



Scaling Up for Zero Tolerance:

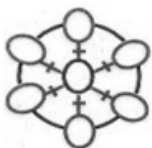
**Civil Society Leadership
in Eliminating Violence
Against Women and
Girls in Ghana, Rwanda,
and South Africa**

August 2008

ABOUT THIS STUDY

Based on the Global AIDS Alliance's August 2006 report *Zero Tolerance: Stop the Violence Against Women and Children, Stop HIV/AIDS*, this report explores successes—and challenges—of scaling up comprehensive national programs to prevent, respond to, and mitigate the impacts of violence against women and girls (VAW/G) and violence against children (VAC). The countries selected for the study—Ghana, Rwanda, and South Africa—demonstrate concerted efforts to address the problem. Each country provides positive examples that VAW/G and VAC can be addressed, despite the incredibly high prevalence of violence and the strong role that socio-cultural norms play in perpetuating this epidemic of violence. In each of the three countries, civil society has played a strong advocacy role. These countries are by no means perfect in their response; the report highlights consistencies in how countries attempt to address the problem and provides examples for activists to use in developing their own advocacy agendas to address VAW/G and VAC, a key component of addressing HIV/AIDS. (GAA's 2006 Zero Tolerance report is available at http://www.globalaidsalliance.org/page/-/PDFs/Zero_Tolerance_Advocacy_Brief.pdf.)

The research on which this report is based was conducted by experts in the countries profiled, through literature reviews, interviews with experts and stakeholders, and legal analysis. While these experts were guided in their research by the seven pillars of a comprehensive response on which the Zero Tolerance campaign is based, the issues emphasized by the background studies produced for each country are in large part those selected by the researcher herself as indicative of key successes and important challenges. As with efforts to address HIV/AIDS, solutions to VAW/G and VAC are connected intricately to local context, and any situation analysis must sit firmly within this context and be conducted primarily by those who know it well. Where this report speaks of violence against children in addition to violence against women and girls, it is in large measure because this issue was highlighted by local experts as salient to the discussion. This report contains both a summary of the points raised in the background case studies produced in the three countries profiled, and analysis that is a combination of that done by the authors of the background studies and the author of this report. For further detail on the in-country efforts highlighted in this report, please see the background documents at <http://www.globalaidsalliance.org/index.php/1003>.



Rwanda Women's Network



ACKNOWLEDGEMENTS

Thanks to our partners in the three countries for their outstanding work in producing the background reports that informed this document:

- In Ghana, Joana Nerquaye-Tetteh, former Executive Director of the Planned Parenthood Association of Ghana.
- In Rwanda, Mary Balikungeri, Executive Director of the Rwanda Women's Network.
- In South Africa, Romi Fuller, Angelica Pino, and Collet Ngwane of the Centre for the Study of Violence and Reconciliation.

Thanks also to Paul Zeitz, Carol Bergman, Alia Khan, David Bryden, and Robyn Swirling of the Global AIDS Alliance for their invaluable input and to Cathy Lemp for her help with production and design.

Cover photo © Rebecca Sullivan 2003.

Primary Author: Lisa Schechtman.

TABLE OF CONTENTS

Acronyms	2
I. Executive Summary	3
II. Introduction	5
III. Lessons Learned	9
IV. Scaling Up in the Context of the Seven Pillars	10
1. Political Will and Resource Mobilization.....	10
2. Legal and Judicial Reform.....	14
3. Health Sector Reform.....	19
4. Education Sector Reform.....	22
5. Community Mobilization for Zero Tolerance	24
6. Mass Media for Social Change.....	26
7. Breaking the Cycle.....	30
V. Recommendations.....	34
Civil Society	34
National Governments	34
Bilateral Donors and Private Foundations.....	35
Multilateral Organizations.....	35
VI. Conclusion.....	36
Appendix I: Successes and Obstacles Across Countries.....	37
References	43

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	African National Congress (South Africa)
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism of the Global Fund
CRFSS	Criminal Record and Forensic Science Service (South Africa)
DOVVSU	Domestic Violence and Victim Support Unit (Ghana)
DSW	Department of Social Welfare (Ghana)
GAA	Global AIDS Alliance
GBV	Gender-Based Violence
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
MAP	Multi-Country AIDS Program (World Bank)
MIGEPROF	Ministry of Gender and Family Promotion (Rwanda)
MOWAC	Ministry of Women and Children's Affairs (Ghana)
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PLWHA	People Living with HIV/AIDS
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TAC	Treatment Action Campaign (South Africa)
TCC	Thuthuzela Care Centers (South Africa)
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VAW	Violence Against Women
VAW/G	Violence Against Woman and Girls
WE-ACTx	Women's Equity in Access to Care and Treatment (Rwanda)
WHO	World Health Organization
WiLDAF	Women in Law and Development

I. EXECUTIVE SUMMARY

Violence against women and girls (VAW/G) and violence against children (VAC) are a global public health and human rights crisis. No country and no culture is exempt; the prevalence of violence has reached epidemic proportions. In the midst of this epidemic of violence, targeted particularly at females, is an HIV/AIDS pandemic that becomes increasingly feminized each year. While both the violence and HIV/AIDS pandemics are global phenomenon, they manifest at the community level, destroying social fabrics and perpetuating the risk of experiencing violence and HIV/AIDS. As such, the role of civil society and local-level actors in preventing and responding to VAW/G and VAC, as well as HIV/AIDS, is essential. Civil society requires support from national and donor governments and multilateral agencies, and a fully funded effort to address VAW/G and VAC must yield long-term predictable resources for national government interventions as well as for non-governmental organizations (NGOs) and community-based organizations (CBOs).

This report presents an analysis of efforts to address VAW/G and VAC in three sub-Saharan African countries: Ghana, Rwanda, and South Africa, with a focus on the activities of civil society and their relationship to national governments and bilateral, private and multilateral donors. Although these countries are in many ways different from one another, the analysis shows common challenges and promising practices in the area of violence, all of which fit into the model for a comprehensive global response outlined below. For example:

- In Ghana, a new Domestic Violence Law has increased legal protections for women and children, and established an important part of a national gender machinery designed to coordinate relevant government ministries, the police and civil society. Specialized police units and civil society efforts, such as the Gender Studies and Human Rights Documentation Center's community-based training in victim support, help bring national-level efforts to prevent and respond to VAW/G and VAC to the local level.
- In Rwanda, a legacy of violence has led to strong national gender machinery, relatively robust criminal penalties for VAW/G and VAC, and police units dedicated to gender-based violence. An ambitious Round 7 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria will help the NGO Haguruka establish four sexual violence management centers, which will complement already-strong health systems frameworks.
- In South Africa, where the rate of rape is perhaps the highest in the world and enforcement of strong national laws is lackluster, civil society has established a broad range of programs to utilize mass media and community mobilization to lift the silence surrounding VAW/G and VAC, reduce tolerance of violence and teach comprehensive life skills, including linking violence and HIV/AIDS messages. These organizations, such as Soul City and the Treatment Action Campaign, have set the bar for other organizations wishing to address social norms and behavior change.

While there are many positive examples of political and civil society commitment to ending VAW/G and VAC, there are also important lessons learned which must be incorporated into all programs moving forward. These include:

- A lack of focus on primary prevention of violence—preventing it before it occurs—by working to change social norms and behavior, and over-reliance on a medicalized response to a problem rooted in socio-cultural and economic challenges;
- Donors’ preference for gender “mainstreaming” and national budget support, which can make money difficult to track or result in reduced resource flows to the local level;
- Insufficient national commitment to addressing VAW/G and VAC, most commonly reflected through passage of criminal statutes, establishing gender machinery, or observing the 16 Days of Activism Against Gender Violence. Civil society is the dominant implementer of local programs and monitors government and donor spending for effectiveness and efficiency, yet these organizations lack financial, human and technical capacity; and
- VAW/G and VAC programs and messaging are not linked often enough with HIV/AIDS programs and public education, despite the fact that these two pandemics occur simultaneously and are mutually reinforcing.

The report makes recommendations to civil society, national governments, bilateral and private donors, and multilateral agencies. The most important trend in this report, and therefore one of its most important recommendations, is that all donors must focus on building the capacity of indigenous civil society organizations, since they are delivering a large portion of VAW/G and VAC services at the community level, best understand the local environment that perpetuates VAW/G, VAC and HIV/AIDS, and serve important roles as government watchdogs and advocates. At the same time, national governments must increase their role in preventing and responding to VAW/G and VAC by making real commitments and ending tokenistic attention to the issue.

At least 15 million women are currently living with HIV/AIDS; in sub-Saharan Africa, where the burden of HIV/AIDS is greatest, 61% of people living with HIV/AIDS (PLWHA) are women.¹ VAW/G and VAC perpetuate HIV/AIDS in a number of ways and are an important reason for the feminization of the pandemic. Overall, women living with HIV have more lifetime experience of violence than women living without, and women who have experienced violence are as much as three times more likely to acquire HIV.² As a result of the relationship between violence and HIV/AIDS, programs and interventions to address violence must be scaled up rapidly and comprehensively and fully funded. The examples of Ghana, Rwanda, and South Africa highlight seven broad areas of the advocacy, funding and program implementation required:

- | | |
|---|--|
| 1. Political Will & Resource Mobilization | 5. Community Mobilization for Zero Tolerance |
| 2. Legal and Judicial Reform | |
| 3. Health Sector Reform | 6. Mass Media for Social Change |
| 4. Education Sector Reform | 7. Breaking the Cycle of Violence |

This report is designed to be used by global and national-level advocates focused on HIV/AIDS, VAW/G, VAC, global health, and human rights in identifying patterns and lessons learned, and informing advocacy strategies at all levels. Policy makers and program implementers may use this document to identify gaps, prioritize funding streams and programming, and reform current efforts to maximize effectiveness and efficiency and better meet the needs expressed at the community level. Without the urgent integration of these strategies and applications of lessons learned from those countries that are forging ahead to address VAW/G and VAC, the multi-billion dollar effort to end HIV/AIDS is certain to fail.

II. INTRODUCTION

Violence against women and girls (VAW/G) and violence against children (VAC) are a public health and human rights crisis the world over. No country and no culture, regardless of its legal framework and enforcement mechanisms and no matter how wealthy, is exempt. While HIV/AIDS is centered largely in the world's poor countries, the reach of this disease is compounded significantly by VAW/G and VAC, resulting in a true humanitarian catastrophe. Unless VAW/G and VAC are addressed, the multi-billion dollar response to HIV/AIDS is certain to fail.

There is a strong relationship between VAW/G, VAC and HIV/AIDS. They are mutually reinforcing pandemics, both of which are rooted in local socio-cultural norms and economic conditions, which play out at the global level. As a result, it is essential that programs and interventions to address violence, both in and of itself and in regard to its relationship with HIV/AIDS, be scaled up comprehensively. Given that both epidemics are rooted in local context, indigenous non-governmental organizations (NGOs) and community-based organizations (CBOs) must be empowered and engaged to lead efforts to reform societal attitudes and behaviors, and to reach members of their own communities with services. This will require real commitment of political will and financial resources on the part of bilateral and multilateral donors and national governments. In order to accomplish these goals, the Global AIDS Alliance, through its Zero Tolerance campaign, calls for urgent attention to seven areas of advocacy, funding and program implementation. These seven pillars are outlined in the box on page 8.

This report presents analysis of efforts to address VAW/G and VAC in three sub-Saharan African countries: Ghana, Rwanda, and South Africa, framed in the context of the seven pillars for a comprehensive response. Conducted by local experts, the research that informs this report was undertaken through a variety of means, including legal analysis, interviews with experts and stakeholders, literature reviews, and budget analysis. While it cannot capture everything that is happening in Ghana, Rwanda, and South Africa, these methodologies capture a great deal of data, perspectives from civil society and government, and examples of successes and obstacles.ⁱ

These countries were selected for three reasons. First, they are countries in the region with the highest burden of HIV/AIDS in the world. Secondly, they represent different regions of the continent, different histories, cultures, and economies, providing the opportunity to review patterns and trends that reinforce common challenges identified by civil society and advocates around the world and that can be applied to advocacy efforts in different contexts. Finally, these are countries with a strong civil society commitment to addressing VAW/G and VAC and with governments that have demonstrated some political will to follow suit. The practices employed to mitigate violence identified in the background research on the three countries reflect best practices identified by the World Health Organization (WHO), the United Nations (UN) and others. The role of violence in local HIV/AIDS epidemiology is also relatively consistent among the three countries.

ⁱ Unless otherwise referenced, all information about the three countries cited is based upon the background documents prepared for this report; original citations can be found in these three case studies, available at <http://www.globalaidsalliance.org/index.php/1003>.

Approximately 2.2% of adults in Ghana have HIV/AIDS;³ approximately one-third of Ghanaian women have experienced intimate partner violence and 27% have been sexually assaulted in their lifetimes.⁴ And, one study has shown that 19% of Ghanaian women living with HIV had not disclosed their status out of fear of stigma.⁵ In Rwanda, where adult HIV prevalence is estimated to be around 3%,⁶ 3.6% of Rwandese women age 15-49 are living with HIV.⁷ Hundreds of thousands of Rwandese women are survivors of genocidal rape, and a total of one in three women has experienced violence in her community; one out of two women is estimated to have experienced domestic violence. Violence against orphans and vulnerable children (OVC) has been identified as a particular problem in Rwanda, where the number of OVC has been impacted not only by HIV/AIDS, but also by Rwanda's 1994 genocide. Finally, South Africa is widely considered to have one of the highest rates of rape in the world. With the highest number of HIV infections in the world and over 18% of the population living with HIV/AIDS,⁸ it is estimated that one person is raped or sexually assaulted every minute in South Africa, and domestic violence rates appear to be nearly as high.⁹

The epidemiology of violence in these three countries closely tracks global data on violence. Around the world, one in three women worldwide will experience physical, sexual or emotional violence in her lifetime. One in five women will survive rape or attempted rape.¹⁰ As many as 30% of women in some locations report that their first sexual experience was coerced or forced, and the younger they were at the time, the more likely that it was violent.¹¹ Approximately 20% of girls and 10% of boys worldwide experience sexual abuse as a child, and this prevalence is much higher in some locations.¹² In addition, studies have found that substantial numbers of children experience violence on the way to or from, and at, school; this is commonly cited as a reason why so many girls are out of school, especially in Africa.

Family, domestic, intimate partner and community violence are features of every society, and are most commonly targeted at women and girls. Gender norms and social expectations are the dominant cause of this violence, often termed "gender-based violence" given the links between gender roles and the targets of violence. Nearly everywhere, men have greater power than women, controlling government and the legislative process, resources and property—and women. Many men view their wives as something more like property than a partner, and see sex as an entitlement rather than a choice. Women are often discouraged from seeking education or economic independence, as these can threaten traditional gender roles. Violence is a common tool used by people who feel their power threatened, and in the case of VAW/G especially, but also VAC, it often arises when women exhibit independence, or move from traditional gender roles (e.g., by starting a business or saying no to sex). The social norms that enable this violence must be targeted for change by people who intimately know the society in question. This is a slow process but an achievable goal, and eradicating VAW/G and VAC cannot be accomplished without it. Even as programming is under way to change attitudes and behaviors, systemic reform must be undertaken to protect the rights of women to seek empowerment. Yet at the same time the ravages of HIV/AIDS continue to intersect with VAW/G and VAC.

The global HIV/AIDS pandemic becomes increasingly feminized each year. At least 15 million women are currently living with HIV/AIDS. In sub-Saharan Africa, where the burden of HIV/AIDS is greatest, 61% of people living with HIV/AIDS (PLWHA) are women compared with approximately 50% globally.¹³ According to UNAIDS, girls aged 15-24 experience more new HIV

infections each year than any other demographic, particularly in Africa. Both VAW/G and VAC and HIV/AIDS share many root causes, including poverty and gender norms. However, VAW/G and VAC perpetuate HIV/AIDS in a number of ways, and are one important reason for the feminization of the pandemic. For example, women who have at any time been forced to have sex are more likely to use condoms *inconsistently* than women who have never been coerced.¹⁴ Violence against women (VAW) is associated with increased risk of sexually transmitted infections (STIs), which can heighten HIV risk.¹⁵ Violence, or the fear of violence, can prevent people from seeking counseling and testing, returning for their results, disclosing their serostatus, or getting treatment.¹⁶ Overall, women living with HIV have more lifetime experience of violence than women living without, and women who have experienced violence may be up to three times more likely to acquire HIV.¹⁷

In addition to direct links between violence and HIV/AIDS, there are indirect links. In particular, there is the cycle of violence, which means that once a person has experienced violence it is much less likely that the rest of her/his life will be violence-free. Studies show that 60% of women whose sexual initiation was forced go on to experience sexual violence later in their lives.¹⁸ Similarly, boys who witness or experience violence are more likely to grow into men who commit rape, and there are correlations between childhood experiences of sexual violence and adult experiences of sexual and domestic violence.¹⁹ Importantly, the presence of one type of violence in someone's life increases the likelihood of another type of violence. The trauma that arises from violent experiences can lead to a range of choices known to increase HIV risk, such as alcohol and drug abuse and inconsistent use of condoms, and to other behaviors that increase the risk of further violence. In order to address VAW/G and VAC, attention must be given to this cycle by addressing the reasons that people are unable to escape it, such as economic dependency on abusive men and psychological trauma. Until the cycle is broken, violence will continue, as will its association with HIV/AIDS.

This report is designed to be used by global and national-level advocates focused on HIV/AIDS, VAW/G and VAC, global health and development, and human rights, to help identify patterns and lessons learned, and to inform advocacy strategies at all levels. In addition, policy-makers may make use of the findings contained herein to avoid common pitfalls and replicate successes. The progress identified by activists in Ghana, Rwanda, and South Africa can provide models for national-level activists in other countries, and responsible advocacy messages for global activists working to support indigenous NGOs, CBOs, and survivors of violence and PLWHA. This report also makes recommendations, based upon challenges identified in Ghana, Rwanda, and South Africa, to civil society, national governments, bilateral donors and private foundations, and multilateral organizations. These recommendations can serve as guidelines for advocacy and watchdog activities, as well as presenting ideas for reform that may be implemented by the range of actors.

SEVEN PILLARS FOR A COMPREHENSIVE RESPONSE TO VAW/G AND VAC:

Pillar 1: Political Commitment and Resource Mobilization: The international community should form a task force with broad membership to set norms for response to VAW/G and VAC and ensure global accountability for a multisectoral response. National governments should create national action plans for addressing VAW/G and VAC, and these should be linked to national AIDS and education strategies. All such efforts must be systemic and fully funded.

Pillar 2: Legal and Judicial Reform: National governments should criminalize all forms of VAW/G and VAC and ensure that these laws are consistently and reliably enforced at all levels. The entire judicial system must be trained to ensure appropriate interpretation and application of such laws, and to appreciate links between VAW/G and VAC and HIV.

Pillar 3: Health Sector Reform: VAW/G and VAC are health crises that result in physiological and psychological damage, both of which can increase HIV risk directly and indirectly. The health system in all countries must be integrated and strengthened, so that HIV/AIDS services can work together with family planning and sexual and reproductive health (SRH) services and recognize the signs and symptoms of VAW/G and VAC, providing high-quality health care, forensics investigations and referrals for survivors to social protection and legal systems.

Pillar 4: Education Sector Reform: Children are frequently at risk of violence while traveling to or from school or while on school grounds. Education is one of the most cost-effective and successful HIV prevention interventions, yet children who are unsafe are less likely to go to school, putting them at greater risk of HIV. Education systems must universally incorporate a safe schools agenda that complements comprehensive evidence-based sexuality and HIV education. School safety should be built into all national education and AIDS plans.

Pillar 5: Community Mobilization for Zero Tolerance: VAW/G and VAC persist in part because of social norms that teach people to look the other way. National governments should activate local leaders, advocates, and survivors to speak out against violence and support those experiencing it. Such systems have been used successfully for HIV prevention and treatment outreach and these efforts should be linked, particularly given links between VAW/G and VAC and HIV.

Pillar 6: Mass Media for Social Change: National governments have an important norm-setting role to play. They should publicly denounce VAW/G and VAC through mass media, utilizing the voices of opinion makers of all types. The international community should reinforce these efforts by conducting its own outreach and supporting national governments. Widespread marketing efforts demonstrate political commitment and lay the groundwork for systemic change. Links to HIV and AIDS should be made prominently.

Pillar 7: Breaking the Cycle of Violence: Psychological impacts of violence and HIV stigma often result in an unending cycle of violence. Social protection systems, psychosocial care, and comprehensive economic empowerment programs accessible by all women in need are essential to reducing poverty- and violence-related HIV risk and for allowing women and children to lead independent, safe, and healthy lives.

III. LESSONS LEARNED

The case studies conducted as background to this report reveal patterns in national-level efforts to scale-up programs to prevent, respond to, and mitigate the impact of violence against women and girls, and violence against children. The challenges and lessons highlighted are consistent with experiences reported by activists and advocates around the world, and are not exclusive to the three countries profiled in this document. These lessons apply to civil society, national and donor governments, multilateral agencies, and global advocates. They emphasize that, while progress is being made, every country in the world has to face epidemics of violence, and in the international context the role of donors is just as important as the role of national governments. But perhaps most importantly, these lessons demonstrate the essential role of civil society in addressing VAW/G and VAC, a lesson that has already been learned by the HIV/AIDS movement. Below are key lessons learned from Ghana, Rwanda, and South Africa.

- Civil society plays the strongest role in community mobilization to raise awareness of VAW/G and VAC and bring the issue out of the shadows, but lack of capacity and resources often means that these efforts are not national and lack coordination. Government commitment to working at the community level and to changing traditional gender norms and raising awareness of violence and its links to HIV/AIDS is essential.
- Civil society's role in children's rights work and in promoting VAW/G and VAC education in schools is essential, particularly given the lack of investment in these areas by national governments. These organizations require sufficient and predictable funding in order to continue their good work, and national governments must increase their commitment to protecting school children.
- Proper training and sensitization for police, members of the judiciary, and health care workers is essential to ensure that health and legal services do not cause secondary trauma and to make the process of seeking justice efficient and effective.
- Conviction rates for VAW/G and VAC are inconsistent and commonly quite low due to a range of challenges, including stigma and fear of reprisals for reporting; lack of access to the legal system; lack of capacity among lawyers and other judicial professionals; and lack of empowerment of civil society to support survivors seeking legal redress.
- The lack of robust monitoring and evaluation systems to maintain data on prevalence of VAW/G and VAC and the impact of various interventions makes it difficult if not impossible to demonstrate program effectiveness and to measure progress.
- Channeling money through governments, whether via budget support or for specific sectors, has become increasingly popular among donors. However, there is too little information available to determine the impact of these practices, particularly at the local and community levels. National governments require sufficient funding to support VAW/G and VAC activities, and resource flows must be tracked so that impact may be assessed.

- The focus of national and donor governments and multilaterals on gender “mainstreaming” makes money hard to track, and has been identified as a factor that actually contributes to a decrease in overall funding for gender issues.
- Little investment has been made in breaking the cycle of violence, which perpetuates the cycle of vulnerability to HIV/AIDS, poverty and other international development and human rights challenges. NGOs have been saddled with responsibility for providing short- and long-term shelter and psychosocial care and trauma counseling, yet neither of these services is available on a national scale, has sufficient predictable funding, or is professionalized.
- Overall, there is a serious lack of focus on primary prevention of violence, which involves addressing violence before it occurs by attending to behavior and norms that enable VAW/G and VAC. Secondary prevention—the treatment and management of short-term consequences of violence—is the major focus of national governments, bilateral and multilateral donors. For the most part, under-resourced civil society organizations take responsibility for primary prevention, and their programs are frequently limited to behavior change and raising awareness.

One major theme that runs through the lessons learned, and highlighted in this report, is the essential role of civil society in addressing VAW/G and VAC, particularly at the community level and related to the primary prevention of violence. It is often these organizations—and not donors or national governments—who emphasize the links between violence and HIV/AIDS, and understand the root causes of both pandemics. However, these organizations do not have the funding or support needed for their programs to have the consistency and reach required. In some countries civil society lacks recognition from the national government. Limited capacity in NGOs and CBOs can make applying for funding from bilateral and multilateral organizations nearly impossible. Civil society also plays an important advocacy and watchdog role, which must be supported. Civil society—as service providers, advocates, and members of the community—deserves greater recognition, and greater support in the form of funding and capacity building. The fight against VAW/G, VAC and HIV/AIDS would not have achieved much of its success without civil society, and the battle cannot be won without giving these organizations a stronger voice and greater resources. This has implications for how governments and donors provide funding and training, and requires that local expertise be incorporated and utilized. Strengthening civil society capacity is perhaps the most important single step that can be taken to end both violence and HIV/AIDS.

IV. SCALING UP IN THE CONTEXT OF THE SEVEN PILLARS

1. Political Will and Resource Mobilization

Around the world, countries are making progress to address the problems of violence against women and girls, and violence against children. Because VAW/G and VAC are simultaneously universal challenges and dependent upon local culture, economies and context, the approaches taken in each country often look somewhat different from one another, even while aiming for the same goals. In assessing progress toward national scale-up of programs to address VAW/G and VAC, expressions of political will vary according to the form of government, budgeting processes, and other factors that are specific to the way a particular country is run. However, in addition to

spending money directly on evidence-based culturally-relevant programs, there are patterns in the ways in which political will is expressed, by national governments, donor governments and multilateral agencies.

For example, the existence of a national gender “machinery,” which consolidates experts in gender and/or family issues into one government body with some measure of power, is a consistent feature in those countries that are responding appropriately to VAW/G and VAC. Similarly, national budgets and expenditures and the financial contributions of donors shape priorities and are in themselves an expression of commitment to addressing VAW/G and VAC.

Ghana:

- 👉 **National gender machinery in place.**
- 👉 **Existing line items in national budget that focus on VAW/G and VAC.**
- 👉 **Insufficient funding for all relevant ministries in the national gender machinery, and difficulty tracking spending by different sectors.**
- 👉 **Dependence on NGOs and private foundations for most VAW/G and VAC programming.**

In Ghana, the Ministry of Women and Children’s Affairs (MOWAC) was created in 2001 to centralize public sector management for policy, coordination and monitoring of issues related to women and children. Responsible for implementing the national and international human rights legislation to which Ghana is party, the MOWAC encompasses two agencies, one for women and one for children. It also includes a Domestic Violence Secretariat, which was established in early 2008. The Domestic Violence Secretariat works with the Victims of Domestic Violence Management Board, which was established by the Domestic Violence Law and which will be chaired by the Minister for Women and Children’s Affairs, giving the Board high profile and, theoretically, power, as well. Together, the two bodies will include government Ministers, members of the Attorney-General’s staff, and civil society organizations. Since the consolidation of this body is still new, its action plan—particularly around implementing the new Domestic Violence Law (see page 15 for further discussion)—and its budget are still in formation. These are critical opportunities for advocates to influence policy moving forward.

There are a number of positive signs in the ways in which the Domestic Violence Secretariat was established. First, its mandate is broad, per the Domestic Violence Law. Membership is high level and multisectoral, including the Ministers of Health, Education, Local Government and Social Welfare, but also the Police Service and civil society organizations. This breadth of expertise and experience with VAW/G and VAC will support robust debate and the development and funding of comprehensive programming—assuming the Secretariat takes its mandate seriously and in turn is taken seriously by external arms of the government and by international NGOs and donors who are operating in Ghana. It is also important to ensure that the civil society organizations engaged with the Secretariat are focused not only on women’s and children’s rights directly but also on HIV/AIDS, poverty and other factors that contribute to vulnerability to violence and HIV.

While VAW/G and VAC issues are reflected across the national budget, these line items are difficult to track and watchdog because they are subsumed within the budget of many different ministries and agencies. The Domestic Violence Secretariat will have its own budget, a potentially positive sign of influence. However, because the Secretariat's budget process assumes that all ministries will develop their own gender-sensitive budgets, a major constraint is sufficient and predictable funding for all ministries to allow them to add such new programming. For example, in 2007 MOWAC's budget was only 0.09% of the national budget, whereas the Ministry of Education, also important for the prevention of both VAW/G and VAC and of HIV, had 27.15% of the national budget.²⁰ In order for the political will expressed by the establishment of the Secretariat to translate into real change on the ground, this disproportionate spending must shift to reflect different priorities. Greater funding for the Domestic Violence and Victim Support Unit (DOVVSU) could also ensure more robust training and a truly national scale that would better ensure that prosecutions and support services are available to all survivors of violence. Instead of national government support for VAW/G and VAC programs, most programs in Ghana are supported by international NGOs and private foundations; some initiatives are also supported by the UN family.

Rwanda:

- 👉 **National gender machinery in place, sitting in the Prime Minister's Office, which reflects the importance of the issue to the national government.**
- 👉 **Staff dedicated to gender issues in all national agencies, including the National Police.**
- 👉 **Violence prevention and response is an area of assessment for national measures of good governance at the local level.**
- 👉 **Donors tend to focus on budget support, making it challenging to monitor how aid trickles down and is harmonized to address VAW/G and VAC at the local levels.**

Like Ghana, Rwanda has its own government ministry whose mandate encompasses VAW/G and VAC and is responsive to a range of international human rights instruments to which Rwanda is party, as well as relevant national legislation. The Ministry of Gender and Family Promotion (MIGEPROF), which sits in the Prime Minister's Office, is charged with coordinating the implementation of government policy and the mobilization of resources, building women's capacity, promoting family welfare and creating an enabling environment for comprehensive children's development. Additionally, all national institutions and departments have gender focal points at the central and decentralized levels. These focal points are tasked with ensuring mainstreaming and promoting gender equality, and with overseeing implementation of gender-related programming in each region of the country. The National Police also has staff dedicated to gender, with a gender desk at each station responsible for addressing gender-related crimes, including VAW/G and VAC.

In 2004, the Government of Rwanda initiated a gender budget initiative in order to address the imbalance in resources available for gender-related programming. The initiative has been piloted in the Ministries of Local Government, Education, Agriculture, Health, and Lands. However, to date, VAW/G and VAC are not line items in the national budget except insofar as these issues fall within the mandate of particular government departments. Because donor governments and multilateral

agencies tend to focus aid to Rwanda on budget support, this lack of consistency in budgeting for VAW/G and VAC and the decentralization of the response makes it challenging to watchdog how and whether aid flows support such programming, particularly at the local level, and the extent to which VAW/G and VAC programs are coordinated with other programs, such as those addressing HIV/AIDS prevention, treatment and care. Despite the focus on budget support, Rwanda is receiving bilateral and multilateral support for a range of activities related to VAW/G, VAC and HIV/AIDS, including from members of the UN system, the European Union, the World Bank Multi-country AIDS Program (MAP) and US government President's Emergency Plan for AIDS Relief (PEPFAR) HIV/AIDS programs, and Norwegian People's Aid.

Rwanda also has an interesting system for measuring good governance at the village level (*Umudugudu*). One of the indicators used for this process relates to gender-based violence (GBV), which includes reporting rates and efforts by local leaders to raise awareness of GBV in their communities. Despite the fact that such programs and those that work in complement to these are often poorly coordinated, raising their profile by ensuring that local leaders view them as a priority is an important step toward ensuring a meaningful commitment to ending VAW/G and VAC.

South Africa:

- 👤 **National Gender Machinery in place that includes civil society organizations and a high-level government body.**
- 👤 **Some donor support for VAW/G service delivery.**
- 👤 **Strong national plans that have yet to be coordinated or implemented.**
- 👤 **Lack of meaningful civil society involvement in national efforts to address VAW/G and HIV/AIDS.**
- 👤 **Insufficient resource allocation and lack of specific line items in the national budget to ensure implementation and donor focus on channeling money through the national government.**

South Africa's national gender machinery includes several government agencies and civil society, and is defined as "an integrated package of structures located at various levels of state, civil society and within the statutory bodies."²¹ The Gender Machinery has as its hub the Office on the Status of Women, which is located in the Presidency, giving it high profile and access to the highest levels of power. The Joint Parliamentary Committee on the Improvement of the Quality of Life and Status of Women and the independent Commission on Gender Equality, along with more than 60 NGOs, are responsible for activities including:

- the development of national action plans and frameworks for mainstreaming gender in government structures;
- implementing the National Gender Policy;
- monitoring and evaluating government, the private sector and other organizations to ensure they are promoting gender equality;
- providing public education;

- investigating complaints; and
- assessing implementation of national and international commitments on gender equality, including monitoring the national budget.

Among the national frameworks for which the Gender Machinery is responsible is the National Anti-Rape Strategy which on its face is an important expression of political will, especially in a country with one of the world's highest reported rates of rape but which is burdened by a lack of clarity and robust implementation. Similarly, the 365 Day National Action Plan to End Gender Violence, launched on International Women's Day in 2007, had a very comprehensive multisectoral three-year action plan, but there has been no coordinated monitoring or evaluation of its implementation. However, were it to be well and thoroughly implemented, this Action Plan could make important headway by addressing behavior change and attitudes around violence, ensuring passage and funding of relevant legislation, increasing quality data collection on rape and domestic violence and increasing conviction rates, providing comprehensive health services for survivors of sexual violence (i.e., Post-exposure Prophylaxis for HIV [PEP] and trauma counseling and psychosocial support), providing housing and employment opportunities to survivors, and monitoring and reporting on progress. The Action Plan would address all seven pillars for Zero Tolerance. Importantly, civil society in South Africa reports frustration at its inability to engage meaningfully with the development and implementation of these strategies, which harms coordination and reduces effectiveness, particularly at the local level.

Finally, funding for VAW/G programs is insufficient for a range of reasons. These include a lack of government support for civil society organizations, which often lack the capacity to apply for funding from international sources, and a shift in donor priorities, largely to HIV/AIDS programs that do not consider sufficiently the role of VAW/G in the transmission and treatment of the disease. However, relative to other types of gender programming, donors still provide resources for VAW/G service delivery. This, combined with some commitment by the national government to address these issues, puts South Africa in good standing to continue to increase political will and resource mobilization—providing it simultaneously increases civil society capacity.




2. Legal and Judicial Reform






Violence against women and girls, and violence against children, are not just violations of human rights; they also must be treated as criminal offenses with enforced, meaningful penalties. However, regardless of how thorough national legal frameworks may be, many countries have important gaps in criminal statutes and plural legal systems—one based on national jurisprudence and one on tradition. Because it is the State that is responsible for prosecution of violent perpetrators under national legal frameworks, ongoing reliance on traditional justice systems can make it difficult for the State to become aware that a crime has occurred so that it can take action; and in some settings State justice systems may not be respected or acknowledged. Additionally, some traditional justice systems are founded upon the same cultural norms that perpetuate violence in the first place, and do not carry severe penalties. They may even reinforce the system of violence by holding a woman who has transgressed traditional gender norms accountable rather than punishing her abuser, by maintaining a woman's inability to own property (which can allow her the financial stability to leave an abusive situation) or to divorce, or by perpetuating other harmful traditional norms and

behaviors.²² Finally, many traditional justice systems favor mediation over punishment, which can further impunity and the cycle of violence. At the same time, reducing the power of traditional systems can have negative implications on women's rights, so it is essential that a balance be struck that focuses on preserving human rights.²³

Since it is the State that prosecutes crimes under national criminal law (the survivor of violence is a witness for the State), the State must demonstrate political will by ensuring that it is able to work with and complement existing traditional justice systems and rigorously enforce its own laws—without exempting anyone from being held accountable to these laws. However, statutes must criminalize the entire range of violent acts in order to provide real protection, and many countries don't have complete legal frameworks for dealing with violence. For example, 102 countries in the world have no known legal provisions on domestic violence, and those 89 countries that do have some legal provisions lack consistency in how domestic violence is addressed, meaning that penalties vary in their severity and the definition of domestic violence differs from one country to the next.²⁴ Similarly, marital rape is “not a prosecutable offense in at least 53 States.”²⁵ Other forms of VAW/G and VAC are also exempt from criminal penalties in many places, or are treated as somehow “lesser” offenses. This global context reflects trends and challenges identified in the three countries highlighted in this report. While strong legal frameworks are essential, implementation of these laws also is important for ending impunity. Implementation and enforcement cannot be successful without concomitant training and reform of the police and judiciary, and thoughtful coordination with existing traditional legal systems. Once these elements are in place, consistency becomes the most important factor. Ghana, Rwanda, and South Africa all have examples of strong legal frameworks, yet all three countries suffer from lack of robust enforcement and reform.

Ghana:

-  **Criminalization of a broad range of VAW/G and VAC, including marital rape and harmful traditional norms.**
-  **VAC cases are prosecuted fairly successfully.**
-  **National police units focused on VAW/G and VAC in all regions, which has increased prosecution rates.**

-  **Specialized police units not in all districts and training insufficient.**
-  **Stigma creates a barrier to reporting and prosecution.**
-  **Customary legal systems compete with national judiciary, creating a disincentive to prosecute using national laws.**
-  **Conviction rates are low and inconsistent.**
-  **Includes criminalization of HIV transmission as a form of domestic violence.**

Sexual violence has been criminalized in Ghana since 1960, but it was not until after Ghana had ratified several international conventions that VAW/G and VAC were given serious attention, and in 1998 laws were amended to reflect this new commitment. At the time of writing, a range of forms of violence has been criminalized, including various cultural implications for women's rights, such as unequal inheritance rights and forced marriage. Criminalization of harmful traditional norms is

particularly important for a complete legal framework on VAW/G and VAC, because these norms are reinforced at the local level and by customary legal systems, yet can impact greatly whether or not women and children are safe. For example, inheritance and property rights, which are frequently not protected for women and children, can lead to economic independence that enables people to survive if they leave an abusive setting, and also can increase decision-making power within a home. Similarly, forced marriage, which can affect very young girls, frequently results in lower levels of education; serious complications of pregnancy or maternal mortality arising from adolescent delivery; greatly reduced decision-making within the home; heightened risk of HIV; and increased rates of domestic violence.²⁶ A cultural practice specific to Ghana, *trokosi*, in which a virginal daughter is offered in servitude to a traditional fetish shrine to protect a family from some moral wrongdoing committed by a family member, has also been criminalized.²⁷ Criminalizing cultural norms that are clearly unjust and harmful, such as these, is part of the State's responsibility to protect its citizens.

Ghana passed its Domestic Violence Act in 2007. This law considers domestic violence broadly, and includes provisions criminalizing sexual harassment, a broad definition of sexual, economic, emotional, verbal and psychological abuse. Marital rape is included in the Domestic Violence Act as a criminal offense. However, the penalties included in the Domestic Violence Act, which apparently has the most comprehensive definition of VAW/G and VAC of Ghana's laws, are relatively minor: the maximum penalty is a combination of two years' imprisonment and five hundred penalty units, to which is assigned a monetary value for the payment of fines.²⁸ Additionally, in the year since the law was enacted no cases of marital rape have been brought to trial, reportedly because stigma around this issue remains so high that survivors fear their cases will be too difficult to prove. It is also worth noting that the law criminalizes sex between a person with an STI, including HIV, and another person who is unaware of his/her partner's health status. This type of legal provision criminalizing HIV transmission is becoming increasingly common, especially in West Africa, and raises numerous human rights and public health concerns. Particularly salient to the current discussion, such laws have the potential to be used to prosecute women and people living with HIV/AIDS disproportionately, two populations that are already highly vulnerable to violence.ⁱⁱ

In addition to the Domestic Violence Secretariat discussed above, the government of Ghana has established dedicated police units for responding to gender-based and domestic violence, the DOVVSU. The DOVVSU is in all ten regions of the country, but only in 75 of 138 districts, meaning that large numbers of women and children are forced to do without its special services due to lack of proximity. Nonetheless, the DOVVSU fills an important need by specializing in investigations and prosecutions of domestic and gender-based violence and referring cases to the Ghana Health Service and NGOs that provide victim support services.

ⁱⁱ At a 2007 UNAIDS consultation on laws criminalizing HIV transmission, Susan Timberlake, UNAIDS Human Rights and Law Advisor, noted "There is great concern that in fact these laws would hurt women most, as it is women who first find out their status and thus will be first subject to prosecution. Laws to ensure women's equality inside and outside marriage would protect them more than laws criminalizing HIV transmission." Available at http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2007/20071106_criminalization_HIV_transmission.asp. For more information on the criminalization of HIV transmission, see Canadian HIV/AIDS Legal Network, HIV/AIDS Policy and Law Review Vol. 12, No. 2/3 (December 2007). Available at <http://www.icw.org/files/AIDSLAWENGLISH.pdf>.

Despite the strong legal framework in Ghana, civil society reports that there is an important lack of knowledge about these protections. Customary legal systems are commonly accepted, and national support systems are lacking, meaning that there is little incentive to use national legal and judicial systems to prosecute VAW/G and VAC. Nonetheless, the DOVVSU has increased prosecution rates, particularly for cases of VAC, which are dealt with at the district level and which apparently carry fewer stigmas than do cases of VAW/G. Regardless, conviction rates for VAW/G and VAC cases are low—according to one study they were approximately 30% for VAC cases in 2003-04, but only approximately 1% of all VAW/G and VAC cases for the first half of 2006.²⁹

Rwanda:

- 👉 **Legal quota for women in elected positions.**
- 👉 **Robust penalties possible for VAW/G and VAC.**
- 👉 **Dedicated police unit and national toll-free hotline.**







- 👉 **Marital rape is not recognized.**
- 👉 **Slow progress on a comprehensive bill to address VAW/G.**
- 👉 **Low prosecution and conviction rates, often due to stigma and lack of capacity in the judiciary or lack of resources on the part of survivors.**

Since Rwanda's genocide ended in 1994, the country's legal framework has been overhauled completely. One of the most renowned laws that came out of this reform requires a quota of at least one-third of elected positions to be women. Time will demonstrate the impact of this law on VAW/G, VAC, HIV/AIDS, and other gender issues; however many Rwandese believe that this is an important factor in their country's progress. More germane to this discussion are laws protecting women's property and inheritance rights, which helps protect them from poverty, an important risk factor of VAW/G, VAC and HIV/AIDS. Rwanda has also criminalized physical violence against women and children, including corporal punishment, and severe penalties—including life in prison—may apply. In the case of rape of a child leading to death or an incurable illness (such as HIV/AIDS) the death penalty may apply; the same holds for the rape of an adult that leads to death. However, the standard penalty for rape of an adult woman (outside the context of genocide, which carries significantly different implications) is five years' imprisonment, leaving little room to account for the circumstances or brutality of the rape in sentencing.

Marital rape has not been criminalized in Rwanda, despite its frequency and association with increased vulnerability to HIV. It is addressed in a new bill, Prevention, Protection and Punishment of Gender-based Violence, currently before the Cabinet for consideration, but has languished since August 2006. The bill is quite comprehensive, including domestic violence, sexual harassment, divorce and property rights, dowry, maternity leave, and access to family planning, in addition to provisions on marital rape.

Like Ghana, Rwanda has established a gender desk within the National Police, and there is a dedicated toll-free hotline for reporting VAW/G and VAC. The police have also recognized a dangerous upswing in violence against children, and have put preventative measures into place and trained specialists to address the particular needs of child survivors of violence. As a result of these measures, approximately 45% of rape and assault/battery cases are successfully prosecuted, but cases pursued by civil society advocates report a substantially lower success rate, below 1%.³⁰ Notably, Rwanda has a rule disallowing lawyers employed by private organizations that are not law firms to represent clients in court; this means that the strong civil society organizations designed to support survivors of violence and other crimes in Rwanda are unable to provide the critical service of helping women and children navigate the legal system. Stigma and a lack of sensitization among judicial professionals is also an enormous barrier, which prevents effective enforcement of laws.

South Africa:

-  **Broad criminal prohibitions of VAW/G and VAC, including marital rape.**
-  **Lack of funding to fully implement progressive laws.**
-  **Low prosecution and conviction rates due to stigma, lack of sensitization among judiciary and police, and other factors.**
-  **Lack of consistent application of laws in courts, including inconsistent interpretation of DNA evidence in sexual violence cases.**
-  **Lack of specialized police units.**
-  **Cavalier and inaccurate attitudes around sexual violence and HIV/AIDS displayed by high leadership.**

Building upon a very progressive Constitution, South Africa also has enacted two key laws related to VAW/G and VAC: The Domestic Violence Act of 1998 and The Sexual Offenses Act of 2007. The Children's Act and Children's Bill are pending and expected to be enacted later in 2008. Domestic violence is defined as physical, sexual, psychological or emotional abuse, intimidation, harassment, stalking, and other forms of abuse between people sharing living space. The Sexual Offenses Act, which was passed after intensive efforts from civil society over ten years, broadened the definition of rape to include all acts of non-consensual insertion of anything into the vagina, anus, or mouth, which is extremely important for ensuring that all people are protected. The vaginal trauma that arises from rape by objects, in particular, creates risk for obstetric fistula and increases vulnerability to HIV by providing open wounds through which the virus can enter; ensuring criminal penalties for these acts is fundamental to removing VAW/G-related HIV risk.

The newest of the bills, the amended Children's Act, was also the result of years of effort by civil society. The bill takes a holistic perspective on child welfare and child development, and provides for, among other things, shelters, court structures appropriate for working with children, a national policy framework, and South Africa's commitment to international human rights conventions. In addition to these laws, South Africa has statutes addressing issues such as customary marriage, including age of consent and property rights; a bill to address trafficking is in process. While these laws are progressive and thorough, problems in implementation and enforcement continue; civil

society identifies a lack of funding, arising from improper costing during drafting of the legislation, as a key barrier.

Numerous problems related to enforcement of these laws remain, which must be addressed in order for these protections to be meaningful for the people of South Africa. Normalization of violence as a conflict resolution technique, shame, stigma and discrimination, threats against reporting, insensitivity among the police and judiciary leading to secondary trauma, and a lack of commitment within the judiciary to prosecuting violence against women and children are among the important barriers. Many of these challenges exist in countries around the world, and many of them closely parallel barriers to accessing HIV/AIDS prevention, care and treatment services. As a result, in a country with one of the highest rates of HIV in the world, only 5% of rape cases in the province Gauteng led to a conviction, according to one recent study; another study found that, in 2000, only 5% of reported adult rape cases and 9% of reported child rape cases resulted in conviction.³¹ These rates are so low as to essentially negate the deterrence factor of the statutes cited above.ⁱⁱⁱ

In 2006 the police force mainstreamed specialized officers for family, child and sexual violence. As a result, survivors now take their chances when reporting crimes of violence and the likelihood of reporting to a police officer who has been sensitized appropriately has been greatly reduced. All police stations should have specialized Victim Empowerment Centres, but implementation has not been monitored.

The culture of acceptance around interpersonal violence in South Africa is a key feature of that country's challenges with VAW/G and VAC. The case of Jacob Zuma, president of the African National Congress (ANC), the ruling party of the country, exemplifies this concern. In 2005, Zuma was charged with raping a family friend, who was HIV positive. In his public response to the charges and in his court defense, Zuma cited cultural norms as his explanation for why the sex was actually consensual, and claimed that he was not at risk of acquiring HIV from the act because he took a shower afterwards. This combination of hiding behind ostensibly "normative" behavior and misinformation about the HIV risks associated with sexual violence, particularly when stated publicly by such a powerful figure, represents the dangerous combination of VAW/G and HIV/AIDS, and highlights the importance of changing cultural norms, ensuring that laws are properly enforced and guaranteeing that the populace has accurate information about their health and legal rights. Zuma was acquitted of all charges in 2006.






3. Health Sector Reform

VAW/G and VAC are as much health issues as they are legal ones, particularly when violence interfaces with HIV/AIDS. The physical consequences of violence are the obvious issue to address within the health system, but the immediate physical symptoms of violence can lead to longer-term concerns, such as increased vulnerability to HIV due to physical trauma from rape. Like physical

ⁱⁱⁱ It is important to note, however, that conviction rates for rape are equally low in many other countries, including wealthy ones. For example, recent reports indicate that only 5.7% of reported rape cases in England and Wales result in conviction ("In Britain, rape cases seldom result in a conviction," *Washington Post*, May 29, 2008).





and sexual violence, emotional and psychological violence lead to physical manifestations of ill-health, and it is incumbent upon health care workers to not only recognize the signs and symptoms of all forms of violence, but to understand how to interview survivors about their experiences, make safety plans, provide appropriate medical care, and offer referrals to other services, such as police and legal, psychosocial, and social services, such as shelters. Because trauma is a complex phenomenon and violence is a sensitive societal issue, it is essential that health care workers have the training and infrastructure necessary to help, rather than continuing the stigma and victimization so many women and children have already experienced.

Ghana:

-  **Existence of specialized police units facilitates referrals from health centers to the police and vice versa, although these are inconsistent.**
-  **No national training for health care workers in responding to VAW/G or VAC, or national protocol for gender-based violence within existing health policies.**
-  **No national forensics capacity.**
-  **Health user fees are prohibitively high.**
-  **No national referral system from the health sector to social and legal services.**





Ghana's progress addressing VAW/G and VAC is marred by its lack of reform and capacity building in the health sector. Health care workers do not receive training to help them work better with patients presenting with symptoms of violence, nor is there any existing protocol within national health policy. This serious policy gap includes provision of PEP to prevent HIV, which is the simplest thing that can be done to limit the impact on HIV rates from sexual assault. Taken together, this lack of attention to needed health sector reform compounds the risk of HIV due to VAW/G and VAC since health care workers are not in a position to recognize this risk factor or to mitigate its consequences. Similarly, health user fees in Ghana remain prohibitively high for many women and children, despite stipulations in the Domestic Violence Act that survivors should obtain free medical treatment from the State.³² While the provision of free medical care is tied to domestic violence, user fees are a barrier to health services of all kinds, and are often cited as a reason people do not seek HIV/AIDS testing or treatment. Finally, there is no established referral system in place to link health services to legal and social services, and any relationship between the health sector and the legal sector is inconsistent. The existence of the DOVVSU does yield some referrals to the health sector, and evidence of referrals from the mainstream Police Service referrals supports this.

Rwanda:

-  **Strong national policy framework.**
-  **Free medical examinations for survivors of rape and other violence, and close liaisons between the National Police and public hospitals.**
-  **Ambitious support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.**
-  **No forensics capacity.**

Rwanda has several national health policies in place that directly or indirectly address VAW/G and VAC. It has bold targets for reducing maternal and infant mortality rates, which is linked to VAW/G since domestic violence rates often rise during pregnancy due to increased stress and other factors, putting mother and baby at great risk. It also includes the management of sexual violence as one of the major areas within its National Reproductive Health Policy, and mandates assistance to women and girls who have experienced rape and to those affected by HIV/AIDS. Importantly, medical examinations for those who have experienced rape and other forms of violence are free and immediate in public hospitals, and staff work closely with the National Police to ensure follow-up. Private health insurance plans and family planning services aim to increase women's access to health services more generally, and Rwanda's Round 7 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria will increase access opportunities by constructing 14 youth-friendly health clinics and four sexual violence management centers to serve as one-stop clinics for all health, social and legal needs of survivors.³³ However, Rwanda currently lacks DNA testing capacity to provide forensic evidence, and relies on the German Development Organization to transport and fund sample testing in partnership with the office of the Prosecutor General. As a result, despite otherwise relatively strong health systems, Rwanda's ability to translate proper care for survivors into justice will be hamstrung until national forensics capacity is established. While this is important in the context of preventing violence, a strong health sector response to violence can go a long way to mitigating the HIV risk that arises from rape, domestic violence, and other abuses.

South Africa:

-  **One-stop clinics for VAW/G and VAC that provide holistic care, linking to the police, crisis counseling, health care, and judiciary.**
-  **National forensics capacity.**
-  **Poor implementation of national guidelines for responding to sexual violence.**
-  **Lack of capacity to make best use of forensics services.**

South Africa's health system contains an innovation in the response to VAW/G and VAC that has become a model for much of Africa. The Thuthuzela Care Centers (TCC) were initiated by the government and receive funding from bilateral donors as well as the national budget. The TCCs provide a safe space for women and children who have experienced violence and ensure that they have access to whatever social, legal and health services they seek. Provisions are made for follow-up care, and the one-stop nature of the TCCs makes it more likely that clients will receive a full package of services. While the TCCs are not yet in every district of the country, civil society advocacy is in place to push for this expansion.





The TCCs are a practical example of the ideals espoused in the 1998 National Policy Guidelines for Victims of Sexual Offenses, which provides interdepartmental procedures for investigating, managing and delivering services for survivors of sexual crimes. However, like many of South Africa's good policies, the Guidelines suffer from poor implementation. Another best practice facing implementation challenges in South Africa is the Criminal Record and Forensic Science Service

(CRFSS), which was established in May 2005 as a division of the police. While establishing forensics capacity is a challenge that many countries, including Ghana and Rwanda, have yet to overcome, the system is only as good as it functions. In the case of CRFSS, turnaround time is frequently long and staff is short, and investigators and health care workers are poorly trained to collect evidence properly. In fact, one study found that in only 66.7% of sexual assault cases was an evidence collection kit completed.³⁴ Adding this layer of difficulty to the judicial process is yet another deterrent to reporting and prosecution, which seriously limits the impact that good laws can have on reducing VAW/G and VAC—and therefore HIV/AIDS.

4. Education Sector Reform

Education is perhaps the most empowering service a State can provide its citizens. Education provides the foundation for working and adult life that can limit the impact of poverty and provide opportunities that earlier generations may not have known. But it has the power to confer much more. Knowledge of one's body and one's rights enables girls to make healthy choices, to practice safe sex, and to say no to unwanted sexual advances. Education provides all children with an understanding of how they should be treated and of options for recourse and assistance when they are maltreated, giving them greater ability to report threatening or inappropriate behavior by adults as well as other children. Studies have shown that education can protect children from HIV/AIDS, a reduction in vulnerability that may last into adulthood. The Global Campaign for Education has estimated that if every child received a complete primary education, 700,000 new cases of HIV would be averted each year.³⁵ Yet, many schools do not provide comprehensive life skills education, leaving children no less ignorant of their bodies and rights than they were without schooling. Additionally, activists from across Africa identify school-related violence—on the way to and from school, at school, in teachers' homes and dorms—as one of the most important and overlooked components of VAW/G and VAC, and a fundamental challenge to HIV/AIDS that must be urgently addressed. Ensuring that teachers are trained to implement life skills curriculum that includes gender norms, violence, and health concerns, and serve as allies rather than abusers, is an important step for national governments to take.^{iv}

Ghana:





-  **Pre- and in-service training for teachers in HIV/AIDS.**
-  **Code of conduct for teachers, with disciplinary proceedings available that do not impact subsequent criminal charges.**
-  **Lack of training for education professionals on sexual abuse and other forms of violence.**
-  **VAC and children's rights not sufficiently addressed in national life skills curriculum.**

^{iv} For more information about school-related violence in the context of HIV, see the Global AIDS Alliance report *Violence Free Zone: End School-Related Violence, Prevent HIV/AIDS*, at [http://www.globalaidsalliance.org/page/-/PDFs/School-Related Violence Advocacy Brief 091707 FINAL.pdf](http://www.globalaidsalliance.org/page/-/PDFs/School-Related%20Violence%20Advocacy%20Brief%20091707%20FINAL.pdf).

As is common in Africa and around the world, Ghana faces a great challenge with school-related violence of all kinds. Violence on the way to and at school increases drop-out and failure rates, removing the important protection an education provides against HIV, as well as the empowerment associated with protecting oneself against violence. In Ghana, studies have shown that approximately 11% of children in public school have experienced sexual violence; 90% of these were female. Eighty-three percent of students report feeling unsafe in Ghana's schools.³⁶

While there is no training available for teachers and other education professionals in VAW/G or VAC, a successful program supported by the US government has provided HIV/AIDS trainings and incorporated these topics into the curriculum at teacher training colleges. These training sessions, combined with the existing life skills curriculum in Ghana's schools, provide an ideal opportunity to integrate gender norms, conflict resolution, and VAW/G and VAC issues into the nationally mandated curriculum, so that all children may receive comprehensive health, safety and HIV/AIDS information. Currently, such children's rights issues are only addressed in school settings by local NGOs, and in piecemeal programs supported by international donors, such as the Safe Schools program currently being piloted by the US government. Despite the fact that teachers are not trained to be sensitive to, or to teach about, VAW/G or VAC, Ghana's Education Service does have a code of conduct in place which provides for disciplinary action against teachers who have "immoral relations" with a student in any school. Associated disciplinary action in no way impacts any criminal penalties that may also be applied.³⁷ Although this code is not well known by the community and therefore cannot be used appropriately, its existence is an important start.

Rwanda:

-  **Gender sensitivity included in national curriculum currently under development.**
-  **Civil society-established human rights clubs in many schools.**
-  **Some teacher training on gender, violence and communication skills.**
-  **Pre- and in-service teacher trainings not systematic.**

Rwanda is taking important steps to address school-related violence, although it has not been done consistently or institutionalized. The national curriculum is being revised, and will include gender sensitivity. This is important, but without teachers who are trained appropriately to teach about gender norms, sensitivity, and violence, inclusion of these issues in the curriculum will be moot. Currently, some teachers receive such training, but not systematically or comprehensively. In fact, some of the best programs to address school-related violence and children's rights are conducted by civil society organizations, such as Haguruka. Haguruka's human rights clubs provide participants with confidence, assertiveness skills, and a sense of empowerment. Together, these characteristics allow children to better protect themselves from violence and to report incidents when they do occur. These characteristics also provide protection from HIV, meaning that human rights clubs and life skills education that combines the two issues can have a significant impact.

South Africa:

- ✎ **Some civil society and government projects under way to incorporate violence into life skills education.**
- ✎ **Little to no information conveyed to young people about violence.**
- ✎ **Lack of teacher training in violence, HIV and other life skills areas.**
- ✎ **Lack of provisions for HIV/AIDS orphans or for other vulnerable children.**





South Africa also identifies violence against young girls as a priority, particularly violence among youth. There is a serious lack of information about violence provided to young people, which, in combination with the lack of life skills education for both teachers and students, has been cited as a root cause of the epidemic of violence against children and youth. Additionally, many educators are reluctant to teach about sexuality and those programs that are available are not comprehensive or systematic enough to provide teachers with adequate knowledge and skills. Not only are violence issues left out of pre- and in-service teacher training, but many teachers have also indicated that they lack HIV-awareness training. To compound these challenges, the South African education system has not fully accommodated HIV/AIDS orphans or other vulnerable children. According to UNICEF, this includes as many as two million children across the country.³⁸

Some projects to address violence in schools do exist. For example, the Centre for the Study of Violence and Reconciliation has a Safety in Schools project, which focuses on general youth violence, but also includes a sexual harassment component. Other important civil society initiatives include LoveLife Skills Education Programmes and the education programs conducted by the Treatment Action Campaign (TAC), but these programs do not integrate VAW/G and VAC with HIV/AIDS in the same program, instead focusing on one or the other. The Department of Education also has a Life Skills Project, which includes gender-based violence and HIV/AIDS, but it has been subject to criticism due to its ad hoc nature.

5. Community Mobilization for Zero Tolerance





Violence has been normalized in one form or another in most cultures in the world. Social and gender norms are an entrenched root cause of VAW/G and VAC. Yet these are not intractable. When conducted with appropriate attention to culture, tradition, and the many reasons violence is perpetuated, numerous best practice programs can make important inroads into attitudes around violence, and ultimately change behavior. Engaging local and traditional leaders, faith leaders and opinion makers to discuss violence, make it socially untenable, and bring these issues out of the shadows is one important step. This sort of engagement with local-level leaders is also important for addressing conflicts between customary and State systems of justice. Other activities that lead people to talk about violence, which can reduce stigma and make reporting violence and seeking services easier and more acceptable, are also essential. Providing services at the local level and ensuring the availability of advocates or other specialized community health workers to help survivors deal with the mental and physical health outcomes of the violence, and navigate the legal and judicial systems, form the foundation of best practices. Given the substantial role of community health workers and CBOs in addressing HIV/AIDS, linkages between these programs to build upon existing capacity are both effective and efficient.

Ghana:

-  **Strong civil society programming to train communities to address violence issues.**
-  **Domestic violence policy includes community mobilization components, including engaging faith leaders.**
-  **No victim advocates.**
-  **No coordinated efforts to change community norms or navigate between these and customary systems of justice.**

As in every country in the world, VAW/G and VAC in Ghana are closely linked to local culture. Gender norms and cultural traditions such as widowhood rights play an important role in the perpetration of violence. Community mobilization in Ghana is largely undertaken by NGOs. For example, the Gender Studies and Human Rights Documentation Center has trained teams in 18 rural communities to identify violence issues and receive case reports, which are then passed on to the police, while the Federation of Women Lawyers has trained paralegals in communities to identify human rights abuses. The Ark Foundation has trained ten community-based organizations to be advocates and serve as the first point of contact for abused women, helping them to access counseling. NGOs have also established counseling and support groups. The Domestic Violence Act will also contribute to community mobilization by targeting the National House of Chiefs, Imams, faith-based organizations, trade and youth groups, and local opinion leaders for awareness raising and advocacy. This work is needed since survivors of violence report that stigma prevents them from speaking out about their experiences, and a lack of victim advocates combined with inconsistent services means that many women and children go without recourse or services of any kind. This gap also increases HIV risk for survivors of violence. It is also important that work with community mobilization, particularly with traditional leaders, relate back to efforts to reform the legal and judicial system, so that the challenges of judicial plurality discussed above can be addressed.

Rwanda:

-  **Active civil society with national programs to mobilize communities for zero tolerance.**
-  **Victim advocates at the community level.**
-  **Lack of human resources and funding.**
-  **Lack of interest in community mobilization shown by donors.**

Civil society plays an essential role in community mobilization in Rwanda. Several NGOs, including Haguruka, Rwanda Women's Network, Pro-Femmes (a national umbrella organization networking women's NGOs), and AVEGA, have achieved national reach by working with CBOs to train health care workers on violence issues, train individuals identified by the community to recognize symptoms of violence and provide services to health survivors, and mobilize the community to establish a supportive environment that enables survivors to come forward. Civil

society has also provided trainings for local authorities and other community leaders from all sectors of society, including the local defense forces and police. Such efforts to empower local communities to speak out against violence are linked closely with mass media efforts, addressed in the next section.

Despite strong efforts, civil society organizations struggle with a serious shortage of staff and resources. Bilateral and multilateral donors have not prioritized community-based programs such as these, and civil society is dependent upon larger women's NGOs and private foundations to continue these important programs.

South Africa:





- 👉 **National government program to engage traditional leaders and link the traditional and criminal justice systems.**
- 👉 **Strong civil society leadership.**


Outside urban areas, many South African communities are organized around traditional leadership. In an effort to expand the range of possibilities to address domestic violence the National Department of Public Prosecutors has launched a national project to train traditional leaders to deal with domestic violence, creating a partnership among the Department of Justice, the National Prosecuting Authority and the National House of Traditional Leaders to integrate the management of domestic violence cases. While the project is not yet national, its pilot phase will soon be evaluated to determine the best way forward.

6. Mass Media for Social Change

Broadcast and print media can serve several purposes in working to end VAW/G, VAC, and HIV/AIDS. Media outlets can provide public service and awareness-raising messages about what constitutes violence, penalties for perpetrators, resources for support, and health consequences, including HIV/AIDS. They can integrate educational messages into television or radio entertainment series, or provide critical reporting on child abuse, rape, domestic violence, and HIV/AIDS. They also hold the government accountable. Ongoing, robust mass media efforts can work in conjunction with community mobilization efforts to help break the silence around violence, changing social norms and behaviors in the process.

Ghana:

-  **Government ministries involved in mass media campaigns and providing targeted information to rural areas.**
-  **Some reporting on VAW/G and VAC in major newspapers.**
-  **Observation of 16 Days of Activism Against Gender Violence.**
-  **Journalist trainings undertaken by civil society.**

-  **Mass media campaigns not integrating related issues into one comprehensive set of messages.**

Activists in Ghana have noted an increase in media attention on VAW/G and VAC in recent years. Emphasis in the mainstream media has focused on child defilement and rape, with studies demonstrating that incest was the third most commonly reported type of violence. Yet, of the total number of sex crimes reported to the police between 1996 and 2000, only 59% were covered by the two largest print newspapers. However, Women in Law and Development (WiLDAF), a pan-African NGO with a Ghanaian office, and other NGOs, have provided trainings to journalists to equip them with the knowledge needed to report on gender-based violence issues. This important step should increase discussion of the issues, bringing them out of the shadows and making it easier for women and children to come forward when they have experienced violence; such trainings should be replicated and scaled-up, and should link concomitant issues such as HIV/AIDS.

Despite inconsistent reporting on incidents of violence, Ghana has seen several national mass media campaigns designed to raise awareness of VAW/G and VAC. For example, a campaign on girls' education and another on HIV awareness have taken place alongside national debates on the Domestic Violence Act and the serial killings of women between 1998 and 2002 in Accra and in Kumasi, the country's second-largest city. However, these campaigns all have related messages and there is no indication that these have been integrated to provide comprehensive information or an understanding of the links between education, HIV/AIDS and violence.

As has become common around the world, the 16 Days of Activism Against Gender Violence (November 25, International Day for the Elimination of Violence Against Women, through December 10, International Human Rights Day, each year) is observed in Ghana.^v Each year, 16 Days is an opportunity for governments to show their commitment to ending violence against women (VAW), and for NGOs to gain recognition for their important work in this area. While it is by no means sufficient for these issues to be raised for only 16 days each year, the public attention during this period is important for changing socio-cultural and gender norms that perpetuate VAW and other forms of violence.

^v See the Center for Women's Global Leadership at <http://www.cwgl.rutgers.edu/16days/home.html> for more information about this campaign, and to get involved.

Ghana's Ministry of Information and National Orientation has played a role in some of these national mass media campaigns, including radio and television programs and the provision of public information vans that spread information via loudspeakers in rural areas—an important innovation in countries that have large rural populations that may lack access to television or even radio. This commitment must extend to include all relevant government ministries and to provide integrated messaging that highlights the importance of linking and protecting *all* human rights.

Rwanda:







- 👍 **Journalist trainings by NGOs.**
- 👍 **16 Days of Activism Against Gender Violence observed.**
- 👍 **Civil society efforts to fill in gaps left by government.**



- 👎 **Government ministries not regularly or critically involved.**
- 👎 **Air time for awareness-raising programs must be paid for, prohibiting civil society from engaging.**
- 👎 **Lack of diverse media outlets limits opportunities for mass media outreach.**

Unlike in Ghana, where the relevant government ministry is involved in ongoing efforts to highlight some issues related to VAW/G and VAC, Rwanda's Ministry for Information still focuses its mass media efforts on the 16 Days of Activism Against Gender Violence, and news stories that have been deemed "tokenistic" by Rwandese civil society. While most newspapers have published articles or supplements on women's issues, these are complemented by newsletters published by civil society and even by students at the National University of Rwanda. Although these newsletters are fundamental to ensuring broad reach for human rights messages, they reflect the imbalanced participation in mass media efforts by government versus civil society. They also reflect a lack of diverse media options in the country: there are no private television stations and only one daily newspaper, which is government sponsored.

A major challenge to the use of mass media outlets for raising awareness is that radio and television programs must be paid for, meaning that only the most well-funded organizations can afford them, or that NGOs sacrifice other services in order to provide this one. However, some NGOs have prioritized mass media work. For example, Haguruka hosts a one-hour radio program each month on the national radio station and on a popular FM station. Additionally, civil society organizations such as Pro-Femmes member organizations have begun training journalists to report on gender-based violence, and more such trainings are envisioned for the near future.

South Africa:

-  **Strong and diverse civil society activities to promote social change.**
-  **Targeted messaging combined with appropriate services.**
-  **Journalist trainings.**
-  **Sufficient access to media outlets to enable civil society's participation.**
-  **16 Days of Activism Against Gender Violence observed.**
-  **Government involvement and partnership with civil society and the private sector.**

-  **Emphasis on media campaigns risks obviating the need for more intensive primary prevention activities.**
-  **Lack of monitoring and evaluation to ensure that mass media programming is effective in changing behavior and social norms.**

South Africa's strong civil society has world-renowned mass media programs around HIV/AIDS, VAW/G and VAC, and other social change issues. LoveLife has carved out a niche in reducing negative consequences of adolescent sex and promoting healthy lifestyles for young people by combining multi-media campaigns—including TV programs on the largest station in the country—with service provision in adolescent-friendly clinics, community outreach programs, and a national toll-free helpline for youth. Gender Links has focused on training members of the media to cover gender violence, as well as building NGO and CBO capacity to conduct strategic campaigns. Gender Links' topics have included promoting PEP and debate on gender justice. The Treatment Action Campaign, famous for its fight to make antiretroviral treatment available across the continent, has established a campaign that focuses specifically on the links between VAW/G and VAC and HIV/AIDS. The Access to Justice Campaign provides messages to TAC members and the public across the country about the role of violence in the AIDS pandemic, including producing posters and public statements, as well as supporting its members seeking legal and health services after sexual violence.

Other civil society efforts have identified creative ways to use public messaging to identify and change problematic social norms including: the One In Nine Campaign, which seeks to highlight the incredibly low rates of reporting rape (one in nine women across the country) and strengthen access to justice for women who speak out about sexual violence; the One Man Can Campaign sponsored by Sonke Gender Justice, which builds men's capacity to join women in the quest for gender justice and an end to gender-based violence and the feminization of HIV/AIDS; the Red and White Ribbon Campaign organized by the Nisaa Institute for Women's Development, which addresses the intersection between the two pandemics; the Tsha Tsha television series developed by CADRE, which focuses on young people living in a world affected by HIV/AIDS and other social problems and is broadcast on national TV; and Soul City, which provides "advocacy through entertainment" by creating highly popular television and radio series that focus on HIV/AIDS, violence, and life skills for children and youth.

In addition to these civil society initiatives, which have provided models for organizations around the world, the South African government has also gotten involved. In parallel to civil society efforts for 16 Days of Activism, the Department of Provincial and Local Governments, the Office on the

Status of Women in the Presidency, the Office on the Status of Disabled Persons and the Office on the Status of Children have formed a partnership to raise awareness of the negative impact of VAW/G and VAC. The National Gender Machinery prepares sector-specific, rural- and urban-based activities, and civil society and business have joined the partnership to ensure broad impact. The Government Communications and Information System bring all elements of the campaign together to ensure the communications strategies are cohesive and coordinated.

7. Breaking the Cycle

Sadly, violence is a cyclical phenomenon: experiencing violence at any point increases the likelihood of future exposure to or experiences of violence. There are many reasons for this cycle, including the normalization of violence and psychological trauma that disempowers survivors and can lead to poor psycho-social adaptation, sometimes resulting in poor choices such as the use of alcohol or drugs, which can impair judgment, or the continuation of violent relationships that appear normal to one accustomed to experiencing violence. It is these choices that may implicate all forms of violence in the HIV/AIDS pandemic. A complete package of health services for survivors of violence requires access to counseling provided by health care workers who understand the dynamics of trauma, the role of shame in psychological reactions to violence, and available recourse for survivors. Breaking this cycle requires recognition of the serious psychological and physical consequences of violence, but also an understanding of the root causes of this violence—often a combination of social and gender norms, and poverty, which limits options for those experiencing violence.

There are a variety of activities that can have positive impact on socio-economic independence, which is one of the most important characteristics of individuals with control over their circumstances, allowing them to seek safety and security for themselves and their families. However, the cycle of violence can only be addressed by effectively working with men and boys to change their perspectives on gender roles, acceptable forms of conflict resolution, and tolerance for violence. Constructive male engagement programs, such as South Africa's One Man Can Campaign highlighted above, are not yet considered a part of the basic package of services for addressing VAW/G and VAC, despite emerging research suggesting their potential for lasting change.³⁹ More information on the role of male engagement programs in breaking the cycle of violence is needed. Simultaneously, programs must focus on providing women the ability to earn a living, support a family, leave an abusive home, and access psychosocial care, which together form a basic package of services to address the cycle of violence.^{vi} Despite their potential for successful intervention, these programs are among the least available in many parts of the world.

^{vi} Psychosocial care should be a component of a comprehensive health system. However, because psychosocial care, trauma counseling, and psychology remain uncommon due to stigma against mental health care and the idea that mental health care is a luxury that cannot be afforded in under-resourced settings, this topic is considered as a component of Pillar 7, Breaking the Cycle. At this stage, the psychosocial care available in Africa is provided by volunteer laypeople working at the community level; unfortunately they are not always integrated into the broader community health system. While this must change and psychosocial care must become a standard service provided by the health system, the Global AIDS Alliance has chosen to locate it within Pillar 7 for the purpose of discussion.

Ghana:

- 👉 **Vocational and literacy training available.**
- 👉 **Microcredit programs to assist women in achieving economic independence.**
- 👉 **Some shelters for both women and children; run largely by NGOs.**
- 👉 **Volunteer trauma counselors in place.**

- 👉 **Lack of sensitization efforts with men to ensure that women's newfound economic independence does not lead to increased violence.**
- 👉 **No state-run national shelter system for abused women.**
- 👉 **Harmful cultural norms that stigmatize rather than protect abused women and children.**
- 👉 **Lack of professionalized psychosocial care available nationally and governed by the Ministry of Health.**

The cycle of violence is dependent upon many factors, but protection of human rights is the most important way to break this cycle and protect women and children. Ghana's legal framework and existing policies and programs—both government and donor supported—focused on girls' education are an important beginning. Since 1997, there has also been an increase in programs to provide vocational and literacy training outside the formal education system, which help women to break the cycle of poverty that makes them more vulnerable to violence and ill-health, including HIV, simultaneously increasing the likelihood that they will send their children to school.⁴⁰ In addition, both the government and NGOs have begun programs to provide credit to women to establish or expand small businesses, increasing their economic independence and thereby removing one of the greatest reasons that women choose to stay in abusive situations.

The process of providing women with economic empowerment has the inherent risk of increasing exposure to violence, as gender norms are challenged and men find new competition for resources, such as credit. Customary legal systems and a lack of women's understanding of their own rights are cited as compounding the anger and frustration some men feel when confronted with the new independence of the women in their lives.

Regardless of economic status, abused women in Ghana often have no option to leave their homes because there is no state-run national shelter system to support them, and civil society-run shelters are under-resourced and not scaled up. Cultural norms guiding when and why a woman may return to her parents' home further prohibit many women from leaving their husbands. Shelters for abused and trafficked children have been established by the Department of Social Welfare (DSW), supported by UNICEF and the French Embassy. Private children's homes have also been supported by the Government of Ghana. The only adult shelter, established by the Ark Foundation, provides microcredit, vocational and life skills programs to help build capacity for independence, but a lack of funding reduces the amount of financial support available for shelter clients. This shelter is also linked to free legal aid services. Other NGOs including FIDA and WISE also provide free legal aid services.

The University of Ghana Medical School has provided training for trauma counselors to work with survivors of violence, and there is an NGO dedicated to training DOVVSU counselors. However, these programs are staffed by laypeople and volunteers, meaning that staff skills are not comprehensive and they require ongoing training and supervision, which is not provided. While there is an increase in trained clinical psychologists in the country, this field of medicine has not been incorporated into the Ministry of Health's regulations or policy.

Rwanda:

- 👉 **Shelters to be supported by Round 7 Global Fund proposal, but funds not yet disbursed and proposed shelters not scaled up.**
- 👉 **Some income generation and microcredit activities supported by NGOs.**
- 👉 **Some efforts to train lay trauma counselors.**

- 👉 **No shelters or safe-houses.**
- 👉 **Lack of comprehensive, coordinated efforts to address the socio-cultural and economic root causes of violence.**
- 👉 **No national psychosocial services.**

Despite fairly robust efforts in Rwanda to address a legacy of violence, there are no safe-houses or other shelters for survivors in the country. Rwanda's Round 7 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria should improve the situation by supporting Haguruka to build shelters in four provinces, but this will not provide shelter access that is easily accessible everywhere in the country, and national scale up will take time and increased funding. This underscores how essential women's economic independence truly is, as it is nearly impossible for poor women in Rwanda to leave abusive situations.

Some income generation and microcredit programs are in place to build economic independence among women; most notable of these is the peace basket project, which offers vocational training to women to produce traditional handicrafts that are sold locally and exported. However, civil society in Rwanda indicates that many serious barriers to breaking the cycle of violence remain, including:

- Illiteracy;
- Ignorance of human rights;
- Lack of comprehensive legal and judicial protections and access to justice; and
- A fundamental failure to understand the root causes of VAW/G and VAC and to change social norms.

The Government of Rwanda has recognized more than many others the importance of psychosocial and trauma care, a lesson learned from Rwanda's genocide. Some NGOs, such as WE-ACTx (Women's Equity in Access to Care and Treatment), have implemented counseling programs, and a few bilateral donors, including the European Union, have provided training for lay trauma counselors. The counseling services provided by WE-ACTx are particularly notable in that they integrate HIV/AIDS with VAW/G and VAC, to provide comprehensive care for clients.

South Africa:

- 👉 **Maintenance Act provides some financial support for single mothers.**
- 👉 **Some short-term shelters run by NGOs.**
- 👉 **No national system of psychosocial care.**
- 👉 **Lack of State commitment to providing full package of services to survivors of all forms of violence.**
- 👉 **No national crisis shelter system.**

As a middle-income country, South Africa's distribution of opportunities among the population looks somewhat different than in the low-income countries of Ghana and Rwanda. More and more women are accessing credit and microfinance, yet 42% of black South African women are entirely excluded financially; this population also has the lowest level of formal employment and earnings in the country. Poverty remains an important issue in the violence and AIDS pandemics that face South Africa. Additionally, the country's AIDS epidemic is shifting as more people become economically empowered, and new infection rates are increasing among the middle class. This is an important reminder that the cycle of violence and ill-health can only be broken by programs that truly address local context and epidemiology—and that causes of vulnerability can shift as societies change.

South Africa has statutory regulations regarding financial maintenance, primarily in the form of child support, which can be claimed in its general sense or for rehabilitation. Assuming its stringent implementation, the Maintenance Act of 1998 can provide much-needed financial security to women raising their children alone, and can support women who wish to leave abusive situations. Combined with income-generation activities, child support can make it realistic for women to break the cycle of violence for their children.

Psychosocial care in South Africa is provided largely by NGOs, but access is inconsistent across the country's nine provinces and services tend to be overwhelmed. Children are generally unable to access counseling services without adult intervention and most counseling services are in urban areas, leaving large portions of South Africa's population without access to trauma care. In order to reduce the cost to the State of implementing the Sexual Offenses Act, a clause that would have provided for psychosocial care was removed from the bill before its passage. Concomitant to the lack of psychosocial care is a lack of shelters in the country. With support from government and donors, NGOs have established 89 shelters in South Africa, mostly in urban areas and generally providing only for emergency and short-term shelter, meaning that women who do not have another housing option relatively quickly have little choice but to return home or make other highly risky choices in order to survive. Additionally, most shelters do not accommodate men or boys, and lack programs for children. Increased funding and easier access to government support are cited as urgent needs to scale-up existing shelters and to establish shelters that can provide immediate- and long-term accommodation and services.

V. RECOMMENDATIONS

The recommendations drawn from case studies conducted in Ghana, Rwanda, and South Africa are consistent with best practices for the prevention of and response to VAW/G and VAC from around the world, and highlighted by technical multilateral agencies such as the World Health Organization and implementing organizations. They are divided by actor, because the issue must be addressed at all levels—from community-based organizations to the UN. However, these recommendations may be adopted by advocates in all countries and at all levels, helping to shape advocacy plans, targets, and goals.^{vii}

Civil Society:

- Establish robust advocacy campaigns to ensure that national governments and donors are meeting their obligations to provide funding and training for services at the local levels.
- Watchdog national government use of donor funds, implementation and enforcement of relevant legislation, and quality of programming, and hold governments accountable through available safe, effective means, e.g., publications, media, demonstrations, engagement of international advocates.
- Build capacity to engage with multilateral donors, particularly the Global Fund to Fight AIDS, TB and Malaria, and seek membership in the Global Fund Country Coordinating Mechanism (CCM) and/or submit sub-proposals for Global Fund funding to the CCM.
- Seek technical assistance from multilateral and bilateral donors and international NGOs to transfer capacity from the international level to the national level.
- Coordinate with other civil society organizations focusing on a range of human rights issues across the country and around the world to learn from one another tactics that have worked—and failed—and to coordinate advocacy strategies that reflect lessons learned by a range of movements, e.g., HIV/AIDS, women's and children's rights, peace building.

National Governments:

- Provide funding and capacity building to indigenous NGOs and CBOs, particularly women's organizations, and enhance collaboration between these and government actors.
- Institute robust monitoring and evaluation activities at the national level that provide baseline VAW/G and VAC prevalence data and track programmatic impact on prevalence, reporting, conviction, and service uptake at the national and local levels.
- Consolidate related efforts by different government ministries and agencies and coordinate policies, programs, and monitoring and evaluation—but do not decrease funding as a result. Make funding levels, monitoring and evaluation results available to the public.
- Reform and fully fund national policies and legislation to ensure that primary prevention of violence and efforts to break the cycle of violence are given priority equal priority to secondary prevention and medical services, and establish robust monitoring and evaluation mechanisms to identify prevalence as well as programmatic impact.

^{vii} For recommendations specific to the countries profiled, see background documents, available at <http://www.globalaidsalliance.org/index.php/1003>.

- Ensure that national health strategies mandate links between relevant health service delivery areas, such as sexual and reproductive health, VAW/G and VAC, HIV/AIDS, and maternal and child health. Enforce these requirements.
- Provide national training for police, lawyers and members of the judiciary to alleviate barriers to successful implementation of laws criminalizing VAW/G and VAC. Reform evidentiary rules that can lead to secondary traumatization of survivors.
- Address conflicts created by customary legal practices with national legal frameworks in a culturally-relevant manner that prioritizes the protection of human rights.
- Establish national toll-free helplines and scale up national short-, intermediate-, and long-term shelter systems that are family friendly.
- Professionalize mental health care and increase recruitment and retention of trauma counselors, social workers, and clinical psychologists as part of health and community systems strengthening.
- Commit to programming that addresses harmful social and gender norms, including those related to the education sector. Offer free radio and television time for life skills and educational programming provided by NGOs and CBOs, and conduct consistent and meaningful mass media work rather than focusing on annual observances, such as 16 Days of Activism Against Gender Violence. Implement programs that address and engage men and boys.

Bilateral Donors and Private Foundations:

- Ensure sectoral budget support as a method of funding national governments rather than providing support for an entire national budget, which may limit accountability. Increase attention to tracking funds to the local level as a criterion for evaluating performance and eligibility for future funding.
- Consolidate international development efforts to ensure that various agencies within one donor government are coordinating and integrating programs and services.
- Expand definition of “AIDS entry points” to ensure that funding is available for socio-cultural, economic, and gender challenges that directly affect HIV/AIDS, so that the funding available for HIV/AIDS is not limited to ideological or biomedical approaches that do not address root causes.
- Mandate disaggregation of data by gender and age in reporting requirements.
- Shift funding from international NGOs to indigenous NGOs and CBOs to ensure that local context and expertise is best captured in supported programming. Make information about funding recipients and levels transparent and publicly available.
- Coordinate with other donors working in the same country to make funded programs additive and not duplicative, integrate services, and ensure that comparable programs are scaled-up rather than focused in one clinic, region, or urban center.
- Ensure that funding is provided only for evidence-based, culturally-relevant interventions. Seek input from affected populations and actors at the local level to help design interventions.
- Support civil society consultations that promote sharing of lessons learned and joint strategizing for more effective advocacy, and provide direct funding for civil society advocacy campaigns.

Multilateral Organizations:

- Focus on capacity building for indigenous NGOs and community-based organizations by refining the process of applying for funding to make resources more accessible to smaller organizations, and by providing technical assistance and capacity-building training in service delivery, planning, proposal development, financial and organizational management, and other

areas to enable these organizations to secure predictable funding and provide high-quality evidence-based programming that does not depend on international consultants or outside actors for quality and sustainability.

- Increase civil society access at the country level to collaborative efforts, such as the Country Coordinating Mechanisms (CCM) of the Global Fund to Fight AIDS, TB and Malaria.
- Ensure that all country officers representing UN agencies, the Global Fund, and the World Bank are required to engage civil society and are consistent in their messaging around technical issues, programmatic implementation, and opportunities for engagement.
- Make funding to governments contingent on the engagement of civil society organizations with demonstrated expertise.
- Incorporate a gender budget analysis into review criteria for disbursing funds to national governments.
- Mandate disaggregation of data by gender and age in reporting requirements.
- Establish a robust international coordinating mechanism to address VAW/G and VAC that links with other health and human rights efforts, including HIV/AIDS. Strengthening the Global Coalition on Women and AIDS, establishing a UN women's agency, or increasing membership in and activities of the UN Secretary General's Unite to End Violence Against Women Campaign are examples of working with existing initiatives to accomplish this goal.

VI. CONCLUSION

Violence against women and girls and violence against children are, like HIV/AIDS, an incredibly complex and deeply rooted social, cultural, health, and human rights challenge. However, there are interventions and policies that have a positive impact on VAW/G and VAC—changing behaviors, creating deterrents, and protecting the health and well-being of the world's citizens. This report highlights the efforts that have been made—with varying results—in three countries, but these efforts are applicable in one way or another to every country in the world.

Advocates, watchdog organizations, and members of the media must take donors and national governments to task for their failure to invest in VAW/G and VAC consistently and robustly. Efforts to coordinate programming across sector and issue areas must be highlighted, since, as this report demonstrates, these are the very programs that are lacking, which slows progress toward a violence-free world. Most importantly, civil society must be enabled to play its important role at the community level; global actors and national governments must assume responsibility for ensuring that grassroots and community organizations have the resources needed to make the biggest difference possible.

Progress has been made, and the possibilities for success are well known. Ultimately, those with power—from international agencies down to the household level—must commit absolutely to ending VAW/G and VAC. But this goal must be connected to a commitment to ending HIV/AIDS. Without these commitments, women and children around the world will continue to suffer.

APPENDIX I: SUCCESSES AND OBSTACLES ACROSS COUNTRIES

ZERO TOLERANCE PILLAR	COUNTRY	SUCSESSES	OBSTACLES
#1 Political Will & Resource Mobilization	Ghana	<ul style="list-style-type: none"> 👉 National gender machinery in place. 👉 Existing line items in national budget that focus on VAW/G and VAC. 	<ul style="list-style-type: none"> 👉 Insufficient funding for all relevant ministries in the national gender machinery, and difficulty tracking spending by different sectors. 👉 Dependence on NGOs and private foundations for most VAW/G and VAC programming.
	Rwanda	<ul style="list-style-type: none"> 👉 National gender machinery in place, sitting in the Prime Minister's Office, which reflects the importance of the issue to the national government. 👉 Staff dedicated to gender issues in all national agencies, including the National Police. 👉 Violence prevention and response is an area of assessment for national measures of good governance at the local level. 	<ul style="list-style-type: none"> 👉 Donors tend to focus on budget support, making it challenging to monitor how aid trickles down and is harmonized to address VAW/G and VAC at the local levels.
	South Africa	<ul style="list-style-type: none"> 👉 National Gender Machinery in place that includes civil society organizations and a high-level government body. 👉 Some donor support for VAW/G service delivery. 	<ul style="list-style-type: none"> 👉 Strong national plans that have yet to be coordinated or implemented. 👉 Lack of meaningful civil society involvement in national efforts to address VAW/G and HIV/AIDS. 👉 Insufficient resource allocation and lack of specific line items in national budget to ensure implementation; donor focus on channeling money through the national government.

ZERO TOLERANCE PILLAR	COUNTRY	SUCCESES	OBSTACLES
#2 Legal & Judicial Reform	Ghana	<ul style="list-style-type: none"> 👉 Criminalization of a broad range of VAW/G and VAC, including marital rape and harmful traditional norms. 👉 VAC cases are prosecuted fairly successfully. 👉 Links with specialized police units have increased prosecution rates. 	<ul style="list-style-type: none"> 👉 Specialized police units not in all districts and training insufficient. 👉 Stigma creates a barrier to reporting and prosecution. 👉 Customary legal systems compete with national judiciary, creating a disincentive to prosecute using national laws. 👉 Conviction rates are low and inconsistent. 👉 Includes criminalization of HIV transmission as a form of domestic violence.
	Rwanda	<ul style="list-style-type: none"> 👉 Legal quota for women in elected positions. 👉 Robust penalties possible for VAW/G and VAC. 👉 Dedicated police unit and national toll-free hotline. 	<ul style="list-style-type: none"> 👉 Marital rape is not recognized. 👉 Slow progress on a comprehensive bill to address VAW/G. 👉 Low prosecution and conviction rates, often due to stigma and lack of capacity in the judiciary or lack of resources on the part of survivors.
	South Africa	<ul style="list-style-type: none"> 👉 Broad criminal prohibitions of VAW/G and VAC, including marital rape. 	<ul style="list-style-type: none"> 👉 Lack of funding to fully implement progressive laws. 👉 Low prosecution and conviction rates due to stigma, lack of sensitization among judiciary and police, and other factors. 👉 Lack of consistent application of laws in courts, including inconsistent interpretation of DNA evidence in sexual violence cases. 👉 Lack of specialized police units. 👉 Cavalier and inaccurate attitudes around sexual violence and HIV/AIDS displayed by high leadership.

ZERO TOLERANCE PILLAR	COUNTRY	SUCCESSIONS	OBSTACLES
#3 Health Sector Reform	Ghana	<ul style="list-style-type: none"> Existence of specialized police units facilitates referrals from health centers to the police and vice versa, although these are inconsistent. 	<ul style="list-style-type: none"> No national training for health care workers in responding to VAW/G or VAC, or national protocol for gender-based violence within existing health policies. No national forensics capacity. Health user fees are prohibitively high. No national referral system from the health sector to social and legal services.
	Rwanda	<ul style="list-style-type: none"> Strong national policy framework. Free medical examinations for survivors of rape and other violence, and close liaisons between the National Police and public hospitals. Ambitious support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. 	<ul style="list-style-type: none"> No forensics capacity.
	South Africa	<ul style="list-style-type: none"> One-stop clinics for VAW/G and VAC that provide holistic care, linking to the police, crisis counseling, health care, and judiciary. National forensics capacity. 	<ul style="list-style-type: none"> Poor implementation of national guidelines for responding to sexual violence. Lack of capacity to make best use of forensics services.
#4 Education Sector Reform	Ghana	<ul style="list-style-type: none"> Pre- and in-service training for teachers in HIV/AIDS. Code of conduct for teachers, with disciplinary proceedings available that do not impact subsequent criminal charges. 	<ul style="list-style-type: none"> Lack of training for education professionals on sexual abuse and other forms of violence. VAC and children's rights not sufficiently addressed in national life skills curriculum.

ZERO TOLERANCE PILLAR	COUNTRY	SUCSESSES	OBSTACLES
#4 Education Sector Reform <i>(continued)</i>	Rwanda	<ul style="list-style-type: none"> Gender sensitivity included in national curriculum currently under development. Civil society-established human rights clubs in many schools. Some teacher training on gender, violence and communication skills. 	<ul style="list-style-type: none"> Pre- and in-service teacher trainings not systematic.
	South Africa	<ul style="list-style-type: none"> Some civil society and government projects under way to incorporate violence into life skills education. 	<ul style="list-style-type: none"> Little to no information conveyed to young people about violence. Lack of teacher training in violence, HIV and other life skills areas. Lack of provisions for HIV/AIDS orphans or for other vulnerable children.
#5 Community Mobilization	Ghana	<ul style="list-style-type: none"> Strong civil society programming to train communities to address violence issues. Domestic violence policy includes community mobilization components, including engaging faith leaders. 	<ul style="list-style-type: none"> No victim advocates. No coordinated efforts to change community norms or navigate between these and customary systems of justice.
	Rwanda	<ul style="list-style-type: none"> Active civil society with national programs to mobilize communities for zero tolerance. Victim advocates at the community level. 	<ul style="list-style-type: none"> Lack of human resources and funding. Lack of interest in community mobilization shown by donors.
	South Africa	<ul style="list-style-type: none"> National government program to engage traditional leaders and link the traditional and criminal justice systems. Strong civil society leadership. 	

ZERO TOLERANCE PILLAR	COUNTRY	SUCSESSES	OBSTACLES
#6 Mass Media	Ghana	<ul style="list-style-type: none"> Government ministries involved in mass media campaigns and providing targeted information to rural areas. Some reporting on VAW/G and VAC in major newspapers. Observation of 16 Days of Activism Against Gender Violence. Journalist trainings undertaken by civil society. 	<ul style="list-style-type: none"> Mass media campaigns not integrating related issues into one comprehensive set of messages.
	Rwanda	<ul style="list-style-type: none"> Journalist trainings by NGOs. 16 Days of Activism Against Gender Violence observed. Civil society efforts to fill in gaps left by government. 	<ul style="list-style-type: none"> Government ministries not regularly or critically involved. Air time for awareness-raising programs must be paid for, prohibiting civil society from engaging. Lack of diverse media outlets limits opportunities for mass media outreach.
	South Africa	<ul style="list-style-type: none"> Strong and diverse civil society activities to promote social change. Targeted messaging combined with appropriate services. Journalist trainings. Sufficient access to media outlets to enable civil society's participation. 16 Days of Activism Against Gender Violence observed. Government involvement and partnership with civil society and the private sector. 	<ul style="list-style-type: none"> Emphasis on media campaigns risks obviating the need for more intensive primary prevention activities. Lack of monitoring and evaluation to ensure that mass media programming is effective in changing behavior and social norms.

ZERO TOLERANCE PILLAR	COUNTRY	SUCSESSES	OBSTACLES
#7 Breaking the Cycle	Ghana	<ul style="list-style-type: none"> Vocational and literacy training available. Microcredit programs to assist women in achieving economic independence. Some shelters for both women and children, run largely by NGOs. Volunteer trauma counselors in place. 	<ul style="list-style-type: none"> Lack of sensitization efforts with men to ensure that women's newfound economic independence does not lead to increased violence. No state-run national shelter system for abused women. Harmful cultural norms that stigmatize rather than protect abused women and children. Lack of professionalized psychosocial care available nationally and governed by the Ministry of Health.
	Rwanda	<ul style="list-style-type: none"> Shelters to be supported by Round 7 Global Fund proposal, but funds not yet disbursed and proposed shelters not scaled up. Some income generation and microcredit activities by NGOs. Some efforts to train lay trauma counselors. 	<ul style="list-style-type: none"> No shelters or safe-houses. Lack of comprehensive, coordinated efforts to address the socio-cultural and economic root causes of violence. No national psychosocial services.
	South Africa	<ul style="list-style-type: none"> Maintenance Act provides some financial support for single mothers. Some short-term shelters run by NGOs. 	<ul style="list-style-type: none"> No national system of psychosocial care. Lack of State commitment to providing full package of services to survivors of all forms of violence. No national crisis shelter system.

REFERENCES

-
- ¹ UNAIDS, *2007 Epidemic update* (2007), at 8. Available at <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>.
- ² The Global Coalition on Women and AIDS, *Stop violence against women, fight AIDS*. Available at <http://womenandaids.unaids.org/themes/docs/UNAIDS%20VAW%20Brief.pdf>.
- ³ UNAIDS, *2007 Sub-Saharan Africa AIDS epidemic update, regional summary*, at 21. Available at <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>.
- ⁴ Nerquaye-Tetteh, Joana, *Violence against Women and Children in Ghana* (June 2008), at 2. Available at <http://www.globalaidsalliance.org/index.php/1003>.
- ⁵ Ibid, at 4.
- ⁶ UNAIDS, *2007 Sub-Saharan Africa AIDS epidemic update, regional summary*, at 17.
- ⁷ Balikungeri, Mary, *Zero Tolerance: HIV/AIDS and Gender-based Violence in Rwanda* (June 2008), at 1. Available at <http://www.globalaidsalliance.org/index.php/1003>.
- ⁸ UNAIDS, *2007 Sub-Saharan Africa AIDS epidemic update, regional summary*, at 3.
- ⁹ Fuller et al, *South Africa: Violence against Women and Girls and HIV/AIDS* (June 2008), at 2. Available at <http://www.globalaidsalliance.org/index.php/1003>.
- ¹⁰ UNFPA, *State of World Population 2005* (2005), at 67. Available at: <http://www.unfpa.org/publications/detail.cfm?ID=248&filterListType=>.
- ¹¹ World Health Organization (WHO), *Multi-country study on women's health and domestic violence against women* (2006), at 51. Available at http://www.who.int/gender/violence/who_multicountry_study/en.
- ¹² UNICEF, *Child protection information sheet: Violence against children* (2006), at 5. Available at http://www.unicef.org/publications/files/Child_Protection_Information_Sheets.pdf.
- ¹³ UNAIDS, *2007 Epidemic update* (2007), at 8. Available at <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>.
- ¹⁴ Koenig, Michael et al. "Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda," in *International Family Planning Perspectives*, Vol. 30, No. 4 (December 2004), at 156. Available at <http://www.guttmacher.org/pubs/journals/3015604.pdf>.
- ¹⁵ Ibid, at 157.
- ¹⁶ Ogden, Jessica and Laura Nyblade, *Common at its core: HIV-related stigma across contexts* (2005). Available at <http://www.icrw.org>.
- ¹⁷ The Global Coalition on Women and AIDS, *Stop violence against women, fight AIDS*. Available at <http://womenandaids.unaids.org/themes/docs/UNAIDS%20VAW%20Brief.pdf>.
- ¹⁸ UNFPA 2005, at 65.
- ¹⁹ WHO, *World report on violence and health* (2002), at 158-9. Available at http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/index.html.
- ²⁰ MOWAC, *Ghana's Report to the 52nd Meeting of the UN Commission on the Status of Women* (November 2007).
- ²¹ Fuller et al, 2008.
- ²² For example, see United Nations Human Rights Council (UNHRC), *Report of the Special Rapporteur on violence against women, its causes and consequences, Yakin Ertürk, Addendum, Mission to Ghana* (A/HRC/7/6/Add.3, February 2008). Available at <http://huachen.org/english/bodies/hrcouncil/docs/7session/A.HRC.7.6.Add.3.doc>.

-
- ²³ Tripp, Aili Mari, "Women's movements, customary law and land rights in Africa: The case of Uganda" in *African Studies Quarterly*, Vol. 7, Issue 4 (2004). Available at <http://www.africa.ufl.edu/asq/v7/v7i4a1.htm>.
- ²⁴ UN Division for the Advancement of Women, *The Secretary-General's In-depth Study on All Forms of Violence against Women* (2007), at 89. Available at <http://www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm#more>.
- ²⁵ Ibid.
- ²⁶ International Center for Research on Women, *New insights on preventing child marriage: A global analysis of factors and programs* (2007), at 8-13. Available at <http://www.icrw.org/docs/2007-new-insights-preventing-child-marriage.pdf>.
- ²⁷ UNHRC (2008).
- ²⁸ Nerquaye-Tetteh, 2008, at 13.
- ²⁹ Ibid at 14.
- ³⁰ Balikungeri 2008, at 7-8.
- ³¹ Fuller et al (2008), at 7.
- ³² Nerquaye-Tetteh (2008), at 14.
- ³³ *Rwanda Round 7 Proposal Form*, submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Available at www.theglobalfund.org/en.
- ³⁴ Fuller et al (2008), at 9.
- ³⁵ Global Campaign for Education, *Learning to Survive: How education would save millions of young people from HIV/AIDS* (June 2004), at 4. Available at <http://www.campaignforeducation.org/resources/Apr2004/Learning%20to%20Survive%20final%202604.pdf>.
- ³⁶ Nerquaye-Tetteh (2008), at 15.
- ³⁷ Ibid.
- ³⁸ UNICEF South Africa, *Impact on Children: Care and Support for Orphans and Vulnerable Children*. Available at http://www.unicef.org/southafrica/reallives_2803.html. Accessed June 27, 2008.
- ³⁹ Barker, Gary; Ricardo, Christine; and Nascimento, Marco; *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions*. World Health Organization. 2007.
- ⁴⁰ UNESCO, *Global Monitoring Report 2006 – Literacy for Life* (2006), at 30-31. Available at http://portal.unesco.org/education/en/ev.php-URL_ID=43283&URL_DO=DO_TOPIC&URL_SECTION=201.html.