

JOINT LEARNING INITIATIVE ON FAITH and LOCAL COMMUNITIES

TOR for JLI F&LC Learning Hub literature review/mapping process: in the Great Lakes Region, Africa

The role of local faith communities in the prevention and response to sexual and gender based violence.

1. Background on JLI

The Joint Learning Initiative: Faith and Local Communities (JLI & FLC) works to increase the quality and quantity of robust, practical evidence on the pervasive, but poorly understood and uncharted, role of local faith communities (LFCs) in community health and development. We are working together to answer the question: *"What is the influence and impact of LFCs on strengthening community mobilisation and systems in order to achieve holistic human health and development goals?"*

With a focus on joint learning this ground-breaking, international collaboration is working to fill the evidence gap, providing practitioners, policy makers and donors with robust evidence and actionable policy and programmatic recommendations. JLI aspires to influence policy, praxis and funding decisions, transforming the quality, effectiveness and impact of partnerships between LFCs and other development actors, affecting outcomes at all levels.

The JLI F&LC brings together a diverse group of practitioners, academics, faith leaders and other stakeholders in a joint-learning approach organised around 'Learning Hubs', each of which takes a specific sectoral focus. To date JLI F&LC has convened four Learning Hubs (HIV AIDS and Maternal Health, Immunization, Resilience in Disaster and Humanitarian Situations and Capacity Building for Local Faith Communities), with a new Hub on Sexual and gender based Violence starting up in 2014. Each Hub is generating reports and information, much from the unpublished 'grey' literature, as well as a variety of news, case studies, research reports of common interest. The JLI F&LC is guided in its work by a Steering Committee made up of leaders from the worlds of development practice, academia and policy, is self funded by small grants from its leaders, and is supported by a part-time Coordinator.

For more information please see www.jliflc.com

1.1 The Sexual and Gender based Violence (SGBV) Learning Hub

Hub Leadership

The convening co-chairs of the JLI F&LC SGBV Learning Hub are Veena O'Sullivan, Tearfund , We Will Speak Out Steering Group, (Head of HIV and SV Team) and Lizle Loots (Sexual Violence Research Initiative)

Convening of Learning Hub

Membership of the SGBV Learning Hub is open to any expert from the worlds of academia, policy and practice. working on aspects of SGBV and faith, and will include members from global south and north,

Expectations of Learning Hub Members

In the Learning Hub methodology, members are both holders and seekers of evidence, participating actively in the shaping of the Learning Hub itself, the research questions, evidence gathering, and oversight and contribution to the Scoping Report

Specific expectations:

- Suggest other members to assure inclusive group of experts as members of SGBV LH
- Participate in framing of research questions
- Completion of survey regarding the research questions
- Contribution of case studies,
- Link to existing evidence both published and unpublished, eg research reports, program evaluations, structured interviews
- Engage networks in survey completion and evidence gathering
- Review drafts of report, and contribute directly where appropriate
- Seek organizational sponsorship for final report
- Participate in framing of research to fill gaps, and in gathering additional evidence as Needed.
identify research partners to lead follow-on research, field partners to collaborate, and potential donors to support the research
- Widely disseminate report to networks
- Identify opportunities within own networks to inform policy, practice and academia with evidence from Scoping Report, and to build evidence gathering and dissemination into on-going work

Learning Hubs operate virtually, generally meeting by conference call, initially once a month, and actively collaborating over a twelve-month period. JLI F&LC provides limited financial support for research assistance for the Scoping report, and through its Co-ordinator, Jean Duff provides start up support to the SGBV Hub, coordination and linkage to other Hubs and to the JLI Steering Committee, Helen Stawski, Co-Chair of the JLI Resilience LH will join SGBV LH as a member and will provide linkage and technical support to the start up of the SGBV HUB

1.2 The Mapping process

Aims of mapping process

The aims of the literature review/mapping are drawn from the practically focused goals of the JLI (as outlined in the JLI concept paper - Feb 2012):

1. build an *improved evidence base* providing insight into the impact of LFCs in addressing poverty and injustice;
2. provide *actionable recommendations* for potential partners, including governments, donors and practitioners, who work with faith assets and LFCs for improved partnership at local level, as well as broader national and international level strategies;
3. develop the *capacity* of researchers, practitioners and community members and their affiliated networks and institutions through the development of shared language tools, knowledge-resources and network building.

The literature review/mapping phase is the first part of a three-stage process to generate practically orientated evidence that can be used by policy makers, donors, and practitioners, to enhance partnerships with local faith communities. This means understanding the contribution of LFCs to the issue of sexual violence, in order to enhance and replicate the positive and mitigate and end the negative. This will also provide critical reflection for local faith communities themselves as they seek to strengthen their work.

Stage 1 – Hosting, through the SVRI, *an online dialogue and discussion* on the role and contribution of faith in the area of sexual violence. (3 months). This process has the support of the SVRI and Veena will host the discussion. This exercise will build on the outcomes and themes highlighted in the breakfast meeting held during the SVRI conference in Bangkok, October 2013. The meeting highlighted key issues, gaps challenges and identified both research institutions and organisations interested in this area.

*Stage 2 Mapping existing knowledge and preparing Scoping Report on **The role of local faith communities in the prevention and response to sexual and gender based violence in the Great Lakes region, Africa.***

The Learning Hub will begin by building on the themes from the online discussion, identifying areas of interest, researchers who are interested etc. This stage will narrow down the themes, identifying existing evidence that documents the role of LFCs on prevention and reducing the impact of SV. Parameters for this phase are framed in a series of research questions generated from what members of the LH already know and perceive to be priority areas. (see initial thoughts on key indicators and guiding questions below) One or more research leads from the LH membership is identified to lead the mapping process and the drafting of scoping report on initial results. Limited funding for research assistance may be available from JLI. A survey designed to collect information related to these research questions is designed and approved by LH members, and circulated to them for completion, as well as through them to their networks. The SVRI together with Hub members will identify key researchers to work on this stage. A draft report is prepared by the research leads, reviewed by Learning Hub members and when approved posted online along with a policy brief and relevant materials gathered in the mapping process

Stage 3 – Setting a research agenda - based on gaps in knowledge identified through Stages 1 and 2 this stage will set parameters for focused research to be commissioned to elaborate the contribution of LFCs in specific contexts. Key policy issues will be crucial in prioritizing research agenda.

Outcomes from the literature review/mapping process will be used by the LH to frame and seek funding for specific research topics relating to gaps in knowledge. We will also communicate what is already known, which may be sufficiently substantial to facilitate concrete policy recommendations

1.3 Framing the literature review/mapping process

The literature review/mapping is to be framed by a common understanding of LFCs (the object of study), across the world (the area of study) and of sexual and gender based violence (the process at issue).

- *Local Faith Communities:* Although the principal focus of the JLI is LFCs and their leaders (worshiping communities, congregations, mosques, temples) there is good reason to include a broader range of objects of study, in order to capture the multiple ways affected and host LFCs are connected to humanitarian work. Therefore mapping will address SV issues in the context of faith and faith communities including:
 - LFCs (worshiping communities, congregations, mosques, temples)but also
 - Local/national/indigenous faith based development organisations (those directly affiliated to a LFC should be prioritised but others will be included)¹
 - Multi-faith based networks – local and national
 - Faith leaders – local and national
- *Across the world but with a specific focus on communities affected by*
 - Conflict
 - Environmental disaster
 - Displacement
 - FGM
 - Rape
 - Poverty
 - Wealth

¹ FBOs should be prioritised based on the following questions: Does the FBO self identify as part of the LFC? Does the FBO have representatives from the LFC on its board? Is its primary partner of the FBO the LFC?

2. Background on Sexual Violence

Sexual violence (SV) occurs throughout the world, although in most countries there has been little research conducted on the problem. Due to the private nature of SV, estimating the extent of the problem is difficult. It is not a new issue, recent media and governmental focus is bringing it to light.

Sexual violence has a profound impact on physical and mental health. As well as causing physical injury, it is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences. Its impact on mental health can be as serious as its physical impact, and may be equally long lasting. Deaths following sexual violence may be as a result of suicide, HIV infection or murder – the latter occurring either during a sexual assault or subsequently, as a murder of “honour”. Sexual violence can also profoundly affect the social wellbeing of victims; individuals are often stigmatised and ostracised by their families and others as a consequence.

Definitions of sexual violence

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.²

A wide range of sexually violent acts can take place in different circumstances and settings. These include,

- rape by strangers;
- rape within marriage or dating relationships;
- systematic "war rape" during armed conflict;
- unwanted sexual advances or sexual harassment, including demanding sex in return for favours;
- sexual abuse of mentally or physically disabled people;
- sexual abuse of children;
- forced marriage or cohabitation, including the marriage of children;
- denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases;
- forced abortion;
- violent acts against sexual integrity, including genital mutilation and obligatory inspections for virginity;
- forced prostitution and trafficking of people for the purpose of sexual exploitation.

3. Background on Faith and SGBV

There has been a vast surge in research on and attention to SIPV in recent years, particularly/especially in Sub-Saharan Africa. In Africa, as in other regions, gender-based violence perpetrated against women is an extremely complex issue resulting from and perpetuated by various societal, economic and cultural factors. Studies indicate high rates of intimate partner physical and sexual violence in the region. Research also highlights widespread acceptance of violence in intimate partner relationships as punishment for a woman’s perceived disobedience, unfaithfulness or failure to complete household chores. Despite the significant gains of this research, reflected in increased policies, programmes and funding at the international, regional and local level in place to prevent and respond to SGBV, it often

² WHO

neglects to examine and invest in the role and efforts of faith-based organisations (FBOs) in preventing and responding to SGBV. As shown below, this represents a stark gap in conventional understandings of responses to SGBV, particularly given the increasing importance of religious faith across the African continent, including in Sub-Saharan Africa. In many countries, and for many people, faith and religion are central to development world. There has been a renaissance of faith in many countries. In sub-Saharan Africa, since 1900, the proportion of Christians has increased from 9% to 57% and Muslims from 14% to 29%³. This, in turn, represents a significant missed opportunity to strengthen existing local efforts to respond to SGBV prevention.

Religion thus continues to be important to Africans. This means that organisations that rely on religion – in whichever way – are strong, growing and have influence. For example, research by Lamin Sanneh (2003) and Philip Jenkins (2002) on Christian churches in Africa since the start of the 20th century has shown that Christianity has grown in Africa in the last century (Sanneh, 2003:14-15; Jenkins, 2002:80), meaning that the sheer number of churches and its proliferation all over Africa is contributing to its reputation as a key civil society actor. States rely on this ability of the religious sector. Elements of the international community have also started to realise the importance of the faith sector in Africa. For example, in 2009 UNAIDS launched a strategic framework for working with FBOs (UNAIDS, 2009). There has, similarly, been increasing interest from academics with regards to faith and the role of FBOs in areas such as development, health, service delivery and peace-building (Clarke & Jennings, 2008; Ter Haar & Ellis, 2006; Burchardt, 2013; Barnes, 2009; Gifford, 1998; Furbey, 2008; Jones & Juul Peterson, 2011; Marshall, 2011; Rees, 2011).

There have been attempts by international bodies to establish standards and mechanisms to hold perpetrators of SGBV accountable (Ward & Marsh, 2006:28). Examples include the International Criminal Tribunal in Rwanda and the *Protocol on the Rights of Women in Africa* (Mbambi & Faray-Kele, 2010), as well as the projects of NGOs and INGOs such as the UNHCR, Doctors without Borders and the International Rescue Committee (Ward & Marsh, 2006:13-24). As important as these policies, interventions and organisations are, they are generally assumed to be secular and thus miss a crucial component in their response to SIPV by avoiding engagement with faith and FBOs.

FBOs are assumed to espouse very conservative views on and attitudes towards female empowerment (Campbell et al, 2011:1205). Paradoxically, in Africa women tend to be the majority in religious organisations, usually carrying the burden of the administrative and practical duties. Furthermore, in Africa women are generally more religious than men, and more women than men adhere to a religion (Uzodike & Whetho, 2008:218). Thus FBOs have access to those most affected by SGBV, namely women. Unfortunately, FBOs has been guilty of being unwilling to address SGBV or, even worse, contributed to the perpetration of SGBV through their teachings and/or silence. Those that do engage in addressing SGBV sometimes do so by focusing only on care for survivors and neglect the prevention aspect, arguably because it entails transformative change in traditional and religious beliefs and behaviours (Le Roux, 2014A; Le Roux, 2014B; Le Roux, 2012).

Nevertheless, despite religious, societal and cultural resistance, there are FBOs in Africa who are actively engaging on this issue. The nature and extent of Sub-Saharan FBO activity on SIPV prevention has never been profiled. Such studies have been done in other areas of the world, which will serve as important resources for this study. For example, the Asia-Pacific Women, Faith and Development Alliance (AP-WFDA) and the UNFPA did a mapping of faith-based response to violence against women and girls in the Asia-Pacific Region.

However, one must realise that secular partners, such as governments and secular NGOs and INGOs, often find it difficult to engage and connect with the faith community. This is due to three key factors,

³ Faith Partnership Principles. DFID. Working effectively with faith groups to fight global poverty.

namely a lack of evidence on the impact of FBOs at individual and community level, a lack of trust, knowledge and capacity for such engagement, and the need for clear, implementable actions to improve partnership and the effectiveness of humanitarian response (Fiddian-Qasmiyeh, 2013:4). Moreover, the local FBO dimension in SGBV prevention is generally lacking from conventional analyses. This is problematic because, as was examined above, faith and FBOs are a key resource in Sub-Saharan contexts. This Hub will seek to overcome these obstacles, by firstly broadening the evidence-base for FBO primary intervention in Sub-Saharan Africa, and by building a bridge between faith-based and secular agents, particularly in relation to SGBV responses.

4. Framing questions for SV LFC research

Subtopics and parameters for the mapping process are to be generated from collective expertise, experiences and evidence of members of the LH. They are underpinned by practical questions such as

- What role do LFCs play in prevention and response to SGBV?
- What role do LF leadership play in the prevention and response to SGBV?
- Do LFCs support or undermine the resilience of SV survivors
- Do LFC's bring any unique strengths (assets, networks, social capital, survivor care) and/or weaknesses (stigmatization,
- What are the strengths and weaknesses of LFC's as understood/recognized by others?
- What are the specific experiences of survivors with regards to LFC's?
- What is the potential for replication/going to scale of LFC responses to SGBV?
- What is the potential of LFC's to influence their own communities, and more broadly attitudes and culture that lead to SGBV?

These questions will be used as part of the online discussion and will need to be turned into manageable and measurable research questions for the mapping.

5. Outputs

The process will follow a *Learning community framework*. This means that each Learning Hub member is both the holder and seeker of knowledge. The following process is proposed as a means of maximising collaboration amongst and between the members of the Learning Hub throughout the preparation of the literature review.

Outputs:

- Scoping Report – 8,000 – 10,000 words in length
- Overall Resource Summary / Bibliography (including electronic, grey and published materials, case-studies, etc)
- Policy Recommendations and areas for future research
- Pilot action research community in the Great Lakes (a programmatic intervention)
- Powerpoint presentation of results for adaptation for use in a variety of settings

To ensure consistency and overall coordination, there will be one or more “academic editors” perhaps from among the Hub members or if not, from an external source, who will oversee the consultation, preparation and structuring of the overall literature review.

It is proposed that we have 3 main sub-sections, “sandwiched” between an introduction and conclusion, which will include a section on suggested areas for further research.

The framework and content of the report will draw significantly on the discussions and debates which have already taken place in the JLI HUB meetings, as a means of identifying the main content of the review, including cross cutting themes, specific issues and topics that might be covered.

Members of the HUB will be invited to take on one or more of the following activities:

1. to be the academic lead of one sub-section – mapping existing evidence and as the main author of one sub-section (1,500 – 2,000 words);
2. to be the practitioner contributor and reviewer of one sub-section - contribute substantive material for each of the three main research questions or humanitarian processes, for instance in the form of case-studies, plus regular communication with academic lead;
3. to form part of what will effectively be an “editorial board” overseeing the preparation of the entire document alongside the “editor” and the editor could be interested members of the Hub;

6. Projected Timeframe for SV LFC Learning Hub activities

Stage 1. End of April

- Online discussion underway
- Key themes for mapping identified
- Members of the HUB clarified
- Online discussion forum established

April ??: first LH meeting by phone

Stage 2. Mapping . End of May.

- TOR mapping process agreed by reference group
- Question, process and subsection leads identified and commissioned
- Develop concrete research questions
- Identify research lead(s)

Stage 3. Face to face meeting of Hub members in London. End of June

- Send TOR and research questions to HUB members for feedback and, following approval, to HUB members and wider network of practitioners to request case-studies, organograms, and the sharing of other information as relevant
- Start comprehensive literature

End July

- Continue literature review; if necessary, complete semi-structured interviews in London and elsewhere with HUB members and wider network of practitioners, to fill gaps emerging in the mapping exercise and literature review. HUB members start drafting sub-sections by drawing together case-studies and literature reviewed.

End September

- First draft of each sub-section to be completed, and circulated amongst contributors for preliminary feedback

End November

- Revised drafts (6,000- 8,000 words) to be submitted to the “editorial board.” The introduction (750 words) and conclusion (750 words) will be prepared by the editorial board with input from all members of the HUB, with particular guidance from the “editorial board”.

End December

- LHAG+ meets to review revised drafts (*LH+ = i.e. country level participants – including representatives from local faith communities to review with us*)
- Identify areas for further research based on data emerging
- Draft Policy Recommendations for inclusion in the Literature Review and potentially for separate publication

End January/ mid February 2015

- Literature review/mapping finalised
- Feedback from country level stakeholders integrated (*much of this may have to happen in country as people travel*)
- Review of parallel research into resilience completed and opportunities for synergy and funding identified

March In line with International Womens' Day March 8th. 2015

- Publications posted on JLI website and disseminated by LH (including publications in academic and practitioner online journals and working groups)
- Define criteria for selection of researchers for stage two
- Call for research proposals

September /October SVRI Forum. Host a panel and stream on SV and faith within the Conference.

- Recruit LH research leads and prepare research proposals on specific topics
- Showcase JLI at least x2 high level events