

# EngenderHealth ICFP 2022 Abstract

## Primary author

Meskerem Setegne

## Additional authors

Renu Golwalkar

Ana Aguilera

Jemal Kassaw

## Abstract title

Implementation of the Socioecological Model: A Flexible Response to Prevent and Address the Needs of Sexual and Gender-Based Violence Survivors during the COVID-19 Pandemic

## Significance/background

Measures to mitigate the COVID-19 pandemic have increased the risk of violence against women and girls around the world. Violence against women and girls has increased by 25% in countries with reporting systems (UNWomen 2022). To date, the number of confirmed rape cases and instances of domestic violence since COVID-19 in Ethiopia has increased by 25% to 30% (All Africa, 2022). Intimate partner violence is also common, with close relatives and abusive partners executing the violence in many cases (Ministry of Women, Children and Youth 2020). In addition, a recent study found that 48% of students in Ethiopia reported at least one form of sexual abuse and approximately 19% reported ever having been raped (Abera et al. 2021). This highlights the need for an immediate response to prevent further cases of sexual and gender-based violence (SGBV) and to provide appropriate care for survivors of SGBV. Through the Rights-Based Approach for Sexual and Reproductive Health and Rights project, EngenderHealth collaborated with key national government stakeholders (Ministry of Health; Ministry of Women, Children, and Youth; and law enforcement departments) to customize programming for protecting and supporting SGBV survivors during the pandemic. The project implemented innovative, locally tailored, comprehensive efforts with multi-sectoral involvement.

## Program intervention/activity tested

We launched our response to SGBV amid COVID-19 as a pilot intervention in 51 districts in July 2020. As of March 2021, we had expanded to 121 districts in the Addis Ababa city administration. We implemented several activities that aligned with the socioecological approach, working across the individual, community, systems, and policy levels to ensure an appropriate and sustainable response for SGBV survivors and to establish future pathways for care and wider recognition of the problem. We assessed the effectiveness of these interventions through project monitoring data and reported our achievements and learnings.

## Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach)

The project provided capacity strengthening training to representatives of an SGBV prevention committee in Addis Ababa, which included influential actors from the community,

such as religious leaders, as well as representatives from legal and law enforcement departments and the health sector. We mobilized and trained this committee to enhance awareness, identify instances of violence, and refer survivors to appropriate services. We also piloted a community-based capture and referral system, designed to support survivors in accessing appropriate SGBV care, referrals, and legal support. EngenderHealth collaborated with the police commission to develop a helpline for SGBV survivors, using a survivor-centered approach. We also trained 20 journalists and communications experts to disseminate SGBV-related information through different forums, including via selected mass media events. This training focused on the ethics surrounding media communications, including the importance of using sensitive language for SGBV reporting and protecting the identities and dignities of survivors. We routinely tracked and documented project- and service-level data to measure progress and inform project planning. To ensure the effectiveness and foster sustainability of these interventions, we supported the government through facilitating weekly meetings and supportive supervision to review the data and through hosting regional workshops in different languages to promote data utilization.

### **Results/key findings**

Across all project activities, we integrated EngenderHealth's gender, youth, and social inclusion approach for stakeholders to reflect, challenge, and change their personal gender- and age-related and sociocultural biases, prejudices, and stereotypes. The project trained 445 SGBV committee members—36% of whom were female. The SGBV community-based prevention committee played a significant role in identifying and referring 788 survivors of SGBV aged 0 to 25, 92% of whom were female. The most common form of violence reported was sexual violence. We also trained 210 police officers (32% of whom were female) serving on the helpline and as field-level responders. Between July 2020 and December 2021, the helpline responded to calls from 298 SGBV survivors, all of whom were female. The project's media-based intervention consisted of 1-to-2 minute spots and a 20-minute talk show that focused on sexual and reproductive health and SGBV messages with special considerations for COVID-19. This campaign aired for 13 weeks between June and September 2020. Working with three television stations, we reached an estimated 50 million nationally; our programming via FM radio reached an estimated 2.5 million in Addis Ababa.

### **Program implications/lessons**

Revising program design using a socioecological model and integrating SGBV prevention and response efforts has been critical to addressing the compounding challenges facing women, girls, and communities during the COVID-19 pandemic. Moreover, there is no single intervention that will address the needs of SGBV survivors; rather, there needs to be multiple interventions at individual, community, institutional, and legal and policy levels. This project has shown that deploying innovative and locally tailored approaches is important to responding to such challenges. The community-based SGBV prevention committee played an important role enhancing awareness about SGBV, identifying instances of violence and providing referrals for services, improving reporting at the community level, and fostering coordinated multi-sectoral involvement. Furthermore, the intervention served to improve community engagement and accountability systems to better address challenges faced by SGBV survivors. In addition,

sensitizing and partnering with the media to provide accurate, appropriate sexual and reproductive health and rights messaging and SGBV information to the community was key to reaching millions of people across the country. We have learned that strong coordination among implementing partners, system-strengthening support, and routine monitoring of interventions at the district level enabled the system to prioritize SGBV and execute integrated prevention and response efforts during the pandemic. EngenderHealth's tools enabled project participants to acquire a gender, youth, and social inclusion lens in their work, which is necessary to facilitate gender-transformative change and improve sexual and reproductive health and rights for all.