



STRENGTHENING WOMEN'S VOICE

Evidence-based Advocacy from the Grassroots to the Global: Findings and Lessons Learned from the Great Lakes Advocacy Initiative

Introduction

The Great Lakes Advocacy Initiative (GLAI) was implemented by CARE and its partners in Burundi, Rwanda, Uganda and the Democratic Republic of the Congo (DRC). The project was coordinated by CARE Norway and funded by the Norwegian Ministry of Foreign Affairs and the Norwegian Agency for Development Cooperation (Norad) from 2009 to 2013. The project aimed to contribute to the increased protection of women and girls against gender based violence (GBV) in the Great Lakes region. This policy paper outlines the main findings from the final evaluation conducted by external consultant Wayfair Associates.

The GLAI Model

GLAI is a model for evidence-based advocacy using international instruments, such as the United Nations Security Council Resolution (UNSCR) 1325, to increase protection for women and girls against GBV. At the heart of the GLAI model is the linking of grassroots to sub-national, national, regional and global levels. The premise is that greater participation of women in decision-making will strengthen civil society, and promote gender equality and women's and girls' rights, and at the same time, help address underlying causes of GBV.

Civil society strengthening and capacity building

Grassroots activists were selected within Village Savings and Loans Associations (VSLAs) and/or CARE's overarching Women Empowerment Programmes (WEP). Various capacity building activities were implemented in each country. Activists and representatives from CARE's partner organisations participated in forums that brought together a broad variety of actors, such as local and religious leaders, media, police, judiciary, local authorities, and health service providers. Participation in advocacy networks strengthened the collective voice of the Civil Society Organisations (CSOs). Activists came to enjoy respect in their community and often served as first port of call for GBV survivors.

Use of data for influencing and evidence building

In order to facilitate monitoring of GBV cases at community level, GLAI piloted the GBV Information Management System (IMS), a tool originally developed by the United Nations High Commissioner for Refugees (UNCHR), the United Nations Population Fund (UNFPA) and the International Rescue Committee (IRC). Efficient use of data encourages women to report cases, provides impetus for national advocacy campaigns and works as an incentive for governments to act on GBV issues. Data were also used to help local authorities and CSOs develop plans to fight GBV in their communities. In addition to the IMS data, information from activists based on their experience with survivors, was seen as credible and had a bearing on decision making.

“Because of our advocacy interventions policymakers and local authorities know that the civil society organizations are watching them, they know that there is group of people that are ready to hold them accountable or ask questions about women’s conditions and GBV.”

— Activist, DRC

Efficiency in linking levels

GLAI demonstrated the effectiveness of linking the grassroots to policy makers at various levels using international agreements as an advocacy strategy.

CASE 1 National: Amendment of the Police Form 3, Uganda

The amendment of the Police Form 3 (PF3), which is used to register legal cases for survivors of rape, was an important step towards enabling increased access to justice for survivors in Uganda. Completion of the PF3, requested for survivors to proceed to court, originally required a police surgeon to carry out a medical examination of the survivor and sign off on the form, yet there are only four police surgeons in the country. A national advocacy campaign, using data generated from the GBV IMS as evidence, resulted in the amendment of the form allowing for other health professionals to do the medical examination providing evidence of sexual assault, encouraging reporting and making legal processes following sexual assault more efficient.

CASE 2 Regional: The International Conference on the Great Lakes Region (ICGLR)

The ICGLR Special Session “United to Prevent, End Impunity and Provide Support to the Victims of SGBV in the Great Lakes Region,” in 2011 was an opportunity to engage with regional actors. GLAI and partners were present at all events leading up to and during the Summit in December 2011 as part of the CSO Forum. The ICGLR

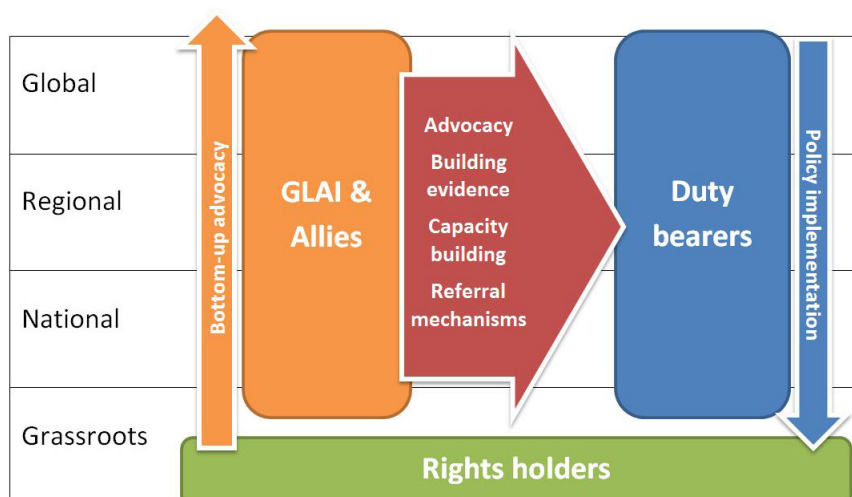
made it possible for GLAI to fully deploy its advocacy capacity linking from country offices to the regional level. 80 percent of the recommendations of civil society were captured by the 19 recommendations in the Declaration. CARE was able to use its experience and the data available to influence the text of the Kampala Declaration by specifically stipulating that the engagement of men must be included.

CASE 3 International: 57th Session of the Commission on the Status of Women (CSW)

Bringing the grassroots perspective to international advocacy events such as the 57th Session of the CSW in 2013, confirmed the value of the GLAI model. The grassroots perspective was of unique significance and the GLAI activists were well received by their national Member States. All issues and recommendations made by CARE’s delegation were included in the outcome document. For GLAI activists and partners, joining forces and sharing information with other grassroots activists and having the opportunity to present their experience and points of view to Member States, was empowering. As a consequence of CARE’s exposure to the UN system, the Committee on the Elimination of Violence against Women (CEDAW) contacted CARE for information to feed into the CEDAW reporting on access to justice via CARE International’s Advocacy Officer who updates CEDAW on what is happening in the region.

Social norms

GLAI has made significant strides in gaining the support of traditional leaders and raising their awareness on GBV. Some leaders have started condemning GBV and referring to existing laws. There is a growing understanding that violence is not only about sexual assault but also extend to other forms of GBV and rights violations. The VSLAs have been launchpads for advocates and dialogue sessions on GBV in most countries, with a growing and visible effect on men’s perceptions of women.





Over **1500** grassroots activists have been identified and trained through GLAI.

They have supported more than **11 000** survivors of GBV.



Women's decision making and political space

Most of the progress in improving women's participation in political spaces has taken place at grassroots level and district level. With support from GLAI activists, women involved in VSLAs are gaining greater understanding of their rights as well as increased decision making power in their households. Advocacy events organized in connection with the 16 Days of Activism and International Women's Day have focused attention of local leaders on issues of GBV and provided opportunities for promoting women's meaningful participation. Women's political participation at higher levels has progressed through collaborative CSO efforts in training, mobilizing, and campaigning. Many activists and case managers have been elected to local office as demonstrated in the 2010 elections in Burundi and 2011 elections Uganda, where there was an increase in both female voters and cabinet members.

Changes in laws and policies

All four countries show that reporting of GBV cases to GLAI case managers has risen, meaning that survivors are willing to come forward. At the same time, the actual incidence of GBV is reportedly declining in some areas. Improved standards of living, children going to school, legalisation of marriages, enhanced joint decision making between spouses, and generally greater peace and security both within and beyond households are reported by stakeholders. GLAI teams strived to hold duty bearers accountable to signed agreements by making use of policy accountability mechanisms and processes, such as engagement with parliamentarians in Rwanda, review of the UNSCR 1325 National Action Plan in Uganda, and the GBV Action Plan reviews in Burundi.

Lessons learned: GLAI as an advocacy model

The advocacy strategy of GLAI applied broadly across the Women Empowerment Programmes. Partners who took part in advocacy activities improved their capacity in evidence-based advocacy work. The GLAI experience demonstrates the importance of working in partnerships, linking with state and civil society actors, and coalitions, in order to increase the knowledge base, geographic coverage and political influence.

Since GBV requires a holistic, multi-stakeholder approach, the collaboration with authorities at all levels is key to success. Participation in GBV Forums and linking to a

referral system has been instrumental for activists to assist survivors effectively. Partnership with government agencies to facilitate greater collaboration between agencies working on GBV including the government and civil society has also been effective.

GLAI's advocacy activities were effective because they were part of a broader effort with civil society actors and the pooling of resources was pivotal to more effective capacity building. Cross-learning between CSOs led to more partners planning to collect data on GBV, engagement in new programming initiatives on GBV issues and joint advocacy efforts.

It is vital that advocacy against GBV is conducted in synergy with interventions aimed at transforming social norms. Engaging men strategies to start dialogues on GBV, model gender-equitable behaviours, and support women empowerment have proved eminently effective in transforming male attitudes and perceptions in communities. Other practices to change social norms include the engagement of traditional leaders. To end violence and prevent repeat incidents, more focus is needed on programmes that work with perpetrators, even while they may be in prison, to change attitudes and behaviours and address the root causes.

Challenges

Activists and case managers are hampered by the lack of resources, and the voluntary nature of the work raises sustainability issues. Grassroots activists can be placed in a vulnerable position. There have been cases of threats and physical assault. Activists should receive continued support and capacity-building through women empowerment programmes.

GBV survivors are still reluctant to seek justice for several reasons such as stigma, fear of reprisals, fear of backlash from their spouses or communities, and fear of economic and social costs. High levels of impunity also hamper the efforts to assist survivors and prevent GBV. In some cases survivors prefer settling matters outside formal legal institutions. It is important that collaboration with local informal structures is strengthened in order to ensure protection against GBV and at the same time increase access to formal structures and quality services.

Experience suggests that GBV IMS data are under-utilized

“I used to fear talking in public. Now I can address a rally.”

– Woman activist, Uganda

and the capacity to transform data and other forms of evidence into effective communication tools is not yet fully developed. Challenges range from the varying uptake of the GBV IMS by CSOs, the complexity of the tool and the extensive data entry, and technical limitations such as the risk of double-counting of cases, confidentiality issues and the absence of follow-up or tools to contact the survivors at a later stage. It is worth pursuing a comprehensive assessment of the tool at country level in order to ensure effective use and alignment to do no harm principles.

Due to different policy environments, civil society development, and wider contextual differences, it has been difficult to draw commonalities across all four countries. The shared learning agenda of such initiatives should be a strong focus, including partnerships with research institutions, to contribute to building capacities, tools and experience with contextual and comparative analysis.

The quality of political participation is an issue. Reported problems include elected women becoming prey to the politics of patronage, party ties and lack of representativeness. In some cases, low literacy and education levels are impediments to quality participation. Future efforts should continue to build capacity of women leaders to ensure that they can participate effectively.

An important concern is the possibility of displacing the role of traditional structures, as in the case of Uganda where community members with GBV issues or other problems prefer to refer to activists, and role model men instead of the local council members who charge a “sitting allowance.” It is important that services or roles created by GLAI or similar projects are anchored in existing structures.

Recommendations

- *Development partners, donors and international organisations (UN agencies)* should promote and demand improved coordination and information-sharing on funding opportunities and benefiting CSOs on specific initiatives like GBV to ensure synergies in learning and implementation, and reduce duplication of resources and efforts.
- *Ministries and local governments* should allocate adequate funds for the implementation of women empowerment initiatives at all levels. In addition they should establish an independent court with competencies to

handle GBV cases as well as continue to collaborate with CSOs, tapping into their experiences for evidence and implementation of existing legal frameworks. A clear space for accountability on quality of services for GBV response and prevention at all levels, which encourages participation of survivors, is also sought. Furthermore, dutybearers should ensure access to legal aid in a timely and efficient way, for instance through training and appointing of judges to handle GBV cases, and by ensuring that the police has efficient mechanisms and resources to manage GBV cases, without compromising the dignity of the survivors.

- *CSOs* should continue working in coalitions to replicate and scale up of advocacy efforts as well as continue to build capacity of grassroots activists and communities and linking them to decision-making and political settings to make sure that grassroots voices, and particularly those of GBV survivors, are being heard. In doing so, CSOs should strengthen their accountability towards their constituencies, especially at the community level, build their institutional capacities to analyse policies and develop advocacy strategies with the participation of right-holders, and reinforce their relations with decision-makers.
- *CARE* should balance the work on social norms at community level with policy work at national level to trigger sustainable change. VSLAs and activist networks should be strengthened so they can become social networks to conduct advocacy and build on resources at community level that influence decisions and demands for accountability beyond the community and district level. To strengthen evidence CARE should further improve the rollout of GBVIMS in collaboration with other agencies using the system. CARE should invest in key positions and capacity building to ensure effective advocacy. It should also work through regional advocacy groups to identify, share and mobilise resources for joint advocacy events at regional and international levels.

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