

LENCE AGAINST WOMEN/GIRLS. END
CHILD MARRIAGE NOW.
GBEGBERE APAI KUTI ADEE NA RUKUTU ADEGUDE.
I ROGA RUKUTU ADEGUDE AWARE
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STOP VIOLENCE AGAINST

A Case Study from World Vision in South Sudan:

Supporting survivors of sexual violence through faith and community advocacy

Overview

In 2013 hundreds of thousands of women and children lives were affected when conflict broke out in South Sudan. Six years after the world's newest country was born, close to 4 million people have been forced to flee their homes, with girls and women particularly affected by multiple forms of sexual and gender-based violence such as rape. In 2016 in Yambio County, former Western Equatoria state, communities reported to World Vision that the majority of victims of sexual violence were girls and half of those surveyed knew of children who were born of rape. Insecurity in the area contributed to a rise in the number of rape cases. Many children born of rape were reportedly bullied, excluded from education and segregated from other children in the community.

Executive summary

The UK Foreign and Commonwealth Office funded World Vision to work with communities in Yambio over two years to change attitudes, promote community acceptance of survivors and children born of rape, and improve locally managed systems to prevent and respond to sexual violence. After the project concluded, a study in July 2018 found that there had been changes to attitudes and practices related to sexual violence at individual and community level, specifically for survivors and children born of rape. This included increased awareness and openness, increased reporting of gender-based violence (GBV) incident and survivors increasingly seeking health services. Some survivors and children born of rape are experiencing less stigma and increased acceptance and women are increasingly included and supported by church and community. There were still ongoing challenges (mostly beyond the project scope) including limitations on the material support available, a lack of comprehensive response services for survivors and the fact that some survivors were still experiencing verbal abuse or isolation for various reasons.

The project focused on working with multiple stakeholders, including faith leaders, youth leaders and women's groups, each of which had some advantages. Faith leaders were seen as good entry points given their influence and moral authority, as long as both men and women across different denominations were engaged and were enabled to lead awareness raising efforts themselves. Faith leaders demonstrated changed attitudes and



ABOVE: Grace, Susan, Lona and Jennifer* have survived sexual assault during South Sudan's conflict. After, they were left with a sense of shame and isolated themselves from their community. They were participants in the Magna Carta programme, which gave them a safe space to share their stories as a means of healing and emotional recovery. *names changed to protect identity
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behaviours towards GBV survivors as shown in activities such as public speaking, as well as broader changed attitudes in relation to gender equality. The challenge of working with this group was that it didn't not always hold the moral authority of all groups in the community and this reiterated the need for a diversified approach. Youth groups who had been trained and developed corresponding action plans gave multiple examples of how they were continuing to use their knowledge, feeling the project had given them an increased sense of trust within the community as referral focal points. They were encouraged that there was interest and take up of their messages. Women's groups were credited with undertaking strong advocacy on prevention and treatment of GBV and support to survivors during the project and this continues. Many people interviewed suggested that the project methods, including use of particular entry points of faith leaders and youth, reflective community dialogue and creative media all helped initiate sustainable attitude changes.

SOUTH SUDAN – THE HARD FACTS

- One in two women and girls will experience a form of gender-based violence before the age of 25¹.
- From 2016 to 2017 there was an 24% increase in cases officially reported².
- In 2016 in Yambio County, 97% of households surveyed knew of a form of sexual violence³ in their community.
- 79% of respondents surveyed said that children born of rape faced stigma.

¹ UNFPA, November 2017

² In 2017 there were 3585 cases officially reported, compared to 2883 cases officially reported in 2016.

³ 'Sexual violence' refers to rape or sexual assault. The Magna Carta project focused on stigma experienced by survivors of GBV affected by these two types. While awareness raising and attitude/behaviour change work looked at all 6 types of GBV, the baseline (source of this statistic) only asked in regards to 2 types (i.e. rape, sexual assault).

The project

In 2016 World Vision pioneered an innovative project called *“Combating stigma against rape survivors and children born of rape”*, funded for two years by the Magna Carta Fund for Human Rights & Democracy, UK Foreign and Commonwealth Office. It was implemented in South Sudan, the Democratic Republic of Congo, and Northern Uganda. Its aim was to change attitudes, promote community acceptance of survivors and children born of rape, and improve locally managed systems to prevent and respond to sexual violence.

To achieve this goal the project mobilised and worked with:

1. **Faith leaders** as highly influential community leaders, to promote positive values to reduce victim-blaming and negative treatment of survivors and children born of rape.
2. **Children and youth groups**, to champion acceptance of sexual violence survivors and children born of rape amongst peers and within the wider community. Positive attitudes amongst young people can also promote attitude change across the generations.
3. **Community members, including survivors of rape and children born of rape**, to advocate with local authorities for stronger community prevention and response systems to address sexual violence.

Throughout South Sudan, the role of faith actors is seen as significant; a source of unity and identity as well as providing spiritual and moral leadership. Faith leaders are consistently identified as important, influential and trusted. They are respected by the community and government who recognise them as playing a key role in ensuring the welfare of the people. This is why World Vision identified them as a key partner.

World Vision used and adapted the **Channels of Hope (CoH)** model to develop community champions from the above groups who could drive behavioural change within communities through awareness raising and grassroots advocacy. A Channels of Hope process normally forms congregational/community action teams known as CHATs, who then develop action plans. Based on context analysis, in this case, action plans were developed by faith leaders, women's groups and youth groups.

HOW DOES CoH WORK?

The Channels of Hope process typically runs for a minimum of two years, taking in four phases:

1. Preparation: establish relationships with various faith groups and their leaders. Build the capacity of staff and partners to plan for and implement the CoH methodology.

2. Catalysing and 3. Strategising phases: focus on motivating and equipping faith leaders and their wider congregations to engage with local issues in a meaningful way.

4. Empowering phase: empower faith communities on a continual basis and integrate them with other community programming. In this way, the CoH process helps congregations to competently and sustainably address the numerous local development issues that CoH exposes them to.

In South Sudan the project consisted of a range of activities that included:

-  **1. Training of faith leaders, women's representatives and community leaders** applying the faith-based methodology of CoH that uses Bible passages as allegories with a gender lens to challenge thinking and catalyse local advocacy for equality, respect and non-violence.
-  **2. CoH Graduates develop community-based advocacy plans** to plan as faith leaders, women's representatives or youth leaders, the strategic issues they will engage their audiences on, and how.
-  **3. CoH Graduates actioning their plans each month.** World Vision regularly followed up with these local advocates as one group to review key lessons to improve and empower through learning and reflection from each other.
-  **4. Media and mobilisation events** were used to complement the action plans including radio programmes, featuring songs penned by youth, public meetings / dialogue sessions led by local women's organisations and mass mobilisation events, such as competitive sports tournaments and public murals by local artists.
-  **5. Inter-agency GBV service coordination:** The project worked with the GBV 'Sub-cluster', facilitating monthly meetings to work with the authorities and working with partners to strengthen the Yambio GBV response system.

In total the project supported 50 faith leaders from all denominations, 20 women leaders and their local organisations, and 120 youth partners.

The case study

This post project case study focuses on Yambio County in South Sudan and documents changes in attitudes and practices related to sexual violence at individual and community level, specifically for survivors and children born of rape. The study particularly focuses on the contribution that working with faith leaders made to the impact of the project and also the role and effectiveness of other groups as champions of change such as youth leaders and women's groups. The document also considers views on the changed behaviours of these three groups from survivors themselves, including changes in acceptance, inclusion and care. In July 2018 World Vision spoke to 147 people in relation to this project⁴. Interviews were conducted with faith leaders, women's groups, survivors of sexual violence, community leaders, youth groups, children, World Vision staff, UN organisations and community members. These were project participants and external respondents. As a result of recent insecurity, holding interviews with rural communities was not possible for this study.

What changed as a result?

Increased awareness and openness

Overall, in communities where the project had conducted awareness raising respondents generally felt there was now an openness to talk about GBV issues in Yambio and that social opinions about sexual violence had changed to some extent. There was evidence that there was both more and clearer essential knowledge about GBV and how to respond to it, including awareness of case referral. The project was credited as unique because it tackled behaviours and attitudes and worked with important groups - faith leaders and youth groups not previously targeted on this topic. In conjunction with the youth groups, local artists painted highly impactful murals on health facilities, so people could learn about how and where to access services for GBV. Those survivors who had formed their own self-help groups spoke of increased personal knowledge and awareness about both treatment and prevention of GBV which had given them an increased confidence in managing their own security. A few survivors remarked that they did feel safer to move around in the evenings, but this was before the recent insecurity.

Increased reporting of GBV incidents

Broadly, while many felt that in the past two years the number of cases reported had increased⁵ there

was more awareness of what GBV was generally, and the importance of seeking medical services within the appropriate timeframe. However, in recent months new insecurity has resulted in a sharp increase in cases due to the presence of localised conflict. So, there was acknowledgment that whilst more cases reported was a good sign of an increased willingness to report or seek services, it was possibly also linked to external circumstances.

Survivors increasingly seek health services

Interviews showed there was a shift in community understanding and actions to prioritise immediate medical care once a person was referred after an incident of sexual violence. Previously survivors had to wait in police stations to pay for required documentation ('Form 8') that allowed them to access medical treatment. Although the Ministries of Justice and Health had issued circulars repealing Form 8, this repeal was not well known or applied. The project built on existing local awareness raising and worked with the Gender-Based Violence (GBV) Sub Cluster group, co-led by World Vision. They successfully advocated for free and direct access to medical care for survivors, encouraging treatment seeking within 72 hours of incident. In addition, the Special Police Unit where such incidents are reported relocated to the hospital for easier access after treatment. The internal referral pathways were improved through greater clarity of responsibilities, confidentiality and accuracy.

Some survivors experienced less stigma and increased acceptance

There were reports of survivors being more accepted by society, evidenced by stories of reductions in isolation and verbal abuse and examples of community support. Some did also comment on a corresponding increase in care and support as well as some efforts around local justice. They gave several examples of support including once an incident occurred; help with bathing, laundry, food, prayer and words of encouragement as well as help with being referred for further support. The project led to some reduction in societal stigma, but some survivors still 'self-stigmatised' themselves, withdrawing from society or opportunities. The project was not designed to provide direct support to survivors or address self-stigma, but it prompts the recommendation that future programming could include a more holistic approach that includes both direct support to survivors and attitudinal change in the community.

⁴ 62 men and 85 women were interviewed, of which 9 were survivors of sexual violence and 25 were children, some children born of rape. This was done through 13 key informant interviews (KIs) and 11 focus group discussions (FGDs).

⁵ No actual figures were provided for this.

Changed attitudes towards GBV and the role of women in church and society

Most survivors interviewed acknowledged a significant change in faith leader's attitudes towards GBV, in that they previously saw it as a taboo subject and not their role to discuss or work on it. Now messages are being given from pulpits about acceptance, care and protection which many community members accept because of their respect for the faith leaders. Faith leaders themselves gave examples of more involvement of women in the church or in the handling of customary issues such as marriage and land rights. This suggests some changed attitudes and practices related to gender equality, potentially contributing to addressing a root cause of GBV.

Children born of rape experience some reduction in stigma

World Vision was, and possibly still is, the only organisation working with this group. Many adult respondents said they didn't think of this group as distinct before but acknowledged there were many children born of rape in the community and they did have vulnerabilities. However, they struggled to distinguish how these vulnerabilities were different from other groups of vulnerable children, such as those born out of wedlock who lacked a father figure and also faced some stigma. Teachers interviewed said they often didn't have enough family history to distinguish children born of rape from other vulnerable children.

Children interviewed were a combination of children born of rape and others who had no father. Several mentioned that lacking a father resulted in their living with other relatives or step mothers which sometimes meant they received less care than children of known parentage in the household. In discussions with children they highlighted locations where they felt safe and unsafe; they felt safe in the church but felt unsafe in areas including the roadside (due to risks of weapons, accidents or abduction), at waterpoints where fights break out and sometimes at home because they don't have a father present (with a sense of self stigma attached to this).

Adults gave various examples of children born of rape vulnerability including at home, in communities, in relation to economic wellbeing, and cultural stigma because of the importance of family identity. The main example of societal stigma was name calling and many felt such stigma had reduced. However, this could be partly due to the large number of single mothers meaning that less

importance was given to the circumstances of a child's birth, and more to economic pressures. The awareness raising by the project was acknowledged, including the positive messaging from faith and other leaders on the value and dignity of all children. Other changes reported included carers relocating children to schools that were part of the project, to benefit from the better awareness and acceptance.

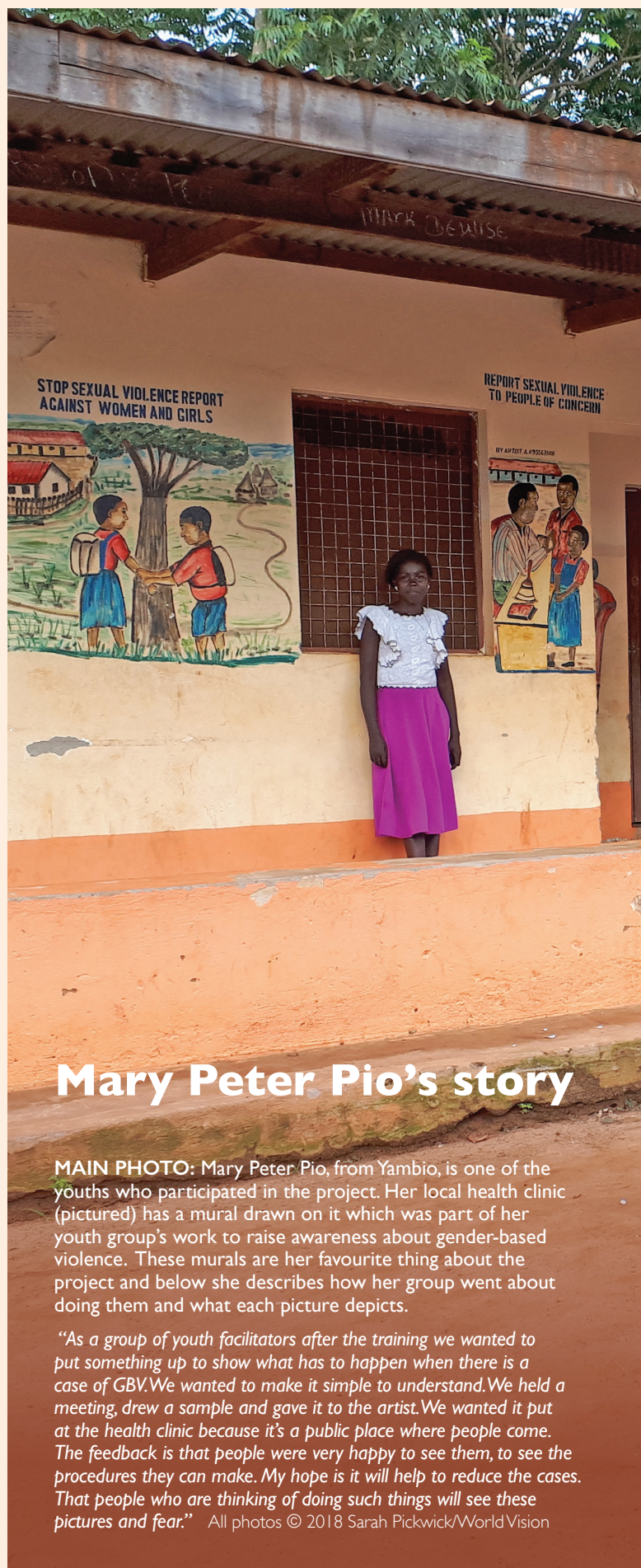
Remaining challenges

Despite most survivors reporting greater acceptance, and faith leaders and wider communities showing increased willingness to provide some support, there are clear economic limitations on the support available, particularly for livelihoods. There is also a lack of comprehensive response services available for survivors apart from initial counselling and clinical treatment. Increased referrals brought to light insufficient response services including the low number of trained doctors, cost of medications and availability of focused counselling for survivors. This prompts a recommendation that future programming could include a more holistic approach that includes wider GBV response systems strengthening, including possible economic livelihoods initiatives for survivors, alongside continuing attitude and behaviour change initiatives and advocacy for GBV response system.

A few survivors shared different experiences and perceptions of change. They reported that whilst some in their communities had changed their attitudes and behaviours, others had not – possibly because they were new to the area – leaving some still experiencing verbal abuse or isolation. Moreover, material support did not always follow, from faith leaders or the wider community⁶.

There was significant push back from many different respondents about the focus on children born of rape, in general or for project related activities. One reason could be that this categorisation was seen more as discriminating factor when the project was designed in 2015 due to children born of rape having LRA fathers (with specific discrimination that came from this). However, children born of rape post 2016 have been predominately due to the violence of other non-armed actors. Respondents acknowledged they were a distinct group but felt that their needs were no more challenging than others without father figures and the resulting stigma attached. Therefore, use of the children born of rape term might not be useful going forward for another project iteration in South Sudan.

⁶ It was unclear whether they perceived this to be due to lack of capacity or will. Direct support to survivors was not the aim of the project so this was simply a wider observation for future programming.



Mary Peter Pio's story

MAIN PHOTO: Mary Peter Pio, from Yambio, is one of the youths who participated in the project. Her local health clinic (pictured) has a mural drawn on it which was part of her youth group's work to raise awareness about gender-based violence. These murals are her favourite thing about the project and below she describes how her group went about doing them and what each picture depicts.

"As a group of youth facilitators after the training we wanted to put something up to show what has to happen when there is a case of GBV. We wanted to make it simple to understand. We held a meeting, drew a sample and gave it to the artist. We wanted it put at the health clinic because it's a public place where people come. The feedback is that people were very happy to see them, to see the procedures they can make. My hope is it will help to reduce the cases. That people who are thinking of doing such things will see these pictures and fear." All photos © 2018 Sarah Pickwick/WorldVision



1. "This is how rape starts. It shows a boy grabbing a girl to sleep with her by force".



2. "This is how it is reported, you go to people of concern, in this case the girl is reporting to her teacher."



3. "The girl is brought to hospital here, the person with her is explaining to the doctor what has happened to the girl."



4. "The mother has followed the daughter here. You can see she looks upset. She heard the girl was there and now the doctor is explaining what happened."



5. "The mother has taken the case to the court for justice, the lawyer here has told the policeman to go and arrest the boy."

The advantages of working with particular groups

Faith leaders and faith groups:

Faith leaders as an 'entry point' This study enabled WorldVision to test the 'theory of change' on faith leaders as an entry point for GBV prevention and attitude and behaviour change related to sexual violence, GBV issues, and promoting gender equality more generally. Findings reiterated that faith leaders are a respected moral authority, with a broad sphere of influence and thus an important entry point. In almost all the interviews faith leaders and their churches were raised as places of acceptance, rest, healing, hope, wisdom, safety (especially for survivors and children born of rape), and at times material help or less frequently rescue. As a group, they were brought up often before people spoke of other groups.

There was appreciation towards WorldVision for including and working with faith leaders across different denominations, for working with both male and female faith leaders to reach different groups as a result, and for enabling faith leaders to lead awareness raising efforts themselves. The inter denominational co-operation the project fostered was seen as a broader positive impact that extended to other areas, consolidating and strengthening existing relationships and work that strengthened civil society. External partners and project staff commented that working with the faith leaders, as well as other groups, to address stigma was a unique and innovative angle of the project.

Changing attitudes: Multiple stories recounted the changed attitudes of faith leaders as demonstrated by the fact that they spoke, and continue to speak, publicly and more frequently about issues of GBV and specifically sexual violence, as well as care of children, relating these issues to biblical teachings. Occasionally, senior level church officials such as the Bishops also spoke out. Messages ranged from the need to prevent, to how survivors should be treated with dignity and acceptance and care if there is an incident. The change in attitudes of faith leaders was seen as positive in relation to former positions ranging from reluctance to speak on the issue, to open prejudice against survivors given who had attacked them. Prior to the project, 51% of faith leaders felt a female victim of rape may have been at fault and should marry her perpetrator as a form of settlement⁷. At the project closure, 97% reported that they understand the harm of GBV and seek to respect the wishes of survivors in their approaches. They openly spoke of how they had learnt about gender equality, protection of survivors, social inclusion and social responsibility, when previously this hasn't been in their thinking.

The church and stigmatised children: Many respondents felt the church catered broadly for children who were vulnerable, including running orphanages or transit centres, paying school fees, feeding programmes and running recreational activities. People felt that the church made no special distinction for children born of rape as it found their needs were comparable to others including orphans, children abandoned by parents, those with HIV/AIDS and those who had previously been abducted or associated with armed groups. The latter category - linked to armed groups - were said to be the most vulnerable.

Changing behaviours towards women, including survivors:

Two examples were given of how women in different denominations were now more actively participating in church services and activities because of these wider attitude changes on gender. This validates previous project observations of community dialogues where the participants, men and women, were actively engaged in seeking to better understand and debate on what gender equality meant to them.

The changes in faith leader's attitudes was noted not only by project participants but also external voices, including fellow faith leaders. Sometimes people were not sure who to attribute the awareness raising to because different groups were involved or visible, although some knew that the overarching project was led by WorldVision. As a result of faith leaders attitude shifts, respondents said some survivors now felt able to attend church and were being included in religious rituals such as Holy Communion. In addition, faith leaders reportedly focused on helping with referrals, undertaking interventions to sensitise the community and using their training for wider impact in the community.

Faith leaders interviewed clearly demonstrated the knowledge they had acquired around the signs, symptoms and treatment for GBV and their intentions to continue to pass this on. While some non-project respondents acknowledged changed attitudes and thus a reduction in stigma, they felt there was less corresponding change in support directly to survivors. However, some also conceded it was the faith leader's role to encourage communities to provide support rather than always doing so themselves. Some external respondents did question whether faith leaders increased public speaking on GBV issues and specifically sexual violence was completely attributable to the project or whether it was also driven by the rise in cases which forced the issue onto their agenda.

⁷ Figures came from a baseline conducted by World Vision

Challenges and limitations: The Channels of Hope training gave faith leaders clear messages on GBV, but their subsequent interpretations when advising on community issues was not always consistent with the project ethos. Thus, refresher training and/or constant reiteration is necessary. It was also identified that faith leaders do also have their own bias and may not be the moral authority for specific groups that need to be targeted: Youth, particularly males, were perceived by many respondents to be perpetrators but are not in church and are least likely to listen to faith leaders. In this case, male youth looked up to youth leaders or local football stars more; also, male faith leaders were not as closely connected to adolescent girls or female youth, and thus women's organisations were more relevant for discussion and getting information.

In summary, rather than relying on faith leaders as the single channel for changing attitudes and behaviours, a diversified approach worked well. By responding to multiple audiences using an age related gendered approach the project was able to assess and strategically engage with each audience's source of 'moral authority'. This diversified approach was also useful given the different roles and functions played by leaders in the Yambio context – the faith leaders were seen as the group that would bring harmony and counselling but did not have legal power to help secure justice. This power sits with the traditional leaders and local government.

Youth groups:

Youth groups within the project were provided with advocacy training on GBV and stigma and were involved in awareness raising both to communities and to their peers. Previous project reports mention they undertook psychosocial activities in the form of peer support and this, plus the other activities helped youth avoid idleness, and motivate a more positive conversation among the youth group members about healthy relationships. As a result of their training they developed action plans which included football tournaments, dialogues on GBV and stigma, school debates, radio talk shows and composing local songs. In discussions with the young people, they gave multiple examples of how they were continuing to use their knowledge, such as passing it on for free via phone calls etc to other people when there were cases of GBV reported.

Many respondents commended World Vision for working with the youth and encouraging them to take initiative, noting that whilst they were a very important group to reach and invest in, they were also possibly the most challenging group to reach because of reluctance to be involved if perpetrators are among them and also the ease at which they can be manipulated by other

actors. However, the youth themselves felt the project had given them an increased sense of trust within the community as referral focal points and were encouraged that there was interest and take up of their messages; this was particularly observed among male youth leaders. They had taken the initiative themselves to expand their awareness raising to young children's groups. Some faith leaders were appreciative of the Channels of Hope training because it especially helped them in their relationships with young people. One faith leader gave an example of how he had since formed a young people's music group and they were composing and performing songs on GBV, child protection and women's rights. Children born of rape also mentioned the impact of youth organised activities such as sports in helping to give them a sense of stability and occupation.

Women's groups:

Many women's groups spoken to, whether involved in the project or not, were in existence before the project began. They were credited with undertaking strong advocacy on prevention and treatment of GBV and support to survivors during the project and this continues. This support includes a range of activities such as counselling, awareness raising, running regular centres, dialogues with community chiefs, women's forums, and helping survivors through the referral system (with information, transport etc). However, for those who were project beneficiaries', having the ability to access and reach women through women was seen as a critical component for this project's success, particularly for adolescent girls and female youth. The women reiterated on several occasions the need for further livelihoods support for survivors, especially in relation to helping children who have been born of rape. Respondents who were not part of the project more candidly reported that support was limited, primarily to counselling and encouragement to go to hospital to seek medical services.



ABOVE: Youth led sport matches as a forum to raise awareness about the harms of stigma and different forms of GBV as part of the Magna Carta project. © 2017 World Vision South Sudan

WILL THE CHANGES LAST?

Many people spoken to suggested that the project methods, including use of particular entry points of faith leaders, women's organisations, youth leaders, reflective community dialogue and creative media all helped initiate sustainable attitude changes. From evidence gathered, it appears many of the project achievements can be sustained:

- All groups involved in the project demonstrated increased knowledge on GBV and the referral system and gave examples of continuing their communications on sexual violence issues and stigma.
- The relationships built across the groups involved have been sustained and led to new collaboration and partnerships with World Vision on other projects.
- Reduced stigma has resulted in communities being more often willing to accept and support survivors and are continuing to do so.
- The messaging that was conveyed through accessible media such as wall murals and a key messaging 'crib sheet' for faith leaders is still being used.
- Action plans developed by stakeholders during the project were owned by them and continue to be used to engage with the local government and communities.
- The project final report documented many groups including youth, women's and other community groups and mechanisms, continuing to work on GBV prevention, response and survivor care.

ACCESS TO JUSTICE FOR SURVIVORS:

In Yambio, the weak rule of law, general culture of impunity, and poor access to justice for survivors have consistently represented key barriers to reporting GBV incidents and to eliminating the perpetration of these acts. The case study did not explore how the project tackled advocacy for improving access to justice, such as strengthening capacity to prosecute reported GBV cases and improved policing centred on survivors and their rights. However, radio programmes, key messaging with faith leaders, women's groups and youth leaders, and many local advocacy efforts supported within the project focused on increasing understanding of protective domestic laws, criminal procedures for sexual violence, and strengthening accountability to these at local and state level.

There is need to highlight the need to support local advocacy on rule of law and access to justice in relation to GBV for future project designs. Looking beyond this project, in response to the scarcity of government justice actors on the ground in Yambio and the weak protection of survivors provided by local customary law, World Vision (and partners) suggest that in future, advocacy to strengthen accountability to the rule of law and justice mechanisms that attempt to bridge between customary and statutory frameworks, could prove critical to a more specific outcome on reducing sexual violence.

Concluding recommendations

As a result of the findings of this case study, future behaviour change programming should consider:

- **A diversified approach** that works with multiple entry points into communities for behaviour change (particularly including faith leaders and youth at a minimum), that assesses the moral authorities of key 'audiences' by sex and by age group and then engages these groups (i.e. faith leaders, male youth leaders, women's organisation leaders), and uses context specific creative approaches.
- **Integration of broader GBV response** service strengthening with a particular emphasis on focused psychosocial support, as well as wider economic support (e.g. livelihoods) for survivor recovery.
- **Continuing the focus on stigma reduction** (societal and self) because of wider benefits for social inclusion for survivors.
- **Investing in more research** into the attitudes and beliefs that form the basis of stigma towards some groups of children born of rape compared to others.
- **A recognition that longer term project timeframes (accompanied by longer term funding from donors) are needed** to more intensively engage community members in changes to deeply held attitudes and behaviours and that these efforts should be led and owned at the grassroots level.
- **Use of CoH Gender for broader discussions on prevention** as well as attitude/behaviour change and the importance of refresher training to ensure consistent messaging and application.
- **Inclusion of local advocacy approaches** that focus on the rule of law and accessing justice for survivors, particularly emphasizing local solutions to end impunity or to identify opportunities to create bridges between customary legal actors who adjudicate and statutory frameworks that are more rights based and protective of survivor recovery and wellbeing.

FRONT COVER PHOTO: As part of the Magna Carta project a representative leads her community in a dialogue on the causes of sexual violence against girls and what the community can do to prevent this. © 2017 Lyndsay Hockin/World Vision



It takes a nation
to protect the future generation



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