



care®

**Challenging
Gender-based
Violence Worldwide:
CARE's Program Evidence**
Strategies, Results and Impacts
of Evaluations 2011-2013



CARE's Vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

CARE's reach in 2013

CARE is a leading humanitarian organization fighting global poverty and providing life-saving assistance in emergencies. Since 1945, CARE has worked to improve the lives of the poorest and most excluded populations around the world. In fiscal 2013, CARE worked in 87 countries around the world, supporting 927 poverty-fighting development and humanitarian aid projects, to reach 97 million people.



Introduction: Why this report?

Gender-based violence (GBV) is one of the most widespread human rights abuses in the world. Globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime. Though women and girls are overwhelmingly the targets of GBV, men and boys can also be subject to GBV, especially if they are perceived to be acting outside the prescribed social norms for males. This abuse takes place worldwide in homes, workplaces, schools and communities.

Ending GBV involves social change work at the deepest levels and the commitment of the international community, governments, communities, non-governmental organizations, social movements and many others. CARE's 20 years of experience in GBV programming worldwide - in both humanitarian and long-term development projects - has highlighted the importance of working at all levels.

This report reviews CARE's work to tackle GBV based on program evaluations carried from 1 July 2011 to 30 June 2013. Some of CARE's most successful programs were in sub-Saharan Africa, where staff worked in countries like Burundi and Uganda to address violence at home, to engage men and boys as champions of change and to mobilize community action against GBV. In Benin, the Democratic Republic of Congo and Zambia, CARE and partners supported services for survivors of GBV and worked with coalitions and networks to advocate for policy change in line with international agreements for addressing GBV. In fiscal year 2013, our programs tackling this abuse reached more than 1.1 million people.

Why this report? Measuring the outcomes of programs tackling GBV poses well-known challenges. Starting with this publication, CARE wants to contribute to finding solutions and ways forward for obtaining more accurate data about the approaches that have greatest success in tackling GBV. This review has helped identify successes and challenges. This learning is an essential step for working more effectively to end GBV through CARE's future actions.

The report is also intended to increase CARE's accountability to governments and civil societies based on its program evidence. We believe strongly in the importance of transparency regarding our achievements, as well as our limitations. We feel that this openness will enhance our relevance and legitimacy, and ultimately improve the future quality and impact of our work, which is so vital given the scale of GBV.

We share this report with governments, other NGOs, communities, universities, activists and others with the aim of enriching our dialogues to work together to stop GBV. We also hope that this report will foster debates about how to measure the impact of initiatives supported by NGOs and encourage greater accountability. The change we seek will only be possible with more openness, responsibility and dialogue among all stakeholders. This is our firm commitment.

*Sofia Sprechmann
Program Director
CARE International*



Focus countries:
CARE programs with specific goals to reduce GBV

- 1. Armenia
- 2. Azerbaijan
- 3. Bosnia and Herzegovina
- 4. Burundi
- 5. Cambodia
- 6. Chad
- 7. Croatia
- 8. Democratic Republic of Congo
- 9. Ecuador
- 10. Egypt
- 11. Georgia
- 12. Haiti
- 13. Jordan
- 14. Kenya
- 15. Kosovo
- 16. Mali
- 17. Myanmar
- 18. Rwanda
- 19. Serbia
- 20. Sri Lanka
- 21. Uganda
- 22. Vietnam
- 23. Yemen

Development and humanitarian programs integrate strategies for tackling GBV

- 24. Afghanistan
- 25. Bangladesh
- 26. Benin
- 27. Bolivia
- 28. Cameroon
- 29. Côte d'Ivoire
- 30. Cuba
- 31. El Salvador
- 32. Ethiopia
- 33. Ghana
- 34. Guatemala
- 35. Honduras
- 36. India
- 37. Indonesia
- 38. Lao PDR
- 39. Lesotho
- 40. Madagascar
- 41. Malawi
- 42. Montenegro
- 43. Morocco
- 44. Mozambique
- 45. Nepal
- 46. Nicaragua
- 47. Niger
- 48. Pakistan
- 49. Papua New Guinea
- 50. Peru
- 51. Romania
- 52. Sierra Leone
- 53. Somalia
- 54. South Africa
- 55. South Sudan
- 56. Sudan
- 57. Tanzania
- 58. Togo
- 59. West Bank and Gaza
- 60. Zambia
- 61. Zimbabwe

Where we work to address gender-based violence

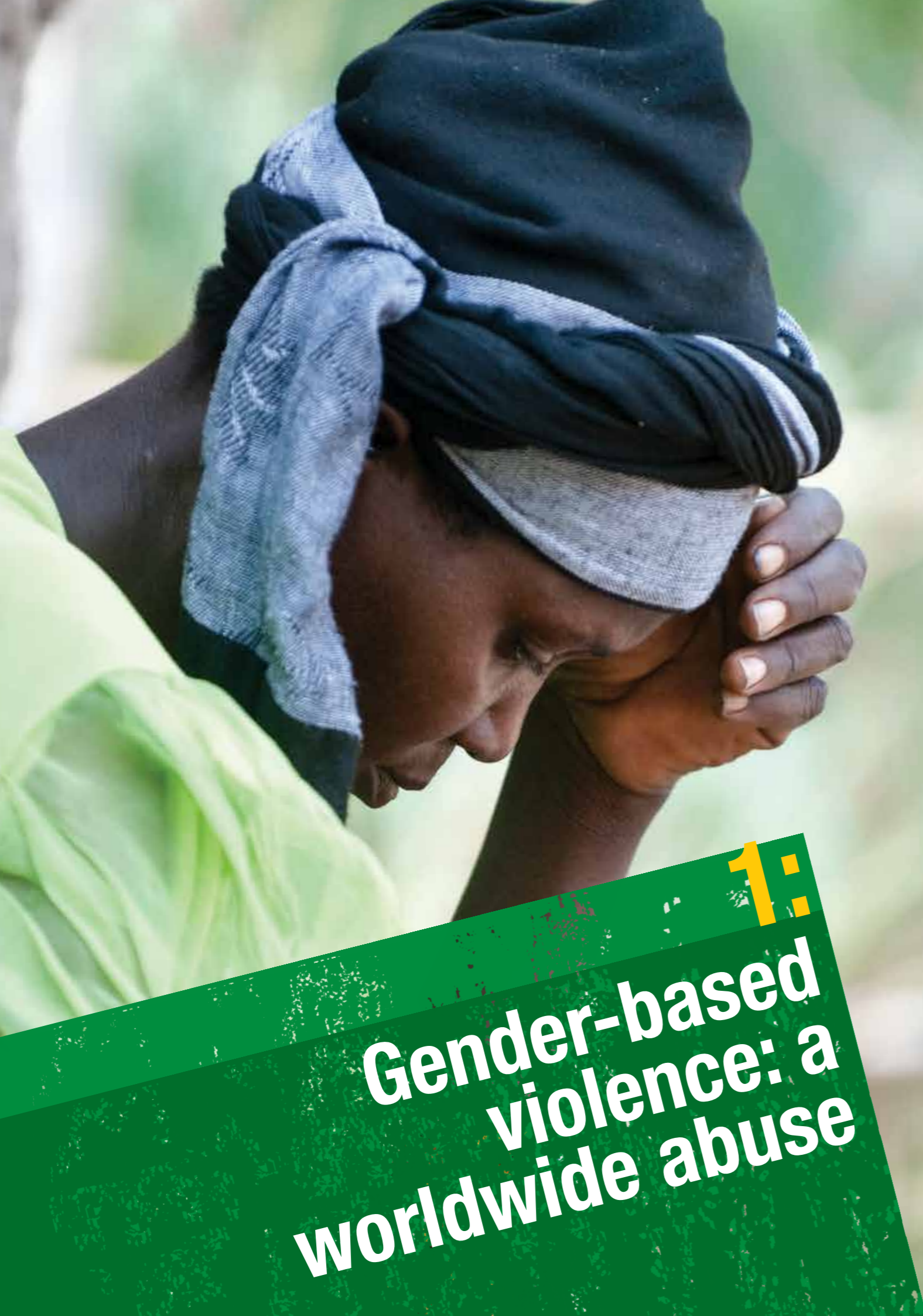
In fiscal year 2013, CARE responded to gender-based violence in 61 countries. In 23 focus countries, CARE reached nearly 320,000 people directly with actions to address GBV. CARE reached another 800,000 people through strategies such as advocacy and media campaigns.

Note: Most countries with programs with specific goals to reduce GBV also integrated strategies to address GBV in other programs.



Contents

Introduction: Why this report?	03
Where we work to address gender-based violence	04
1. Gender-based violence: a worldwide abuse	08
2. Ending gender-based violence: CARE's approach	12
3. CARE's contribution to ending gender-based violence	16
• The reach of CARE's programs fighting GBV worldwide	17
• Influencing and changing the social norms that condone violence	22
• Supporting survivors through quality care	29
• Advocating for public policies to end gender-based violence	32
• Responding to gender-based violence in conflict zones	33
4. Feedback on CARE's programs	36
5. What CARE has learned	40
Endnotes	43
Methodology	44
Credits	46
Contacts	46



1: Gender-based violence: a worldwide abuse

Gender-based violence (GBV) is one of the most widespread, but least recognized, human rights abuses in the world. It refers to any harm perpetrated against a person's will on the basis of gender – the socially ascribed differences between males and females.

Though women and girls are overwhelmingly the targets of GBV (1), men and boys can also be subject to GBV, especially if they are perceived to be acting outside the prescribed social norms for males. GBV (2) includes physical, sexual, psychological and economic abuse; trafficking; practices such as female genital cutting, forced marriage and honor crimes; and widespread sexual violence and exploitation during and after conflicts and natural disasters. Survivors can face long-term physical and mental health problems as well as social exclusion and reduced ability to maintain economic security.

GBV takes place worldwide, irrespective of age, sex, religion, class or caste. The shocking truth is that violence against women and girls takes place in all countries, in homes, workplaces, schools and communities (3).

The impact of this global epidemic is far reaching. According to the World Bank, GBV accounts for as much death and ill-health in women aged 15-44 years as cancer does (4). It is a greater cause of ill-health than malaria and traffic accidents combined. The World Health Organization has recognized that if we fail to address violence against women, many of the agreed global poverty eradication targets will be compromised (5). GBV is not only a human rights abuse; it is also an economic drain. Research by the World Bank shows that domestic violence has significant impact on a country's GDP. Conservative estimates of lost productivity from domestic violence range from 1.2 per cent of GDP in Brazil and Tanzania to 2 per cent of GDP in Chile (6).

Despite international agreements to address GBV, there are still many countries where it is not yet considered a crime. This is significant because when governments fail to implement laws and policies to stop GBV, violence against women continues and its root causes in everyday discrimination are strengthened.

GBV is often hidden from view and perpetrators are rarely brought to justice. Even in countries where violence against women is prohibited under law, such acts can go unreported or unaddressed since society views GBV as acceptable and chooses to stigmatize and blame women survivors. The lack of adequate support services – including security, health, psychological, social and legal – also prevents those who need help from reporting violations and seeking assistance.

Globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime.

“ Domestic violence exists in all social classes, rich or poor. It is everywhere. ”

Harivokto, 40 years, Bangladesh



CARE works in Kenya with people displaced by the conflict in Somalia. ©CARE/Kate Holt



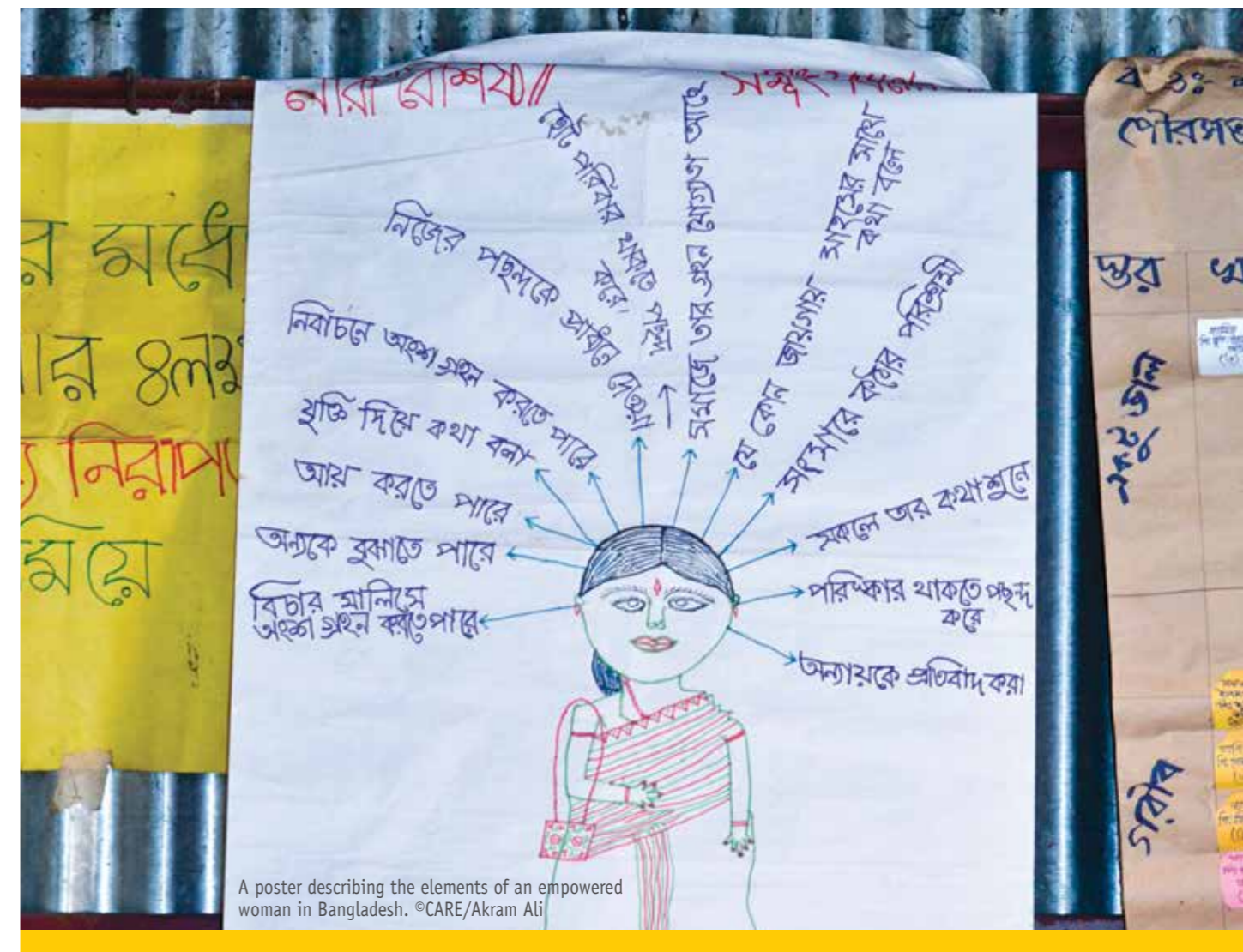
GBV limits women and girls' access to basic services such as health and education, as well as livelihood opportunities and participation in political life. Threats, harassment, physical violence or fear of violence constrain women's and girls' life choices.

This cycle of violence can – and must – change.

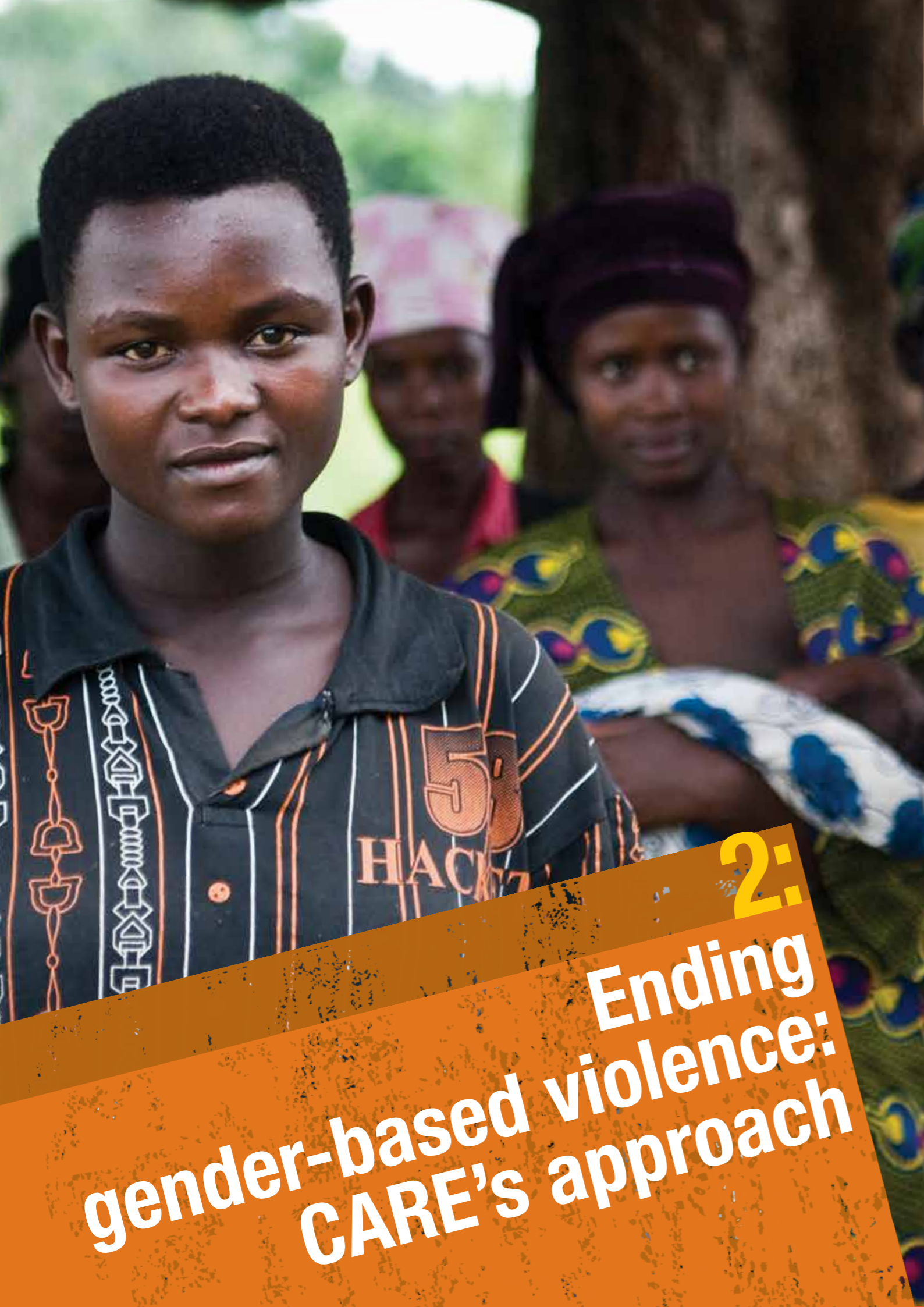
CARE and its partners have made great strides in addressing GBV, but more work is needed to engage individuals, communities and institutions in violence prevention and reaching survivors with appropriate services. Everyone has a role to play in ensuring that we can build a world where everyone can live and thrive safely and free of violence.

“ Violence leads to more violence. ”

Teenage girl, Potosí, Bolivia



A poster describing the elements of an empowered woman in Bangladesh. ©CARE/Akram Ali



2: Ending gender-based violence: CARE's approach

One of the challenges in responding to GBV is that, in many of the societies in which CARE works, GBV is hidden from view. The same deeply entrenched social norms that give rise to GBV make it a private matter, something not to be discussed outside the family (or even within the family). Often, it is also invisible to those experiencing the violence, because it is so deeply woven into how an individual understands who they are as a man or a woman and their place in society.

Ending GBV involves social change work at the deepest levels. It is important to avoid concerns about violating cultural boundaries because this can lead to the perpetuation of its invisibility and render us timid in our response. We start from a firm understanding that societies cannot claim a cultural 'right' to violence any more than a right to slavery or genocide. That said, one of the key lessons from CARE's experience is that local ownership of this change process is critical. Because the issues are so deeply embedded in social and cultural traditions, the most effective programs are those most closely attuned to local context and where local leaders and activists are supported to lead the process of change. Local knowledge and the trust of the community are essential. International aid organizations such as CARE can be a catalyst, but we have learned that the full formula for effective change requires working in partnership with communities. Rather than engaging outside experts, CARE aims to develop expertise in the contexts in which we work.

These communities, however, don't exist in isolation. The most effective programs are those that work across a range of actors and levels of society. To address the deep roots of GBV, CARE works simultaneously with individuals, couples and families, communities, and state institutions using a combination of prevention and response strategies. This includes working with others at all levels, including government agencies and civil society movements. CARE recognizes that it is essential to work with all members of communities whether they condone or reject gender inequality, discrimination, and violence. This includes engaging men and boys together with women and girls, as well as traditional leaders, religious leaders, public officials and civil society leaders, to address and challenge underlying beliefs, attitudes, and practices around violence. The work at community level is further strengthened by supporting the provision of vital services for GBV survivors, in partnership with government and civil society, as well as the development and implementation of enabling legal and policy environments.

“What are you saying – that being violent is something we inherit? Isn't it something that we develop? With our conduct we can put fear in somebody or we can put love in somebody.”

Teenage boy, Bosnia

“Injustice is injustice no matter who is the author.”

Odette, 44 years, Burundi



CARE provides assistance to people displaced by the conflict in the Democratic Republic of Congo. ©CARE/Jake Lyell



- **Advocating for public policies to end GBV.** Laws and policies relating to gender equality and domestic violence play an important role in preventing and responding to GBV. CARE’s advocacy work spans all levels to create, revise, or improve implementation of laws and policies to tackle GBV. This work is firmly based on international agreements, such as the Declaration on the Elimination of Violence Against Women and Security Council Resolution 1325. Our focus is both on advocating for new policies and laws and ensuring that they are effectively resourced and implemented. Both approaches involve awareness-raising, public mobilization, lobbying and following up on individual survivor cases – all of which help to transform policies, as well as cultural and social attitudes and norms, leading to a more favorable climate for GBV prevention.

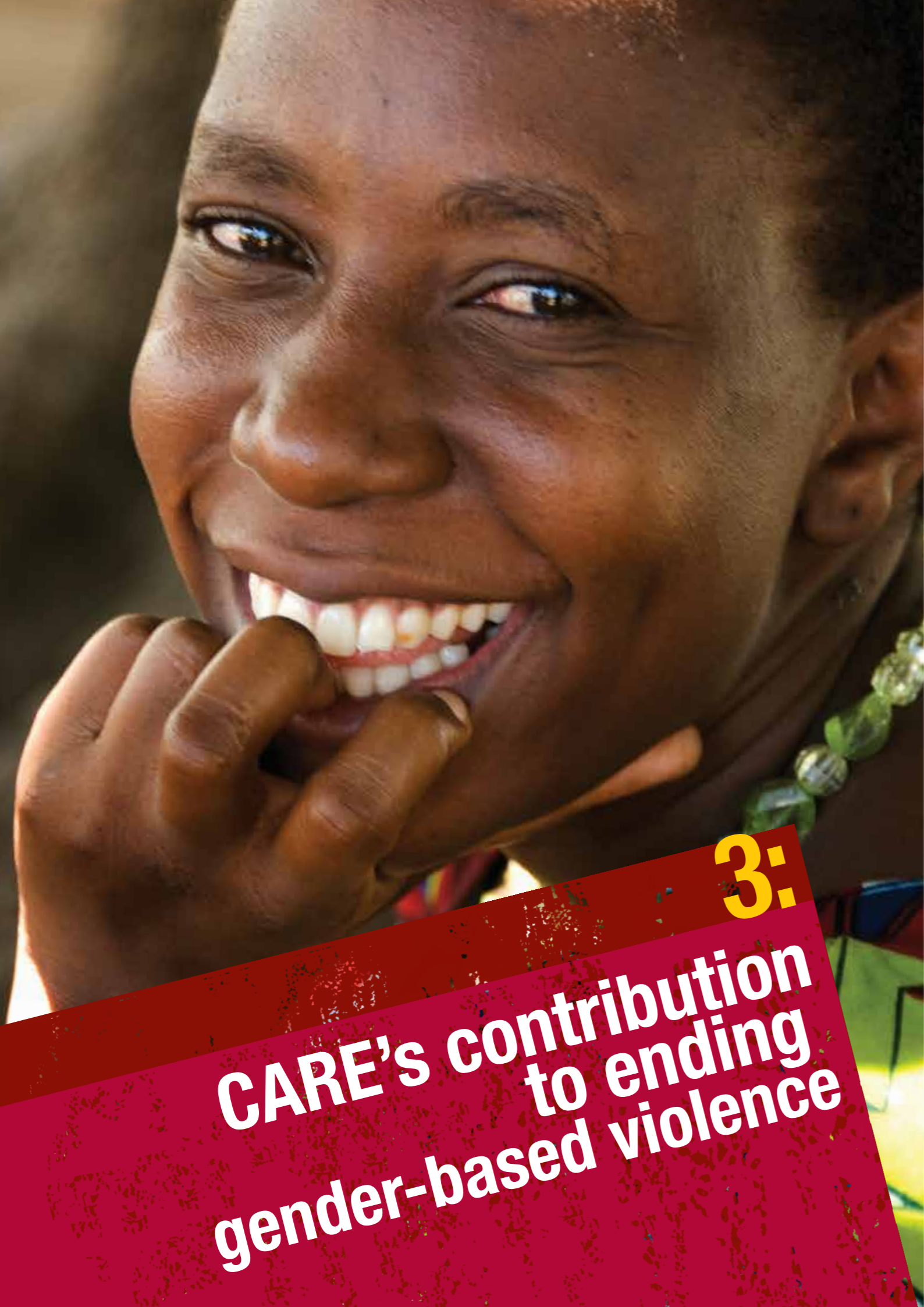
In addition to these strategies, CARE conducts regular research and evaluations to better understand the complex causes and consequences of GBV. CARE reviews which strategies are successful in reducing violence and how research and evaluation can help improve our programs.

Nearly 20 years of experience in GBV programming worldwide - in both humanitarian and long-term development projects - has highlighted the importance of addressing the causes of violence at every level. As a result, CARE adopts a three-pronged approach to tackling GBV:

- **Influencing and changing the social norms that condone violence.** Through multiple strategies, such as engaging couples to address violence and mobilizing community action, CARE seeks to change behavior by challenging the social norms that perpetuate violence. Our efforts include working with men and boys as champions of change – enabling them to challenge gender norms and enjoy more equitable relationships in their own lives. We also address gender inequality by supporting activities, such as economic development, education, leadership and life skills training, that increase women’s and girls’ ability to know and claim their rights and help reduce their vulnerability to violence.
- **Supporting survivors through quality care.** Partnerships and networks across multiple sectors, including the legal system, medical and psychosocial services, police, and other support services, are the cornerstone of effective GBV survivor response. CARE works with partners – taking care not to single out survivors and stigmatize them – to establish and build the capacity of local community support systems that help keep survivors safe from domestic violence, such as community watch groups and safe houses. Sometimes, the most critical need for the communities with which we work is to identify and raise awareness of services for GBV survivors already available to them. In emergency responses, CARE prioritizes the Minimum Initial Service Package (MISP) for reproductive health. The MISP includes prevention and response to sexual violence.



CARE supports survivors of GBV in the Democratic Republic of Congo. ©CARE/Valenda Campbell



CARE's contribution to ending gender-based violence

3:

For almost 20 years, CARE has addressed the underlying causes of GBV and its effect on survivors in conflict, humanitarian crises and stable development settings. In this chapter we present the results and impacts of some of CARE's actions. First, we show our reach: the number of countries and projects in which we worked to tackle GBV. Second, we outline some of the main strategies, results and impacts from CARE's programs to address GBV in fiscal years 2011, 2012 and 2013. The section on methods at the end of this report provides more details about how we carried out this analysis.

Measuring attitudes and social norms around GBV, as well as changes in actual rates of GBV, poses well-known ethical and methodological challenges. It is our commitment, starting with this publication, to contribute to finding solutions and ways forward for obtaining more accurate data about the approaches that have the greatest success in tackling GBV.

The reach of CARE's programs fighting GBV worldwide

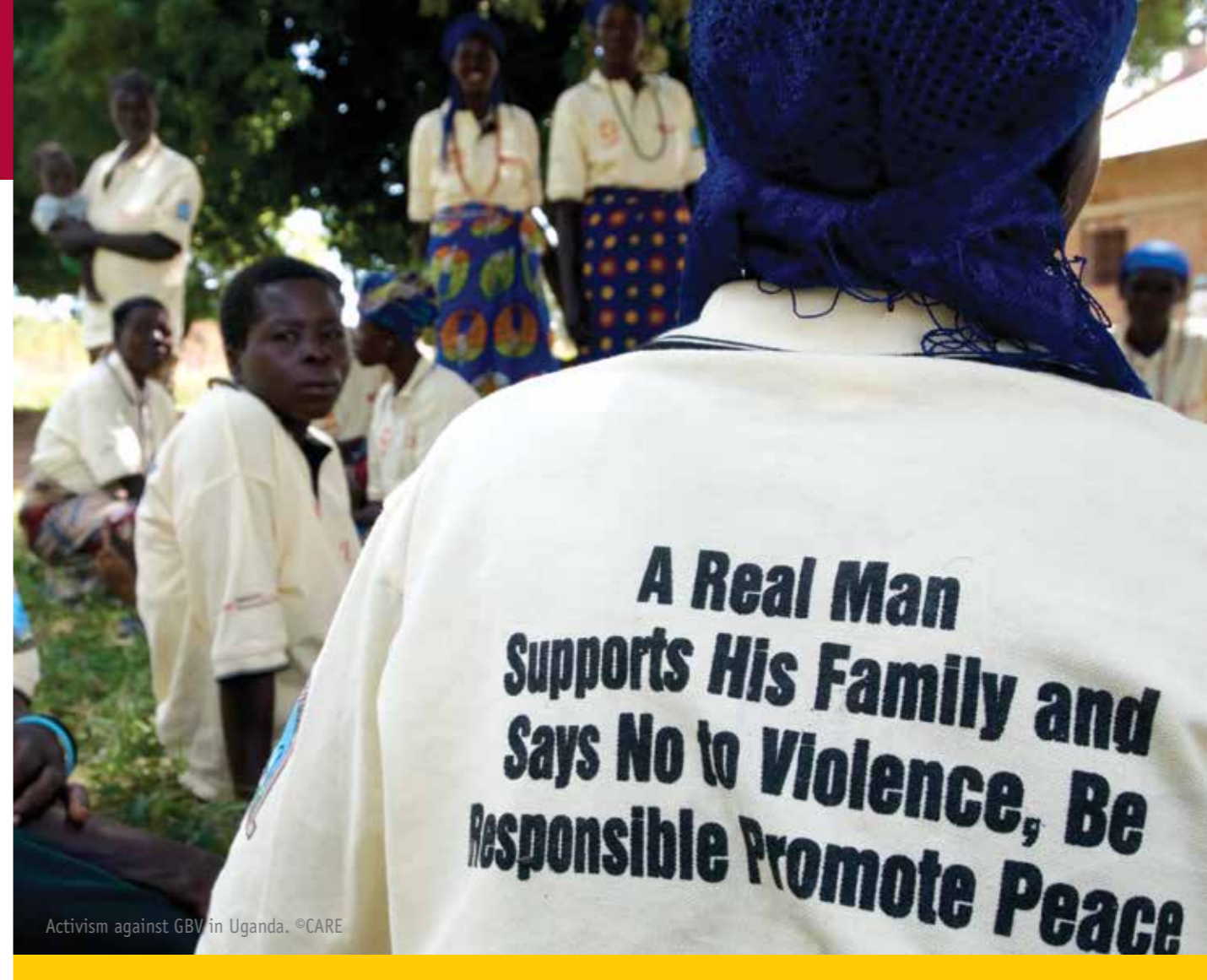
CARE tackled GBV in 61 countries; in 23 countries, CARE focused directly on addressing GBV to reach nearly 320,000 people. In these countries, CARE also reached 800,000 people through strategies such as advocacy or media campaigns. In 38 countries, activities to address GBV were integrated into other programs areas such as health, education and economic development. In emergency responses, CARE prioritized the Minimum Initial Service Package (MISP) for reproductive health, which includes prevention and response to sexual violence, among other vital interventions.

In CARE's projects to tackle GBV, we work with a range of partners, such as community-based organizations and NGOs, medical services, the police, legal services and advocacy coalitions. In fiscal year 2013, 68 per cent of projects addressing GBV in focus countries were implementing all or most activities with partners. Over half of CARE's projects in focus countries were innovating/testing new strategies to tackle GBV and 28 per cent were taking tested innovations to scale. One-fifth of projects in these countries were intensively engaged in advocacy and another 56 per cent participated moderately in advocacy processes for influencing policies and laws concerning GBV.

**Challenging GBV in 2013:
CARE's projects**

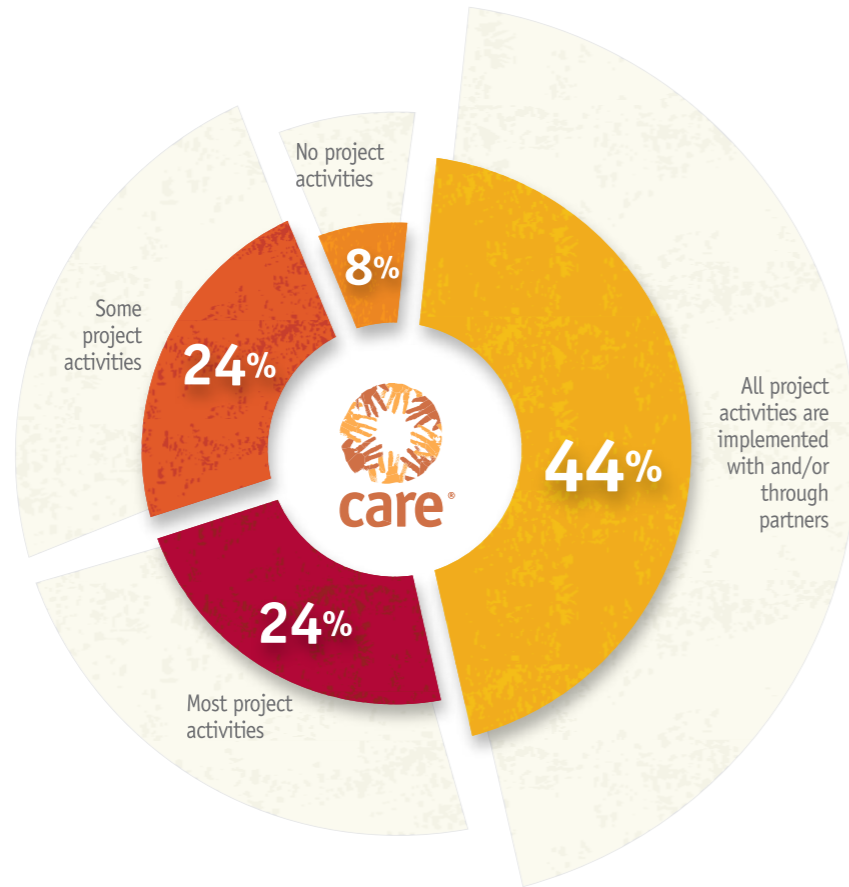


Nearly
320,000
participants
experienced direct benefits from CARE's actions for preventing or responding to GBV.

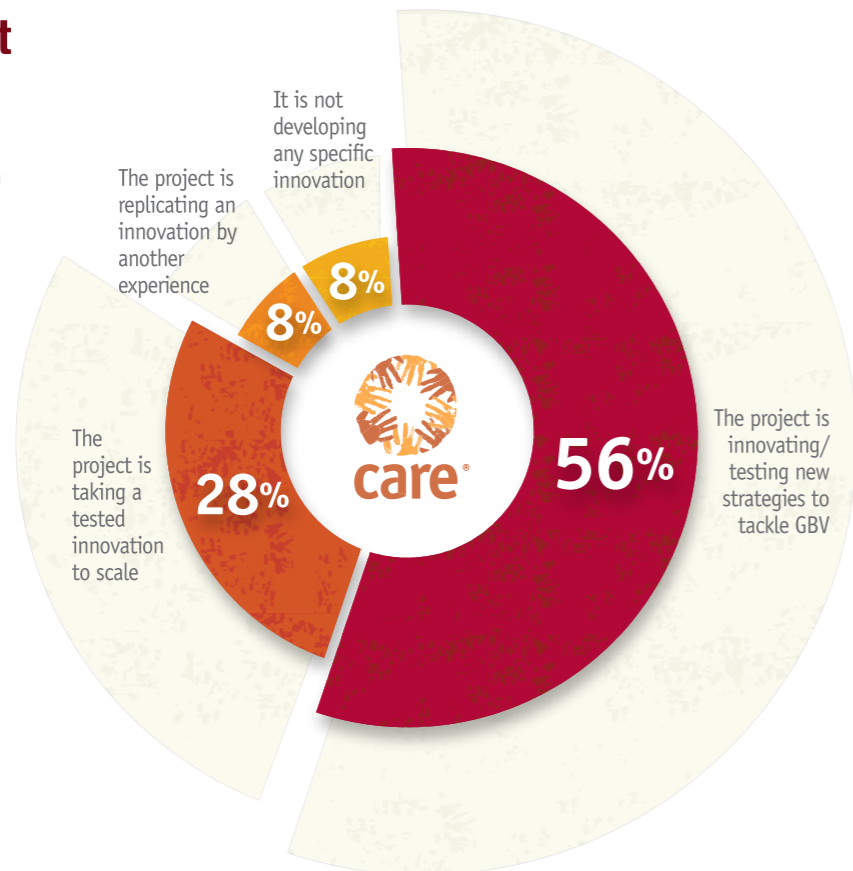


CARE also reached more than
800,000 people through advocacy, media campaigns and other strategies for stopping GBV.

Is the project implemented with and/or through partners?

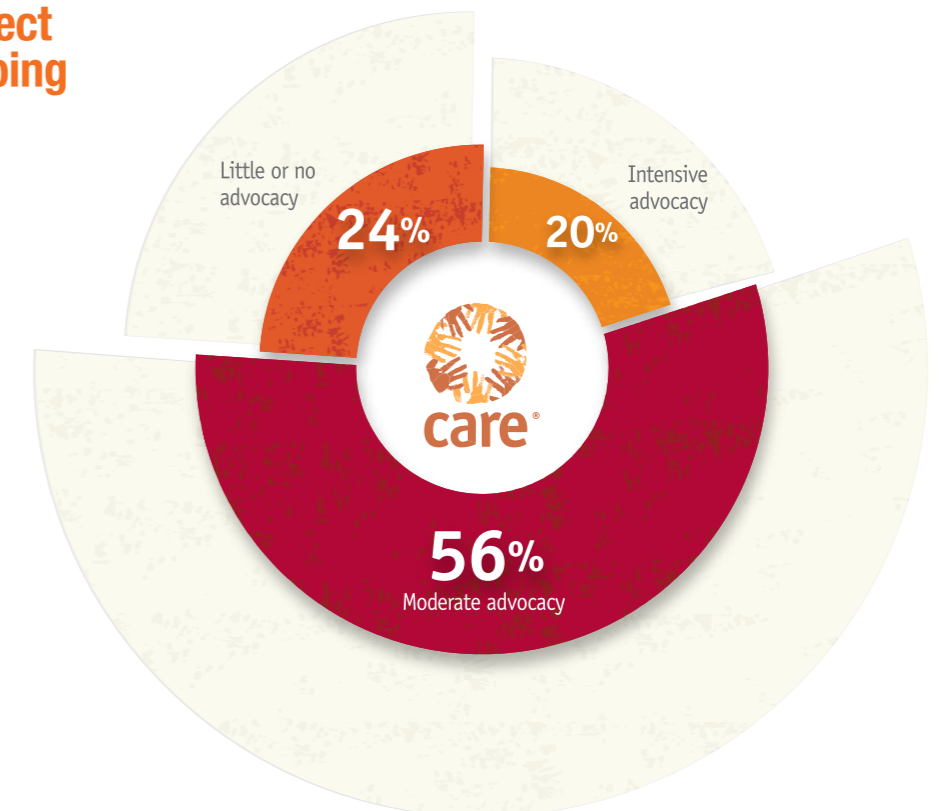


To what extent is the project developing innovations to fight GBV?



Activism against GBV in Uganda. ©CARE

To what extent is the project actively doing advocacy?



Influencing and changing the social norms that condone violence

CARE is tackling the widely held view that violence against women and girls is acceptable through several approaches. These include personal change approaches, engaging couples to address violence, the development of male activists as 'champions of change' and mobilizing community support.

Promoting personal change

Knowing that change starts at the personal level, CARE works to build in personal reflection and change activities into almost all GBV programming. This includes offering workshops and training space for personal reflection on values, beliefs and cultural expectations of gender roles and responsibilities. These opportunities for personal reflection present the springboard for future attitude or behavior change and also build champions for tackling GBV.

In the Indian State of Uttar Pradesh, Barabanki district, CARE supported actions to decrease by 80 per cent the percentage of women who believed their husband had the right to beat them.

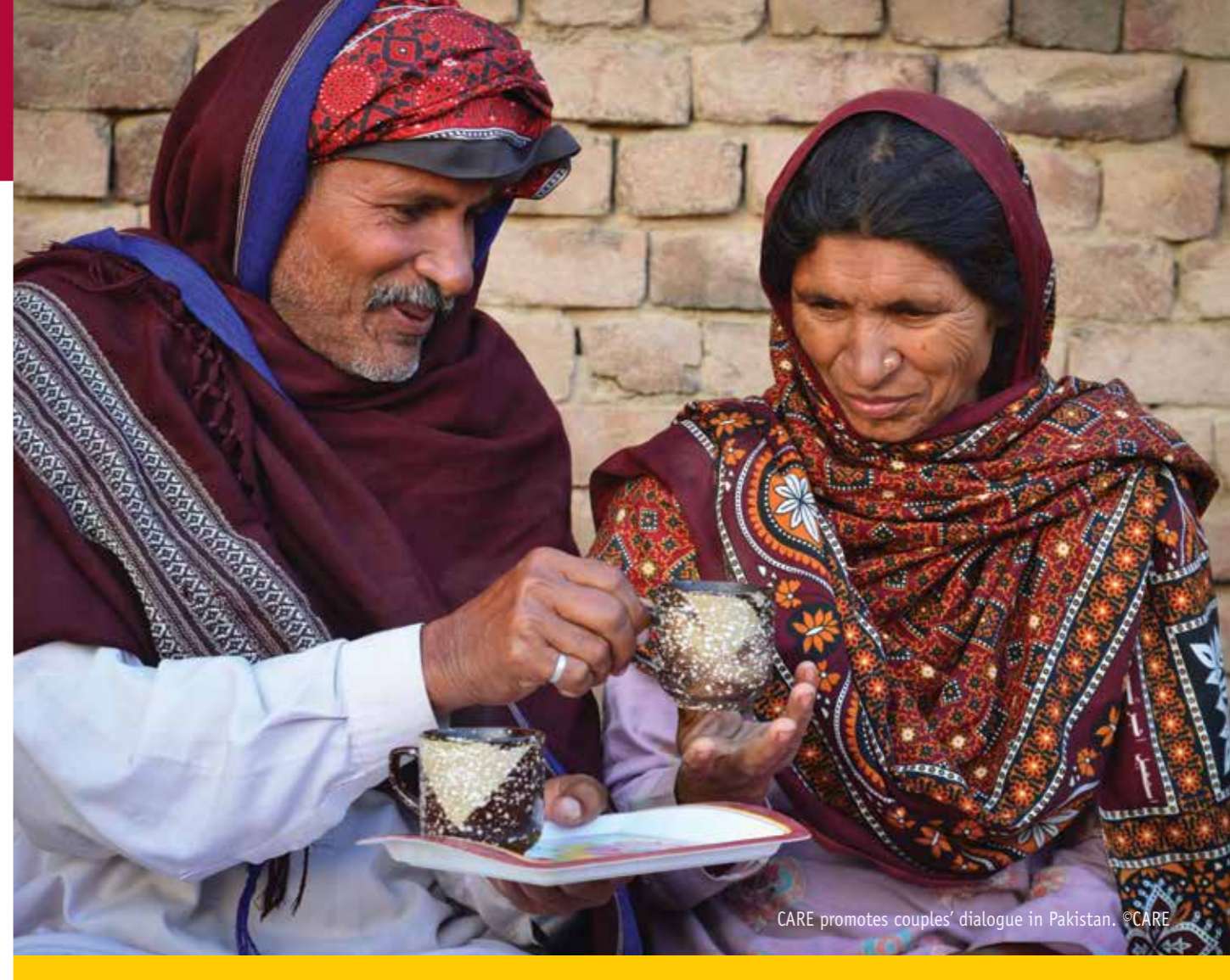
In Zambia, the percentage of women who recognized spouse battery as GBV increased by 50 per cent, among nearly 430,000 women.

Engaging couples to address violence

While individual reflection is critical, men and women often yearn to share their reflections and transformations with each other. CARE works with men and women to prevent violence in 'intimate partner' relationships - the most common form of GBV worldwide.

In many of CARE's projects, couples' dialogue sessions address the issue of unequal power relationships between men and women. A marked improvement in communication between spouses has resulted in women and men having a better understanding of the root causes of GBV, and men playing a more active role in domestic duties. CARE's programs in East and West Africa highlight 'model couples' - those who live in equal relationships - as an example to other couples and the wider community.

CARE's programs in **Burundi, Uganda, Rwanda and the Democratic Republic of Congo** create forums for men and women to discuss issues that contribute to GBV such as alcoholism, gambling, domestic violence and polygamy. The approach uses personal stories of change to help men in the community work towards non-violent and more equal relationship with women and girls. As part of the program, a couple who has signed up to it may 'adopt' five other couples to support their journey towards a violence-free relationship. These five 'model couples' will in turn work with other couples to create a multiplier effect across the community.



CARE promotes couples' dialogue in Pakistan. ©CARE

Couples' training reaps rewards in Rwanda

“ I was raped and abused by my husband. A neighbor suggested my husband and I attend CARE's intensive training for couples with violent relationships. At first reluctant, we agreed to take part in a 17 day workshop where we learned about a more equal approach to work and how to accept our mistakes and try to understand each other better. By the sixth day, my husband was helping cook at home and bath the children. At the end of the training, my husband had stopped abusing me economically and sexually. I feel completely changed and value my husband, my family and myself more. Now, we are doing our best to become role models in the community. I wish I could be younger to enjoy this new life without violence. I wish this opportunity could be extended to many couples. ”

Marie Claire, 34 years, Rwanda



Young men in Kosovo taking part in CARE's 'Be a Man' project. ©CARE/Claudia Adolphs

CARE's three-year women's empowerment program in central **Nepal** worked with the most socially excluded and vulnerable women in Churia district to enhance their meaningful participation in decision making at all levels. 'Reflect Centers' have provided useful meeting places for women to learn about their rights, challenge caste discrimination and gain access to essential information. The women thrived in this environment, finding strength in working with others in solidarity. But they also told CARE that for them to be empowered, men in the villages had to be involved in making changes. Men joined women in the Reflect Centers once a month to discuss non-violent approaches to family relationships. These forums increased understanding of legal rights around domestic violence, and have seen a 30 per cent reduction in violence against women at a household level.

Percentage of women who reported living in households without violence



Men and boys as champions of change

To tackle GBV, CARE works in close partnership with men and boys. Our experience indicates that engaging men and boys to challenge views that see violence as part of manhood is key to achieving greater equality between women and men. This work seeks to enable men and boys to become agents and activists for change and to challenge and explore alternative masculinities based on justice and human rights.

CARE works with men and boys across a range of programs, from challenging their attitudes to women in several East African countries, to working with male community leaders in the Middle East to end traditional harmful practices such as child marriage and invest in the wellbeing of girls and women in their communities.

In **Burundi**, CARE and its partners supported the building of a movement of male activists across the country. There are now more than 1,000 male activists called 'abatangamuco', or 'those who bring light to where there is darkness'. They represent a social movement of men who were reformed as 'champions of change' and who have abandoned violence. Using a powerful combination of public theatre and public service radio broadcasts, they share their personal stories of positive change with the broader community.

GBV remains a huge obstacle to development in the Balkans across **Croatia, Bosnia & Herzegovina and Serbia**. CARE has introduced a 'gender transformative' curriculum that includes school-based workshops, residential retreats and the 'Be a Man' awareness campaign. The program encourages young men to reflect on the reasons behind their violence towards women. Thousands of young men across the Balkans have been encouraged to treat women and girls as equals as part of the 'Be a Man' campaign. This program also has a strong component to address homophobic violence. It supported a series of national conferences in Zagreb, Sarajevo and Belgrade attended by government ministers. The conferences raised awareness of the importance of directly targeting men in violence prevention efforts and achieved significant media attention.

In **Bangladesh**, CARE's program used a mix of research, capacity building and educational strategies to transform men's behavior. Most male participants came from rural areas and had been physically and verbally violent towards their wives. Their reasons ranged from anger and frustration and the need to feel more powerful to a lack of understanding of the impact that violence was having upon their wives and children.



"I used to treat her like a slave. I would give her orders. This has totally changed. I now understand her rights."

Ebrahim, 19 years, Egypt

5,635 adolescent boys in the Balkans reported they had decreased the use of violence against women and peers.

"I learned a lot about myself and how aggressive I was before. I am not fighting anymore. Violence is not a sign of masculinity."

Dominik, 17 years, Croatia

“ Children learn to be violent if they see violence around them. ”

Suhed, 28 years, Bangladesh

The program showed a gradual change of men’s behavior toward their wives, most being able to control their aggression. This experience evidenced that by engaging men and boys as partners and allies against violence, they are able to better understand the causes and costs of GBV and the benefits of non-violent behavior, most being able to make positive changes in their own lives.

Proud to be a Model Man in Nepal

Sonam was initially unsure about his wife’s participation in the Reflect Center discussions in his village as there were only women involved. Through CARE’s initiative to engage men in the issues on gender equality, Sonam’s wife, Sanju, suggested that he become a male campaigner for women’s rights – a ‘model man’. After a year of gender equality awareness training, Sonam’s behavior and attitudes towards his family improved. Contrary to local cultural norms, he started calling his wife by her name, and helping with housework. Over time, he encouraged a total of 23 other local men to become model men. Sonam is now a recognized advocate on gender equality in neighboring villages.

Mobilizing community action

From Ethiopia to Sierra Leone, CARE works with community leaders and forums to encourage grassroots discussions on preventing sexual violence and the impact of harmful traditions.

CARE supported a reduction in the prevalence of FGC in Sierra Leone from 19 per cent to 10 per cent.

CARE works in a number of countries where there is a high prevalence of female genital cutting (FGC). In **Sierra Leone**, CARE’s program worked closely with community leaders and FGC practitioners to facilitate discussions about human rights in the local context that challenge existing beliefs about reasons to perform FGC. The program took an inter-generational approach to addressing harmful cultural practices. Together with the local bye-laws that penalize practitioners, CARE’s approach enabled practitioners to stop practicing FGC in their communities.



CARE works in Kenya with people displaced by the conflict in Somalia. ©CARE/Kate Holt

New horizons for her daughters

“ It was shameful for a girl in my community not to be circumcised before marriage. Families used to take pride in celebrating the initiation and would spend lots of money on a big ceremony. ”

I went through the same process as these young girls. At nine years old, I was taken from school and forcefully circumcised. I never had the chance to go to school again. I had my first child six years later. As a young adult, I began to work on ‘initiating’ girls. I soon took over from my aunt as head practitioner in my village, where I earned money and enjoyed the power that came with it. In 2011, I took part in community training sessions run by CARE, where we learned how to talk respectfully to each other about our traditional practices. We talked about the physical pain and harmful psychological effects female genital cutting had on women and girls. We pledged to stop the initiation of under-aged girls in our village. I am very happy that my husband has also agreed that our youngest two daughters will not be cut. My daughters will finish school and maybe one day they can become powerful women in our district. ”

Sampa, 38 years, Sierra Leone



In **Ethiopia**, CARE worked with girls who are married between the age of 10 and 19, to mitigate the effects of early marriage. The program worked with over 5,000 child brides, prioritizing those most vulnerable to high levels of GBV and female genital cutting. Many of these girls had little access to basic services such as health and education, and were isolated from social networks. CARE worked closely with community members to set up ‘gate-keeper’ networks to support girls. Within these networks, peer-led support groups for girls created safe and supportive spaces to share experiences and learn about sexual and reproductive health and income generation. More than half of the girls said they had greater confidence in negotiating with their husbands about previously difficult issues such as contraception use and managing family finances as a result of participating in the program. Better communication between couples led to increased understanding of the benefits to delaying early marriage. Over 180 child marriages were prevented by the 1,400 community members who participated in the program.

Married at 8 years old but just wanted to be a school girl

“ I was married at eight years old and lived with my mother-in-law for four years. I ran away from my husband when I was 12, after my mother-in-law began to pressure me into sleeping with him. My family made me go back to my husband twice. Once I was abducted and beaten by my brother-in-law. I then heard about CARE’s project group for married girls and joined a life skills training. The project helped me become more confident in talking to adults about difficult issues like using contraception to avoid getting pregnant after violent encounters. I always wanted to go to school and CARE gave me the training and courage to ask for support from my family to allow me to go to school again. I started school this year and am determined to get good grades. ”

Belet, 15 years, Ethiopia

Supporting survivors through quality care

CARE recognizes that GBV affects all aspects of survivors’ lives – including their legal and economic status, and their health and emotional wellbeing.

CARE is careful not to single out individual survivors in its approach to supporting them. Instead, CARE coordinates integrated aftercare through working with a range of local partners including the police and schools, alongside legal and medical services. CARE believes every GBV survivor deserves a confidential, comprehensive support package to include quality medical care, counselling, protection by police or others for physical security, psychosocial support, and access to legal assistance and shelter.

CARE engages with a variety of locally-based protection and treatment programs to support women and children in their communities. These range from supporting schools to identify child GBV survivors; training traditional leaders and local activists to offer advice and basic counselling and referral; training case managers to support women in accessing services and meeting their psychosocial needs; and working with women survivors and medical, police and legal services to ensure survivors have access to any emergency care and legal support they require.

CARE also supports survivors of GBV to find alternative livelihoods through Voluntary Savings and Loans Associations (VSLA). In **Burundi, the DRC, Rwanda and Uganda**, VSLA groups supported by CARE helped survivors of violence find solidarity. They also provided a means to economic opportunities and reintegration.

Supporting services for survivors

In **Zambia**, CARE supported ‘one-stop’ Coordinated Response Centers that provided comprehensive services to survivors of GBV in seven districts. Located in or near public health facilities, the centers provide survivors access to medical, legal and mental health services. They also serve the community more broadly as focal points for GBV prevention to ensure integrated and coordinated response for GBV survivors. CARE also worked extensively with traditional leaders and other community members to create awareness and behavior change regarding GBV, with 4,236 traditional and other local leaders sensitized on GBV, 52 percent of whom were women leaders. CARE’s program became a national model which was scaled up by the Zambian government country-wide.

Nearly 30,000 GBV survivors in Burundi, Malawi, Nepal and Zambia received quality support services.

In Zambia, CARE set up ‘one-stop’ centres in health facilities that have supported over 18,000 survivors with coordinated support services.

In CARE's work with 124 schools in Malawi, about 50,000 girls and boys and over 500 members of parent-teacher associations championed 'tolerance zero' for GBV (harassment, sexual abuse, exclusion from school and forced marriages).

Identifying GBV victims in schools

In **Malawi**, there is a high risk of adolescent schoolgirls being sexually abused by teachers and other students. These systematic abuses included rape, bullying, forced touching, and 'love relationships' with teachers in exchange for good grades or money. Moreover, these abuses often go unreported by other teachers out of fear, solidarity among colleagues or simply not recognizing it as an abuse.

CARE's program in central Malawi worked extensively with boys and girls, parents and community leaders, to raise awareness on GBV and helped establish and train community-based organizations, such as school management committees and mothers' groups, to monitor men's and boys' behavior, and girls' safety and education. These Zonal Task Forces against GBV also provided integrated support for victims and sought punishment for GBV perpetrators.

In schools, CARE staff trained teachers and administrators on gender, law and codes of conduct, and developed joint management with community organizations and increased accountability in schools. Girls and boys were shown how to identify and report incidents of abuse using complaint boxes and a system of peer support. A referral system was set up to support children who were identified as having been sexually abused, offering professional counselling and supporting the prosecution of perpetrators.

“Rape cases have reduced. Many people are afraid of being arrested and exposed to shame. Everyone knows the danger of being violent against girls.”

School management member, Malawi

The community organizations also created a 'zero-tolerance' environment where perpetrators of GBV faced public action. Research found that the fear of punishment and public exposure of student abuse cases by other teachers, has led to a reduction of sexual abuses of girls. In schools serviced by the program, the drop out of girls from schools due to the fear of GBV dropped by 50 per cent.

In **Bolivia**, CARE supported school and community initiatives to prevent the sexual abuse of students. Local 'Rights Defense Committees' made up of teachers, parents and teenage students have adopted strategies, including training teachers in GBV prevention and referral procedures to stop violence against girls. Since 2011, teenage students have been educated in sexual and reproductive rights. In addition, the recruitment of a specialist psychologist has contributed towards decreasing levels of violence in 10 schools. Reported violence at home decreased by 13 per cent with students indicating a greater use of mediation and dialogue techniques.



CARE supports couples' dialogue in Peru. ©CARE/Jessica Wunderlich

Women counsellors supporting women survivors

In partnership with local organizations, CARE **Burundi** has established a network of community support to enable GBV survivors to access services quickly and efficiently. The network includes trained legal assistants, counsellors and elected leaders supported by community activists. These activists play a leadership role in their local area and are recognized for providing direct legal, medical and emotional support to GBV survivors.

As part of the program, health care workers are provided with 'sensitivity training' in treating survivors. Most of the programs' counsellors are female. This has greatly encouraged female victims to come forward since most women, when asked, prefer to discuss abuse with another woman. Effective referral systems are in place to allow GBV survivors to receive emergency medical care, including the post-exposure prophylaxis within 72 hours to prevent HIV infection.

CARE research with Ministry of Health staff has confirmed that the project has been effective in strengthening the technical capacity of health centers to provide safe medical and emotional support to women survivors in line with the National Protocol. Women now feel more informed of their rights and where to access support services; the reporting of GBV incidents has increased.

5,040 survivors of violence in Burundi received comprehensive support services. Two-thirds of survivors were satisfied with the services provided by health and legal assistance staff (up from 25 per cent at baseline).

“Before, I beat my wife to get respect and obedience from her. Today, I work with authorities and the police to respond to gender-based violence incidents. My life is transformed.”

Alexandre, 42 years, Burundi

Advocating for public policies to end GBV

CARE's efforts contributed to the approval of domestic violence legislation in Bangladesh, Benin, Bolivia, El Salvador, Uganda and Zambia.

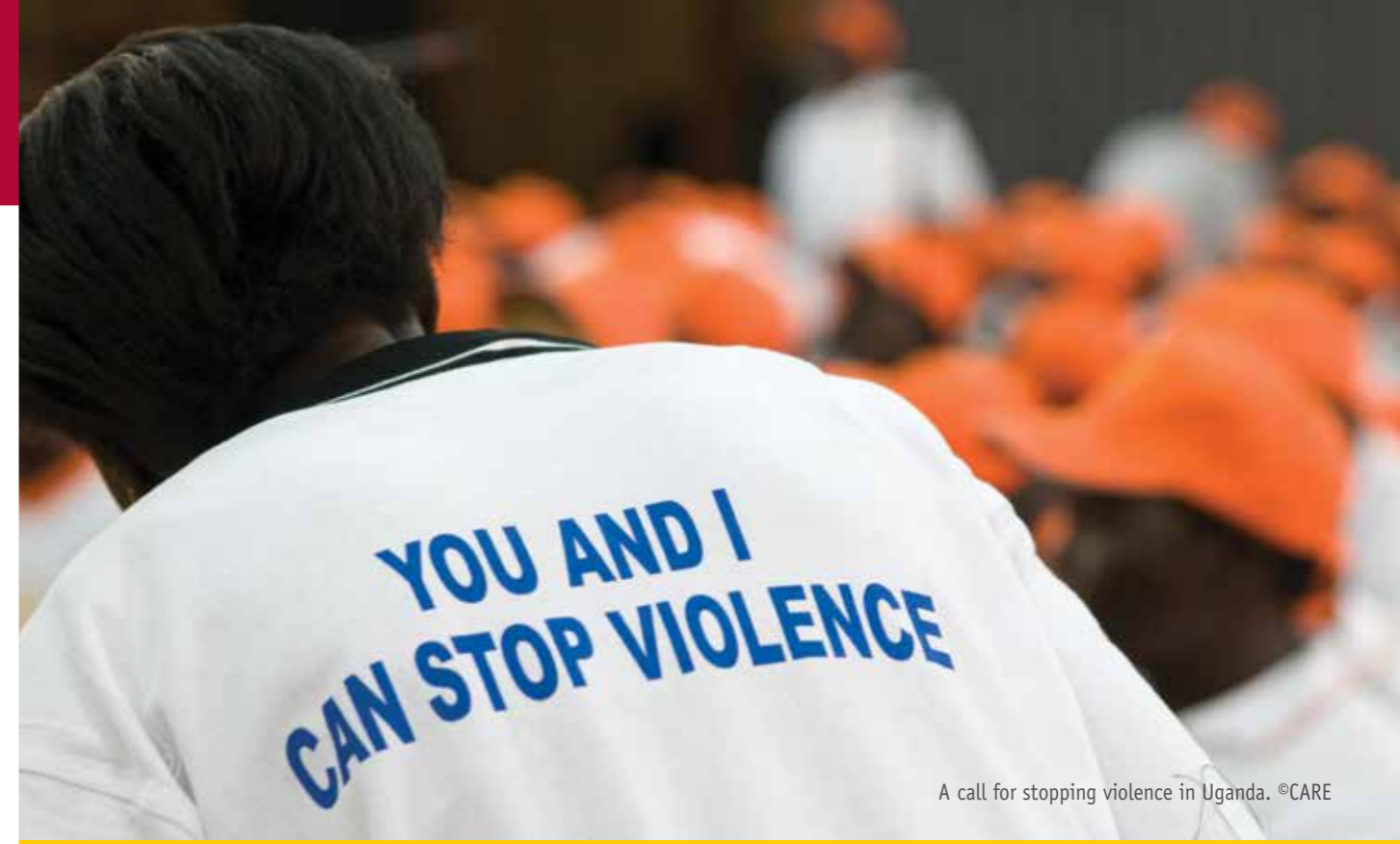
In Benin, an advocacy coalition of which CARE was part sensitized the population at mass scale: 4,495 community trainers and mobilizers were trained and 740,883 people sensitized about GBV and women's rights. In 2012 a bill to tackle GBV was enacted into law.

CARE's presence and expertise in some of the most marginalized communities worldwide means it is well placed to support women's rights organizations, and women and men affected by GBV – often those without a representational voice – in lobbying for societal change. As long as they lack a voice, the absence of accountability for these crimes is likely to continue.

Changing laws and policies that discriminate against women and girls can help create shifts in social attitudes through establishing a climate of non-tolerance for GBV. For example, advocating for broadening the definition of rape has been instrumental in dispelling the notion that GBV-related violence is a private family matter. CARE and partners are working with governments at all levels to strengthen policies against GBV and their effective implementation in a range of countries and at international level.

A CARE program focused on women's rights in **Benin** developed the first countrywide approach to tackling GBV. CARE supported a national coalition of civil society and public sector activists to lobby for the successful passage of a new law to tackle GBV. The coalition brought together the Ministry of Family and National Solidarity, 46 Beninese NGOs and 85 centers for social protection. Its goal was to improve national response to GBV, including support services for survivors and better enforcement of policies and laws. The campaign built ample support through media awareness campaigns, community mobilization and orientation for policy dialogue meetings. The coalition supported drafting the legislation and provided input into a national action plan for stopping violence. The new bill was enacted into law in 2012. A similar process in **Zambia**, supported by CARE and partners, led to the passing of the Anti-Gender Violence Law in 2011.

For effective advocacy, it is vital to gather solid data on the prevalence and cost of GBV. In several contexts, CARE has calculated the social and economic costs of violence to use as evidence in lobbying for policy change. In **Bangladesh**, CARE's initiative 'Cost of Violence Against Women' calculated the social and economic costs of violence at community level and used this data as evidence for national-level advocacy. Its research found that domestic violence has a knock-on financial impact on individuals, households and whole societies and includes lost wages, increased medical bills, legal fees and relocation expenses. In 2010 the study calculated that costs to the economy of Bangladesh were equal to 2.2 per cent of national GDP in 2010 or the equivalent of 12.7 per cent of the total expenditure budget of the government for that year. The study produced one of the few comprehensive national costs



A call for stopping violence in Uganda. ©CARE

of violence assessments in a developing country. It was unusual in other ways since national costs were calculated from top-down data (institutional data on expenditures from government and NGOs) and also from the bottom up through household surveys with survivors of violence and their families. In addition to using findings from the study in national-level advocacy, the household survey was the entry point for implementation of an intensive three-year, community-level GBV prevention program.

Responding to GBV in conflict zones

CARE's programs provide services to populations in conflict and post-conflict areas, offering a range of specialist support services. These include providing timely medical and psychological care for GBV survivors and creating safe spaces for women to deal with GBV-induced trauma.

Even before the current conflict, **South Sudan** was one of the world's harshest environments in which to come of age as a woman. Conditions have only deteriorated since the fighting broke out in December 2013: more women and even girls are engaging in transactional sex to gain access to food or water for their families; parents are encouraging their daughters to marry early in order to gain access to bride price, reduce the number of mouths to feed and as a means of protection for their girls in a conflict situation; and rape and sexual assault has become a weapon of war (7). CARE is providing food, water and health care to some of those left homeless by the conflict in South Sudan and who have fled across the border to neighboring

CARE Kenya leads GBV prevention and response in Ifo and Dagahaley camps, with a total population of 240,000 people. In 2012, direct support for GBV reached an estimated 36,000 people. Awareness raising activities reached 70 per cent of the adult population of these camps.

Uganda. CARE's response includes carrying out anti-GBV campaigns, meeting with groups of people – men, women and youths – in schools and water distribution points to facilitate knowledge sharing and open dialogue about GBV. Minimizing the silence surrounding this issue, even in a time of conflict, CARE can support mitigate some of the worst manifestations of the conflict. CARE is also advocating for increasing investment in and support for more effective GBV service delivery and for investigating human rights abuses, including GBV, and holding perpetrators to account.

In DRC, 80 per cent of about 14,400 survivors of violence that received psychosocial support through CARE's program were satisfied with the service obtained.

The **Democratic Republic of Congo** has one of the highest rates of sexual and gender-based violence in the world. Armed soldiers frequently rape as a tactic of terrorizing people and as a weapon of war. At least 200,000 cases of sexual violence have been documented in this country since 1996, but the actual numbers are believed to be far higher (8).

In the past years, CARE has implemented several programs in the Democratic Republic of Congo for supporting survivors of sexual and gender based violence. Actions included responding to the immediate physical impact of sexual violence (i.e. injury, HIV infection and pregnancy) and providing psychosocial services. CARE also supported income generating opportunities for survivors of sexual violence.

More bad things will happen if we don't act

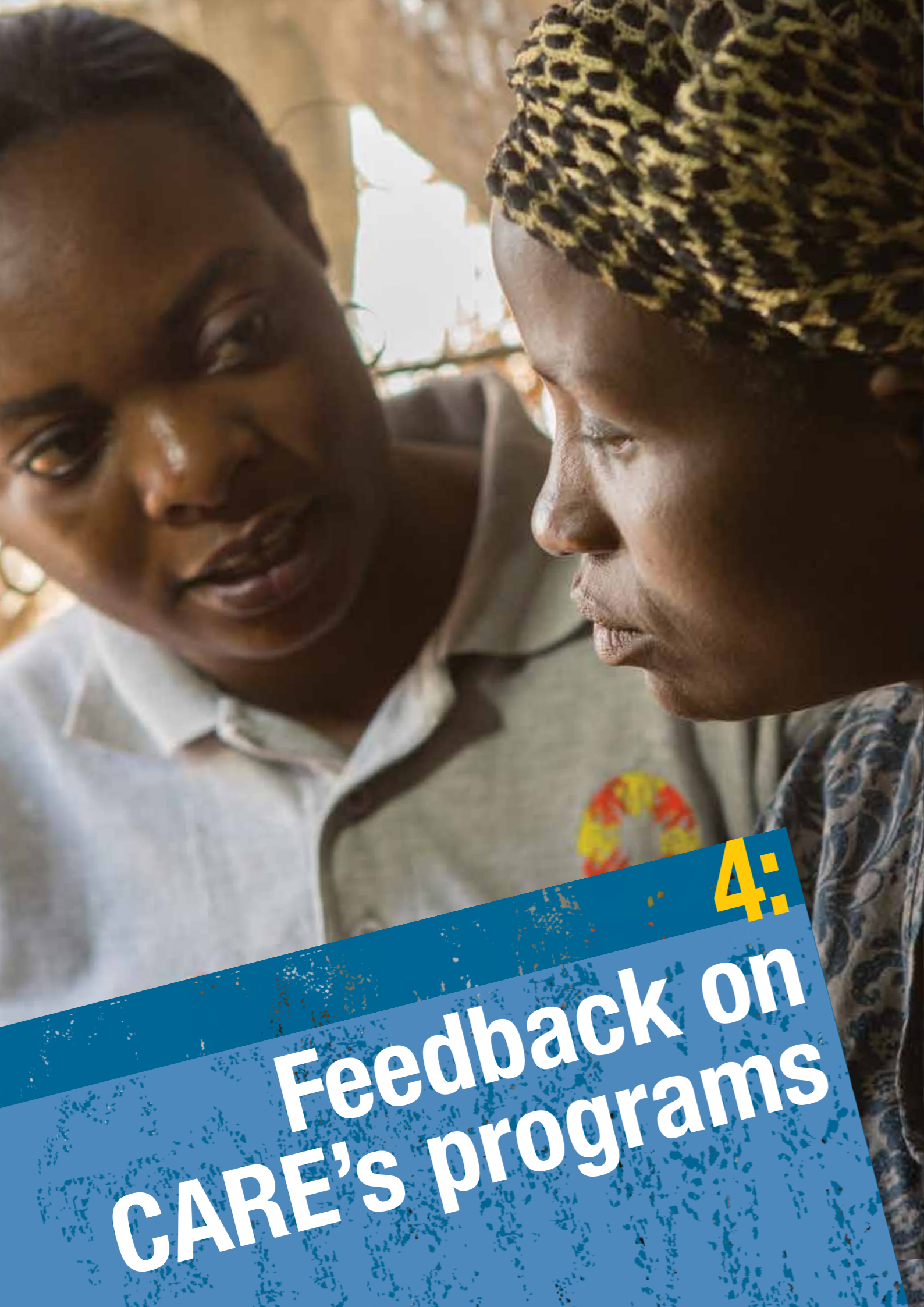
38-year-old Joel used to be a primary school teacher. Now he is one of about 24,000 refugees in the Lac Vert camp in the Democratic Republic of Congo and one of 30 educators who have been trained by CARE and its partners.

Joel gives practical advice to both male and female survivors of sexual and gender-based violence on how to prevent further attacks. He also supports and advises survivors on how to access medical care. He says: "Just this week, I saw 13 women who have been raped, 19 who have suffered from genital complications and 2 men who were traumatized and needed to speak to someone. My motto is 'don't die, survive'. More bad things will happen if we don't act."

30 year old Zawadi also works in the camp. She is one of the women trained by CARE to provide psychological and social support to GBV survivors, while also referring them to a nearby health clinic for medical treatment.

"Once the women know there are services in place for them and that they should feel no shame seeking them out, they come to our 'house for mothers' - a big, half-empty tent that is a safe haven for women. It is making a big difference to their lives."

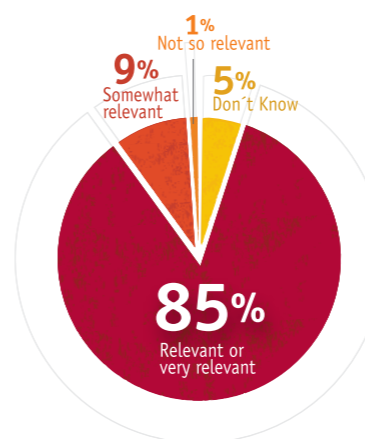




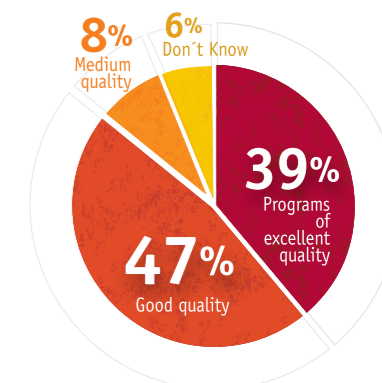
4: Feedback on CARE's programs

An online survey was carried out in January 2014 to assess how partners and allies view CARE's contribution to end GBV. More than 100 responses were received from representatives of community-based organizations, international and national NGOs, national and municipal government officials and research institutions from Asia and the Pacific, Europe, Latin America and the Caribbean, the Middle East and North America. Notably, three quarters of all survey respondents worked for a NGO.

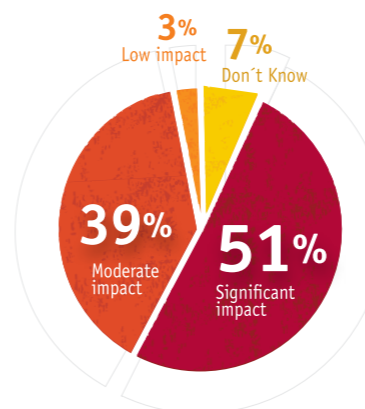
The survey canvassed CARE's partners and allies' views on the impact of CARE's programs and the quality of their relationship with CARE. Nearly 40 per cent of respondents identified CARE programs as of excellent quality, while nearly half of all respondents said they were of good quality. A majority of respondents went on to describe CARE programs as relevant or very relevant to the context in which they operated. Responding to the question about CARE's impact on GBV, more than half said that programs had a significant impact. However, nearly 40 per cent said CARE's impact was moderate and that CARE needed to engage more in advocacy and work more closely with organizations that provide legal advice for victims.



Are CARE's program to tackle GBV relevant for your country or context, or not?



Are CARE programs to tackle GBV of excellent, good, medium or poor quality?

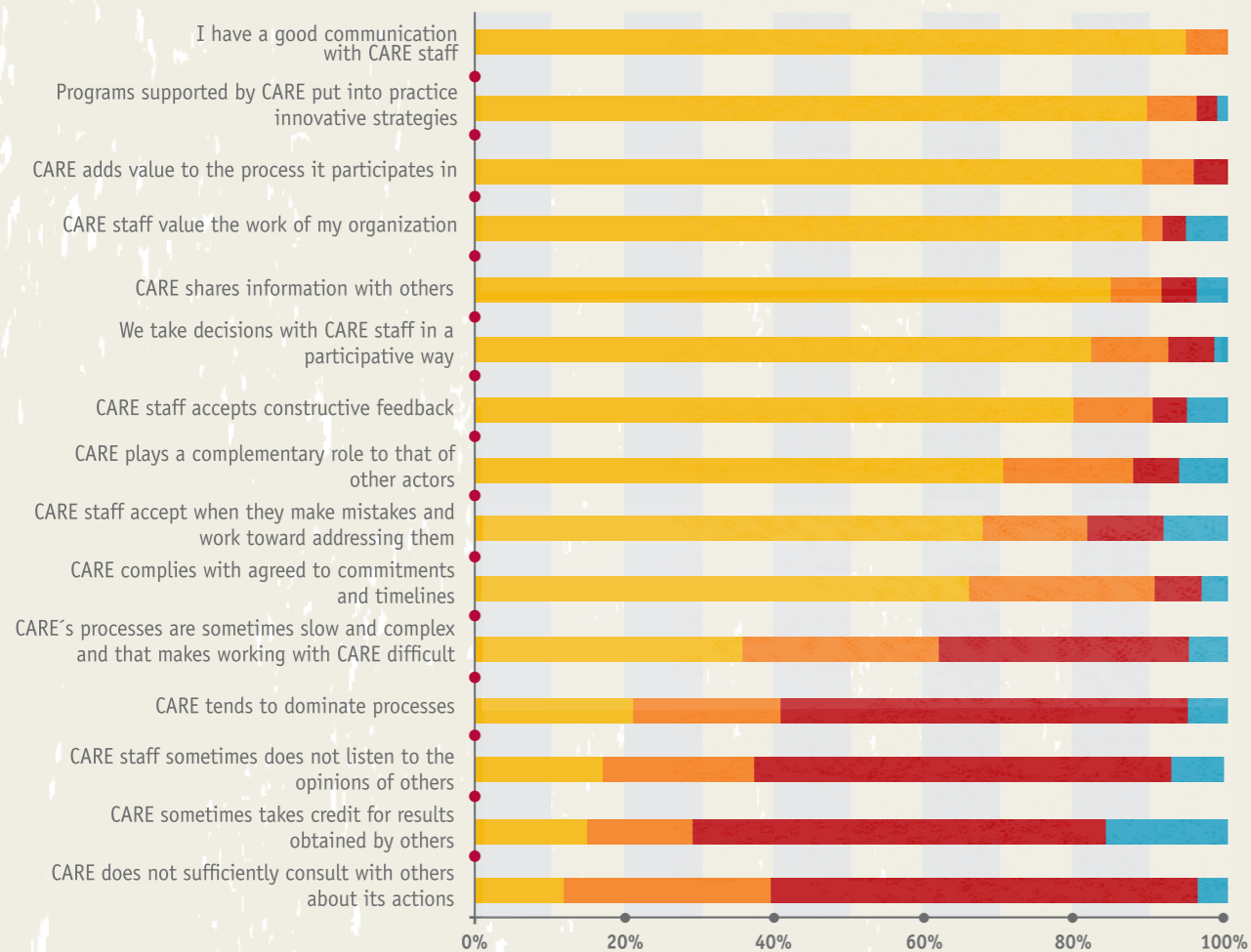


Do CARE programs addressing GBV have significant impact, moderate impact or low impact?

The survey included a list of statements to which respondents were asked to indicate whether they agreed or disagreed. The answers are listed in the graph. Overall, our partners and allies identified their relationship with CARE as important and valuable. The areas where we need to further build are 'listening more to the opinions of others', being 'more consultative and participative', and 'improving processes'.

Opinions of partners and allies about their relationship with CARE

Agree ● | Do not agree or disagree ● | Disagree ● | Don't Know ●



Women activists call for an end to GBV in Uganda. ©CARE

The survey included several open-ended questions allowing partners and allies to offer suggestions and recommendations. Some of their responses are listed below. CARE will use this information to improve what we do and to be a better partner to those we work with.

“Use your learning and experience to engage more actively in advocacy. You can have greater impact than you currently do by trying to influence laws and policies!”

“Support the women’s movement agenda on tackling GBV. They need to be the protagonists and the role of CARE is to strengthen their voice.”

“Focus more on economic empowerment activities. It’s key to giving survivors opportunities and options”.

“You need to consult more frequently with partners and communicate more openly with them. We need to build proposals together. Also, you are sometimes too formal, cut your bureaucracy!”



5: What CARE has learned

CARE's contribution to stopping GBV in the period covered by this report has been significant and innovative. Our programs have demonstrated that to tackle the root causes of GBV, we need to directly address individual attitudes and behaviors, as well as the wider environment that condones GBV. CARE's proven success has been in promoting innovative strategies and using program evidence to address GBV.

In most cases, CARE collaborated with governments, other NGOs, members of grassroots organizations, and other sectors of society. Programs were richer as a result of working with diverse stakeholders. The external survey CARE conducted as part of this review of its GBV programs confirmed that partners and allies value CARE's contributions. We will use the survey recommendations to make improvements in our performance where needed.

This report presents an incomplete picture of our work as several of the evaluations we reviewed had insufficient evidence about CARE's contributions. We need to become more disciplined in documenting and systematizing our successes and challenges. Stronger data will contribute to better policy recommendations. CARE also wants to encourage a wider dialogue about effective impact measurement methodologies in order to be able to better measure the contribution of NGOs to tackling GBV. This is particularly important given the ethical and methodological challenges of measuring attitudes around GBV as well as GBV rates.

Based on what we have learned from this review of evidence, CARE commits to the following **recommendations and actions** for tackling GBV:

1. All programs targeting GBV need to promote the safety, security and dignity of all women, girls, men and boys affected by violence by respecting their rights and choices, protecting confidentiality and ensuring informed consent. Poorly-designed efforts to identify or target survivors, to document crimes or to prosecute perpetrators can expose survivors and their communities to the increased risk of reprisals, stigma and/or other negative outcomes.
2. CARE will scale-up innovative approaches to engage men and boys as part of comprehensive strategies to promote gender equality and GBV prevention. This can be achieved in several ways, such as integrating gender and violence into the national education curriculum or building a movement of male activists and role models for promoting non-violent male identities.
3. In accordance with international agreements, CARE will enhance its work for promoting the accountability for GBV prevention and response by supporting the establishment of national GBV action plans involving participation of civil society (particularly women's organizations and movements) and affected people. It is vital to call for global targets to reduce GBV to measure progress and promote accountability.

4. CARE will continue to build women's access to and control of assets. Women report greater gains in confidence when they have safe spaces to network with other women on the issues which affect their lives, including GBV. Women's economic empowerment has a nuanced and complex relationship with power dynamics at the household level. Strategies to economically empower women need to address the views of male partners and community leaders, otherwise they risk generating backlash.
5. CARE will promote the integration of proven approaches for prevention and response for GBV throughout its programming (e.g., education, health, emergency response, economic development). CARE's analysis has shown that GBV and the threats of violence are common in almost all of the contexts of our programming. By addressing it routinely as a cross-cutting issue, CARE will contribute more effectively to stopping violence.

CARE and its partners have made great strides forward in addressing GBV, but much more work is needed to engage individuals, communities and institutions in violence prevention.

We remain firmly committed to fighting poverty, injustice and violence.



CARE works in Burundi to engage men to address GBV. ©CARE/Valenda Campbell

Endnotes

1. Heise, L. et al (1999). *Ending Violence Against Women*. Population Reports, Series L, No. 11. Baltimore: Johns Hopkins University School of Public Health, Population Information Program.
2. The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) did not specifically address gender-based violence when adopted in 1979. However, General Recommendation No. 19 adopted by the CEDAW Committee in 1992 specified that discrimination against women includes gender-based violence. Gender-based violence is defined in GR19 as "violence directed against a woman because she is a woman or that affects women disproportionately" and "includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty." (CEDAW General Recommendation No. 19).
3. World Health Organization (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. WHO Press, Geneva.
4. World Bank (1993). *World Development Report 1993: Investing in Health*.
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6. Duvvury et al (2013). *Intimate partner violence: Economic costs and implications for growth and development*. The World Bank Group. www.worldbank.org/gender/agency.
7. CARE International (2014). *The Girl Has No Rights: Gender-based Violence in South Sudan*. http://www.care-international.org/UploadDocument/files/CARE_The%20Girl%20Has%20No%20Rights_GB%20in%20South%20Sudan.pdf.
8. Lawry, Lynn (2010). *Association of Sexual Violence and Human Rights Violation with Health and Mental Health in Territories of the Eastern Democratic Republic of Congo*. Interagency Gender Working Group.

Methodology

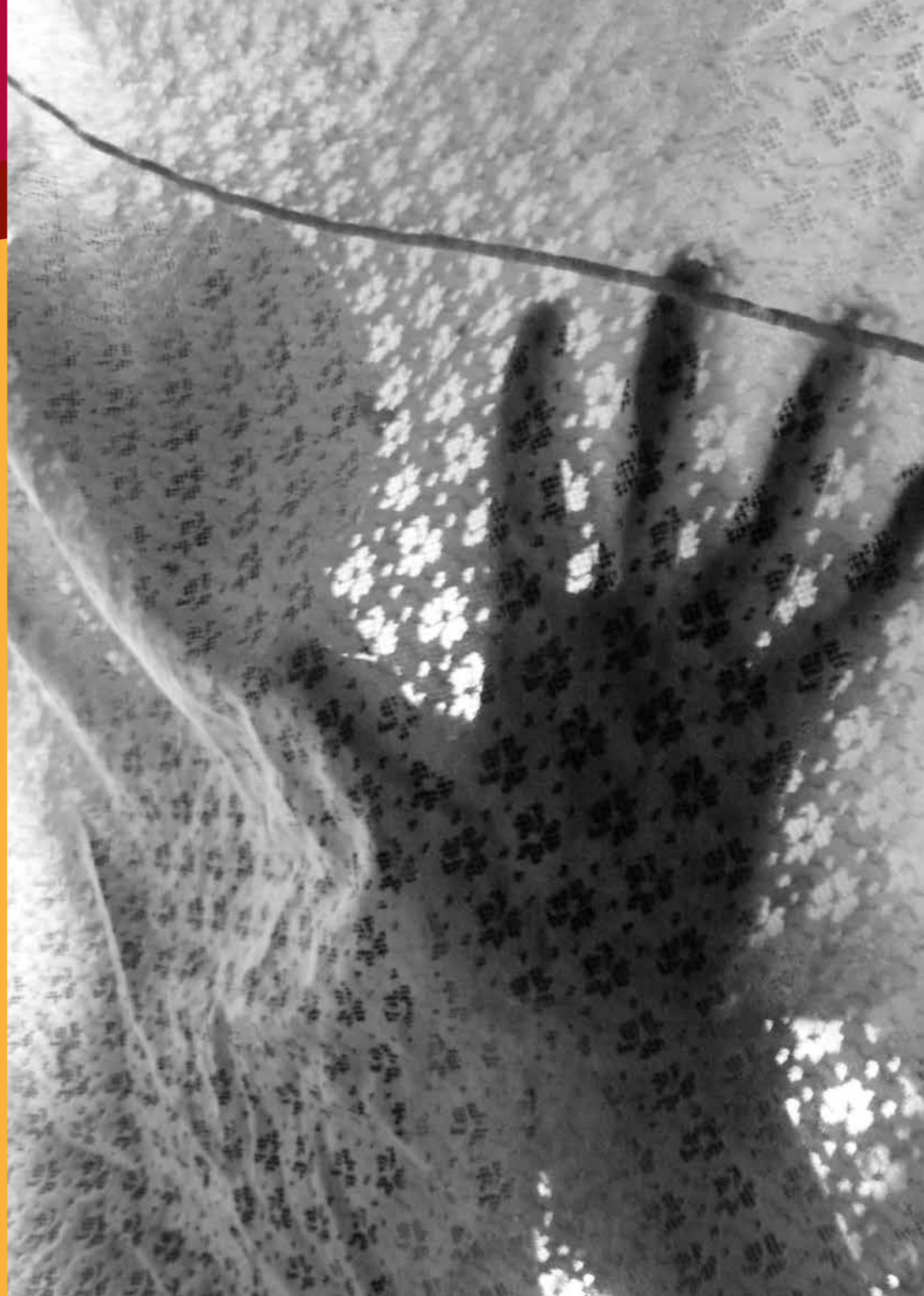
The **meta-analysis of evaluations** of CARE's programs fighting GBV included evaluations carried out from 1 July 2011 to 30 June 2013. CARE conducted 50 evaluations of its GBV programs over this period, which were assessed for evidence of impact, results, successful strategies and recommendations. Full evaluation reports of projects included in this review can be found in CARE's Electronic Evaluation Library - www.careevaluations.org.

It should be noted that not all evaluations reviewed contained information on outcomes, results or impact. A number of them described project activities but omitted references to the outcomes or results achieved. As mentioned in the chapter on recommendations, it is central that CARE improves its measurement of outcomes for projects that fight GBV. It is vital that we properly document our actions and share their results.

One challenge CARE faced when conducting the analysis was the diversity of indicators that projects used to measure their contributions. This is why CARE included only the most consistent information in this report, and not all information listed.

CARE also reviewed its contributions to changes in public policies and the implementation of those policies. This report includes a number of examples of these public policy changes. To complement quantitative information, the review used the **Most Significant Change** (MSC) methodology, a qualitative method that involves gathering individual testimonies of changes over a specific period of time, achieved as a result of the project interventions. For this study, CARE collected a total of 51 change stories through interviews with members of the communities we work with, government officials, members of NGOs, participants in social movements and other stakeholders. This report includes some of the individual stories that best illustrate how CARE has contributed to social change.

CARE also conducted a **survey of partners and allies**, as well as other stakeholders, in order to better understand how they perceive CARE's contribution to the fight against GBV. This confidential on-line survey was completed by 104 respondents (representatives of community organizations, international and national NGOs, officials from national and municipal governments and academics from universities and other research centers). The survey results are shown in Chapter 4 of this report.



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