situation matérielle, leur manque d’informations, leurs habitudes alimentaires, pour remplir efficacement leur rôle. Malgré leur dynamisme, les OSC manquent de ressources pour appuyer les associations.
Kenya
- Peer education
- Use of faith based organization FBOs and private sector organizations as vehicles for building awareness and sensitization in the community.
- Sensitization campaigns among key decision makers in policy and programme
- Health promotion through health facility based health talks.
- Partnerships with civil society,

Tanzania
- Awareness raising
- Community mobilization to enhance community participation
- Communication for development through innovative community channels
- District and community-owned HIV/AIDS communication interventions

Uganda
- Multimedia Campaign in support of Reproductive health
- Entertainment education including radio and drama shows
- Advocacy and policy dialogue to support and promote culturally and gender sensitive behaviour change for sexual and reproductive health, including HIV prevention
- Life planning skills development

Examples of Communication results in Uganda
Effort has been made in various countries to consider strategies for the promotion of positive health behaviours and for helping to change negative behaviours. Most of these strategies proposed, introduce many different communication terms which require clarification to ensure that they have similar meaning in the minds of all implementers. It is indeed critical to rationalize the approaches or strategies to be used depending on the outcome expected. Some approaches are better than others in different circumstances. Some of the listed strategies could be grouped into broader strategies and approaches depending on specific needs and circumstances.

Furthermore, in the course of reviewing various documents, it is noted that the measurement of impact of communication using various communication approaches or strategies have been limited. Some effort has been made in Uganda to show the immediate outcome of a multimedia programme as shown in the box.

CONCLUSIONS POUR CCC

Termes utilisés en matière de communication: En passant en revue les différents concepts utilisés dans la communication pour un changement de comportement et compte tenu du fait que, dans la plupart des cas, les termes et concepts étaient interchangeables, notre principale préoccupation concerne l’interprétation qu’en feraient les diverses personnes lisant les documents et exécutant les actions selon les directives qui y sont incluses.

Questions abordées: Il convient de noter que le changement de comportement était considéré comme essentiel dans l’amélioration de la qualité de la vie, particulièrement dans le domaine de la santé et plus spécifiquement en ce qui concerne le VIH/SIDA et la santé de reproduction. Les questions soulignées ont fourni des orientations sur les efforts de changement de comportement nécessaires pour changer la donne. Ce qui est remarquable c’est que les résultats obtenus par la CCC à différents niveaux n’ont pas reçu une attention adéquate et c’est un point important.

Plans Cadres nationaux: Les plans cadres élaborés montrent l’engagement des pays à élaborer une approche coordonnée et systématique en matière de CCC. Certains cadres pourraient être utilisés dans de nombreux pays et ils méritent d’être examinés.

Stratégies: Des efforts ont été déployés dans les pays pour mettre au point des stratégies visant à promouvoir des comportements positifs du point de vue de la santé et à contribuer à changer les comportements négatifs. Il existe toutefois des confusions dans les différentes formes de stratégies, certaines tendant à être des approches et d’autres des activités. Certaines des stratégies citées pourraient aussi être regroupées en stratégies et approches générales.

Le VIH ressort dans toutes les stratégies et constitue véritablement une menace pour toute la région. Pourtant, les stratégies prennent en compte la prévention et la transmission, en oubliant la stigmatisation et la discrimination qui accroissent la vulnérabilité et le déni du droit à l’information et aux services.

Renforcement des capacités: Le renforcement des capacités en CCC demande de la minutie dans sa conception et sa planification. Il est par conséquent essentiel de l’institutionnaliser pour veiller à la qualité des activités de CCC.

Les approches novatrices montrent une nouvelle orientation dans la communication pour un changement social. Elles accordent en particulier de l’importance à la communication participative sous forme de débats et de dialogues communautaires.
In 2005, UNFPA, Uganda reported some outcome of a multimedia programme in support of Reproductive health. Over 800 letters were received in a period of 6 months and live drama performances over 1500 attended each of the 4 shows with just one announcement at the end of a radio drama episode. 19,101 men and women in catholic community were mobilized for RH. 350,000 people accessed ASRH information through youth church related services. 1,013 women and 868 men including young people received SRH information through 20 motivational talks in 4 UMSC sites. For the multimedia project 45% of the listeners were female and 55% were male. It was reported that 73% of the letters received were from female whereas 70% of the text messages sent were from men.

In the example shown in the box, the result of behaviour change is not apparent. In every communication effort, it is critical to justify the amount of funds used in communication by demonstrating positive behaviour actions.

5.2.3 Capacity building

From the documents reviewed, it was not indicated which institutions would train in BCC except in Ethiopia where Post graduate training on IEC/BCC has been integrated in the some colleges. The methodology that would be used for training various cadres was not also indicated. The proposed capacity building activities included the following:

- Training of military personnel as change agents/ peer educators to mobilize communities on HIV/AIDS prevention in Eritrea
- Training of maternal health promoters in Eritrea
- Development/rehabilitation of multiple communication channels in Eritrea
- Training of Health workers in Inter-Personal Communication (IPC) in Ethiopia
- Post graduate training in IEC/BCC for health professionals at the University initiated in Ethiopia
- Improving technical capacities of service providers in behaviour change communication to support rights-based adolescent reproductive health and HIV/AIDS programmes in Kenya
- Enhance community capacity in IEC and behaviour change communication in Tanzania
- Two video documentaries produced basing on experience of the AYA programme

5.2.4 Innovative approaches

Ethiopia: VCT and Information/Computer Centre at Addis Ababa University (AAU)

UNFPA launched HIV/AIDS and SRH project in March 2005 in one of the Faculties of AAU to provide friendly information and SRH services especially to young female students.
The project has a VCT centre integrated into the Faculty’s clinic, an information centre with 26 computers with Internet connection, and a reading room. The VCT Centre serves all students while the information/computer centre and reading room are accessible to female students only. Since March 2005, nearly 700 students have undergone HIV testing and 150 to 200 young girls visit the information/computer centre every day. The information centre has created an opportunity to learn more about HIV/AIDS and SRH and also to share ideas and experiences with peers within and outside Ethiopia. The project is making a significant contribution in protecting the University female students from HIV infection. These students serve as role models in a country where very limited females undertake University studies. These females are encouraged to serve as HIV infection free role models and they serve as resources in supporting millions others to protect themselves.

Male students at AAU are demanding a similar service. There are also very high demands for similar HIV/AIDS and SRH interventions in different faculties of AAU and other Universities in the Country.

**Ethiopia: Community Conversation Approach**

Community Conversation Approach was initiated by UNDP in Ethiopia to stop HIV spread. UNFPA is currently using the Approach to stop harmful practices especially FGM/FGC and early marriage.

Community Conversation is a facilitated process for dialogue and decision making—for communities to delve into deep and sometimes uncomfortable causes of the HIV epidemic in their lives. It is a process that helps communities to generate their own solutions to address those causes. By facilitating rather than intervening, and by empowering rather than prescribing, community conversation differs from many other approaches that seek to bring about Behaviour Change.

Community Conversation involves trained local facilitators, who help the community to generate insights on the underlying factors fuelling the spread of HIV/AIDS in the community. This is done using a wide range of participatory methodologies, such as story telling, active listening and strategic questioning, in order to identify shared concerns, observe, reflect, question, explore and make joint decisions for change. In these sessions, a cross section of people from the community are invited to participate—men and women, young and old, people living with HIV/AIDS and those who are not infected, religious and traditional leaders, representatives from women’s associations, youth groups and members of the community.

An environment is fostered, in which those concerned work together, based on the recognition that people have valuable capacities, perspectives and knowledge, as well as an interest in change. These are validated, built upon and strengthened through community meetings. The approach also acknowledges that people can hold false beliefs, be misinformed and act in bad faith.
The objectives of Community Conversation Approach are:

a. To generate a deep and complex understanding of the nature of the issue within the individual and communities and to create social cohesion for an environment that is conducive to political, legal and ethical change.

b. To support the development of a self-esteem, self-confidence, tolerance, trust, accountability, introspection and self management.

c. To empower communities to examine and redefine social contracts between different groups in the community for example between men and women, people leaving with HIV/AIDS and those that are uninfected or untested, the old and the young and/or the rich and poor.

d. To build a pool of resource persons with transformative leadership competencies and facilitation skills in community conversations, to scale up community responses to HIV and related development issues.

e. To bring voices of people into national response, to integrate community concerns and decisions into national and decentralized plans, thus linking resources to individual and collective needs.

f. To strengthen the capacity of NGOs and CBOs to develop appropriate strategies for a response that places communities and individuals at the centre of the response.

Kenya: Alternative Rites of Passage (ARP)

UNFPA is working with local indigenous CBO to intervene in the elimination of FGM/FGC through adoption of the Alternative Rites of Passage (ARP).

What are Rites of Passage (RP)? Many African communities organize traditional rites of passage for their adolescent girls to celebrate their passage to adulthood. The process varies from country to country and includes female genital mutilation in some countries. In the case of FGM, the main steps followed are:

- Identification of age-mates to be excised;
- Removal of the age-mates from the community through seclusion;
- Provision of traditional sexuality education including instruction and skills building regarding dating and courtship; personal hygiene; behaviour within the home and in the community; respect for age-mates, parents, and adults; home and childcare; avoiding being in lonely places with men who can change into ogres; avoiding father's and brothers' rooms; and not disgracing themselves and their families by showing fear during excision and childbirth.
  Traditional sexuality education is passed in the form of instruction, role modelling, skills-building, story telling and songs and dances. Good food and body creams are also provided during seclusion.
- Performance of the FGM/FGC operation based on the type practiced by the community--the FGM/FGC
symbolizes the point in time demarcating childhood and adulthood; and

- Celebration of the reintroduction of the nicely dressed girls into the community amid feasting, singing and dancing, and gift giving. The songs deride the uncircumcised and portray them as childish and smelly. The songs also praise the initiates who are now mature and respected members of the community. This celebration which is witnessed by members of the community affirms the girls as adults and marriageable. Communities value the role that rites of passage play in ushering girls into adulthood while the girls’ value it because of the significant attention and respect they get from their age mates and community, as well as because of the good food, gifts, and celebrations.

What are Alternative Rights of Passage (ARP)? The same Rites of passage as described earlier are followed and respected but girls do not go through FGM/FGC, they escape the cut. This way, girls stay in school longer, the practice of early marriage is reduced, and community involvement and acceptance are higher.

For example, in Kenya, after the first successful ARP, the mothers of 30 girls who underwent ARP established themselves first as a support group called “Natniro na Mugambo” or “circumcision with words or advice” and later incorporated themselves as a community-based NGO whose main mission was to stop FGM/FGC through the use of ARP strategy. Together with Maendeleo Ya Wanawake Organization (MYWO) and the programme for Appropriate Technology in Health (PATH); Ntaniro educated parents in all neighbouring communities and recruited those who decided to stop excising their daughters. Ntaniro started innovative strategy on ARP ceremonies which takes place every year during August and December alongside traditional rites of passage ceremonies that include FGM/FGC. Although ARP was an add-on strategy on a multi-strategy behaviour change intervention, its contribution in preventing girls from FGM/FGC was very visible. The overall project was evaluated in 2000 using quantitative and qualititative research including observation of ARP ceremonies and interviews with girls and their parents (Ntaniro Na Mugambo Chapters). The results indicate that by 2001, five years after the first ceremony was held, nearly 6,000 participated in the ARP programme. The demand for the ARP far exceeded MYWO/PATH’s technical and financial capacity. The MYWO project became one of the few anti-FGM/FGC projects in Africa to document social transformation in the making. In Districts where women under 20 years had been circumcised, the figures fell from 78% in 1993 to 56% in 1999. The majority of citizens in the project areas reported that FGM/FGC is a violation of girls’ human rights, which was a key intervention message. Knowledge of the harmful effect of FGM/FGC has increased and, more importantly, fewer than half (47%) of women now favour continuation of the practice as compared to 63% at the beginning of the project. Majority of young boys now say that they would be willing to marry an un-excised girl, an attitudinal change that is essential pre-requisite for girls and their families to abandon the practice. Since then, different aspects of the ARP strategy were implemented in Uganda, Gambia
and other African countries and still continue in many parts of Kenya.

In Uganda, while the rite of passage to adulthood is overall celebrated in cultural days and within families, the process does not follow the systematic MYWO/PATH approach. ARP can be used as a forum to provide modern sexual education to adolescents in general and adolescent girls in particular while eliminating harmful aspects of this practice. This strategy has proven to be acceptable in both Kenya and Uganda and is supported by UNFPA.

**Uganda: Youth Working with Health providers**

Five youths were attached to a health facility to attract other youth to access health services. These youths conducted IEC activities including display of posters and counselling fellow youths who reported at health facilities. They further conducted home visits, disseminating ASRH messages. They undertook outreach visits to schools and communities where they conducted education entertainment activities. During these outreaches, health workers provided VCT and treatment of STIs. This initiative was supported in nine districts targeting 54 health facilities. As a result of this initiative, the numbers of adolescents accessing health services increased tremendously.

**Uganda Community Mobilization and Empowerment Strategy: Community Dialogue**

The principle of community empowerment is used by the Ministry of Gender and Social Welfare in Uganda. The ministry argues that communication must take place at least in two dimensions. On the one hand it should be vertical to act as a trigger and on the other hand, it should be horizontal to share and analyse information and reflection amongst community members leading to mutual understanding, consensus and collective action. This dimension of communication is still lacking in many mobilization approaches. Uganda has therefore developed this strategy through adopting elements of the community dialogue approach. Given its strength in horizontal communication and action, the Ministry notes that Community Dialogue in conjunction with other methods would be used to engage communities in the identified areas of focus. Community mobilization would also be used as a cross-cutting approach for deepening participatory planning, improving service utilization and ensuring sustainability of facilities. The mobilizers will be equipped with knowledge, skills and techniques to introduce and facilitate community dialogue. This community dialogue is very similar to community conversations approach.

**UNFPA/POPSEC/MOH Vision 2006-2010 Uganda on Results Based BCC for RH**

The BCC Vision 2006/2010 is a consensus document derived from interactions and reflections between UNFPA, Population Secretariat, Ministry of Health, the World Health Organization (WHO), and 22 implementing Partners. Its
development was guided by CSTAA in collaboration with a team of professional consultants in communication. The BCC Vision has the following sections:

a. Mechanism for Assuring Quality
b. Special Considerations at each stage of BCC
c. BCC Results and Indicators
d. BCC Strategies, Approaches and Channels
e. Partnership Building
f. Monitoring and Evaluation Approaches

The vision provides a step by step process of ensuring quality communication aimed to produce results. It highlights important strategies, approaches and channels to use. It also gives ideas on results and indicators at different levels—household, community and service delivery level.

5.3 Facilitating factors and challenges

5.3.1 Facilitating Factors

a. Commitment of implementing and development partners
b. The existing innovative approaches that can be replicated and scaled up

5.3.2 Challenges

Cultural Barriers

a. Socio-cultural practices and traditions constitute major obstacles to behaviour Change and contribute to low utilization of sexual and reproductive health services including family planning
b. Lack of community support for Sexual and Reproductive health of the adolescents
c. Difficulties in reaching married youths

Stigma

d. Stigma and denial of HIV at all levels of society including social rejection and misinformation on HIV.

Working with the media

e. Low communication skills of media personnel

How to move from knowing to acting

f. Despite high levels of awareness about HIV/AIDS (over 96% for both men and women aged 15-49), large numbers of people do not know that they are infected and continue to lead lifestyles that put themselves at risk (Tanzania)

Monitoring and Evaluation

g. Lack of assessment of the quality of peer education.
h. Lack of research based behavioural change communication strategies and message that build on strong social cultural and religious values
i. Inadequate monitoring of the impact of health


Keeping learning

j. Difficulties in accessing the Internet for continuous learning.

OVERALL CONCLUSIONS FOR BCC

Terms used in communication: There are many different terms used in behaviour change communication as documented in this report. These terms were often used interchangeably in the documents reviewed. The main concern of this Team is the interpretation of these terms by different people reading the reviewed documents and implementing BCC interventions.

Issues Addressed: In the documents reviewed it was noted that behaviour change was seen as critical in the improvement of the quality of life particularly in health and poverty related areas and specifically in HIV/AIDS and reproductive health. The issues highlighted provide some direction on the behaviour change efforts needed to make a difference. One notable fact is that BCC results at different levels are not measured and this is critical.

National frameworks: The frameworks developed demonstrate the commitment of countries to develop a coordinated and systematic approach to BCC. Some frameworks could be used in many countries and they are worthy studying.

Strategies: Effort has been made in countries to develop strategies for the promotion of positive health behaviours and helping to change negative behaviours. However there is confusion in the use of different strategies. Some of them tend to be activities. The listed strategies could be grouped into broad strategies and approaches and be prioritized depending on the expected outcome.

HIV appears as a major issue yet, the strategies address prevention and transmission issues without addressing stigmatization and discrimination which increase vulnerability and deny rights to information and services.

Capacity Building: BCC capacity building requires careful design and planning. Yet institutions capable of building of capacity in BCC have not been identified in all countries except Ethiopia.

The innovative approaches demonstrate a paradigm shift in communication for social change. In particular, it introduces the importance of participatory communication such as community conversations and community dialogue.

The innovative approaches also demonstrate the role young people can play in bringing about change within their own target group including peer education and young people
working in partnership with health providers. Furthermore, these approaches provide direction for ensuring that BCC is systematically conducted to bring behaviour change results.

OVERALL RECOMMENDATIONS FOR BCC

1. Clarify the meaning of different terms used in communication

- There is an urgency to clarify the meaning of various communication terms used in the region and which have been documented in this report. Furthermore, the relevance of each term in communication need to be critically analysed to help programme managers and implementers in designing appropriate strategies.
- It is therefore, recommended that communication experts under the support of TSD and Africa Division come together to develop a simple glossary of these terms as well as a guidance note on appropriate strategies to be used in the implementation of BCC interventions.

2. Select appropriate strategies

- There is need to have specific frameworks to address stigmatization of people affected or infected with HIV/ADS.
- The results of each communication interventions should be clearly stated in order to select appropriate strategies. Furthermore, communication experts should clarify the appropriateness of the use of various strategies and approaches.
- Strategies so far documented tend to focus on women and youth. Despite some changes noted in the perception of women and youth issues, there is need to have specific male involvement strategies.
- It is critical to take into account the facilitating factors and challenges that are faced in designing and implementing BCC interventions.

3. Build capacity on BCC

- Behaviour Change Communication including promotion of positive behaviour is critical in the achievement of MDGs. It was noted in this assessment that institutions for building capacity in BCC is lacking. It is recommended that countries identify institutions that are capable of building capacity in the area of BCC. Where such institutions are lacking, UNFPA and partners should support national and regional institutions to undertake capacity building in this area.