

# BANTWANA INITIATIVE TECHNICAL BRIEF



## PREVENTING AND RESPONDING TO GENDER-BASED VIOLENCE - UGANDA

### BACKGROUND

Under the USAID/Uganda Better Outcomes for Children and Youth in Eastern and Northern Uganda (BETTER OUTCOMES) program, the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) partners with government, police, clinics, schools, and communities to layer gender-based violence (GBV) prevention and response services on HIV and social protection programming in 22 districts.

Social asset building and GBV and HIV prevention clubs help adolescents, young women and their partners understand and mitigate GBV risk in schools and communities. Positive parenting programming reduces violence at home and helps children stay safe in communities. Male engagement groups mobilize men for GBV prevention, and community campaigns with

families, government, clinic, police, and child protection partners raise awareness and broaden support for child safety. HIV-sensitive case management helps families mitigate and address GBV at household level and ensures that GBV survivors receive critical pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and HIV testing services and are followed up and supported at community level.

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*Our GBV programming empowers youth with information on GBV and HIV, and connects GBV survivors to clinical and social protection supports at facility and community level.*

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# KEY INNOVATIONS

**SOCIAL ASSET BUILDING AND GBV AND HIV** information and skills enable children and adolescents to protect themselves from violence and learn where and how to report abuse. Empowered adolescents lead GBV and HIV prevention sessions in schools and communities to broaden support for child safety from teachers, caregivers, police and local government.

**MALE ENGAGEMENT GROUPS**, made up of male caregiver and role model fathers, mobilize clan, church, and community leaders to address men's roles in GBV and HIV prevention. Groups share positive parenting, as well as other HIV and family planning information, and develop simple community action plans to strengthen child safety.

Adolescent-led **CHILD-TO-CHILD** campaigns mobilize children, caregivers, communities and local government to take action to improve child safety in communities and help children understand their rights and responsibilities and how they can protect one another from violence.

**COMMUNITY CASE MANAGEMENT** ensures GBV survivors are identified and access PrEP, PEP, and HIV testing services and are followed up for ongoing psychosocial support at the community level. WEI/Bantwana's Closed User Group (CUG) in-service phone network links community, clinic, local government, and police together to facilitate referral completion and ensure follow up.

**POSITIVE PARENTING PROGRAMMING** improves trust and enables caregivers and children to discuss sensitive issues without conflict, including GBV and HIV. Improved family relationships reduce violence at home, strengthen bonds between caregivers and children for overall resilience, and help children make better decisions that reduce their risk of GBV and HIV in the community.

# KEY RESULTS TO DATE



## REACHED

**53,000** youth with social asset building and HIV and GBV prevention services



## EQUIPPED

**51,827** caregivers and youth with positive parenting skills to prevent violence



## MOBILIZED

**18,514** youth 'change agents' to raise GBV awareness and action for improved child safety in communities



## SENSITIZED AND COACHED

**1,823** community, clinic, and government partners to strengthen GBV prevention and response



## MOBILIZED

**860** men to engage their peers to prevent GBV in families and communities



## SUPPORTED

**431** GBV survivors to access clinical and psychosocial support