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SANSAS
Sunu wergu yaram, sunu yite

BREAKING THE SILENCE ON GENDER-BASED VIOLENCE AND DEVELOPING TAILORED RESPONSES:

EXPERIENCE OF THE SANSAS PROJECT IN SUPPORTING YOUNG AND ADOLESCENT SURVIVORS

1 - GBV - a public health emergency and a serious violation of fundamental human rights

Gender-based violence (GBV) has a significant impact on the health, wellbeing and autonomy of people who experience it. Deep-rooted gender inequalities at society level provide fertile ground for violence of this type to occur. Women are confronted with this issue from an early age and throughout their lives.

In 2023-2024, Senegal's National Agency for Statistics and Demography conducted the *National Reference Survey on Violence against Women*[1]. The report highlighted an alarming situation from the interviews conducted:

- **1 in 3 women** reported having experienced at least one form of violence (physical, sexual, psychological or economic) in the 12 months preceding the survey;
- among women and girls aged 15 to 24, the figure was **almost one in two;**
- **70% of women surveyed reported having experienced** intimate partner violence at some point in their life.

Adolescents are particularly vulnerable to GBV and face multiple repercussions: **psychological distress, rejection and social isolation, STIs, chronic pain or unplanned pregnancies (UP).** This has a significant impact on their futures and wellbeing, as well as those of their children in a context where abortion is illegal.

Despite legislative developments, such as a law criminalizing rape, there remain challenges around prevention and care for survivors: lack of training for care providers, lack of a formal referral system, lack of knowledge of care provision mechanisms, low levels of reporting, no existing accommodation facility in the Sédhiou region in particular, a lack free services and survivors being unable to fund their care properly due to a lack of resources.

[1] ANSD, UN WOMEN, Women Matter, UNDP, UNFPA: *Baseline Survey on Violence Against Women,* November 2024: Brochure_ENR-VFFS.pdf

2 - Create linkages between stakeholders and putting survivors at the heart of the response

In response to these findings, the **SANSAS** project started up in 2021 in the department of Mbour (Thiès region) and the Sédhiou region with funding from the French Development Agency (AFD) and the L'Oréal Fund for Women. The project supports the roll out of holistic and coordinated care for young and adolescent survivors of GBV. SANSAS is underpinned by a survivor-centered approach and is organized into 4 key areas.

Figure 1: Overall approach of the SANSAS project

Throughout the project, there have been various factors that have made it possible to create synergy and amplify local responses:

- joint development of a standardized response and support protocol (medical, psychosocial, legal) and roll out of skills development interventions to strengthen the quality of care, medical care provision in particular;

- mapping services, identifying entry points and establishing a multi-stakeholder referral pathway to set out the scope, methods and linkages between the different government and civil society stakeholders;

- establishing an operational monitoring committee that brings together all stakeholders on a quarterly basis and provides a structured space for collaboration, discussions and sharing between partners responding to GBV;

- developing a community surveillance system that works with champion committees responsible for detecting, reporting and referring survivors and promoting prevention approaches;

- rolling out mobile clinics providing comprehensive sexual and reproductive health services and enabling first-line response;

- emergency fund to overcome financial barriers and a case management mechanism;

- establishing a secure data management system.

In this sense, the project enabled a comprehensive referral pathway to be defined and rolled out to multi-sector services, ensuring a response adapted to peoples' specific needs.

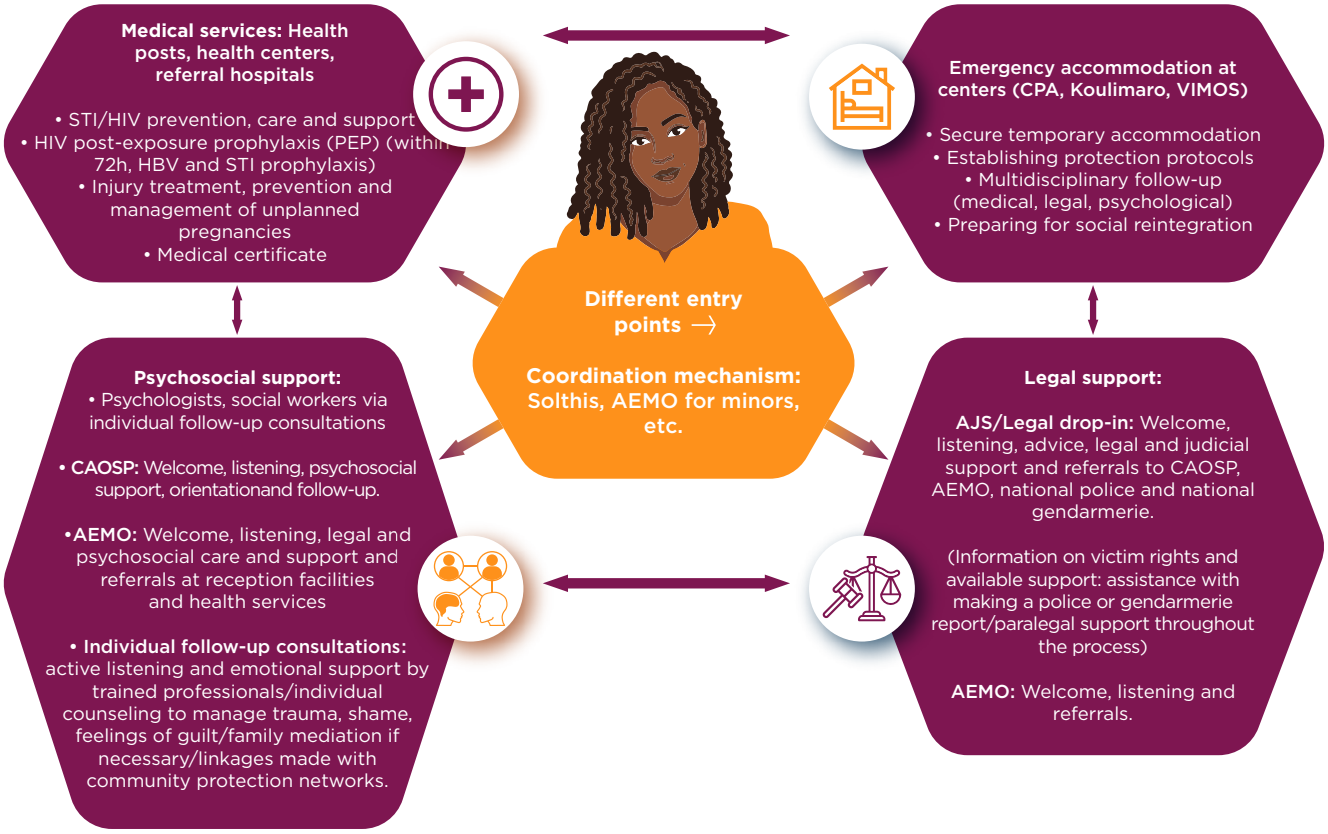


Figure 2: Diagram of the referral system put in place

ZOOM - Identify, respond, refer: dynamic training to equip care providers

Care providers identified capacity strengthening as a priority intervention at the initial assessment phase. To address this, the project developed a comprehensive skills building approach for care providers, and midwives in particular. This has been structured around 2 complementary levels of training:

- introducing GBV - definitions, signs and identification during sexual and reproductive health for adolescents and young people consultations and initial psychosocial support sessions. Using various methods, such as the participatory "moving debate" approach, interactive theatre and the photolanguage approach, training highlights the available resources, the difficulties encountered by care providers and collectively explores shared and individual depictions of GBV;

- clinical care provision for sexual and physical violence. A female actor trained on GBV by Solthis was involved in this session Her presence was greatly appreciated by participants as it allowed for realistic practical role plays and rich discussions around the experiences of both survivors and care providers supporting them.

Trainings promoted a patient-centered approach aiming to put survivors at the heart of decisions affecting them, and they emphasized being welcoming, taking a listening approach and the supporting relationship of care provision. There was a specific focus on confidentiality in a context where family members are usually allowed to attend consultations and are often decision-makers for patients. On-site mentoring sessions helped to build on training achievements.

Gender-based violence (GBV) training in Côte d'Ivoire (in French)

SANSAS Project in Senegal:
Health provider training on GBV

> ***"It was really useful. The actor demonstrated lots of different factors to think about. If a girl has been raped, there are a thousand different ways she might try to tell you her issues. We did a lot of role-playing. They created situations as if we were in consultation sessions. We would never have thought of that."***
> Mbour service providers

30 health facilities supported
2 training cycles
60 care providers trained
129 survivors received medical services

ZOOM – Scaling up the response through a community-based approach

The project worked with influential community and religious leaders who were split into committees and trained on GBV. In total, 10 committees for champions on awareness and "secret reporting" were set up. One committee has been established in each of the intervention municipalities. The work of these community support groups for survivors promotes speaking out and solidarity.

Awareness campaigns have been carried out to inform populations about the impact of domestic violence, sexual violence, early marriage and female genital mutilation to support greater prevention. These interventions have reached **nearly 3,000 people with improved knowledge** of preventive measures against gender- based violence, and building understanding of referral pathways and care provision, where it is needed. **Radio shows on GBV** were also broadcast via 5 partner radio stations. These achievements have been possible thanks to the contribution and commitment of community leaders who are champion committee members. These committees have developed action plans to continue the process of informing populations to ensure the sustainability of interventions.

Feedback from our forum on gender-based violence in Sédhiou (in French)

61 community actors trained on community support and guidance

10 champion committees established with 40 champions identified and trained (24M/16F)

44 talks by the champion clubs

38 community dialogues carried out by the districts

21 radio programs organised

5 social mobilization campaigns

3 - Understanding to take action

Between May 2022 and March 2026, the project supported 185 survivors of GBV, including 11 cases in Mbour and 146 in Sédhiou. The Sédhiou region has benefited from enhanced support through funding from the L'Oréal Fund for Women, including community mobilization activities and an emergency fund being set up. This explains the higher number of people reached in this area.

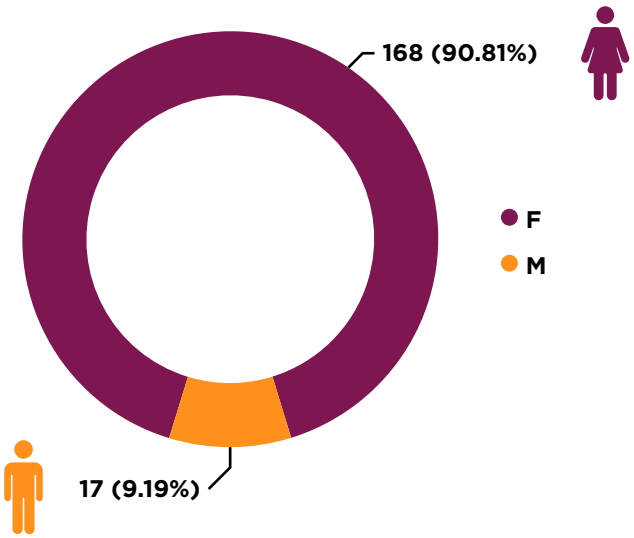


Figure 3: Gender distribution of survivors supported by the SANSAS project (n=185)

Sexual violence - a significant reality

The adjacent graph shows the distribution of different forms of violence supported by the project. 61% of cases supported related to sexual violence, which included many rape cases involving minors. This can be explained by the project scope and objectives and its strong linkage to health services. Therefore, support for sexual and/or physical violence committed by an intimate partner has been prioritized. This requires a tailored response, including urgent medical response, psychosocial support and access to justice. Violence of this kind does not take place in isolation but is part of a continuum. Therefore, it is important to note that this graph shows the distribution of survivors according to the "main" form of violence they received care and support for. However, several forms of violence can coexist and overlap within the same case. Finally, it should be noted that no psychological violence cases were recorded.

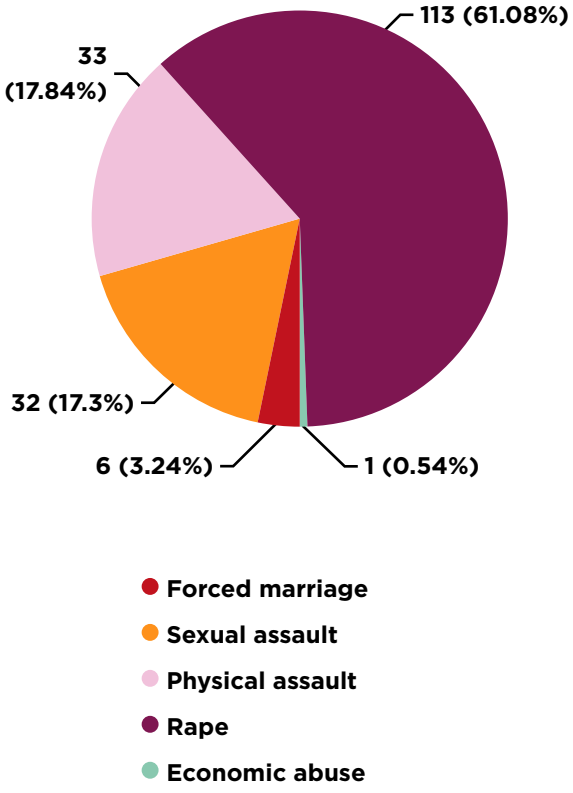


Figure 4: Distribution by form of violence of survivors supported by the SANSAS project (n=185)

Very young survivors - violence that begins in childhood

Project data shows a median age of 16, with situations occurring that involve children under the age of 10.

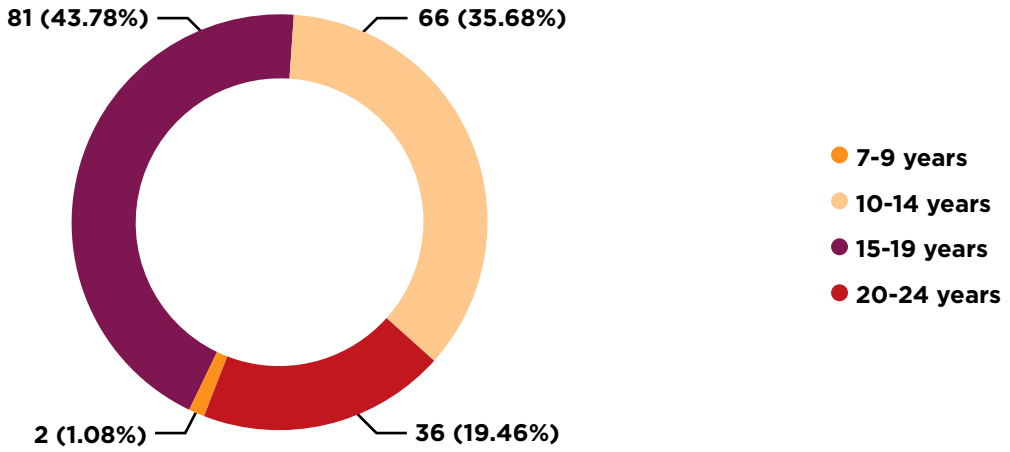


Figure 5: Age distribution of survivors supported by the SANSAS project (n=185)

The young age of people experiencing violence highlights this is a deeply structural issue: girls experience unequal power relations from childhood. This dynamic contributes to GBV being invisible. Cumulative vulnerabilities increase exposure and limit the ability to seek help. These results align with national data and highlight the urgency of strengthening a national social protection policy focused on the rights of children and adolescents, placing their safety and autonomy at the heart of interventions.

Managing unplanned pregnancies: primary gateway to care after rape

Of the rape survivors supported, more than one in two (55%) had an unplanned pregnancy. In these situations, the SANSAS project was able to support pregnancy monitoring including covering certain medical expenses, providing psychosocial support and, depending on the situation, legal support.

Although not all rape cases result in pregnancy, data show it is often pregnancy that triggers service use. This demonstrates a major blind spot in care provision systems: many survivors of sexual violence do not access services if there are no visible or serious physical consequences, and therefore remain outside the care system. Pregnancy acts as a trigger for service access, more than the act of violence itself. This reflects the level of silence, the trivialization of violence and the obstacles to immediate access to medical services. This highlights how imperative it is to strengthen integration of GBV response into maternal health services. In this sense, systematic sexual violence screening for pregnant adolescents, particularly during antenatal consultations (ANC) would appear to be an opportunity to invest in.

The World Health Organization (WHO) also identifies ANC as a key entry point for ethical, confidential and non-stigmatizing identification of violence, provided it is accompanied by clear protocols, trained staff and secure referral mechanisms (WHO, 2013; WHO, 2014). It is also necessary to improve rapid access (ideally within 72 hours) to care following rape, including access to emergency contraception. These guidelines are consistent with WHO recommendations, which identify reproductive health services as strategic entry points to identify and support GBV survivors.

Family and friends: a space where violence occurs

In 39% of cases, the perpetrators identified were part of the family group and in 30% of cases were a relative or friend outside of the family group. The proximity of victims to their perpetrators is a major obstacle to reporting. Survivors, who are often dependent on their family environment, are told to keep quiet to preserve social cohesion. This leads to informal arrangements and limits access to justice. This situation highlights the need for interventions that go beyond the individual to target social norms and family dynamics.

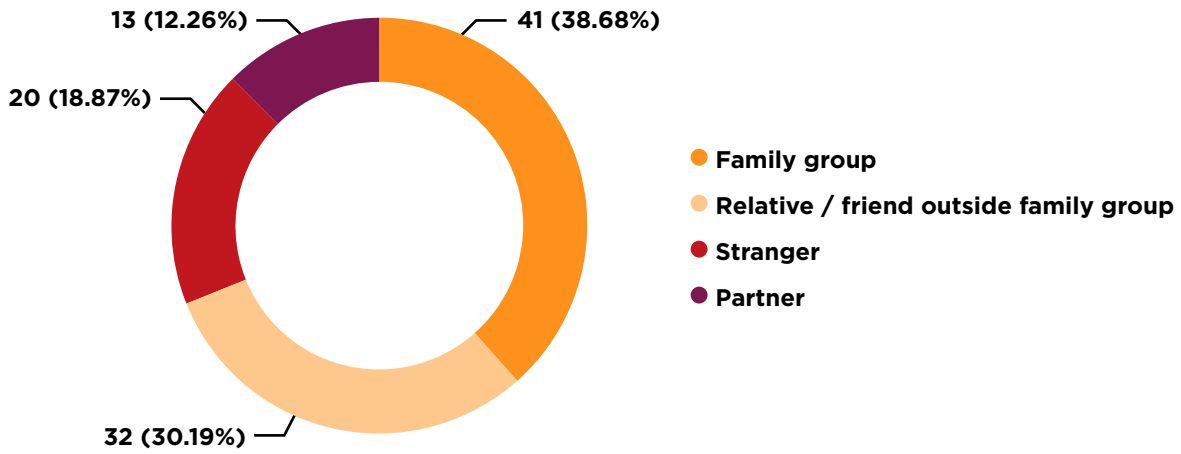


Figure 6: Distribution of reported links between perpetrators and survivors (n=106)

For 79 of the 185 survivors provided with care, the perpetrator link was not reported. Therefore, the above graph relates to the 106 survivors where information was reported.

Community: a driving force to break the silence

In a context where taboos and stigma around GBV issues are rife, implementing community-based mechanisms (champions and mobile outreach clinics) has made it possible to improve the detection and referral of survivors. In this sense, the proximity of community stakeholders is an essential factor for early identification of situations of violence. These mechanisms make it possible to bring services closer to survivors and create a more favorable environment to speak out.

Coordination and synergy across interventions: essential for meaningful holistic care

Under this project, survivors were able to benefit from multi-faceted care, ranging from medical care to safeguarding. 129 survivors received medical support through local health facilities. 62 young girls who reported a pregnancy following rape received dedicated support adapted to their situation (pregnancy monitoring, financial support for medical costs, psychosocial support).

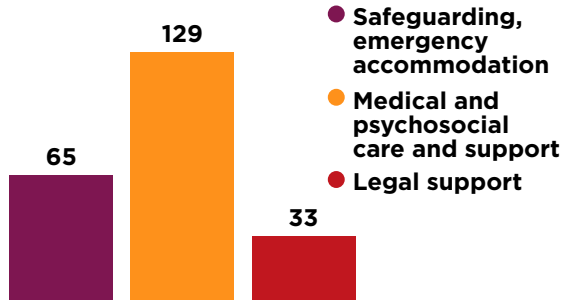


Figure 7: Number and types of care provided to the 185 survivors supported by the SANSAS project.

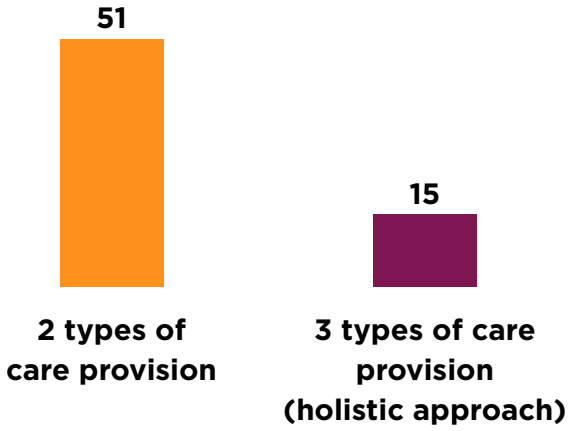


Figure 8: Distribution of survivors who received more than one type of care by number of care provisions under the SANSAS project.

However, the sociocultural reality and taboos surrounding sexual violence often limit access to justice: many cases are settled amicably within families. Reporting cases and filing complaints, through legal drop-ins or hotlines, does not happen systematically in a context where violence remains largely taboo. This partly explains the weak legal support provision. The safeguarding mechanism made it possible to supervise and support 65 young girls, especially those with unplanned pregnancies, in specialist centers, such as the VIMOS center (Sexual Violence and Genital Mutilation) in Ziguinchor. Empowerment, self-support and self-defense workshops were organized there, providing survivors with practical tools to overcome trauma and position themselves as social change actors. This experience demonstrates the importance of an integrated approach, focused on survivors, which combines medical care, protection, psychosocial support and empowerment, while advocating for accessible and culturally sensitive justice systems, in line with international recommendations on the protection of victims of sexual violence.

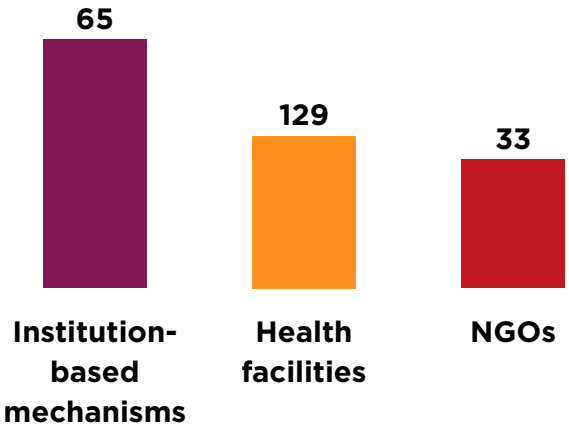


Figure 9: Entry point for care /referral of survivors supported by the project (n=185)

4 - Key recommendations from actors on the ground

Lessons learned from this project have made it possible to identify several priority areas needed to sustainably strengthen care provision for GBV survivors and to support potential scale up of the approach.

1. The health system and care provision for survivorss

- Strengthen the systematic integration of adolescent GBV testing, including during antenatal consultations and sexual and reproductive health services for adolescents and young people, to support early identification of survivors.

- Strengthen the capacity of health professionals, psychosocial actors and legal workers to manage GBV, by integrating survivor-centered approaches and deconstructing discriminatory biases and norms.

- Facilitate equitable access to justice, social services and protection for all survivors, regardless of the nature or apparent severity of the physical impact of the violence experienced.

2. Community-based and prevention mechanisms

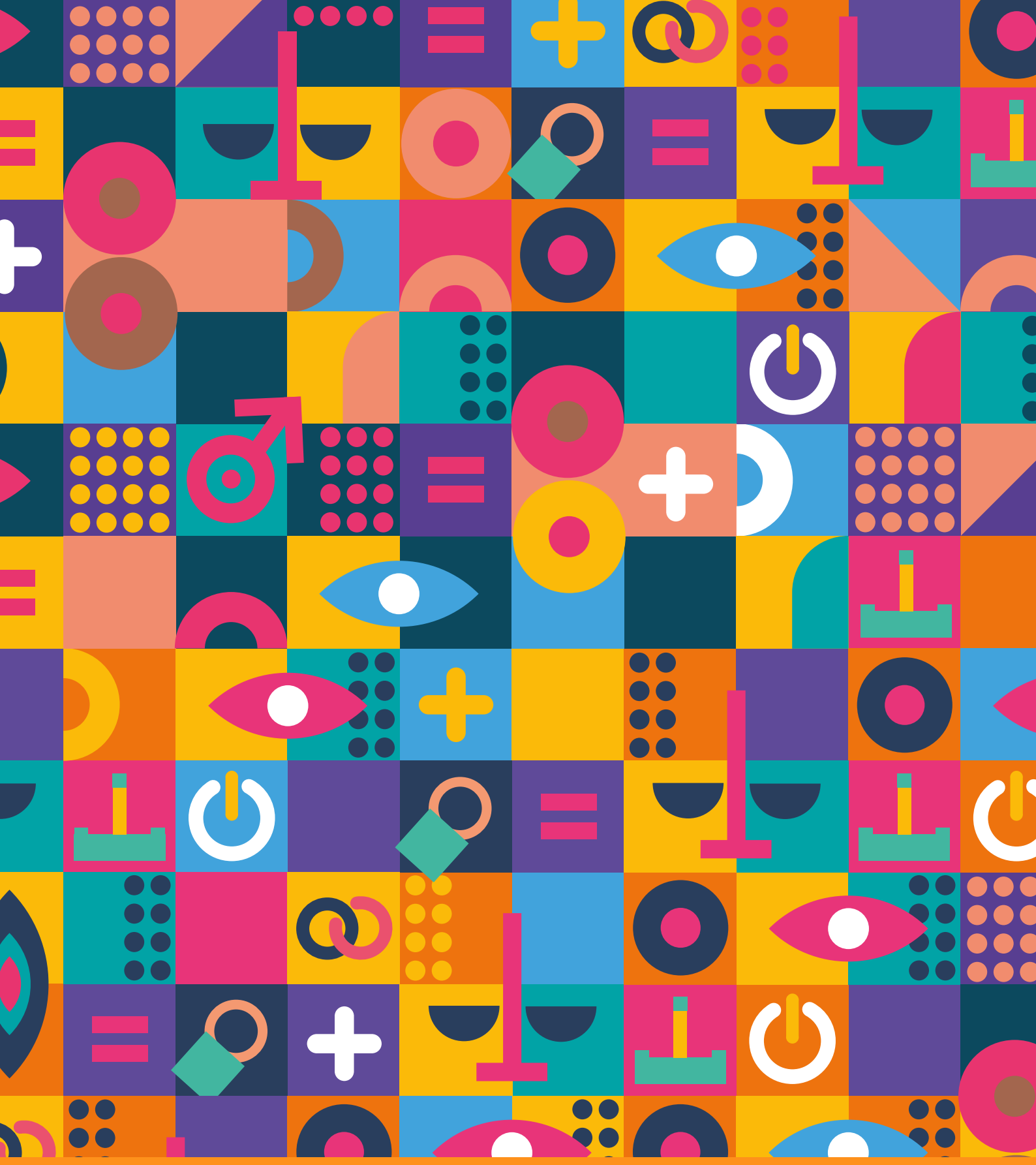
- Institutionalize and make more sustainable community mechanisms established under the project (community champions, local committees, outreach work), in order to sustainably improve the identification, reporting, referral and support for survivors.

- Scale up community awareness and advocacy interventions with families, community and religious leaders as well as adolescents and young people themselves, with the aim of changing harmful social norms, reducing stigma and promoting freer speech around GBV.

3. Coordination, governance and scale up

- Streamline and formalize the national GBV survivor care pathway, through updated stakeholder mapping, clear referral mechanisms, and strengthened intersectoral coordination between the health, youth, family, social, justice, and protection sectors.

- Continue evaluating and documenting good practices, challenges and project results in order to support a gradual scale up to other departments and regions, while ensuring tools, protocols and approaches are adapted to local realities.



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