



# Community Video for Social Change: A Toolkit



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***Cover photographs***

***Front:*** *Filming a role play on harmful traditional practices (Uganda, 2009)*

***Back left:*** *Filming a video on care for survivors of rape (Southern Sudan, 2009)*

***Back center:*** *Actors and video team members watching a community drama that has just been filmed (Thailand, 2009)*

***Back right:*** *Discussing different forms of gender-based violence that take place within the community (Uganda, 2009)*

# Community Video for Social Change: A Toolkit

## Acknowledgments



Communication for Change

Through Our Eyes, a collaboration between the American Refugee Committee (ARC) International and Communication for Change (C4C), has been the result of many people's efforts and energies. Special acknowledgment must go to Connie Kamara, who first envisioned the initiative and made it a reality. Lauren Goodsmith of C4C has provided training and technical support since the project's inception in 2006. Angela Acosta, Chelsea Cooper, and Eve Lotter have provided coordination and guidance from ARC headquarters and in the field. Sara Stuart (C4C) and Friedl Van Den Bossche (ARC) have provided oversight and advisement.

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The Practical Guide to Community Video Training featured in this Toolkit is a product of five years of field activities, and reflects the input of many dedicated individuals. For their many contributions, special thanks to master trainers Pamella Anena, Zeze Konie and Albert Pyne. The Guide also incorporates ideas provided by Miriam Sidibe, Josephine Kumba, and Marie Tamba (ARC Liberia); Eriya Murana (ARC Uganda); Lona Tabu, Jackson Moro, and Ronnie Murungu (ARC Southern Sudan); Grace Manikuze (ARC Rwanda); and Pimpisa (Praew) Sriprasert (ARC Thailand). Chelsea Cooper and Eve Lotter helped shape several of the sessions and exercises. Many thanks as well to Tom Hommeyer for his support and suggestions, both in the U.S. and in the field.

Lastly, the core principles of participatory video contained in this Toolkit, as well as many of the specific activities in the practical guide, reflect the approach and mission of Communication for Change, headed by Sara Stuart.

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## Introduction

Participatory video, a dynamic form of social change communication, is based on the understanding that collective processes of dialogue and action can help community members prioritize local needs and identify realistic solutions. Grounded in theory and best practices gained from over 35 years of implementation, community-based participatory video has become a powerful tool for development and social change worldwide. Applicable across all program sectors, it has strengthened awareness-raising and advocacy around issues as diverse as democracy and governance, community health, hygiene and sanitation, human rights, and HIV/AIDS, to name but a few. Participatory video builds community members' decision-making and mobilization capacities in ways that strengthen program activities and help partner organizations respond appropriately to local needs. As a powerful, low-cost component of strategic behavior change communication, participatory video can help encourage shifts in attitude and behavior at the individual, family, and community level. As a medium that fosters inclusion and surmounts barriers of illiteracy, community video ensures that diverse and marginalized voices are heard, and that the most vulnerable can gain accurate information about available services and resources. Most importantly, community video can spark discussion on highly sensitive subjects that are often surrounded by silence: gender roles and norms, gender-based violence, and harmful traditional practices such as dowry abuse, female excision, and forced/early marriage. In crisis and conflict-affected settings where countless individuals have experienced trauma and social fragmentation, community video can help people engage in meaningful dialogue and collective action for healing and community development.

Through Our Eyes is the first multi-site, long-term community video project that expressly addresses gender-based violence, HIV/AIDS, and harmful practices in conflict-affected settings. Implemented by the American Refugee Committee (ARC) and its technical partner, Communication for Change (C4C), the project has been primarily supported by the U.S. Agency for International Development (USAID) since 2008. Since its inception in 2006 at Lainé refugee camp in Guinea, under a grant from the U.S. State Department's Bureau of Population, Refugees and Migration (BPRM), Through Our Eyes has spread to five other country sites, including post-conflict regions and refugee camps. Teams composed of community members in Liberia, Uganda, Sudan, Thailand, and Rwanda create videos using low-cost, portable equipment. Their productions examine different forms of violence and their causes, and present models of change made credible by their rich grounding in the local context. Community screenings trigger in-depth discussions on responses, resources, and alternatives to violence. At each stage, men, women, boys, and girls collaborate, reflect, and problem-solve together in ways that challenge gender biases and build new models of interaction. From the start, team members and program staff found the project highly effective in mobilizing community members and helping survivors gain access to care and support. In its implementation and impact, Through Our Eyes offers a model for the strategic use of local media to advance health and gender equality outcomes.

## **The need for this Toolkit**

While there exist many descriptions and case studies of community video projects, there are few detailed, practical guides to using community video for development and social change. None focuses specifically on how to use this approach to address gender-based violence, inequitable gender norms, harmful practices, and HIV/AIDS, which are highly sensitive and deeply intertwined. Few resources address thematic content and interpersonal skills as well as technical aspects. Finally, existing materials do not explore the use of community within the challenging context of crisis- and conflict affected settings.

## **Overview of the Toolkit's contents**

This Toolkit is designed as a comprehensive guide to planning and implementing a community video project that addresses gender-based violence, harmful practices, HIV/AIDS, and related concerns.

Part 1 reviews these critical concerns within the context of crisis and conflict-affected settings. Part 2 outlines participatory communication principles and approaches, as well as challenges in addressing sensitive issues within programs supporting social and behavior change. Part 3 focuses on the uses of participatory, community-based video in development and humanitarian settings.

Part 4 delineates steps in planning and designing a community video project. Part 5 focuses on implementation, ongoing support, and ways of integrating community video activities into broader program work within an organization or program. Part 6 addresses issues of program quality and sustainability. Part 7 provides recommendations for monitoring and evaluation. Part 8 suggests opportunities for sharing experiences, and offers some of principal lessons learned by the Through Our Eyes teams. Resource materials are provided in the Annexes.

The Toolkit includes a manual titled "A Practical Guide to Community Video Training." This guide provides detailed session descriptions, exercises, and support materials for a two-week training workshop integrating thematic content with video production, team-building and interpersonal communication skills. The guide is designed primarily as a facilitation tool; however, it can also serve as a resource for communication personnel, program managers, and humanitarian aid agency and NGO staff who wish to strengthen health and social development programs through participatory video. In terms of program implementation, the training described in the Practical Guide should be carried out following the planning and preparation stages described in Part 4 of the Toolkit.

Throughout this Toolkit, relevant examples from the Through Our Eyes experience and other participatory communication programs are integrated at relevant points. While focused on conflict-affected contexts, many of the lessons and processes described here can be applied to any setting.

Finally, like all participatory initiatives, this Toolkit is a work in progress that will evolve as project teams and local partners continue to collaborate with and learn from their communities.







## **Part One:** Critical Issues in Conflict-Affected Settings

*Photo: Former abducted girls at a rehabilitation center. Girls as young as ten years old have been regularly abducted from villages, given as “wives” to Lord’s Resistance Army (LRA) commanders or raped by LRA soldiers (Uganda, 2006. © Manoocher Deghati/IRIN)*

## Part One: Critical Issues in Conflict-Affected Settings

Conflict and crisis put women and girls at high risk of violence and other forms of harm. Displacement and instability frequently separate families and communities, and communal and legal systems of support and protection often become fractured or cease to function. The following section provides an overview of three closely intertwined threats to women and girls in conflict and crisis-affected areas: gender-based violence, harmful practices, and HIV/AIDS. It describes prevalent forms of gender-based violence and harmful practices, their consequences, and how they and HIV/AIDS result in devastating outcomes for women and girls. The section concludes by looking at how prevention activities, especially those that involve meaningful dialogue such as participatory approaches, empower communities to prevent violence and sustain social change.

### Gender-based Violence

Gender-based violence (GBV) is one of the most pervasive forms of violence linked to conflict and crisis-affected settings. Gender-based violence can be sexual or physical; it may take the form of emotional or psychological abuse, or economic or political inequality. The overwhelming majority of cases involve women and girls (International Rescue Committee, 2007). Gender-based violence in conflict has been reported in myriad settings worldwide, and from ancient times to the present day.

Gender-based violence occurs during all stages of conflict. During the emergency phase, most



*Women and girls fleeing conflict in Cote d'Ivoire by crossing into Liberia (2011).*

Gender-based violence is any harm based on power inequalities resulting from gender roles. It can manifest as sexual, physical, emotional or psychological abuse, or take the form of economic or political inequality. The overwhelming majority of cases involve women and girls.

International Rescue Committee (2008)

reported incidents are cases of sexual violence. During the 1994 genocide in Rwanda, the majority of Tutsi women experienced some form of gender-based violence, and 250,000 - 500,000 were raped (AVEGA, 1999). Sexual violence in conflict can be uniquely brutal: examples include rape, gang rape, rape with objects, sexual slavery, forced impregnation, and intentional infection with STIs, including HIV (UNHCR, 2008; IASC, 2005). The conflict in the Democratic Republic of Congo is marked by extreme sexual violence on an unprecedented scale (Forced Migration Review, 2007).

In some instances, the very individuals who should provide help—peacekeeping forces, aid workers, and police—perpetrate sexual abuse and exploitation (SEA). For example, police and male residents in refugee camps coerced women fleeing Darfur into providing “sexual services” in exchange for protection (Human Rights Watch, 2005). Increased incidence of gender-based violence has also been reported in the wake of natural disasters, such as the 2004 Asian tsunami and post-earthquake Haiti (Enarson, 2006). Men and boys may also experience sexual violence during crisis.

During relatively stable phases of conflict, reports of intimate partner violence (IPV) escalate in camps for refugees and internally displaced persons (IDP); such violence is often fueled by the loss of livelihoods and traditional roles, alcohol and drug abuse (*ibid.*). The fracturing of relationships and social roles, compounded by lack of employment, can lead men to abandon their wives and children. Women and young girls are often forced into prostitution or assaulted when they seek firewood





*A 13-year-old girl, raped by armed men, waits for treatment in a health clinic (Democratic Republic of Congo, 2006. © Tiggy Ridley/IRIN)*

or water (UNICEF, 2006), or when they work as domestics outside the camp. Others may be trafficked, or tricked or coerced into moving to a new area and forced to work for little or no pay. Those who live “in the bush” also remain at risk of violence.

High levels of gender-based violence persist even in post-conflict societies, sustained by the normalization of violence during warfare and the weakness of nascent legal justice systems.

Conflict compounds the violence that women and girls struggle with during times of peace. Many of the types of gender-based violence found during the conflict and post-conflict periods also exist pre-conflict and they are based on unequal attitudes and practices toward women. For this reason, efforts to prevent gender-based violence must extend beyond the conflict period, and must address the socially-entrenched norms that perpetuate violence against women and girls. (See below, **“Working toward prevention.”**)

Gender-based violence is rooted in unequal gender relations that existed before the onset of conflict. As a result, it continues at all stages of conflict and even after the fighting ends.

## Harmful practices

The phrase “harmful practices” is used by many organizations to describe customs that affect people in negative ways. For example, withholding breast-milk from children during diarrheal episodes and food taboos during pregnancy can weaken women and children’s nutritional status (Airhihenbuwa, 1995; cited in UNICEF, 2006). Many harmful practices are also forms of gender-based violence. Examples of harmful practices include widow inheritance, female genital cutting/mutilation, female infanticide, neglect or differential treatment of female children, forced/early marriage, dowry-related abuse, wife-sharing, and honor killings.

In crisis and conflict-affected settings, communities may respond to social disruption and displacement by strengthening cultural practices, including harmful ones. Female genital cutting/mutilation is sometimes “revived in refugee settings as communities embrace traditions more fervently in an attempt to reassert their cultural identity” (Marie Stopes International, 2001). Reclaiming traditional practices may also represent a wish to “maintain a sense of continuity during a turbulent time” (Vann, 2002). Economic factors may play a major role as well. Forced and/or early marriages may be widespread in refugee or crisis-affected communities when parents see benefits in gaining bride-price, and/or in decreasing their number of dependents. When resources are scarce, differential treatment of girls and boys may increase as parents decide on how to allocate food and who goes to school.

*Knives used by former practitioners to carry out female genital cutting/mutilation on girls (Guinea, © CPTAFE)*



## Some Examples of Harmful Traditional Practices

**Female genital cutting/mutilation** (also known as excision or female circumcision) involves cutting away all or part of the external female genitalia. An estimated 130 million women worldwide have undergone genital cutting, and 2 million girls undergo the practice each year. Consequences may be immediate (shock, severe pain, hemorrhage, ulcerations) or long-term (cysts, abscesses, keloid scars, damage to the urethra, painful sexual intercourse), and may also include psychological trauma. The most severe form, infibulations ((sewing closed the labia majora (outer lips of the vulva)), may cause complications in childbirth or infertility.

**Early marriage**, defined as marriage before the age of 18, is widespread in many regions and especially South Asia and sub-Saharan Africa. The young age of many child brides—some as young as 6 or 7—negates the concept of consent. Early marriages, which may also be forced, result in early and/or frequent pregnancies and consequent health problems. The practice has been linked to extremely high maternal and child mortality rates in parts of Asia (UNFPA, 1997). Early/forced marriage also raises young girls' risk of HIV/AIDS infection. Girls married at a young age usually lose access to schooling and life opportunities. Many experience abuse and violence in the union.

**Widow inheritance** involves the marriage of a widow to a designated man in her husband's family, often the brother of the deceased. Belief in sexual rituals to "cleanse" a widow may be involved. Widely practiced in Eastern and Southern Africa, the practice has contributed greatly to the spread of HIV/AIDS. A related practice in some settings requires the sister of a deceased or infertile wife to marry or have sex with her brother-in-law, the widower/husband.

**Wife sharing**, in which a married woman is expected to be sexually available to her husband's friends, or male relatives, is practiced in certain parts of East Africa, including Kenya, Rwanda, and eastern Congo. A related practice in some settings requires the sister of a deceased or infertile wife to marry or have sex with her brother-in-law, the widower/husband.

**Neglect or differential treatment of girl children** is linked to low cultural valuation of girls and/or a preference for sons. It is demonstrated through poor nutritional and health status of girls, withholding of medical care and schooling, and different forms of abuse. Son preference is especially widespread in parts of South and Western Asia and Africa. In areas when preference for male children is most pronounced, selective abortion of female fetuses and female infanticide may occur.

**Dowry-related violence** occurs when a woman's husband and/or family considers that the dowry provided by her family has been insufficient. Women experiencing dowry violence may be subjected to mental and physical abuse, torture, starvation, or death (often by burning) so that the husband can take another wife.

"**Honor killings**" are murders carried out because a woman or girl is considered to have tainted the reputation of her family, tribe, or social group. Usually committed by relatives, these killings are undertaken as actions against a woman's perceived transgressions of social norms, and rarely punished.

**Swara** is a practice found in Afghanistan and Pakistan in which one family gives a girl to another family as compensation for an injury or grievance. Originally based on a largely symbolic Pashtun custom for healing social rifts, swara has devolved into a system by which girls and young women effectively become slaves within a hostile household (Khel, 2006).

**Watta satta** (literally, "give and take") is the tradition of exchanged marriages between two families. An estimated third of all marriages in rural Pakistan are made through this custom (Pakistan Newswire, 2007). The practice has been linked to forced/ early marriage, spousal abuse and HIV/AIDS infection among women.

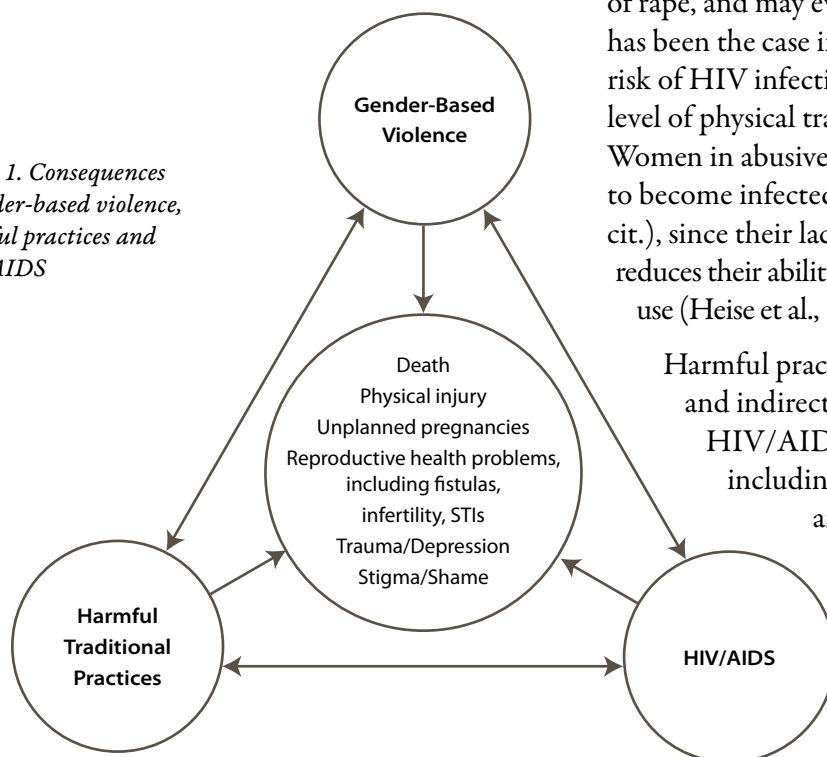
## HIV/AIDS

Conflict exacerbates gender inequalities that put women and girls at risk of HIV infection (Seckinelgin, 2010). During conflict, women are often lack the means to protect themselves from sexual assault or contracting HIV. The particularly brutal nature of sexual violence and prolonged exposure via repeated rape and sexual slavery in conflict increase the risks of transmission (El-Bushra, 2010). Transmitting HIV through rape may also be a deliberate act of sexual violence; during the 1994 Rwanda genocide, women were intentionally infected through assault by HIV-positive men (Ward, 2002). Conflict and crisis also damage systems which, under normal conditions, would support HIV/AIDS prevention, care, and treatment. These include systems for information and outreach, HIV testing, medical care (such as post-exposure prophylaxis and ART) and psychosocial support.

### Consequences of gender-based violence, harmful traditional practices, and HIV/AIDS

Gender-based violence, harmful traditional practices, and HIV/AIDS affect women and girls disproportionately. Figure 1 below shows how they interact to compound risks to the physical, emotional, and reproductive health of women and girls.

Figure 1. Consequences of gender-based violence, harmful practices and HIV/AIDS



An HIV-positive refugee woman from the Democratic Republic of Congo in a counseling session (Rwanda, 2008)

Gender-based violence can lead to death and physical injury, including serious reproductive health problems. Survivors may suffer mutilation of their sexual organs as well as ruptures between the vagina, bladder, or rectum, known as traumatic fistula. Caused by brutal sexual attack, this condition often occurs in conflict-affected areas. Other reproductive health consequences of gender-based violence include sexually-transmitted infections (STIs), and infertility. Unwanted pregnancy is a frequent result of rape, and may even be a goal of the perpetrator, as has been the case in Bosnia and Darfur. Rape brings risk of HIV infection, which increases with the level of physical trauma and frequency of assaults. Women in abusive relationships are also more likely to become infected with HIV (Rothschild et al., loc. cit.), since their lack of social or economic options reduces their ability to refuse sex or insist on condom use (Heise et al., 1999).

Harmful practices are associated both directly and indirectly with gender-based violence and HIV/AIDS. Many traditional practices, including wife inheritance, wife sharing, and forced/early marriage, can put women and girls at risk of HIV infection. The myth that sex with a virgin can cure AIDS places women at risk of

HIV infection. Female genital cutting/mutilation may also spread infection when practitioners use unsterilized tools on multiple girls.

Obstetric fistula—a hole in the wall between the rectum and vagina—results from prolonged obstructed labor. Women with fistulas experience uncontrollable leakage of urine and/or feces. As a result, they are often ostracized by family and community members. Harmful practices such as forced marriage and early pregnancy put girls and young women at risk of fistula because their narrow width of their pelvises put them at risk of obstructed labor. Female genital cutting/mutilation can also contribute to fistula due to inelastic, scarred tissue that prevents normal delivery.

Compounding these physical effects, gender-based violence, harmful practices, and HIV cause psychological trauma (UNHCR, 2003). Survivors of gender-based violence have high levels of anxiety and pain and are at an elevated risk of suicide and mental illness (Thomas, 2007). Rape survivors experience shame and stigma. The psychological effects of gender-based violence can be collective, as when combatants use sexual assault to instill terror in targeted communities.

Social stigma and discrimination also affect women living with HIV/AIDS. Although women are physiologically more susceptible to being infected by men than the reverse, prevailing attitudes often blame women for bringing HIV into the family or community (Airhihenbuwa, 1995). Many women with HIV, or perceived as HIV positive, experience rejection and abandonment. They may be dispossessed or separated from their families and children.

Gender-based violence, harmful practices, and HIV/AIDS are causally interlinked. Individually and in combination with one another, they can result in death, physical injury, emotional trauma, discrimination, and reproductive health problems.



*Surgical team repairs a fistula at University Hospital, Dhaka, Bangladesh (2005. © Hinrichsen, Courtesy of Photoshare)*

In these ways and many others, gender-based violence, harmful traditional practices, and HIV injure individuals, families and communities.

### **Secrecy, shame, and stigma**

Silence is one of the greatest obstacles to helping survivors of gender-based violence and those living with HIV. Acts of gender-based violence and their physical, emotional and reproductive health consequences are frequently under-reported because of the shame and stigma associated with them. In addition, attitudes around gender are often deeply linked to cultural identity and family status. In many settings, incidents in the home are considered private, and to speak of them is perceived as a violation of social norms. Further, many traditional practices and acts of gender-based violence are carried out under conditions of secrecy. Some practices are actually associated with secret societies and clandestine rites, and to discuss them may be taboo (IRIN, 2005). Other practices may have never been questioned, but simply accepted as “tradition.”

Enforced silence exacerbates the psychological consequences of gender-based violence, harmful practices and HIV. HIV infections may be prevented if survivors receive post-exposure prophylaxis within 72 hours. Care for injuries, prevention of other sexually-transmitted infections and unwanted pregnancies should also be promptly provided. Fear of shame and stigma, however, can prevent women from seeking services even if they



Silence is one of the greatest challenges involved in helping HIV-positive women and survivors of gender-based violence. Silence exacerbates physical and psychological consequences and prevents appropriate care. Above all, silence perpetuates the attitude that violence and exploitation of women and girls is inevitable.

suspect they have a sexually-transmitted infection (Gutmacher, 1998). Above all, silence perpetuates “feelings of spiritual resignation” (Airhihenbura, 1995) and perpetuates the assumption that violence and exploitation of women and girls is inevitable (Ward, 2002). For all of these reasons, ending the culture of silence is key to prevention. Challenging and changing gender-related attitudes and practices can be difficult even for individuals from the community, however, and must be approached with care.

### Working toward prevention

The forms of gender-based violence during times of war and how communities respond are deeply rooted in gender inequalities that existed before the onset of conflict (El Jack, 2003). Ending the silence surrounding gender-based violence is a vital first step in helping communities confront and question inequitable norms. This is because decision-making around women’s welfare may involve other

*“Prevention as well as response should be prioritized...sexual violence does not stop with peace agreements.”*

Manuel Carballo, Director, International Center for Migration and Health

community members as much as the individual(s) directly affected. Social or family pressure often favors tradition, and the benefits of abandoning entrenched gender attitudes and practices may not be obvious to all. (See “**Special Challenges in Social Change Communication**” in Part 2, “**Participatory Communication in Development**,” and the “**Helpful and Harmful Practices**” activity in Annex C, “**Resources on Monitoring and Evaluation.**”)

For these reasons, social change initiatives must be a central component of efforts to reduce and prevent gender-based violence on a sustained basis. Many gender-based violence programs provide legal, security, health, and psychosocial services to support survivors in conflict-affected areas. These services play a critical role in protecting the lives and dignity of survivors. However, they should be accompanied by prevention efforts that address the attitudes and behaviors that sustain violence. Prevention efforts must be customized to local contexts, and should continue long after the cessation of fighting. To challenge long-held concepts around the status, roles, and treatment of women and girls, prevention programs must deeply engage community members in problem identification, dialogue, and solution-seeking. These are the core elements of participatory communication, a powerful and empowering approach in preventing gender-based violence and related issues.



*Members of a mothers group in Nyabiheke refugee camp discuss issues raised by a video on the importance of reporting rape within 72 hours (Rwanda, 2011)*

## Communicating the crime of rape

During Liberia's 14-year-long civil war, an estimated 40% of all women experienced conflict-related sexual violence (IRIN, 2004), and impunity was the norm. When peace came, President Ellen Sirleaf-Johnson enacted laws to strengthen penalties for rape, with the goal of ending this culture of impunity. The Through Our Eyes team helped spread the message through its first videotape: "Be Aware: Rape is a Crime." Related videos showed the negative effects of treating rape as a private, "family matter" and stressed the importance of prompt and appropriate care for survivors. Screenings of these tapes prompted an immediate increase in reporting of assaults, with many women coming forward to seek psychosocial counseling and health services.

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