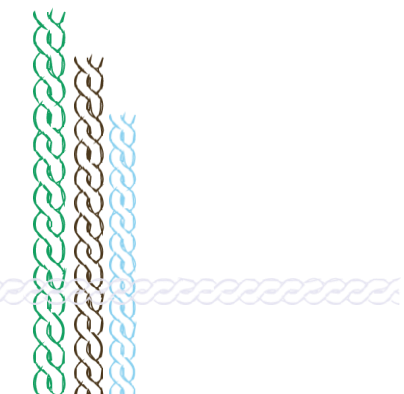


Using Traditional African Story Telling to Prevent and Mitigate a Wicked Problem, Sexual and Gender Based Violence (SGBV) For Rural and Low Literacy Communities in Cameroon: The Ntanka Community Partnership Pilot Project



eBASE Africa
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Storytelling for SGBV Pilot Project Report Statement

Effective Basic Services (eBASE) Africa tested the acceptability and feasibility of African traditional storytelling approaches, by storytellers and community health workers (CHWs) trained in storytelling, to prevent sexual and gender-based violence (SGBV) and child, early, and forced marriage (CEFM) and mitigate their impact on underserved populations in the Ntanka Community in the North West Region of Cameroon. Community conversations during storytelling events enabled identification of determinants of SGBV vulnerability and offer an opportunity to explore solutions. CHWs visited households and followed up with storytelling attendees to identify and refer SGBV cases to health and legal facilities. Leveraging CHWs and family members to lead storytelling helped with systematization, ownership, and referrals (medical, psychosocial, legal). Due to the cultural context, legal services had been specifically avoided by SGBV victims, therefore the team placed greater emphasis on increasing legal services uptake. This traditional storytelling approach offered a culturally appropriate and cost-effective solution for SGBV prevention and sexual and reproductive health and rights (SRHR) promotion. It also offered an opportunity for facilitators to be trained to provide discreet referrals to those in need, increase uptake of SGBV services, and identify strategies for protection of vulnerable groups. Increasing community knowledge and creating an enabling environment for action was intended to increase demand for freely available SGBV and SRHR services (including reporting, as well as medical, psychosocial/mental health, and legal support) in the target region, where there is currently a policy-practice gap.

Our innovative Sexual and Reproductive Health and Rights (SRHR) product was traditional African storytelling. 4,917 community members accessed innovative SRHR product (storytelling in person). Stories collected and developed were also shared on digital platform. Within Ntanka community the child protection song (a music and dance format of storytelling) was actively done in 10 schools during the 16 Days of Activism against SGBV with a reach 4,230 children and 200 teachers. On the request of the ministry of Basic Education, the child protection song was taught to a group of 300 teachers from 25 schools with an estimated 26,000 children outside the Ntanka Community.

Issue Addressed

Our household survey reported a 61.42 prevalence of SGBV in the community (n=1510 households, R: 0-28). This is higher than national prevalence estimated at 51%. Ignorance about SGBV fuels the prevalence of SGBV in the community. Ignorance of available services further worsens fate of victims, increasing their risks of unwanted pregnancies, sexually transmitted diseases, and mental illness.

Traditional African storytelling addressed issues around poor knowledge of what SGBV is, ignorance of existing medical policies and laws, ignorance of available services, and low uptake of medical and legal services.

What we Did

Storytelling SGBV Experiences

Stories of SGBV were collected, recreated by traditionally storytellers, and recounted to community members. A total of 12 storytelling events were organized recounting 28 stories crafted from lived experiences. The stories addressed knowledge of SGBV types (6 types included in Cameroon SGBV policies); knowledge of available services (medical, mental health, legal, and empowerment); knowledge on impacts of SGBV on physical health, infections, pregnancy, self-esteem, and income; actions to take in case of SGBV; escape routes for SGBV; and cultural aspects of SGBV.

Child Protection Song

One short and danceable song that conveys the message of types of SGBV and how to recognize them, actions to take in case of suspected SGBV, and escape routes from SGBV. The song is simple enough for nursery kids to sing. Song has been taught in over 50 schools with over 26,000 kids actively singing them.

Stakeholder Engagement

Stakeholders were engaged at community, regional, and national level. This included engaging policymakers at central level with 6 ministries and 1 regional assembly currently actively engaged.

Household Visits

A household survey of incidents of SGBV was conducted to estimate prevalence of SGBV. The results were then shared with government partners to facilitate uptake and scale of the innovation.

What we Found/Achieved

Many lives were improved. 1,340 cases were referred (36% referral rate). These included community members who accepted to go to the hospital following mostly incidents of rape, IPV, physical assault, verbal assault, mental violence, and FGM. 804 cases (60%) used mental and medical services at local health facilities. These included mental first aid and post exposure prophylaxis (Some PEP was given at eBASE with support from ALIMA). 136 community members were referred from home visits (4%) accepted and now use the legal services available at eBASE. 28 accepted to follow up with legal action and 8 finally took up legal actions.

The following was also achieved by the end of the project.

1. Traditional African storytelling increased knowledge on different types of sexual and gender based violence (62.87%), available medical services (29%), mental health services (14.59%) and available legal services (16.28%) in 715 community members assessed.
2. Traditional African storytelling reinforced positive intentions towards SGBV, uptake of medical services, and uptake of legal services.

3. Prevalence rates of SGBV based on household surveys in the Ntanka community (61%) is higher than national statistics (51%), raising questions of whether a national household surveys could give differing results.
4. There was a high rate of acceptability and relatability with the storytelling, with 64 out of 64 community members affirming acceptability for the intervention.

Gender equality was advanced through our story telling innovation as could be seen through the following:

1. Female Leadership

The innovation stimulated more female leadership within the Ntanka community. Women and girls were leading on community mobilization, community development, and community reflections. Women and youths played a key role in community mobilization, innovation implementation, and innovation evaluation.

2. Empowerment of Underserved Populations

Our innovation also highlighted the need to empower women, girls, indigenous people, and people with disabilities in order to reduce their vulnerability. There was increased consciousness in women on the need to be self-reliant.

3. Climate Change, Food Production, and Health

The DELPHI Consensus and Qualitative interventions highlighted a link between climate change, food production, and health especially for women. It highlighted the effect on climate change on farmlands which were mostly used by women. This important knowledge will provide a basis for further research and policy design.

This innovation generated some unexpected results which greatly impacted our work. These include:

1. The child protection slot which has impacted the lives of more than **26,000** kids not only in Ntanka but in the whole of the region. Many children are now aware of their body parts and they know exactly which ones are private.
2. The putting in place of a steering committee made up of respectable men and women in the community. Through them we were able to put up 20 street lamps as opposed to 8. More dark areas are now lit hence further reducing the rates of SGBV.
3. There is more peace and harmony in the community. Our monthly gatherings did the magic as community members found a common ground to sit and discuss and had something to eat and drink together. This also further reduced the rates of SGBV.
4. Gifts were also distributed to attendees at the end of each session and this also helped reduce household expenditure.
5. We had outreach campaigns at some of our events and community members were able to get free consultations for their eyes and teeth. Drugs were sold at a reduced cost and more serious cases referred. This improved on the wellbeing of community members.

6. Our radio programs reached many more people not necessarily the people in the community so more people got informed.
7. Our presence in an SGBV sub cluster group for the region put us out there as an organisation that can provide psychosocial support for victims through the referral pathway.
8. We had a safe space for victims
9. We got into a partnership with an organization, ALIMA that provides free PEP kits.

What Happens Next

1. More data mining of research data, publication in scientific journals, and presentation at global scientific conferences.
2. Plans to scale with government and diplomatic partners
3. Engage discussions with Grand Challenges on potential scale at trial (cluster randomized control trial).
4. To further integrate gender equality, we seek to create more opportunities for women empowerment by creating microfinance schemes and capacity building for SGBV victims to have more financial freedom. Storytelling provided an opportunity for women to tell their stories as well including how they struggle with SGBV in a community that did not provide equal opportunities.
5. We will conduct further qualitative evaluation of impact of climate change on women's farmlands. The current project highlighted that increase in floods (resulting from changes in climate and indiscriminate waste disposal in Mezam River) is reducing arable land along the Mezam valleys and reducing food production. The Valley provides fertile food for the region.
6. Promotion of SGBV House. This framework allows for better classification of SGBV causes and this will facilitate identification of strategies to counter SGBV.
7. Our innovation also focused on the environment as we were able to come up with an approach known as the One Story Telling Event, One Tree. Through this, we were able to plant at least 20 trees in the course of our work and the trees we planted at event sites were named following the theme of that day.