

OPEN PLAN

Protection from Violence
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Bringing hearts and minds
together for children



EDITORIAL

Bringing you research and evaluation studies from across the organisation, the theme of this edition of *OPENPlan* is protection from violence, one of Plan International's Areas of Global Distinctiveness. This issue has a strong focus on gender-based violence and child protection, and the services that exist to support survivors.

Using qualitative and quantitative research methods in the Central African Republic, the first study addresses the specific GBV risks girls and boys face, focusing on their perceptions of GBV, as well as the difficulties of accessing basic services in the context of conflict and transition. The research looked at all forms of GBV, including early and/or forced marriage and female circumcision. The report makes a series of key recommendations and concludes that restoring a protective environment around young people is vital for reducing incidents of GBV.

The second study takes us to Cambodia for an end of project evaluation of a programme designed to reduce violence against children, with a key objective of helping children become active citizens in their own protection and in the realisation of their rights. The evaluation report identified several successful outcomes from the project, including a Child Friendly Police Manual which has been integrated into the Police Training Academy of Cambodia.

The third research report used literature reviews and key informant interviews to look at legal frameworks and government investment in prevention and response programmes for sexual violence against children and adolescents in El Salvador. Workshops with adolescents explored what they understood about sexual violence. Another workshop with adolescent survivors of sexual violence evaluated psychological support programmes and addressed barriers faced in accessing these services.

The final study was commissioned by Plan International and researched and written by MSc students from the London School of Economics and Political Science. They conducted a desk-based literature review and interviews with key informants to explore international guidelines and types of interventions that exist to address mental health issues in survivors of GBV. The study also looked at barriers to the successful implementation of interventions.

We hope you find this issue of *OPENPlan* insightful. Please contact the MERL team at Global Hub if you have any exciting research reports or evaluations that you would like to see featured in future editions!

Joanna Wolfarth, Research Manager, Plan International Global Hub

YOUTH PERCEPTIONS OF GENDER-BASED VIOLENCE IN THE CENTRAL AFRICAN REPUBLIC

Full report by Julie Bodin, with Plan International Bossangoa

CONTEXT

In 2017, United Nations Office for the Coordination of Humanitarian Affairs stated that "the Central African Republic is going through a deep and complex crisis, with considerable humanitarian consequences". The impact of instability on the social fabric weakened the protective framework around children and young people. A lack of even basic education and health services mean young people are faced with major challenges to integrate into their own society, socially, civilly and economically.

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Between January and April 2017, 3,287 cases of gender-based violence (GBV) were recorded, 581 of which were cases of sexual violence. According to a United Nations Population Fund report, in 2015 96% of all GBV survivors in CAR were women, 36% of whom were girls. These crimes include rape, gang rape, forced marriage, exploitation, sexual slavery and female genital mutilation. In addition, prostitution, survival sex and the increase in incidents of domestic violence have been identified as major consequences of chronic conflict on women and girls. The complexity of the context seems to blur the boundaries between harmful traditional practices (FGM, early and forced marriage, witchcraft) and acts related to conflict and emergency.



Children on their way home after school in the capital Bangui.

(© Plan International / Photographer: Ina Thiam)

PURPOSE OF THE RESEARCH

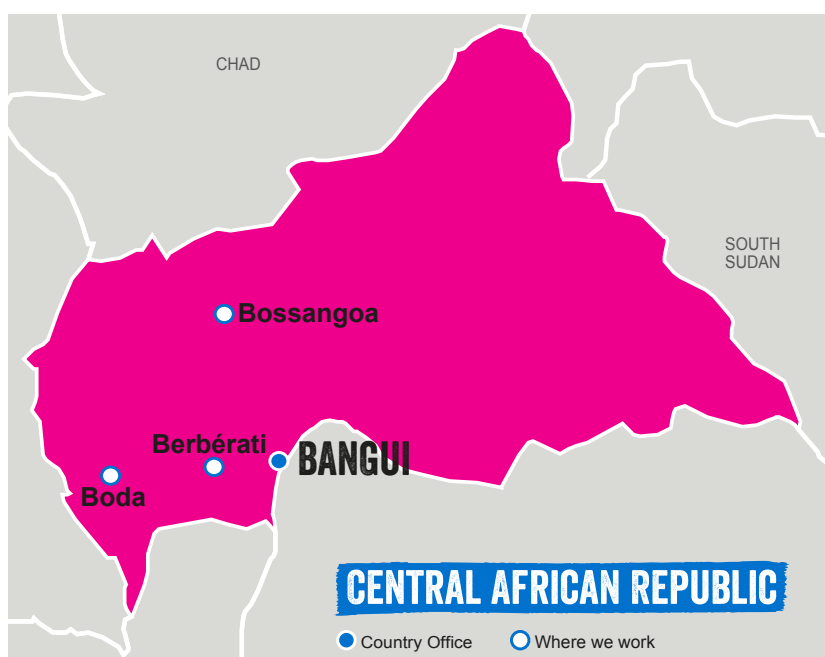
Data already existed on the prevalence of certain forms of GBV, as well as on the attitudes of men and women around gender and GBV. However, this study addressed gaps in understanding the specific risks that girls and boys face in respect of gender-based violence. The research therefore focused on girls' and boys' perceptions of GBV, as well as the difficulties they face in accessing basic services in the context of conflict and transition.

RESEARCH QUESTIONS

- What are girls' and boys' perceptions of GBV? What forms of GBV are girls and boys exposed to, and what are the factors, triggers and consequences?
- At the individual, family, community and national levels, what are the actions, mechanisms and resources that prevent or respond to the problem of GBV and are they accessible?
- What additional measures can be taken at the individual, family, community and prefectural levels to strengthen the protection of adolescents and young people against GBV? How can local leaders, governments and humanitarian actors support these actions?

METHODOLOGY

The research employed a mixed-methods approach using quantitative and qualitative data. Firstly, a desk review of reports and documentation and a comprehensive literature review were carried out. A quantitative survey was administered to 128 young people aged between 15 and 24 years old (32 girls age 15-19; 32 young women aged 20-24; 32 boys aged 15-19; 32 young men 20-24 (32 girls age 15-19; 32 young women aged 20-24; 32 boys aged 15-19; 32 young men 20-24). The team used the 'route method' where data collectors approach young people at one of the locations chosen to ensure representativeness between socio-economic groups.



Focus Group Discussions with young people explored their perceptions of GBV, access to services and prospects for improving services and prevention. Twenty focus group discussions were carried out with young people. Eight one-to-one interviews were carried out with parents on their general perceptions of GBV. The team also carried out 14 individual interviews with customary and/or local authorities as well as with public health, psychosocial, protection (social affairs), judicial and security services in the targeted areas.

Four areas were targeted, namely Bossangoa and Léré/Bouca and Bobo. This represents two cities and two villages in some of the areas where Plan International's child protection teams have been implementing prevention and response programmes against GBV.

ETHICS

In order to meet ethical standards data collectors were trained in GBV and women investigators led women's groups. For sensitive subjects such as rape, the team ensured complete gender separation. Based on experiences from previous projects, the team adapted their methods to avoid over-representation of men in focus groups by separating them by gender and ensured data collection didn't infer with women's employment.

FINDINGS

The research found that the four years of conflict have profoundly shaken family, social and community structures. Violence, impunity, GBV, and the collapse of traditional values have distorted the evolution and perspectives of communities, especially the education of young people as they move towards adulthood.

Young People's Perceptions

Overall, it was found that young women and men in different age groups (15-19 and 20-24) have a satisfactory understanding of GBV. The themes of early marriage and denial of resources were the least well understood, but young people have a better understanding of these issues than their parents. For many young people, this research was the first time they were able to discuss GBV; 63% of young people had never discussed the subject with someone in their family or community and 70% of girls and 56% of boys had never discussed GBV at all.

Young people identified the problems of GBV within their own communities, with rape by community members representing what they thought was the most common form of GBV (19%), followed by survival prostitution (16%), early marriage (16%) and forced marriage following a GBV incident (14%).

Young men surveyed did not consider themselves part of the problem. In focus group discussions young people said perpetrators are often under the influence of drugs or alcohol and are therefore unashamed of their behaviour. They believed that rape has increased since the armed conflict and also blamed the increase in rape on parents for not educating their children on morality or for using them to earn money via survival prostitution or forced marriage.

The culture of impunity and the urgent need to reinstate criminal sanctions were mentioned by all interviewees. The adolescents reported feeling that community leaders are unable to oppose members of armed groups, and this leaves girls feeling insecure as they are constantly exposed to the threat of malicious men in the community. The young boys confirmed the girls' comments by explaining that many young people participate in collective rapes. The young people reported that fear of reprisals and protecting the family reputation means parents of rape victims will not report GBV incidents to the police or gendarmerie.

Both young men and women – especially in the 15-19 age category – had a good awareness of the negative consequences of female genital mutilation. The young women explained that FGM continues because they want to avoid name-calling and social stigma and to respect the traditions of the community. Today the main challenge is getting community elders and parents to change their perceptions on female circumcision.

“Before, we thought excision was a good thing but we know that today it is very dangerous for our health”

Adolescents defined early marriage as a union decided by the parents, without the consent of the children and often for economic reasons, which affects young boys as well as girls. The research indicated that adolescents are aware of the risks of getting married and having children at a young age. The research suggested that adolescents also see positive aspects to marriage. 60% of young people aged 15-19 surveyed believe marriage offers protection against GBV and allows them to avoid the influence of armed groups. Some young people also recognised marriage as being important as a form of social protection.



Girl on her way home after school in the capital Bangui.

(© Plan International / Photographer: Ina Thiam)

“When you get married too young, often you will stop going to school to take care of the home and the field. I prefer to wait and go to school”

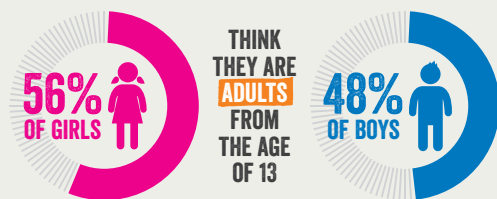
“When you're too young, you often lack the means to treat the baby in cases of illness”

“When you're married you have social status and you have a place in community decisions. You're helping your parents and your family.”

Social and economic factors were also seen as factors that lead girls to engage in survival prostitution, which young people defined as family members pushing their daughter into prostitution so they can contribute to the household income. Survival prostitution is viewed as a predominantly female phenomenon; no cases of male prostitution were reported during the study. The research also shows that women who head households or who have been abandoned by their husbands regularly resort to survival prostitution to feed their children.

The failure of caregivers to respect medical confidentiality is also a real problem for young people because they know that disclosure could mean rejection in their community. If they do report GBV incidents to healthcare actors, the young people felt they were poorly received or stigmatised.

SNAPSHOT OF YOUNG PEOPLE'S PERSPECTIVES



THE 15-19 AGE GROUP ARE ALSO BETTER INFORMED THAN THE 20-24 YEAR OLDS, POSSIBLY BECAUSE OF AWARENESS-RAISING PROGRAMMES ALREADY ACTIVE IN THE AREA



ACCORDING TO YOUNG PEOPLE THE FIRST POINT OF CALL IN RESPONSE TO AN INCIDENT OF GBV ARE »



Parents' Perceptions of GBV

Parents in this study defined GBV as rape, physical assault, harassment, unwanted pregnancy or prostitution. Only a small percentage of parents identified early and/or forced marriage and female circumcision as forms of GBV. They agreed that GBV has increased since the start of the conflict and reported that they feel a sense of helplessness in the face of their children's changed behaviour. The fracturing of communities and the family unit means parents felt less able to transmit civic values or conduct the rites of passage that help the transition from childhood to adulthood. Parents also viewed marriage as a means of protection, especially for girls.

"Before the crisis, young people were respectful, but now they don't respect anyone anymore"

"Today, we try to protect children with the little advice we can give them. But they no longer listen, and there is the challenge of the influence of armed groups. And there's nothing we can do about it right now"

Parents, aware of the challenges of restructuring their communities, suggested that schools should talk about GBV and there should be more vocational training for young people. They also stressed the importance of the gendarmerie and police punishing perpetrators of crimes, so that the community can once again live in safety.

Perceptions of Community Leaders

The research suggests that community leaders associate GBV with violence against a woman by a man, harassment and rape. At no time in the study did they mention harmful traditional practices. Like parents, community leaders believe that GBV has worsened with the crisis. They also believe that young people have changed their behaviour and that they no longer respect parents and community values and rules as before.

Community leaders demonstrated a good knowledge of NGOs and networks that were trying to take action with local people. But for them, this seems insufficient to change things. They also identified the restoration of educational and civic institutions, such as youth centres and churches, as key drivers for positive change.

Views from Psychosocial and Preventive Services

Psychosocial services are only partially available in village communities. Psychosocial agents explained that even when young people access services it takes a long time for them to fully engage. In addition, young people do not always perceive the value of psychosocial care and often expect something material at the end of the meeting.

RECOMMENDATIONS

The report made the following key recommendations:

For Plan International

- Establish spaces for dialogue to fill the gap in terms of access to information on GBV and provide youth with opportunities to discuss those sensitive topics in a safe environment
- Reflect on the need to take a closer look at traditional practices in Central African society to understand their influence on the way youth and community members perceive GBV against youth
- Develop community-based approaches, as well as complaint and alert mechanisms that community members can manage themselves to prevent and respond to GBV incidents.
- Develop an awareness strategy to increase the opportunities to discuss GBV with girls and boys as well as with adults in the community, highlighting the consequences of some forms of GBV such as Child Early and Forced Marriage.
- Consider 'life skills' support for young girls and boys to explain the importance of developing self-esteem and healthy relationships with others.
- Set up vocational training courses with local craftsmen to revive professional activities.
- Consider establishing mobile units to bring GBV services to communities which are hard to reach or unable to access centralised services.
- In collaboration with the GBV cluster, consolidate a coordination mechanism which takes into consideration community-based structures and focal points.
- Work with representatives of the Ministry of Social Affairs and Family to raise awareness on their mandate at community level.
- Encourage the Ministry of Social Affairs and Family to take responsibility for organising monthly case management meetings, with the focal points of various public services and NGO operating in the fields of health, protection, psychosocial, legal.

For the humanitarian community

- Consider taking preventive actions to help change behaviour and traditional practices related to perceptions of GBV.
- Consider increasing prevention interventions that explain to young people, parents, communities and public services the consequences of conflict on youth development.
- Consider advocating for the establishment of community policing and mobile courts to bring justice to villages where no law enforcement is currently deployed and to foster constructive community dialogue.
- Encourage young people and authorities to conduct advocacy activities to denounce impunity.
- In collaboration with the Ministry of Health and UNFPA, establish sexual and reproductive health prevention services to support young people to adopt responsible sexual behaviors.

Governmental Authorities

- Consider implementing youth-friendly policies to encourage youth to use available services, especially health ones.
- In collaboration with humanitarian actors, strengthen referral mechanisms and systems to make it possible for girls and boys to access community services in a timely manner.
- Implement a strategy for the redeployment of state services in the territory, with a view to carrying out preventive actions and responding to the basic needs of young girl and boy survivors, including the fight against impunity.



Children receive sports kit during distribution at refurbished school in Bossangoa.

(© Plan International / Photographer: Ina Thiam)

CONCLUSIONS

The study concluded that restoring a protective environment around young people, as well as the role of the family, is vital for the future of the younger generations. The involvement of young people in this transition process would enable them to become the actors of change they want to see appear. Young people expressed the need to be listened to and advised by role models that could inspire them. Simple programmes could profoundly influence attitudes, although security, financial and material conditions are still precarious. New civic and educational programmes should be established to support young people in the construction of their identity, the management of their emotion, and above all the strengthening of their resilience to resist the destructive influences of conflict and the deconstruction of societal ties.

USE OF THE FINDINGS

Plan International Central African Republic have been using the recommendations when designing new GBV projects and their overall GBV response strategy has been improved based on the research's recommendations. For example, they have initiated mobile units to provide GBV prevention and response services in hard to reach communities. They are also building the capacity of service providers on adolescent-friendly services and have worked to improve their life skills interventions through developing a curriculum that tackles youth perceptions on GBV and other gaps highlighted by the study.

The full research report can be accessed in the programme library [here](#).

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REDUCING VIOLENCE AGAINST CHILDREN IN CAMBODIA

END OF PROJECT EVALUATION

Full report authored by Robin Mauney and Rachana Srun,
in collaboration with Plan International Cambodia and Plan
International Sweden.

Article Joanna Wolfarth

In 2015, Plan International Cambodia, through Plan International Sweden, was awarded a three- and half-year grant from the Swedish International Development Cooperation Agency (SIDA), to fund the 'reducing child poverty through the promotion of children's active citizenship' project. The project was part of a global framework agreement with SIDA's unit for support through civil society (SIDA Civsam) which aims to contribute to an active, vibrant and dynamic civil society, which serves to promote and protect children's rights.

Prey*, 8, reads her schoolbook in her corrugated iron hut (Cambodia).

(©Plan International / Photographer: Karoliina Paato)

*Name has been changed to protect identity

BACKGROUND: VIOLENCE AGAINST CHILDREN IN CAMBODIA

In 2013, the Cambodia Violence Against Children Survey, conducted by the Ministry of Women's Affairs (MoWA) with the support of UNICEF, found that half of all children in Cambodia had experienced physical violence, with approximately five percent experiencing sexual violence. Overall, 60% of children had experienced at least one form of violence (physical, emotional or sexual).¹ Additionally, the 'Real Choices, Real Lives' cohort study by Plan International, published in 2017, suggested that poverty is a push factor to child's rights violence.²

A baseline study, conducted in 2015 by Plan International Cambodia, found that a lack of accessible child protection services at the local level presented a serious challenge to addressing the problems of violence towards children. This was further compounded by the absence of a national child protection system framework to coordinate government and NGO efforts. Moreover, the lack of an approved National Child Protection Policy in Cambodia impacts the implementation of child protection systems at every level.

OVERVIEW OF THE PROJECT

This project took a comprehensive approach to responding to these issues. The overall objective was for children and adolescents aged 6 to 17 to be active citizens in their own protection and in the realisation of their rights, with support from family, local community leaders and school officials.

To support this objective **four sub-objectives** were identified:

01

STRENGTHEN THE NATIONAL CHILD PROTECTION SYSTEM, WITH A FOCUS ON THE JUSTICE SYSTEM.

02

CREATE 241 GROUPS IN COMMUNITIES AND SCHOOLS TO ACTIVELY PREVENT, INTERVENE AND MAKE REFERRALS IN CASES OF VIOLENCE AGAINST CHILDREN (VAC).

03

HAVE 1500 CHILDREN ATTEND CHILD CLUBS, WHERE THEY CAN HOLD THE GOVERNMENT TO ACCOUNT VIA CHILD AND YOUTH LED NETWORKS AND FORUMS.

04

INCREASE CAPACITY OF CIVIL SOCIETY ORGANISATIONS TO HOLD THE GOVERNMENT TO ACCOUNT WITH REGARDS TO CHILD RIGHTS AND ELIMINATING VAC.

The project was implemented in seven target districts: Veunsai in Ratanakiri province, Damabe and Ponhea Krek in Tboung Khmum province, and Banteay Srei, Srei Snam, Angkor Thom and Angkor Chum in Siem Reap province, as well as in eight other provinces and in the capital, Phnom Penh.

ETHICAL CONSIDERATIONS

The researchers were provided with training in child protection and child-friendly interviewing methodologies. Researchers got informed consent from all participants and ensured their anonymity. This consent was obtained verbally because of low levels of literacy in Cambodia and the fear people may have of recording their names.

PURPOSE AND METHODOLOGY

The End of Project (EOP) Evaluation Report was published in June 2018 and assessed the outcomes and impact of the project, including its relevance, effectiveness, efficiency, impact and sustainability.

The methodology for the end of project evaluation followed a standard evaluation process. It evaluated the progress against the planned results using reported program data and validated through input from key stakeholders at various levels. The researchers employed a mixed-methods methodology, consisting of a review of project reports and collection of primary data through field visits using key informant interviews, focus group discussions and an on-line survey. A purposive sampling strategy was employed that identified key informants that could answer the research questions.

A total of 207 people (116 male; 91 female) were interviewed. This included: local authorities, parents and caregivers, members of child clubs, village chiefs, provincial criminal justice units, judicial police and commune legal counsellors and persons that had used the services of the Commune Legal Counsellors. At the national level, researchers interviewed key NGOs, child networks, relevant Ministries, and UN agencies (UNICEF).

For the EOP evaluation, site visits were made to each province (Ratanakiri, Tboung Khmum, and Siem Reap). Two districts and one commune were selected in Tboung Khmum and Siem Reap provinces, and one district in Ratanakiri province for in-depth data collection.

1. UNICEF Cambodia, Findings from Cambodia's Violence Against Children Survey, Phnom Penh, 2013

2. Lilia Harris, 'Girls' Experience of Violence', Plan International UK, 24th Nov 2017, [<https://plan-uk.org/blogs/girls-experiences-of-violence>] accessed 14th November 2019.



Children from rural villages in Siem Reap Province (Cambodia).
(©Plan International / Stephan Rumpf)

A SNAPSHOT OF THE KEY FINDINGS

Overall, the EOP Evaluation concluded that the project was highly relevant to the current context of child protection in Cambodia and eliminating violence against children, as well as in line with government and civil society strategies to address the issue.

The Community Based Child Protection Mechanism – the Family Protection Network - was found to promote the prevention of violence against children and gender-based violence. Anecdotal evidence shows that violence against women and children was reduced by participation Parenting Groups.

The project tackled gender inequality by encouraging the participation of boys and girls and men and women at all levels and addressing inequitable social norms that lead to tolerating violence against children and women.

The project also successfully developed a Child Friendly Police Manual that has been integrated into the Police Training Academy of Cambodia with over 1000 officers trained to date. At the local level, Police Posts in target areas have been provided with resources for child friendly policing, such as separate rooms, toys and informational posters and guides.

- The Child Friendly Policing Model is showing promise at changing behaviours of the police and providing more effective interventions with children.
- Community members are satisfied with the intervention and the services provided by Commune Legal Counsellors. The Commune Committee for Women and Children (CCWC) Focal Points highly appreciated the capacity building they received.
- The Child Clubs' members increased understanding of their rights.
- NGOs working to end violence against children have increased their expertise on elimination of violence, promoting child participation and monitoring and advocacy.
- New relationships have been developed through networking opportunities and organisations have a stronger voice to advocate and influence policies from the subnational to the regional level.
- Challenging gender norms that tolerate violence against women and children was at the heart of the intervention.
- The project promoted social inclusion, encouraging participation of children living in poverty, children with disabilities and children in ethnic minorities.

During the assessment no negative impacts were identified by the evaluators. The following are a selection of the key positive impacts of the project:

Between the first and second years of the project, the number of child protection cases reported in target areas increased (2016: 141; 2017 386). The increase has been attributed to more cases coming to the attention of the authorities thanks to improved reporting and referral mechanisms.

Changes in attitude; child protection issues are now recognised as a social concern rather than an individual family problem.

Children better understand and report community-level child protection issues to the local authorities.

Children are working together collaboratively from sub-national to the national levels to form a common voice.

RECOMMENDATIONS

The EOP report recommended that Plan International Cambodia continues to support the Royal Government of Cambodia (RGC) to approve and implement a National Child Protection Law and National Policy on Child Protection System and extend Child Friendly Policing training to all relevant police officers. For effective child participation in realising their rights, the report recommends continuing to support child clubs and building members deeper understanding of child protection issues, specifically the way gender and social inclusion contribute to violence and discrimination, and challenge duty bearers at provincial and national levels to institutionalise mechanisms to include children's voices in their planning processes.

USE OF THE FINDINGS

The findings from this evaluation are being used in Plan International Cambodia's current work with local NGO partners to address VAC. Together, they are working at grassroots level to strengthen the Child Protection Mechanism in villages and communes, enabling local authorities to fulfil their role and responsibility in responding to all cases of VAC. They are also working to ensure that all police officers in their target provinces receive Child-Friendly Police training. Additionally, Plan International Cambodia are continuing to support the Cambodia National Council for Children to lead and develop a Child Protection Law.

The full evaluation report can be accessed in the programme library [here](#).



Lem La, 39, takes her daughter to school on the back of her bicycle (Cambodia).

(©Plan International / Photographer: Karoliina Paatos)

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Sailing to school (El Salvador).
(©Irving Alfredo & Sánchez Marroquín)

STUDY SEXUAL VIOLENCE AGAINST CHILDREN AND ADOLESCENTS IN EL SALVADOR:

LEGAL FRAMEWORK AND GOVERNMENT INVESTMENT IN PREVENTION AND RESPONSE PROGRAMMES

Full report authored by Plan International El Salvador in collaboration with FESPAD, Alianza por los Derechos de la Niñez and Adolescencia y Juventud de El Salvador

Article by Ilenia de Marino

OVERVIEW AND PURPOSE

This study was carried out by the *Alianza por los Derechos de la Niñez, Adolescencia y Juventud* (La Alianza) in El Salvador in 2016, with the support of Plan International and the *Fundación para la Aplicación del Derecho* (FESPAD).

The main objective of the study was to understand and analyse the different components and trends of government investment to tackle the issue of sexual violence affecting children and adolescents in El Salvador, especially through prevention and response programmes and the implementation of policies and laws. Public investment refers to the ways government spends money from taxes, grants and donations to fund and/or support infrastructures, services, projects, and programmes aiming at improving the quality of life.

The study analyses the investments of the Central government and five municipalities where Plan International and FESPAD are implementing programmes to prevent and respond to sexual violence against children and adolescents.

METHODOLOGY

The methodology used in the study was a mixture of qualitative and quantitative information. The sources were both primary, as relevant institutional actors were interviewed, and secondary, as budgets, minutes of meetings and reports were also used to inform the study.

The study also included three workshops as a source of information. Two of them were organised by *La Alianza* with adolescents who had not been victims of sexual violence. The third workshop was organised by the *Ministerio de la Salud* (Ministry of Health), with adolescents who had experienced sexual violence. The age group of the participants was 13 to 18 years old.

The workshops were carried out by professionals in psychology, who applied ethical criteria to safeguard the integrity of the people involved during in the implementation of the project. Plan International Research policy and Standards and Child Protection policy were also followed, and consent was gained from children, adolescents and their caregivers where necessary.

LIMITATIONS

The main limitation is that the investment data was not reliable. In many cases, the target of these investments is either the prevention and response to violence in general or to sexual violence against men and women. Moreover, most of the institutions approached for this study did not provide any monetary information on their direct and/or indirect investments made to address the specific issue of sexual violence against children and adolescents.

BACKGROUND

Sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (WHO)

In El Salvador, sexual violence is, by law, a criminal offence but, due to the patriarchal culture, it is often socially accepted and justified. This type of violence is the result of the unbalanced power relations between men and women. The figures of cases of sexual violence against children, especially young and adolescent girls, are alarming.

El Salvador ratified both the Convention on the Rights of the Child (UNCRC) and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, known as the Convention



Girl on a swing ride (El Salvador).

(©Plan International / Wilton Castillo)

of Belém do Pará. At national level, in 2009, it also ratified the *Ley de Protección Integral de la Niñez y la Adolescencia* (LEPINA), which provides guidelines to create institutions and implement public policies aimed at protecting children.

From a legal point of view, it is also worth mentioning the *Ley Especial Integral para una Vida Libre de Violencia para las Mujeres* (LEIV) because it defines women as legal subjects during the whole cycle of their lives, therefore recognising that they can be victims of violence at any age, including as young girls.

LEPINA

The LEPINA was approved in 2009 but it only came into effect in January 2011. The objective of this law is to ensure the promotion, protection and enjoyment of children and adolescents' rights by creating a national protection system (*Sistema Nacional de Protección Integral de la Niñez y de la Adolescencia [PNPNA]*) comprised of private and public institutions which offer services for children and adolescents.

In addition to defining the role and responsibilities of the government and other institutions, the LEPINA puts in place a very important protection framework which recognises first and foremost the right to personal integrity, including physical, moral, emotional and sexual integrity. It is the duty of family, government and society to ensure that children and adolescents are protected from any type of abuse and violence.

Furthermore, the LEPINA provides guidelines for each municipality to create plans and strategies to protect children and adolescents, taking into consideration the social differences that can exist within this group. Under this provision, the *Consejo Nacional de la Niñez y de la Adolescencia* (CONNA) has been tasked to form the *Comités Locales de Derechos de la Niñez y de la Adolescencia* in each municipality.

Unfortunately, having laws in place does not necessarily translate into protection. This study takes into consideration data from various institutions, such as the *Fiscalía General de la República* (FGR), *la Policía Nacional Civil* (PNC), the Instituto de Medicina Legal (MIL), etc., between 2013 and 2017. The data confirms the high rate of incidents of sexual violence against children and adolescents but also shows an alarming trend: impunity. In fact, the number of cases investigated and made public are just a small percentage compared to the number of cases reported to the police. If we also consider that many victims prefer not to report sexual violence or abuse because of shame and fear of stigmatisation, the figures are even more alarming.

FINDINGS

Public Investment

DECENTRALISED INSTITUTIONS AND INSTITUTIONS OF THE CENTRAL GOVERNMENT

• Consejo Nacional de la Niñez y la Adolescencia (CONNA)

Main function: CONNA has both a planning and implementing function. Its main role is to coordinate the National Protection System and ensure the implementation of the PNPNA. The budget of the CONNA is divided into projects. Each project has its own objectives, plans and costs. As there are no projects directly targeting children and adolescents affected by sexual violence, it is difficult to establish the investments made. The figures are therefore an estimate.

Total Budget: 6,433,198 USD (2017)

Estimated Investment in sexual violence against children and adolescents: 943,000 USD (14.6%)

• Instituto Salvadoreño para el Desarrollo Integral de la Niñez y de la Adolescencia (ISNA)

Main function: ISNA is part of the Red de Atención Compartida (RAC) and its main function is to care for children and adolescents and respond to cases of emergency. In addition, its activities include the promotion and protection of human rights. The ISNA has funds to invest in services aimed at responding to violence in general, and it also directly invests in two projects targeting children and adolescents: one for those who are victims of sexual violence and another for victims of trafficking.

Total Budget for response to violence in general: 26,655,110 USD (2013-2017)

Estimated investment on sexual violence against children and adolescents: Plan de Atención Cambia Tu Vida 139,683 USD (2014-2017) – Albergue Regional para Víctimas de Trata 161,466 USD (2015-2017)

• Ministerio de la Salud (MINSAL)

Main function: MINSAL provides mainly medical care and, regarding sexual violence, its efforts are more focused on the effects of the violence rather than the causes. The data provided is, again, not reliable because of people struggling to admit and/or report cases of sexual violence.

Total Budget (annual average): 587,000,000 USD

Estimated annual investment in sexual abuse against children from 0 to 19: 2,500,000 USD (0.4%)

In 2013-2017, 66% of abuse was perpetrated against young and adolescent girls and women, and 34% against young and adolescent boys. The majority (74%) of survivors were aged 10-19 years old; 20% were aged between the 5 and 9; and 6% were under the age of 4. Just over half of the cases of abuse (54%) occurred in urban areas, where 62% of the population lives. Abuse therefore appears to be a bigger issue in rural areas, where 38% of the population lives, but just under half (46%) of reported abuse happens.

• Ministerio de la Educación (MINED)

Main function: the main task of MINED is to prevent and detect signs of sexual violence against children and adolescents. Specific actions are, for example, the revision of the educational curricula and the training of teachers. It is not possible to get precise figures on the investment in prevention and/or detection of specifically sexual violence against children and adolescents.

Total Budget: n/a

Investment in detection and prevention of violence against children and adolescents: 1,138,000 USD

INSTITUTIONS OF THE PUBLIC MINISTRY AND JUSTICE ADMINISTRATION

The Procuraduría General de la República (PGR), the Fiscalía General de la República (FGR), the Policía Nacional Civil (PNC) and the Consejo Nacional de la Judicatura (CNJ) did submit their budget and reports but, due to the lack of disaggregated data, it was almost impossible to estimate the level of investment made to fund interventions focussed on tackling sexual violence against children and adolescents. The Órgano Judicial was not able to submit any budget report or statistics due to their internal organisational system.

In terms of interventions and services, the PGR, through its various specialised units, has provided legal representation to children and adolescents whose rights have been violated and has responded to cases of sexual violence against women and young girls. With the support of external funds, it has also implemented projects directly related to sexual violence against children and adolescents.

In order to respond and care for the victims of crimes against sexual freedom, including children and adolescents, the FGR has 19 units with personnel specially trained to deal with these specific issues. The FGR does not have a preventive function but it works in collaboration with other institutions.

The PNC has two investigative units: one specialising in crimes against women and the other one specialising in crimes against men.

The CNJ, with the support of UNICEF, implemented a project with the objective of improving the capacities and competencies of staff working in the Juvenile Criminal Justice System.

The Órgano Judicial also put in place a series of interventions related to the prevention of sexual violence against children and adolescents. For example, it supported the creation of *Unidades de Atención a Víctimas en Crisis por Abuso Sexual (AVCAS)*, and organised information days about the LEPINA targeted at teachers, parents, students and education authorities.

DIRECT INVESTMENT PER INSTITUTION. 2013 - 2017

INSTITUTION	TOTAL AMOUNT* (US\$)	PERCENTAGE
MINSAL	12,591,703	91.9%
CONNA	943,000	6.9%
ISNA	139,683	1.0%
CNJ	32,250	0.2%
TOTAL	13,706,636	100.0%

Note: *Amount in million USD

LOCAL GOVERNMENTS

The municipalities included in the study are Tejutepeque, La Laguna, El Paraíso, Nueva Concepción and San Ramón. In order to prevent general violence, all five municipalities implement projects that involve the promotion of sports, educational and cultural activities, award scholarships and other activities targeting children and young people. The investment is, again, not disaggregated by type of violence nor by age group, therefore data from the municipalities is not reliable.

% OF TOTAL
BUDGET USED
FOR PROJECTS
TO PREVENT
VIOLENCE

MUNICIPALITY

The **municipality of Tejutepeque** has a Comité Local de Derechos de la Niñez, as established by the LEPINA. The meetings are an occasion to address issues affecting the local youth, detect and verify cases of violence within school and eventually report it to the appropriate authority. The monetary investment in interventions and services to prevent violence, which includes but it is not limited to sexual violence against children and adolescents, represents 27.1% of the total budget.

27.1%

The **municipality of La Laguna**, supported by the CONNA, has also created its own Comité Local de Derechos de la Niñez and it has designed a plan with three main components: socio-cultural, economic and environmental. Activities to prevent violence are implemented within these three components. The monetary investment in interventions and services to prevent violence, which includes but it is not limited to sexual violence against children and adolescents, represents the 13.4% of the total budget.

13.4%

The Comité Local de Derechos de la Niñez has also been created by the CONNA in the **municipality of Nueva Concepción**. The monetary investment in projects, interventions and services to prevent violence, which includes but it is not limited to sexual violence against children and adolescents, represents the 6.3% of the total budget.

6.3%

The **municipality of El Paraíso** does not have a Comité Local de Derechos de la Niñez and did not submit any budget report or statistic. It does implement interventions and services to prevent violence but does not have specific projects targeting children and adolescents at risk or victims of sexual violence.

DID NOT
SUBMIT
BUDGET
REPORT

The **municipality of San Ramón** has a Comité Local de Derechos de la Niñez, which meet twice a week to address issues affecting local youth, detect and verify cases of violence within school and eventually report it to the appropriate authority. It does implement interventions and services to prevent violence but does not have specific projects targeting children and adolescents at risk or victims of sexual violence. The municipality did not submit any budget report or statistics.

DID NOT
SUBMIT
BUDGET
REPORT

WORKSHOPS

The experiences of the adolescents involved in the workshops demonstrates what works and what doesn't in public policies and programmes addressing the issue of sexual violence against children and adolescents.

One of the objectives of the three workshops was to find out to what extent adolescents can recognise and detect signs of sexual violence. The study shows that adolescent girls are more likely to use their experience as an example or to make general statements, while boys seem to use examples of cases of violence which have not directly involved them but which they have witnessed or that they know of.

The adolescents reported that they:

- Consider sexual violence as something to be ashamed of and therefore difficult to talk about.
- Do not trust the institutions in terms of responding to sexual violence
- Cannot identify specific educational projects about sexual violence, but
- Recognise the effort made by NGOs and external actors to address this issue.

The objective of the workshop organised by MINSAL involving adolescent girls who had been victims of sexual violence was to find out to what extent the psychological support programmes are known and useful.

The adolescent girls reported that they:

- Feel pain, shame and fear when talking about the violence they experienced.
- First confided in close family and/or friends to report the violence.
- Are aware of their right to press charges.
- Give positive feedback about the staff of the institutions they reported the violence to, such as FGR, PNC, health units, hospital, Ciudad Mujer.
- Recognise the importance and the relieving effect of the psychological support.

On this last point, the results of the workshops found that psychological support is essential for the adolescents to help them build coping and resilience mechanisms, in order to accept or at least deal with the violence they experienced. The girls involved in the MINSAL workshop were still in the phase of shame and fear and this suggests that psychological support needs to be an on-going process in order to benefit the mental health of the victims.



Yo puedo (I can) (El Salvador).
(©Dorian Marín)

CONCLUSIONS

- Sexual violence affects young and adolescent girls and women in particular. There are cases of male victims, but they are limited.
- Sexual violence against children and adolescents is normalised and justified by the society in El Salvador.
- Despite improved laws and public policies and the interest of public institutions in tackling this issue, there are no projects or interventions specifically aimed at preventing and/or responding to sexual violence against children and adolescents.
- The municipalities included in the study only implement projects and interventions which prevent social violence.
- According to the study, between 2013 and 2017 the Central Government had invested about 13.7 million USD, which represents the 0.5% of the total national budget.

RECOMMENDATIONS

- Carrying out permanent campaigns to raise awareness on the issue and to encourage victims to report the violence.
- Building budgets that clearly show the investments on interventions aimed at preventing and responding to sexual violence against children and adolescents in order to measure the impact and evaluate the results.
- Use holistic approaches with a focus on gender, inclusion and human rights in order to involve various government departments that can directly and indirectly contribute to the prevention and response to sexual violence.

This research is summarised from the full research report, which can be accessed in the programme library [here](#).

For more information on the research, please contact:

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Children watch Clowns Without Border perform at refugee camp (Tanzania).

(© Christophe Raynaud de Lage / Clowns Sans Frontières)

ADDRESSING THE MENTAL HEALTH OF ADOLESCENT GIRL SURVIVORS OF GBV IN EMERGENCIES: A CRITICAL EVALUATION

The original report was commissioned by Plan International and written by MSc students from the London School of Economics and Political Science: Blandine West, N'zibla Niamien, Yuetian Duan and Aisha Mohamed.

Article by Ilenia De Marino



*Smiling girl at the Syrian-run education centre in Giza (Egypt).
(©Plan International / Photographer: Heba Khalifa)*

OVERVIEW AND PURPOSE

This report, commissioned by Plan International, analyses the existing mental health interventions for adolescent girl survivors of GBV in emergency settings. It further aims to identify global trends in Mental Health and Psychosocial Support (MHPSS) interventions, the challenges faced in their implementation and their effectiveness in addressing the needs of this specific group.

METHODOLOGY

The study uses qualitative information, both secondary data from the literature review and primary data from key informant interviews. The desk-based literature review included peer-reviewed and grey literature, guidelines, evaluations, manuals and reports on the topic of interventions addressing survivors of GBV in emergency settings. Four case studies were selected based on location and the information available on the programme and its impact. Eight key informants were selected and a total of five interviews were conducted in order to fill the gaps that emerged from the literature review.

The WHO's framework is a multi-layered approach which incorporates both community and personal interventions. It is based on the socio-ecological model, which takes into consideration the ecological context in order to address and respond to the issue of mental health among adolescent girls who have survived GBV. The socio-ecological model can be broken down into five elements:

1. Individual
2. Interpersonal
3. Community
4. Organisational
5. Policy

Given these 5 elements, responses to GBV should consider the interlinked factors that increase vulnerability to GBV, relationships that increase the risk of violence, community settings associated with exacerbating violence and societal factors that perpetuated violence.

LIMITATION

The three main limitations to the study were the inability to conduct field research, no access to detailed funding data, and the referral-based sampling of key informants.

BACKGROUND

The UNHCR defines GBV as any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It can be physical, emotional, psychological, or sexual, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys. Its physical and psychological consequences range from anxiety, PTSD and depression amongst others.

Adolescent girls, who are commonly defined as girls aged between 10 and 19, are most vulnerable to GBV and exploitation in emergency contexts due to their age and physical development. The risk of GBV is especially high in emergency settings due to the lack of community structures and networks that impact coping mechanisms. The most common forms of GBV in emergency contexts are intimate partner violence (IPV), child marriage, use of sexual violence as weapon of war and trafficking, among others.

Despite acknowledgement of the consequences that GBV has on the mental health and psychosocial wellbeing of adolescent girls, there is almost no research and/or interventions addressing the specific needs of this age group. MHPSS interventions have only recently been incorporated into international standards and there is still not enough evidence of the effectiveness in addressing the needs of adolescent girls.

FINDINGS FROM LITERATURE REVIEW

1. While several international commitments have been established enforcing the importance of improving response to GBV in emergency settings, a specific emphasis on adolescent girls is missing.

The inclusion of protection from GBV in international legal frameworks is relatively recent. It was, in fact, in 1993 that the World Conference on Human Rights shifted the humanitarian discourse by addressing women's rights as human rights.

Similarly, the association of MHPSS in response to GBV is quite new. Since the 1980s, research and studies on the impact of conflict on the mental wellbeing of individuals have increased, as well as initiatives to strengthen international responses to GBV globally.

Despite the growing numbers of international commitments to address the consequences of GBV in emergency, there remains a lack of focus on the mental health needs of adolescent girls.

Similarly, the UNOCHA FTS (Financial Tracking Service) shows that since 2001, the funding commitments to the GBV sector have grown from \$232,700 coming from the US only, to a staggering \$69,966,845 in 2018 from 20 different donors. However, it is still difficult to track what percentage of these funds went to MHPSS interventions or who the beneficiaries are of the programmes.

Despite these efforts and improvements, there are significant limitations to data access on international donor aid flow that requires a more systematic approach to tracking and reporting funding addressing GBV specifically.

Moreover, the study points out that funding for GBV interventions in emergency settings is unpredictable, scarce and inconsistent, despite GBV being considered a human rights violation. This is one reason why programmes targeting GBV survivors only start months after the onset of the emergency. Also, due to the gender- and age-blind nature of the humanitarian response, the needs of adolescent girls are often overlooked.

2. The IASC's guiding principles and WHO programme guidelines suggest a human-rights and multi-level approach to MHPSS in emergencies. Both identify community and person-focused interventions, engaging humanitarian practitioners and health workers, community and family, as well as GBV survivors to provide a comprehensive response.

The revision of the Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response in 2004 suggested the importance of using a multi-sectoral approach to sexual violence response, creating safe spaces for survivors, counselling, clinical care, and referrals to psychosocial services. Many NGOs have also created guidelines for interventions addressing the mental health of survivors of GBV. Again, no specific guidelines for adolescent girls have been included.

The main guidelines come from IASC (Inter-Agency Standing Committee) and the WHO. Both recognise the importance of community and person-focused interventions. The first establishes minimum standards for the implementation of mental health interventions in emergency settings and only mention that '*interventions should not cause more harm to GBV survivors*'. The WHO, on the other hand, developed a framework for psychosocial support specifically targeting survivors of GBV. It does not specify age and gender; the specific needs of adolescent girls have been overlooked.

While person-focussed interventions include the expertise and capacity of healthcare and social workers in the field, community focussed interventions aim at providing basic services to survivors, including protection, nutrition, shelter, etc. Even though providing services for women and children is emphasised, the supporting mechanisms are not divided by age groups.

It is also worth noting that existing guidelines on interventions addressing mental health in emergency are highly influenced by Western scientific knowledge, which results in a lack of recognition of the importance of autonomy for those accessing services in deciding what kind of support they need. For this reason, the GBV Information Management System (GBVIMS) has been created by the UN and IRC. This is a sort of archive with information on local culture, context and programmes relevant to the implementation of MHPSS for international organisations and agencies.

3. Adolescent girls are marginalised in the implementation of MHPSS, exacerbated by the absence of monitoring and evaluation programmes.

As highlighted earlier in the text, guidelines on implementing interventions addressing the mental health of adolescent girl survivors of GBV are limited. Both the IASC and WHO guidelines refer to '*affected population*' which is a too broad expression to clearly define a target group. Several studies show that attention should be given to the mental health and wellbeing of adolescent girls because of their age. They are, in fact, at the stage in their lives where they start experiencing gendered social norms and vulnerability which can hinder the development of their agency.

The IRC has also recognised the unique vulnerability of this group and the necessity to design programmes addressing their specific needs. The IRC GBV Network, for example, was created to provide information and resources to practitioners working in emergency settings, especially with women and girls.

Despite these efforts, the lack of available data in the monitoring and evaluation of programmes, and the consequent lack of evidence, makes it difficult to improve the theoretical framework for programme design and implementation. Moreover, due to the sensitivity and ethical concerns with researching mental health, particularly adolescent girls' mental health challenges, researchers generally encounter a lack of data regarding programme monitoring and evaluation. »

FINDINGS FROM LITERATURE REVIEW (CONTINUED)

4. Factors that impact access and acceptability of interventions for adolescent girls include but are not limited to fear of reprisal, stigma, lack of awareness and understanding of interventions, and lack of appropriate interventions.

The study shows that often services responding to and addressing cases of GBV targeting adolescent girls are not accessible due to social, cultural and structural barriers. The passive implementation approach, which relies on the knowledge and willingness of the survivors and/or their family members to use those services, is, together with fear and shame, one of the reasons GBV services are often underutilised.

Survivors also need to trust both the effectiveness of the services and the expertise and confidentiality of the service providers. Another barrier might also be whether the services are culturally appropriate, especially if implemented by providers who have different geographic, cultural and economic backgrounds compared to the local population.

CASE STUDIES

The four case studies included in the review are categorised using the WHO's pyramid of MHPSS interventions, that is:

- **Community-focused interventions – COMPASS and FORAL**
- **Person-focused interventions – UN Cluster System GBV Sub-Sector and IMC**

COMPASS

COMPASS stands for Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces for Adolescent Girls in Humanitarian Settings. This is the first programme specifically addressing adolescent girls at risk and/or survivors of GBV in emergency settings and it was implemented by IRC in Democratic Republic of Congo (DRC), Ethiopia and Pakistan.

Its main objective is to empower and protect young girls (10-19 years old) through the following activities:

1. Life skills sessions for girls
2. Parent/caregiver group discussion with female family members
3. Service provider support by IRC WPE staff

According to the IRC survey, over the three years of implementation, girls' satisfaction has increased as well as their awareness of GBV services available and their confidence to report future incidents.

The multi-level approach proved to be very effective as girls are more positive about their future, parents and caregivers show more affection and less rejection towards their daughters who survived GBV, and service providers are equipped to tailor their responses.

FORAL

FORAL stands for Foundation RamaLevina, an NGO which provides healthcare response to women and girls who have been victims or are at risk of GBV in DRC. The target group is therefore broader compared to COMPASS.

After a situation analysis which identified the barriers to healthcare services, FORAL established a free mobile clinic in order to address the specific needs of vulnerable women and girls in six villages in DRC. The intervention was community-focused, aiming at addressing the issues of stigma and fear and working with the broader community to support GBV survivors. The main activities were:

1. Interactive health education sessions
2. Individual healthcare services for women

An evaluation of FORAL's programmes highlighted that the vast majority of women who attended the mobile clinic were over the age of 20. As part of the evaluation, young girls were asked what factors impeded their access to the mobile health services, and while they all recognised their need for clinical assistance, the risk of being identified by older females during their visit to the clinic, and therefore being stigmatised as being sexually active or as survivors of GBV, was too high.



Marnesh, 15, was married at the age of 12 (Ethiopia).*

(©Plan International / Photographer: Maheder Haileselassie Tadese)

UN CLUSTER SYSTEM GBV SUB-SECTOR

The UN Cluster System was established to improve coordination and accountability in humanitarian responses.

The case study taken into consideration is the mental health GBV response for adolescent girls under the GBV Sub-Sector in South Sudan, which is chaired by UNFPA and IMC and involves more than 150 partner agencies. Despite the huge number of people reached by GBV prevention and response services, including psychosocial support and medical care, a report showed that only few members of the sub-sector were providing specialised GBV services and that specialised mental health services were more or less absent.

The quantitative data available is only disaggregated by gender and between adults and children, once again giving no information on adolescent girls.

Despite the lack of funding and GBV experts, insecurity and limited humanitarian access, women and girl-friendly spaces (WGFS) provide a safe space for women and girls to receive referrals, information, case management and basic psychosocial support. However, those spaces are seen as the entry point for GBV survivors and the fear of stigma and shame is higher than the necessity to receive adequate services.

IMC

In South Sudan the IMC provides individual, specialised and case-specific mental health support services for GBV survivors, which include case management, counselling and WGFS. It also implements community-focussed interventions, such as training local medical staff.

However, IMC does not provide any quantitative data disaggregated by age and gender nor on funding sources. Therefore, the MHPSS interventions targeting GBV survivors cannot be quantified as the target group includes those with mental, neurological and substance abuse problems.

FINDINGS FROM KEY INFORMANT INTERVIEWS

The main finding from interviews with the key informants is the lack of trained mental health specialists, which then hinders the provision and quality of person-focussed services. One of the informants linked this issue to the fact that mental health is a predominantly western concept and therefore there is dearth of in-country personnel.

Accessibility to services is difficult due to organisational, infrastructural and socio-cultural barriers. Firstly, adolescent girls are often dependent on parents or caregivers and therefore have limited agency in terms of decision-making. Fear of reprisals, shame and stigma, especially in conservative communities, represent huge barriers for the implementation of interventions targeting survivors of GBV. In addition, the insecurity and risks that characterise emergency settings contribute to the exacerbation of these barriers.

The interviews highlight the scarce coordination between GBV and children protection (CP) sub-sectors in emergency settings, especially when addressing the needs of adolescent girls as they are in the remit of both sectors. It is also clear that there are no best practices to facilitate the integration of GBV and CP interventions as each case is treated on an ad hoc basis by different organisations.

Monitoring and evaluation of MHPSS interventions is almost non-existent. Feedback is usually collected through focus group discussions and interviews with survivors, and the data available is not disaggregated by age and gender. For these reasons it is very difficult to improve and implement specific interventions targeting adolescent girls.

CONCLUSIONS

The report shows that, despite the acknowledgement of the importance of implementing tailored intervention addressing the mental health of adolescent girls who have survived GBV, a framework for MHPSS targeting this specific age group is still lacking.

The interviews with key informants highlighted the prevalence of community-focussed interventions, engaging family members and the whole community to support the GBV survivors, and unspecialised person-focused interventions, which include training local health workers. The lack of specialised person-focused activities is due to the scarcity of trained specialists and funding. Poor access and quality of services are then exacerbated by the fear of reprisal, shame and stigma due to social and cultural norms and also by the insecurity and risks that characterise emergency settings.

RECOMMENDATIONS

- More targeted and long-term funding mechanisms, especially to address the lack of trained mental health care professionals.
- Highlight the difference between mental health and PSS interventions so to direct funding to whichever type of person-focused support is lacking.
- Provision and development of adequate monitoring and evaluation strategies so that interventions can be tailored for addressing the needs of adolescent girls.
- Specific strategy to address the mental health of adolescent girls who are survivors of GBV in order to strengthen the interaction and coordination between CP and GBV services.
- Socially and culturally appropriate community-focused interventions to overcome the barriers to access MHPSS services, especially where violence, poverty and insecurity intersect.

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PLAN INTERNATIONAL'S WORK HAS BEEN PUBLISHED IN ACADEMIC JOURNALS!

“Promoting men’s engagement as equitable, non-violent fathers and caregivers in children’s early lives: Programmatic reflections and recommendations”

Plan International’s work on men’s engagement in early childhood has been published in the latest issue of The International Journal of Birth and Parent Education. The article draws on lessons learned from the Plan Canada supported project SHOW – Strengthening Health Outcomes for Women and their Children – as well as evaluations of programmes in four countries in ROA. Plan’s research into the barriers and obstacles that men face in engaging in the care of young children and demonstrates that gender-transformative men’s engagement approaches can successfully increase men’s equitable and non-violent participation in caregiving.

Melanie Swan, Global Technical Lead for Early Childhood Development, Plan International

Kate Doyle, Senior Programme Officer, Promundo

Rudy Boer, Director: Monitoring, Evaluation & Research, Program Effectiveness and Quality, Plan Canada

With contributions from:

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Maryeling Murillo – Plan Nicaragua

Alejandro Menjivar – El Salvador

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