The Great Lakes Advocacy Initiative (GLAI)

Final Evaluation

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By
WayFair Associates

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LIST OF ACRONYMS

ACD	Assistant Country Director
ACORD	Agency for Cooperation and Research in Development
ARLPI	Acholi Religious Leaders Peace Initiative
CDFC	Center for Family and Community Development
CEDAW	Convention on the Elimination of Discrimination Against Women
CEDOVIP	Centre for Domestic Violence Prevention
CI	CARE International
CM	Case manager
CMP	CARE Member Partner
CNF	Comité Nationale des Femmes
CO	Country Office
COCAFEM/GL	Collective of Coalitions and Associations working for the Advancement of Women in the Great Lakes region
CSO	Civil society organization
CSW	Commission on the Status of Women
DFJ	Dynamique des Femmes Juristes
DGFC	Division of Gender, Family and Children
DIGEFAE	Division of Gender, Family and Children
DNU	Diocese of Northern Uganda
DRC	Democratic Republic of Congo
ECARMU	East and Central Africa Regional Management Unit
ER	Expected result
FFRP	Forum of Female Rwandan Parliamentarians
FOKAPAWA	Forum for Kalongo Parish Women‘s Associations
GBV	Gender-based violence
GBV IMS	Gender-based violence information management system
GDFA	Gulu District Farmers Association
GEWEP	Gender Equality and Women’s Empowerment Program
GLAG	Great Lakes Advocacy Group
GLAI	Great Lakes Advocacy Initiative
GLR	Great Lakes region
GMO	Gender Monitoring Office
ICGLR	International Conference of the Great Lakes Region
IFES	International Federation for Electoral Systems
IPO	Implementing Partner Organization
IRC	International Red Cross
Isis-WICCE	Isis-Women International Cross-Cultural Exchange
KIWEPI	Kitgum Women‘s Peace Initiative
LA	Local authorities
MARA	Monitoring, Analysis and Reporting Mechanism
MGLSD	Ministry of Gender, Labour and Social Development
MIGEPROF	Ministry of Gender and Family Promotion
MOFA	Ministry of Foreign Affairs
NAP	National Action Plan

NMFA	Norwegian Ministry of Foreign Affairs
NORAD	Norwegian Agency for Development Cooperation
NUWEP	Northern Uganda Women's Empowerment Program
NWC	National Women's Council
PARDE	Parlement des Enfants
PQL	Program Quality & Learning
PSPEF	Special Police for the Protection of Women & Children
RMM	Role Model Men
RMU	Regional Management Unit
SBVS	Synergie Burundaise pour les Victimes des Violences Sexuelles
SGBV	Sexual and gender-based violence
SNIS	National Health Information System
SP	Service provider
SPPDF	Synergie des Partenaires pour la Promotion des Droits de la Femme
STAREC	Stabilization and Reconstruction Plan for War Affected Areas
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNSCR	United Nations Security Council Resolution
UWONET	Uganda Women's Network
UWOPA	Uganda Women Parliamentary Association
VISO	Voluntary Initiative Service Organization
VSLA	Village savings and loan association
WEP	Women's empowerment program
WORUDET	Women and Rural Development
WPS	Women, Peace and Security

BACKGROUND

Since 2009, CARE has been implementing the Great Lakes Advocacy Initiative (GLAI) in Burundi, Rwanda, Uganda and DRC (the latter from 2012). CARE Norway's coordination role has been supported by the Norwegian Ministry of Foreign Affairs (MOFA) in its first year of operation and the Norwegian Agency for Development Cooperation (NORAD) in subsequent years. The project has as its overall objective to *contribute to the implementation of international humanitarian and human rights standards that protect the rights of women and girls in post-conflict and conflict situations as set forth in United Nations Security Council Resolution (UNSCR) 1325 and the complementary UNSCR 1820.*

More specifically the initiative aims *to contribute to the increased protection of women and girls against Gender Based Violence (GBV) in the Great Lakes Region (GLR) as set forth in UNSCR 1325 through increased capacity and sustainable links and networks established between grassroots communities, national civil society organizations and policy makers at the national, regional and international level*.

In order to achieve its goal, GLAI has developed four **expected results**:

1. Women and men at the grassroots level, as well as civil society organisations, have increased skills and capacities to carry out evidence-based advocacy on GBV and conflict.
2. Local, national and international policy frameworks and practices protecting women and girls from GBV are enacted, tested, strengthened and better implemented.
3. Meaningful participation by women and girls in relevant policy and decision-making bodies has increased, and women's human rights, especially to political participation, are taken into account by the decision-making bodies.
4. Civil society organisations in the GLR are linked at regional level to actively influence policy-making and law enforcement related to GBV in (post-) conflict affected areas.

The initiative has been supporting GBV survivors in the communities and developing grassroots activism and evidence-based advocacy to influence attitudes, policies, laws and behavior. GLAI aims at grassroots capacity building and establishing sustainable links between grassroots activists, national and regional civil society organizations and networks, and policy makers at the national, regional and international levels.

Central to GLAI's design is the intent to lift up its grassroots experience from local to global and to facilitate the capacity of women's legitimate representatives to influence the international debate on women's human rights in post-conflict situations in fora such as the International Conference on the Great Lakes Region (ICGLR), the UN Security Council and the UN Commission on the Status of Women (CSW).

It is also by design that GLAI was included in CARE's larger Women Empowerment Programs (WEP, funded by Norad and other donors depending on the country) in Burundi, Rwanda and Uganda and covers the same area as these programs. In DRC, the initiative collaborates with other projects (incl. MOFA-funded Mama Amka) to lay the ground for the future WEP.

This project was implemented with and through partner organizations. In the first year, four

partner organizations, one for each country, played a role in training grassroots activists and civil society organizations, developing effective advocacy materials, and facilitating linkages to regional and international networks. Capacity assessments were completed for potential implementing partners and the selection led to the configuration of implementing partners in the table below. Local partners were responsible for implementing the project activities in the field, supported by training and technical support from CARE staff and participated in action planning, research and documentation activities. Local authorities and community leaders were also systematically invited, encouraged and supported to engage in all activities.

Table 1. GLAI Implementing Partner Organizations

Rwanda	Uganda	Burundi	DRC
Works primarily with the National Women's Council (NWC), a government institution. Grassroots activists are members of NWC.	• Acholi Religious Leaders Peace Initiative (ARLPI) • Diocese of Northern Uganda (DNU) • Forum for Kalongo Parish Women's Associations (FOKAPAWA) • Gulu District Farmers Association (GDFA) • Kitgum Women's Peace Initiative (KIWEPI) • Women and Rural Development (WORUDET) • Voluntary Initiative Service Organisations (VISO)	• Synergie des Partenaires pour la Promotion des Droits de la Femme (SPPDF) • Synergie Burundaise • pour les Victimes des Violences Sexuelles (SBVS)	• Le Parlement des Enfants (PARDE) in North Kivu • Dynamique des Femmes Juristes (DFJ) • Division of Gender, Family and Children (DGFC) in North Kivu • ActionAid International, N. Kivu
Also collaborates with around 20 *strategic* partners who belong to the CSO network	Works with around 13 strategic partners	Works with 9 strategic partners	Non-specific. Participates in various fora.

CARE Norway commissioned this final evaluation to analyse and complement its country-based baseline and quantitative endline studies in order to capture and learn from key and/or insufficiently documented aspects of the initiative. Those areas, of which there are eight, constitute the inquiry frame for this evaluation (see below).

The final evaluation was undertaken by WayFair Associates under contract with CARE Norway between September and December 2013 (see Annex 1 for Terms of Reference). Its aim is to provide CARE and other stakeholders with useful lessons and recommendations on how to move forward with advocacy in the GLR, and to inform other similar initiatives in other contexts. Not least, CARE Norway wished to inform and enhance the advocacy component of the Gender Equality & Women's Empowerment Program (GEWEP), a five-year program envisioned to start in 2014.[i]

CONTEXT

GBV Situation in Brief

For over two decades the Great Lakes region (GLR) has experienced civil wars, ethnic conflicts and genocide, which have caused massive displacement, human suffering and loss of many lives, leading to humanitarian disasters.[ii] One of the major characteristics of these conflicts has been the endemic use of gender-based violence (GBV). According to the 2010 Demographic and Health Survey, 41.2 percent of women in Rwanda have experienced some form of violence since the age of 15. In Burundi, there are no national statistics available. But according to CARE's own statistics, 91 percent of the inhabitants of three communes where CARE implements programs, have seen, experienced, or known of a case of GBV. GBV in all its forms is a critical health and human issue in Uganda, but in the Northern part of the country, one-third of women (and 4 percent of men) experienced sexual violence (Uganda Demographic Health Survey, 2006) and 60.6 percent women reported to have experienced sexual or physical violence as compared to 26.3 percent men (UDHS 2011). North Kivu Province in DRC, home to one of the most deadly and longlasting conflicts of the continent – which has recently experienced renewed fighting between a number of armed groups, including the new M23 – continues to report alarmingly high frequencies of sexual violence. A recent report (UNICEF, UNFPA and the DRC government) highlights an increase in the number of cases of sexual violence in zones specifically affected by renewed conflict, as well as a significant problem in collecting and reporting data due to restricted humanitarian and civilian access. The majority of survivors of sexual violence in early 2012 were under the age of 24 years.

International and Regional Conventions

As it has been central to GLAI's mission to leverage regional and international agreements, the key instruments are briefly summarized here.

UN Security Council Resolution 1325 and 1820

In 2000, the UN Security Council adopted Resolutions 1325 on women, peace and security. UNSCR 1325 recognises the impact of conflict on women and girls specifically, the need to strengthen their protection and to consider their specific needs in repatriation and resettlement and for rehabilitation, reintegration and post-conflict reconstruction. It also urges for an increased participation of women in decision-making bodies, peace-building and recovery processes in post-conflict countries. In the resolution the UN Security Council reaffirms "the need to implement fully
international humanitarian and human rights law that protects the rights of women and girls during and after conflicts."[iii]

In 2008, the UN Security Council adopted the complementary resolution 1820. This resolution looks more deeply into the issue of sexual violence as a tactic of war and recognizes that it "can be a war crime, a crime against humanity or a constitutive act with respect to genocide."[iv] UNSCR 1820 therefore urges better protection measures for civilians against sexual violence in

conflict settings. At the same time it also puts forward the importance of justice for acts of sexual violence.

The ICGLR, The Goma Declaration and the Kampala Declaration on SGBV

The International Conference of the Great Lakes Region (ICGLR) is an inter-governmental organisation formed in December 2006, mainly to ensure security, peace and stability in the Great Lakes region. The organisation is composed of 11 Member States: Angola, Burundi, Central African Republic, Republic of Congo, Democratic Republic of Congo, Kenya, Uganda, Rwanda, Sudan, Tanzania and Zambia. Heads of State hold a Summit once every two years. Each Member State has a National Coordination Mechanism, including representatives of civil society, to ensure the follow-up and implementation of decisions made by the Summit.

In 2006, the ICGLR met and signed the Pact on Security, Stability and Development of the Great Lakes region which went into effect in 2008. They adopted 10 protocols, one of which is the Protocol on the Prevention and Suppression of Sexual Violence against Women and Children (#9).[v] Member States are required to enact the necessary national laws for the full transposition of the provisions of the Protocols into domestic legislation and to put in place a legal framework in their respective legal systems to facilitate their implementation. *Domestication* of a protocol means a law, a national policy and an action plan.

In June 2008, the ICGLR Member States signed the Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region with recommendations at national, regional, and international levels (UN and development partners).[vi] Then in December 2011, Member States met at the 4th Ordinary ICGLR Summit in Kampala, Uganda, to legislate against sexual- and gender-based violence (SGBV). This annual Summit resulted in the 11 Heads of State signing a historical zero-tolerance declaration against SGBV. This was followed up in July 2012 by the Final Communiqué of the Regional High Level Consultation of Ministers in Charge of Justice and Gender
on the Kampala Declaration.

UN Commission on the Status of Women 57th Session

At the March 2013 57th Session of the UN CSW the key theme was the elimination and prevention of all forms of violence against women and girls, whereby conclusions reached were adopted by the Commissions for transmission to the Economic and Social Council. The Commission affirmed that "violence against women and girls is rooted
in historical and structural inequality in power relations between women and men, and persists in every country in the world as a pervasive violation of the enjoyment of human rights." It recognizes "violence against women as intrinsically linked with gender stereotypes that underlie and perpetuate such violence, as well as other factors that can
increase women's and girls' vulnerability to such violence."[vii] CARE's delegation to this event included GLAI representation.

Country-specific Policy Environment

Burundi:
After 12 years of civil war Burundi has had more than eight years of peace and stability. The country's legal and policy framework is becoming increasingly strong and provides a solid basis for addressing issues of gender based violence. A number of acts of legislation have been put in place (see table 6 on changes in legislation and remaining gaps), in particular the Revised Penal Code (2009) which recognizes domestic violence as a crime, with the Special Law on Gender Based Violence and the Inheritance Law both pending.

While the government is generally receptive to advocacy efforts, it lacks the commitment and capacity to consistently implement GBV laws and policies. The government participated actively in the Arusha and Kampala Declaration out of which came the Zero Tolerance policy with a very collaborative and open approach to working with civil society. After initial pledges to support the Inheritance law, the government has since adopted a hard line and has refused to sign this law. Civil society considers this a major setback after a significant advocacy investment to get the law passed.

The Ministry of Solidarity, Human Rights and Gender is the main government agency charged with coordinating and overseeing government priorities related to women's rights and issues of gender including gender based violence. Key mechanisms and strategies put in place by the Government of Burundi to address GBV include the Centers for Family and Community Development, charged with assisting survivors at the community level together with local authorities and civil society organization (CSO) partners; *centres de prises en charges* or "one-stop" centers designed to provide a package of support to survivors; and a system of Special Police trained to assist in GBV cases. The government has shown an interest in the UNFPA GBV IMS tool which CARE and other CSOs have adopted but have some reservations about the tool.

Rwanda:
The legal and policy framework in Rwanda provides a strong basis for prevention of, and response to, GBV. Key legislation and policies have been developed to take account of gender issues and address issues of GBV (see table 6). The GBV Law of 2008 which defines terms related to GBV and specifies penalties for certain crimes is widely considered by civil society and government stakeholders at the local and national level to have been very significant as an instrument for changing mindsets in relation to GBV. The government is committed to addressing GBV and demonstrates strong political will; the key arena for GLAI's advocacy work in Rwanda is on the implementation gap.

A National Strategic Plan for Fighting against GBV was finalised in 2011 to improve the impact of existing interventions and fill gaps in prevention and response. The 'Gender machinery' comprising the Ministry of Gender and Family Promotion (MIGEPROF), the Gender Monitoring Office (GMO) and the National Women's Council (NWC) is responsible for the coordination of activities at the national level, including engagement with government, international and local CSOs in fighting GBV. Key mechanisms established for prevention and response to GBV include the community-level structures of anti-GBV committees, the one-stop centers (of which six are now operational and a further 17 new centres are planned for establishment by 2017 by the

Ministry of Health with funding from the Government of the Netherlands) and the Gender Desks operated by the police and army from the sector to national level.

Uganda:

The national legal and policy context in Uganda provides a strong framework for the prevention of, and response to, GBV (see table 6). The Government of Uganda has developed a National Action Plan (NAP) to implement UNSCR 1325, 1820 and the Goma Declaration, and in 2010 enacted four laws for the protection of women's rights, namely the Prohibition of Female Genital Mutilation Act; the Domestic Violence Act, which criminalizes violence in a domestic setting; the Anti-Trafficking in Human Persons Act and the International Criminal Court Act.

The Ministry of Gender, Labour and Social Development (MGLSD) is the national institution responsible for initiating, implementing and coordinating policies and programmes that support women's empowerment and advancement, in coordination with the security forces, police and health services. Recent and ongoing initiatives being implemented by the ministry to address issues of SGBV include: trainings on SGBV for magistrates, police and local government staff; the establishment of Children and Family Protection Units in all police stations; the amendment of the Police Form 3 used for reporting cases of rape and defilement; and the development of GBV units in police stations. The Ministry is also in the process of developing a National Policy for the Elimination of GBV expected out end of first quarter 2014.

Civil society in Uganda is highly engaged in advocating on issues relating to GBV through a number of different coalitions and forums, although there have been concerns over the passage in Aug. 2013 of the Public Order Management Act, which imposes a requirement to obtain police permission to hold any public meeting. The fear is that the space for civil society engaging in advocacy may be shrinking.

Other constraints relate to the effectiveness of implementation and follow-through of the laws and policies. This is attributed to a combination of resource and capacity constraints, and a questionable political will. Further, the continuing influence of strongly patriarchal attitudes at all levels of Ugandan society, whereby it is considered permissible to discipline a woman, means that acceptance of GBV as a private matter is widespread, a significant social factor impeding the effectiveness of anti-GBV initiatives. SGBV is particularly prevalent in the post-conflict setting of Northern Uganda where, as a result of many years spent living in Internally Displaced People's camps, there has been a breakdown of the traditional cultural norms imposed by society and community leading to widespread alcoholism and attendant problems of violence.

The implementation of GLAI Uganda has included a combination of work with and through Implementing Partner Organizations (IPOs) to build capacity for evidence-based advocacy at the grassroots and district levels (with the district being considered a key target for advocacy efforts on account of the decentralized system of local government), together with a focus on strengthening vertical linkages to and horizontal linkages between national level stakeholders involved in dialogue for policy-making and improved implementation of existing laws and policies relating to GBV. GLAI Uganda also worked collaboratively with strategic partners at national level.

DRC:
Conflict in the DRC during the GLAI implementation phase has been marked by the 18-month insurgency of the M23 rebels that ended on 7 Nov. 2013.[viii] However, the signing of a peace agreement between the two parties has been delayed because of a dispute over the handover of the rebels and the DRC government's refusal to accept the reintegration of a core group of M23 members, many of whom are wanted for war crimes. These advances toward peace are welcome but there are myriad armed groups still active across the Eastern DRC and it will take a much longer time to overcome the legacy of decades of conflict and atrocities such as the killing of civilians, torture and rape that have left deep scars particularly affecting women and children.

The DRC government, for its part, is a signatory to a number of laws and conventions (see table 6), has a Law on Sexual Violence (2006) that recognizes 16 sexual offences as compared to two offenses under the regular criminal law, a National Law on Child Protection (2009), and a National Strategy on Gender Based Violence (2009). The Stabilization and Reconstruction Plan for War Affected Areas (the Eastern DRC) (STAREC) program initiated in 2009 includes a strategy to combat sexual violence with five pillars: the fight against impunity, prevention and protection, multi-sectoral assistance and response, security sector reform, and data mapping, a cross-cutting initiative chaired by UNFPA and the Division of Gender, to inform programming and the national strategy. In 2010 the government adopted a National Action Plan on UNSCR 1325.

Despite these efforts, the conflict has significantly impacted on the government's ability to consistently implement these laws and policies. As a result the policy and legal context of the DRC remains weak, particularly in comparison with the other Great Lakes countries participating in GLAI.

METHODOLOGY

The Team and Distribution of Tasks, Roles, and Responsibilities

The WayFair Associates team consisted of three international and four national consultants with geographic coverage as follows.

Table 2. WayFair Associates Team

Consultant	Regional	Rwanda	Uganda	Burundi	DRC
Mary Picard Team Leader	▯				
Sarah Gillingham Evaluation Specialist		▯	▯		
Michelle Kendall Evaluation Specialist				▯	▯
Augustine Kimonyo Gender Specialist		▯			
Grace Isharaza Gender Specialist			▯		
Justine Nkurunziza Gender Specialist				▯	
Doudou Kalala Researcher					▯

Because the evaluation employed a *collaborative approach* (see below), specific Country Office staff contributed to key processes and are identified in the following table.

Table 3. Country Office Staff Contributors

Staff	Country	Position
Sidonie Uwimpuhe Janvier Kubwimana Charles Gilbert Karake Olive Uwamariya	Rwanda	Vulnerable Women's Programme Coordinator ISARO Programme Manager ISARO Programme M&E Officer Advocacy Advisor and GLAI focal Point
Lillian Mpabulungi Otobi Orach Godfrey Grace Amito Dennis Mwaka	Uganda	GLAI Focal Point NUWEP Programme Manager Advocacy Officer, NUWEP NUWEP Information & Communications Officer
Jean Baptiste Nimubona Josée Ntahbahungu Alexis Macumi Laurent Uwumuremyi	Burundi	Advocacy Coordinator GLAI Focal Point M&E Specialist PQL Director
Toure Abdoulaye Florence Masika	DRC	Acting GLAI Focal Point and PQL Director GLAI Community Mobilizer

Per an agreement with CARE Norway, the evaluation also relied upon a Reference Group consisting of 23 members from different parts of CARE, including CARE Norway, Country Office staff, other CARE Member Partners (CMPs), and the CI Secretariat, to review and provide feedback on the evaluation deliverables.[ix] Further, CARE Norway provided continuous support and feedback to the evaluation team throughout all phases.

The roles and responsibilities for the evaluation team consultants, contributors, and reference group can be found in Annex 2. One difference is the work in DRC was conducted by the international consultant in Goma and the national consultant in Katwe. Please see Annex 3 for a complete list of documents produced by the evaluation team.

Methodological Approach

This section addresses the intentional aspects of the methodology, the breadth of the inquiry, the methods, and limitations of the study.

Intentional Aspects

1. A collaborative approach

Serving the purpose of both accountability and learning, the final evaluation deliberately sought to engage GLAI staff to help shape the evaluation process in all its aspects. A broader grouping of CARE staff in country, the activists, case managers, and implementing partner organizations were engaged in generating evidence, through various methods that solicited their perspectives (see below). Given the level of consultation with CO staff, communications between the WayFair team and CO staff, as well as CARE Norway, were both intensive and critical to the planning, preparation, completeness, and quality of the data collection.

Similarly, the views of relevant key informants in CARE, as well as regional players involved in GLAI, were consulted. This was important given their special roles in GLAI and the non-conventional program structure of GLAI, as described above.

2. A qualitative, mixed methods approach

The evaluation used a mixed methods approach for the collection of qualitative data that would sufficiently explain the hows and the whys of GLAI's achievements in the areas of inquiry below. It began with a review of program documentation, however, the bulk of the data was sourced from primary data collection in the field with a diversity of respondent groups (see methods below).

3. Triangulation with quantitative endline surveys

Quantitative baseline and endline surveys were conducted in each the countries (albeit, only baseline for DRC) to measure change in the indicators for expected results. These surveys were administered primarily to grassroots activists, case managers, implementing and/or strategic partner organizations, but as well, varying by country, with other stakeholders working closely with GLAI. The surveys were aimed at testing the skills, knowledge, attitudes, behaviors, and practices of respondents as they relate to the indicators. Examples include knowledge of

relevant GBV laws, an organization's self-rating on its ability to influence national-level GBV decision making processes, or how they understand advocacy. Each country's survey is somewhat different and therefore, data cannot be aggregated across the 4 countries.

Table 4. Timing of Surveys

Surveys	Rwanda	Uganda	Burundi	DRC
Baseline	Apr. 2011	Apr. 2011	Apr. 2011	Jun. 2012
Endline	Jun. 2013	Aug. 2013	Apr. 2013	N/A

The findings of the baseline and end-line surveys were cross-referenced to triangulate findings from this evaluation.

4. **Stakeholder check through national validation workshops and a global validation workshop**

Draft reports at country level and then at regional level were followed up with workshops to validate preliminary results. For the national workshops, the first day was done with an internal team only and the second, with external stakeholders who were familiar with GLAI. Similarly, the global workshop invited representation from across CARE (CI, CMPs, RMU) and regional stakeholders who were based in Burundi, some of whom were engaged in networks with a regional ambit. (see participant lists, Annex 4).

The Inquiry

Per the terms of reference for the final evaluation, the team explored eight areas of inquiry to which GLAI's four expected results could be mapped.

Table 5. Areas of Inquiry

Area of Inquiry	Research Question
Social norms (ER 1)	What have been the effects of GLAI activities on social norms at community level – including issues related to transitional justice – and the efficiency of strategies used?
Women's decision making (ER 3)	What have been the effects on women's meaningful participation in decision making processes and political spaces?
Strengthening civil society (ER 1 & 4)	What have been the effects on strengthening civil society, reinforcing the democratic space between CSOs and authorities, and increasing dutybearers' accountability?
Linking levels (ER 4)	What has been the efficiency in linking local, national, regional and global levels through evidence-based advocacy?
Use of IMS data for influence (ER 1)	What has been the capacity of local activists to use data collected through the GBV IMS to influence decision makers?
Unintended harms and positive effects	What has been the extent of harms caused by GLAI and the use of ethical and safety principles at all levels?
Partner and CO learning (ER 1 & 4)	What has been the effect of the learning agenda and capacity building activities for Country Offices and partners at structural and programmatic levels?

METHODS

The evaluation applied a mixed method approach that included the methods below. The stories of change were mostly conducted ahead of the **one-week** during which the WayFair team was in the field collecting data, in order to be able to review the stories of change with others.

1. Stories of change

Case managers, activists, and CSO partners undertook a self-reflective exercise prior to the field visits of the WayFair team. The aim was to explore the views of case managers, activists and CSO partner staff who have been involved in the implementation of GLAI on what they felt was the progress and achievements of their work, what important changes they witnessed, and what had been and remain particularly challenging for them. Participants made use of audio and video recorders or a camera for this purpose.

2. Collective review of stories of change

At the end of the data collection, the participants attended a review meeting with the evaluation team and other activists, partners or CARE staff, during which they presented their stories using their visual materials. The purpose of the reviews were to probe further, compare experiences, share perspectives and generate a set of shared conclusions regarding the main areas of progress, changes and challenges experienced by the programme.

3. Key informant interviews

These were conducted in-country during the field visits by WayFair. The mix of key informants varied by country but in most cases included service providers, local authorities, policymakers, grassroots activists, CSOs, and the media. The selection was made in collaboration with CO staff, but the final set of respondents interviewed was determined by their availability during the week of data collection.

Key informant interviews by phone were also conducted by the GLAI evaluation Team Leader with different representatives from CARE and a couple of regional players. The final choice also depended on the responsiveness and availability of those individuals.

Please see Annex 5 for a complete list of people interviewed.

4. Focus group discussions

This method was used primarily with community members and CARE staff, and, in some cases, with case managers and activists who did not participate in the collection of stories of change.

5. Semi-structured interviews

This method was intended for survivors as a respondent group, however, a few were also done with CARE staff and case managers. Note that the evaluation team did not specifically seek out survivors for interviews and adhered to the principle of seeking first information from other sources. Ultimately, the interviews that were done were with two survivor couples in Rwanda and one survivor in Burundi. Please see the consent form and the agreement signed by interviewers developed for this purpose in Annex 6. Please see Annex 7 for information on respondent groups and sampling technique.

LIMITATIONS

Most constraints relate to the time for completing the work.

- Very short in-country data collection period (4-5 days)
- A very tight schedule, especially in preparing for the next phase of the work
- Not able to interview all the respondents hoped for, owing to time and availability constraints
- Data reliability issues with the baseline and endline surveys, in particular Rwanda
- Communications working in virtual teams which has its own challenges
- The unanticipated language constraints and translation needs

FINDINGS

These findings are a synthesis of the country-level analyses organized by area of inquiry. See Annex 8 for the country-specific findings. The more detailed country briefing notes are available under separate cover.

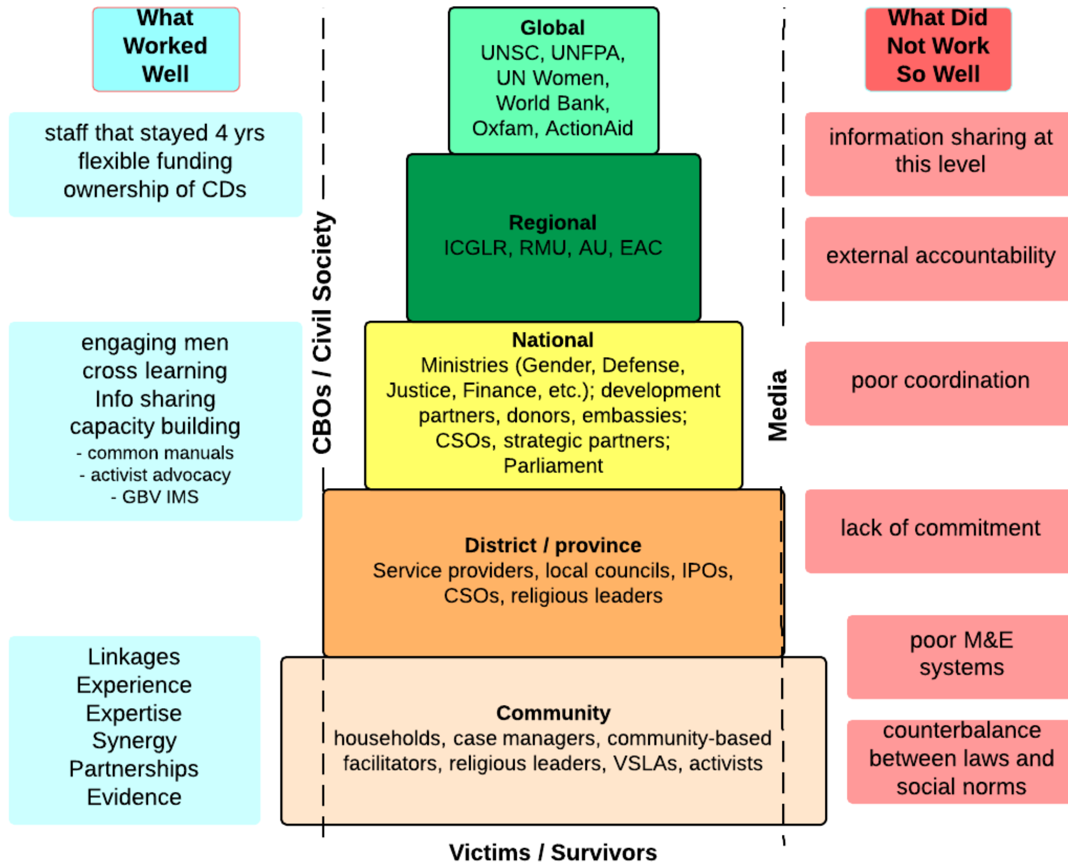
As background to the findings by area of inquiry is Figure 1, a diagram of the GLAI "model" of grassroots-driven, evidence-based advocacy which has been used by the team (Uganda especially) to represent their way of working. At the global validation workshop, this diagram was used to then depict the actual experience, showing also what worked well and what did not work so well, Figure 2.

Figure 1. GLAI Model

The *global level* also involved CARE International (CI) and CI Members who participated in key advocacy processes, such as the Post-2015 Development Agenda, Beijing +20, and the afore-mentioned UN CSW event. It was noted that better information sharing at global level within CARE and with other external actors will help enhance the efforts of all players.

Other aspects that would need improvement in the future is the accountability of Member States to agreements, such as the ICGLR, to implementation at national level, legislation in relation to GBV, and to the quality of services for GBV survivors. Poor coordination has also been noted across the many actors who are seeking to address gender-based violence – development partners, embassies, donors, CSOs and government agencies – and whose efforts can be duplicative and counter-productive if

Figure 2. GLAI Model, What Worked Well and Not So Well



not joined up. There is limited vertical and horizontal coordination even among referral system actors – police, judiciary, health services – whose coordinated response to following up on GBV cases is pivotal to effectiveness.

The lack of commitment mostly pertains to national levels partners, who are not always seen as genuinely representing the grassroots perspective and realities. More commitment was evident from leaders of government and non-government organizations at district or community level but less so at national level.

GLAI teams also felt that monitoring and evaluation systems across the four countries, while sharing indicators and data collection tools, were not as systematized as they could have been, with different individuals (or functions) collecting and handling data. The organization and storage of data were also a part of the problem, and tends to be a problem at the CO level, i.e., having a set of procedures for filing, storing and accessing data from different projects. It has also been noted that major advocacy events are reported on but not monitored and evaluated systematically for effects. This is an area needing improvement.

And, not least, the social norms, as explained in different sections of this report, often rise up as a powerful counterweight to the legal processes that exist for GBV survivors to obtain justice.

Civil society strengthening and capacity building in advocacy

Summary Statement

In building the capacity of grassroots activists, case managers, and implementing partner organizations (and also CARE program staff and other invited stakeholders) to do GBV advocacy, it is evident that this has enabled them to play an active role in GBV forums, work in coalition with other civil society actors, influence decision makers, and collaborate with state institutions with many notable results. The role of advocates[x] within communities has added value to the GBV response but requires solutions to sustainability and to other constraints they face in their operating contexts.

Expected Results

Expected Results	
ER1: Women and men at the grassroots level, as well as civil society organisations, have increased skills and capacities to carry out evidence-based advocacy on GBV and conflict (See theme 2 for use of data to show "evidence-based")	**Area of inquiry:** Effect of GLAI on strengthening civil society, on reinforcing the democratic space between CSOs and authorities, and on increasing duty bearers' accountability

GLAI's intent was to create an advocate capacity at grassroots level. It succeeded in doing so in each country. These were a mix of case managers and "grassroots activists." They were typically associated with the implementing partner organizations (IPOs). They often came from village savings & loans associations (VSLAs) and had usually already been active in CARE's women empowerment programs in their communities.

GLAI also strengthened the skills and competencies of IPOs who were selected after an assessment of their capacity for GBV advocacy, subsequent to which a tailored action plan for further capacity building was developed. Each GLAI country also had an advocacy capacity building action plan for each year. The hope was that selected IPOs would be able to plan and implement advocacy activities to address the gaps in GBV response and prevention. Other gaps related to the use of data for GBV advocacy, mobilization capacity of members at grassroots level, and opportunities to establish a common plan and agenda with other civil society actors. But the emphasis really varied by partner and by country context.

The role of case managers and activists varied but have largely centered on:

- Providing assistance to and/or referring GBV victims (esp. relevant to case managers)
- Monitoring GBV cases, collecting data and analysis
- Sensitizing and mobilizing others (wide range, starting with community) in relation to GBV issues and relevant policies
- Advocating to responsible actors to improve the response to GBV victims and their rights
- Participating in forums, campaigns, coalitions and decision making bodies to advocate, raise awareness, and influence

Capacity building, thus, encompasses the roles and work accomplished by activists, case managers, IPOs, CARE Country Office teams and in many instances, has extended to other stakeholders with whom they collaborated.

LESSONS LEARNED

1. Participation in GBV forums and linking to the referral system.
Activists and representatives of the IPOs participated in forums on a regular basis that joined other stakeholders / institutions addressing GBV, such as the police, the judiciary, civil society and health service providers. By linking to a referral system, they understood the procedures for helping GBV victims and the roles of different institutions, and could thus assist victims more effectively. GLAI initiated the coordination with other stakeholders in Rwanda by starting quarterly reflection meetings at the level of the program working area for case managers with for the Comité Nationale des Femmes (CNF) and service providers to discuss GBV issues.

2. Influence upon local and national decision making processes.
The presence of case managers and activists have added value to broader response efforts, as this link to other forums has motivated, mobilized, and evoked greater responsiveness. Their connection to the grassroots realities has carried a lot of weight. For both IPOs and activists, this is evident in their ability to influence local and national decision-making processes through actions to address impunity for GBV perpetrators, GBV in schools, or, in Uganda, the pervasive problem of alcoholism as a factor contributing to GBV. Similar examples can be found in the other GLAI countries.

3. Joining forces with other civil society actors.
In all countries, GLAI played an active role in different networks and forums. While these were quite diverse across the region, GLAI's participation in advocacy networks strengthened the collective voice of CSOs.[xi] The civil society platform in Katwe, DRC met regularly but consisted of CSOs and activists who benefitted from training in advocacy and GBV-related issues. In Uganda GLAI developed strong relationships at local level and particularly valued the stronger engagement with national strategic CSOs. Rwanda established a CSO advocacy network that offered an informal space for CSOs to raise their collective voice and to identify potential partners for new program initiatives, something they were not able to do as easily in the more formal space coordinated by the Ministry of Gender. The cross-learning amongst CSOs led to more partners planning to collect data on GBV and engage in new programming initiatives involving advocacy on GBV issues. The pooling of resources in working in partnership has also been pivotal to more effective capacity building.

At regional level, participation in regional networks occurred for the purpose of joint action (e.g., the networks created for the ICGLR Summit), however, GLAI partners are not typically members in regional coalitions, such as FEMNET and the GBV prevention network. Should CARE play the role of linking CSOs across borders and acting as a hub for network opportunities is something to consider for the next phase. This may help facilitate access to established regional coalitions that tend to be dominated by human rights organizations with their own set of power dynamics. Facilitating exchanges between the CSO partners in the four countries which GLAI had done once would also strengthen their capacity to act strategically at regional level.

4. Coordination between the grassroots and the state.
Strengthened relationships with government organizations, such as the National Ministry of Gender's Division in North Kivu (DRC), affords greater collaboration between state and civil

society and is indicative of improved attitudes in public institutions. As members of advocacy forums in Uganda, CARE and partners have been able to develop positive working relationships with local authorities (district and below) that includes traditional / cultural leaders. For both Rwanda and Burundi, coordination with state authorities grew more solid at sub-national than at national level.

Because gender-based violence requires a holistic, multi-stakeholder approach to bring an end to GBV, the collaboration with authorities at all levels is key to success. Simply making the bridge between CSOs and state institutions with a responsibility to address GBV is an accomplishment; having sustained access to and communication with dutybearers will be essential for the work that still lies ahead. Broader engagement with and reaching out to ministries and government offices should be encouraged in the future, but will also require an understanding of the constraints they face.

5. The added value of case managers and activists to communities.
GLAI has demonstrated success in making information on key policies and legislation more widely available, e.g. the new version of the Police Form for reporting rape and the fee for the required medical examination in Uganda, in ways adapted to target audiences and with the aid of IEC materials.

The very presence of activists and case managers has made it possible to create a space for dialogue on GBV within their communities and have contributed to changes in attitudes and behaviors.

Case managers and activists (as well as other grassroots actors) are felt to be respected resource persons in their communities who are the interlocutors and often, first port of call, for GBV survivors. The effectiveness of activists and case managers is evident in the trust and increased reporting from GBV victims.

REMAINING CHALLENGES

1. Choice of partner organizations.
There is apparently a tension between selecting a smaller number of IPOs with wide reach and credibility at grassroots level and a larger number with greater diversity and representativeness, as in the case of Burundi. Its IPO, SPPDF is a coalition of 480 associations all over the country but the question is whether building the capacity of a larger number of CSOs might have been more effective.

2. Resources.
Advocates and case managers are limited by the lack of resources that exist in their environments and the referral process, e.g., the cost of launching a complaint with the police or of travelling to follow up on cases. A corollary to this is the question of whether advocates should shift their attention from service delivery to advocacy for improved services. Where services for survivors are weak, advocacy efforts need to be accompanied by forms of assistance. Ideally, though, advocacy efforts are attached to existing multi-response GBV programs to improve quality and efficiency.

Where activists or case managers work on a voluntary basis with minimal support, it raises sustainability issues, despite their evident commitment and dedication. It remains to be seen whether the benefits of this position in the community – the respect, visibility and possibility of running for office – are sufficient motivation to keep most of them engaged over the longer term.

3. Harms and risk potential to advocates, staff, and CSOs.

Advocates or grassroots activists play a role that can place them in a vulnerable position. They have reported being subject to threats and, in worse cases, to physical assault or narrow escapes. Common across all countries is the prevalence of stress amongst advocates and staff who work on GBV issues. Rwanda's study on the psycho-social support needs of case managers indicates that over half showed signs of post-traumatic stress syndrome and burnout.[xii] They have also been compelled to use their own economic resources to aid victims, which further leads to conflicts within their own families. Some are pressured to stop their activities and are told that they are wasting their time "speaking for others" instead of taking care of their families.

4. The operating environment, esp. relating to conflict zones.

Some environments (in DRC) are more challenging for activists to do their mobilization and sensitization activities owing to security issues. And the high turnover in the police force creates instability and risk to the follow up of documented GBV cases. Another factor is the democratic space for civil society actors; this differs from one country to another in the region, but it also appears that the space for civil society is shrinking in more than one country in the region.

5. Integrating into existing structures and not displacing local leaders.

It is important that services or roles created by GLAI are streamlined into existing structures. Rwanda has acknowledged the difficult choice of identifying advocates from VSLA groups as opposed to drawing from the anti-GBV committees already set up for reasons to do with effectiveness.

Another 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 take their case to case managers, activists, and role model men in lieu of the local council members who charge an informal "sitting allowance."

USE OF GBV IMS DATA FOR INFLUENCING AND EVIDENCE BUILDING

SUMMARY STATEMENT

On the whole, IPOs, case managers and activists have improved their capacity to use data for the dual purpose of tracking GBV cases and advocating, with some significant effects on decision makers at different levels. The wider uptake of the tool is notable in Uganda (where the GBV IMS is under the Ministry of Gender Labour and Social Development with support from UNFPA) and has had some success within civil society in Burundi. Discussions with government for the adoption of the system are proceeding in both Burundi and Rwanda. In DRC, GLAI did not invest resources in the GBV IMS tool because a system was already in use by UNFPA and

the Ministry of Gender. While the data has been used for advocacy purposes, the experience averaged across the four countries suggests the data are under-utilized and the capacity to transform data and other forms of evidence into effective communication tools is not yet well developed.

Expected Results

ER1: Women and men at the grassroots level, as well as civil society organisations, have increased skills and capacities to carry out evidence-based advocacy on GBV and conflict	**Area of inquiry:** Capacity of local activists to use data collected through the GBV Information Management System to influence decision-makers

A tool for case management and advocacy as well, the GBV IMS, as a system, was adopted by GLAI to offer a standardized tool for reported cases that could be widely used in the GBV response 'sector,' for trends analysis and developing good GBV coordination amongst responsible actors. This tool, originally developed by UNCHR, UNFPA and IRC, is also designed to share sensitive information amongst humanitarian actors in a safe and acceptable manner.

There have been substantial differences in the country experience using this system. GLAI Uganda had their system in place as a result of a previous joint GBV Programme which consisted of several implementers, including CARE and UNFPA. Thus, its system was operational prior to GLAI's start-up and CARE Uganda provided occasions of technical support to GLAI countries. GLAI DRC has not adopted this tool because their Women's Empowerment Program (WEP) has been drawing on data in coordination with health centers that feed into the National Health Information System. The WEP also uses the GBV IMS reports received from the Division of Gender, Family and Children (DIGEFAE) for fundraising and advocacy purposes and the DGFC from all territories in the province meet monthly to discuss the data. While Rwanda and Burundi have adopted Uganda's model, Rwanda outsourced the analysis to a consultant. Burundi has embedded the system in one of its implementing partners and several CSOs, some of which they trained, are using the tool. These present different experiences and challenges with the data and their use.

Lessons Learned

1. Data has powerful effects as an influencing and accountability mechanism.
With the exception of GLAI DRC that did not need to invest in building the system, all four programs did use the data to influence and hold others accountable. All Country Offices report being able to introduce the data into discussion forums where particular issues are raised, often given further attention (e.g., the problem of non-legalized marriage in Rwanda, the relationship of alcoholism to GBV in Uganda) to even becoming a policy issue (the easing of requirements in the police form 3 filled for legal cases of sexual abuse - rape survivors and defilement in Uganda). When the data has been used effectively to pressure dutybearers to act, it then encourages women to report cases (Rwanda). The data have also provided the impetus for national advocacy campaigns around a particular issue. Uganda, where the experience with the IMS is highest, has demonstrated greater use for advocacy at national level and beyond that, as data was incorporated into its sharing of materials that informed the CSO Forum meeting in Arusha, Tanzania prior to the ICGLR Summit.

2. The GBV IMS has broader scope than its current use.
The first use of the data has been internal to CARE and partners, informing their programs and strategic directions. The system has served CARE's purposes relatively well. The data has also been used by activists and case managers to track and follow up on cases of reported GBV, however, the extent to which this is being done, given challenging environments, is not so clear.

In Rwanda, 154 case managers use the intake form and are expected to use it to record details of cases reported to them, but many staff (CARE and partners) do not have a firm grasp of what the IMS is or can do. Raising awareness and building understanding of the system is yet a precondition to engage in evidence-based advocacy and certainly to promote its use and uptake by government or other civil society actors.

In Burundi CARE partner, SPPDF regularly uses the GBV IMS data produced by SBVS in high level meetings with Parliamentarians. SBVS also hosts, along with the provincial department of the Ministry of Solidarity and Gender, annual meetings with authorities, activists and members of civil society to review GBV trends in their province, hold discussions and make plans for addressing these issues. They have been successful in training other CSOs in the tool and expect that their collective coverage will capture 3/5th of the country.

To date, there has been no aggregation of data across all or some of the countries to influence regional agendas, such as ICGLR. An example of the data, compared across the three countries or GLAI teams producing the data, is shown below – on reported cases of GBV. Figure 1 shows reported cases aggregated by year and Figure 2, trend lines for each country, from 2010 to 2013. This kind of data could be analyzed to provide explanations, for example, as to why the 2012 data proved to be considerably higher for all countries, but especially Burundi and Rwanda.

Figure 4. GBV Reported Cases by Year

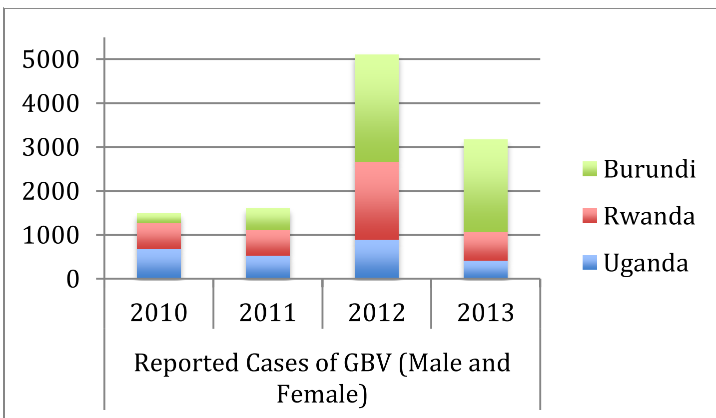
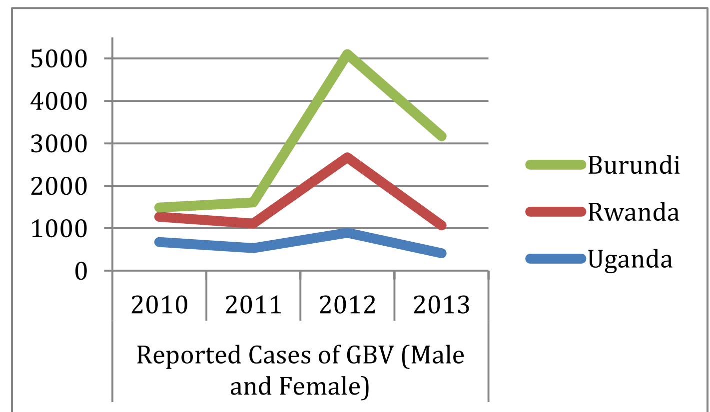


Figure 3. Trendline of GBV Reported Cases by Country



*Note that 2013 data covers the period of January through October only.

3. Other forms of evidence, apart from the IMS data, have proved effective in advocacy.
The IMS data are not the only source of evidence. The information that activists bring to the GBV forums, based on their experience with victims and their observations, is credible and has a bearing on decision making. The fact that many activists are themselves survivors

strengthens the grassroots link. Introducing the voices of women survivors have also had a powerful impact in national dialogues (as in Uganda) and the perspectives of credible organizations working in partnership with GLAI in the different countries have influenced regional policy dialogue (the ICGLR) and the international level, e.g., the 57th Session of the UN CSW.[xiii] Testimonies play an integral role in this type of programming.

Remaining Challenges

1. Harmonizing.

Everyone agrees on the need for a unified, standardized tool and a centralized, harmonized system, however, the lack thereof has been a real sticking point. While there are cases of the tool being adopted by other CSOs, there has not been a major push behind the uptake by others (for which there may be many reasons, including GLAI's own capacity). With government, CARE raised the issue at discussion forums with the Ministry of Health, the Gender Cluster, IRC and UNIFEM in Rwanda. In Burundi where the system is the most advanced, discussions over its adoption with the Ministry of Solidarity, Human Rights and Gender are moving forward, but will require the support of other civil society actors who are using the tool, including IRC. In DRC, one government institution, the DIGEFAE (Division of Gender, Family and Children) who is also CARE's partner has the authority to publish data on GBV and does this using the UNFPA tool. However, MONUSCO will soon be implementing a Monitoring Analysis and Reporting Mechanism (MARA) data collection system, to comply with UNSCR 1960. This system is expected to capture some of the data from the GBV IMS but how the harmonization will occur is not yet clear.

A shared understanding is also needed across GLAI on CARE's expectations of use of the tool / data at national and regional level. The system was not designed to provide prevalence data because it only represents reported cases and the percentage of actual GBV cases that get reported is unknown. Nonetheless, the data on reported cases are extremely useful. There should be agreement on who (or what organizations) should be producing the data and who should be accessing the system, especially if these two are not exactly the same. This question arose in relation as well to GLAI's ending and thought being given to transferring data entry to local authorities.

2. Under-utilization of data for creating communication tools.

Across at least 3 countries, reports generated by the IMS could also be utilized in reports and analyses for sharing at national, regional and international levels (Uganda has done this with their data for the country level annual UNSCR 1325 monitoring report). However, it must also be borne in mind that to do what Uganda did, the data needs to be at a scale that is representative and not restricted to small geographic areas. Burundi and Rwanda have not reached that stage yet. With that caveat, diverse knowledge products could be envisioned, with much room for exploitation of the data for advocacy purposes. The lack of documentation of evidence in formats appropriate for dissemination to policymakers and partners was particularly noted by Rwanda.

In Burundi the GBV IMS data is used during annual meetings at province level to review GBV trends in those provinces where GLAI is operational. Further CARE Burundi partner SPPDF regularly uses the GBV IMS in reports and advocacy events with government officials. CARE

DRC reports that this information is used in reporting to CARE International and to respond to punctual requests that come from CI members for information on GBV in the Eastern DRC.

3. Capacity issues.
The first stage of training staff in the use of the system and the entire package (the forms, the database, protocols for data sharing, analysis, etc.) is a major capacity building component. In Rwanda, the system has not been fully operationalized at the field office or program level, and there is no in-house capacity for analysis and sense-making of the data. CARE Burundi is generally confident that the activists are able to use the tool, but capacity is not uniform across activists in the four countries. Some report difficulty in using and filling the form which is quite extensive and is not meant to be used as a questionnaire. Case managers or activists should first and foremost be skilled in engaging in a sensitive subject with a survivor and know how to fill the form without posing direct questions. Data entry has also proven to be challenging, especially for community level agents with little education.

In addition there are potential harms associated with the way that the GBV IMS forms are handled. Essentially the information is first recorded by the activist in his home, the form is stored there in a folder until the next visit of the SBVS Coordinator or CARE staff member. During the time that the form is kept by the activist, there is no guarantee that the form cannot be compromised or misplaced, regardless of the activists' best efforts to safeguard the information.

Further, while GLAI focal points use knowledge from the grassroots for human interest stories, testimonies, etc. in their meetings with various stakeholders to inform advocacy efforts, more can be done to capitalize on data and knowledge from the grassroots. Adapting the data to suit different communication tools for different purposes needs to be taken into account. Capacity is variable across the four countries, with DRC still in at an inchoate stage of this work and will need to decide, going forward, what role it will play in the existing reporting systems. The GLAI endline surveys show that Uganda's IPOs self-evaluate their capacity to carry out evidence-based advocacy high (on a scale of low-med-high), compared to roughly half the CSO respondents for Burundi, although qualitative interviews with partners and activists suggest a higher level of confidence in their ability.[xiv]

4. Complications with the GBV IMS tool.
Some say the tool is not flexible enough for use at the grassroots level. So, for example, because case managers who have no office sometimes find themselves collecting intake information from a survivor unprepared and have to fill the form based on recall later. This may affect the reliability of the IMS data.

Field experience with the tool is beginning to reveal more of its limitations, such as the possibility of double counting. As the unit of analysis is a *case*, return cases of the same perpetrator can be reported across multiple organizations that use the tool. Cumulative figures for a particular reporting period aggregated across organizations, therefore, risk double counting. Also, for confidentiality reasons, it is felt that forms should be separate for the type of abuse reported. There are other issues around access to the data that raise concerns of confidentiality and the importance of access rules. Further, the IMS process does not include a follow-up or tools to contact the survivors later and see what transpired, although the activist being from the area where the incident took place, is likely to follow up with the victim. The

victim also is likely to know where to find the activist if needed. Efforts should be made to capture any good practices from users, such as the follow-up forms developed by GLAI for use in monthly monitoring visits with survivors.

Agreements are also needed on whether the tool and data generated by the system, ought to be integrated into CARE M&E systems, as has been suggested, for sustainability purposes. This and other feedback on the tool ought to be documented, and the idea of conducting a more comprehensive assessment of the tool is worth pursuing.

5. Limitations on the effectiveness of using data.

Data or evidence alone are not sufficient to bring about policy or behavioral changes. Other constraints in the operating environments need to be addressed at systemic level, e.g., a fair and transparent legal and judicial system; a functioning alternative traditional justice system; ensuring or promoting gender-equitable attitudes amongst service providers, local authorities, or community members to varying degrees; high levels of impunity.

EFFICIENCY IN LINKING LEVELS

SUMMARY STATEMENT

With the timing of major events, such as the ICGLR Summit, the 10-year anniversary of UNSCR 1325; the Launch of the African Women Decade; African Union 2010; Regional Conference on Women, Peace, Security and Development in Burundi in July 2013;[xv] and the 57TH Session of the CSW, GLAI has been well positioned to play a critical advocacy role, which it did do successfully, linking grassroots to global and engaging all levels – national and regional. These experiences of engagement for GLAI have reinforced the tools and capacity, strengthened relationships with state and civil society, tested the collaboration efforts across levels in CARE and working with partners, and provided levers for follow up at national level and awareness raising at all levels. For the future, CARE's potential role as a convenor of national and grassroots actors in regional networks, i.e., in linking levels, ought to be explored.

EXPECTED RESULTS

ER4: Civil society organisations in the GLR are linked at regional level to actively influence policy-making and law enforcement related to GBV in (post-) conflict affected areas	**Area of Inquiry:** What has been the efficiency in linking local, national, regional and global levels through evidence-based advocacy?

Linking the grassroots to sub-national, national, regional and global levels lies at the heart of the GLAI model for evidence-based advocacy and its distinction in making use of international instruments, such as UNSCR 1325, to increase protection for women and girls against GBV. Thus, it is not only the regional level at issue – which featured prominently in GLAI owing to the International Conference of the Great Lakes Region (ICGLR) Special Summit in 2011 – but about interacting at all levels. This summary focuses not on the impact of lobbying efforts but on the practice of linking (see theme 6 for a discussion of impacts).

Lessons Learned

1. Training on GBV and relevant legislation equipped GLAI and collaborating CSOs to open a dialogue within communities and responsible actors.

Much of GLAI's efforts have been concentrated on training and capacity-building and resulted in a variety of methods by CSOs and activists for raising awareness of GBV issues and related legislation at community, district provincial (sub-national) and national levels. Specific efforts drew the links between national laws and policies and implementation of international agreements - UNSCR 1325, UNSCR 1820, and more recently the ICGLR Zero Tolerance Declaration. With the use of IEC materials, activists and CSOs have been able to open up a dialogue on GBV, as well as new spaces using traditional forums for dialogue. Rwanda also found it effective to promote legal literacy at the community level regarding relevant legislation.

2. GLAI countries engaged successfully in a variety of techniques to link to national level.

A common strategy amongst GLAI countries was the use of the 16 Days of Activism campaign (25 Nov.-10 Dec.) as a platform to advocate on specific GBV issues, with exposure to highest level of government. This event represented the culmination of advocacy efforts over a given year. Other techniques include:

- Participating in national anti-GBV multi-sectoral working groups or committees, often with the Ministry of Gender or equivalent
- Participating in national and regional level coalitions and committees (e.g., the ICGLR Coordinating Committee, gender reference working groups) and in national networks
- Organizing meetings together with other CSOs to advocate with policymakers
- Establishing platforms at different levels (community, district and provincial) to act as pressure groups, sometimes exclusively with civil society, other times with all responsible actors
- Advocating for a review of laws and policies that undermine women's rights
- Partnership with a government agency to facilitate greater collaboration between agencies working on GBV including the government and civil society (as DRC did).
- Bringing grassroots activists and testimonials to members of Parliament or policymakers to advocate for changes in legislation.
- Engaging in a monitoring exercise for the implementation of UNSCR 1325, as GLAI Uganda did, with the Center for Women in Governance in Uganda that used data from the grassroots to produce and disseminate a report at the national level, the content of which fed into the global report of the monitoring exercise.[xvi]

3. The ICGLR made it possible for GLAI to fully test its advocacy capacity linking to regional level with many dividends to CARE and partners.

The ICGLR Special Session on SGBV, "United to Prevent, End Impunity and Provide Support to the Victims of SGBV in the Great Lakes Region," (Dec 2011) was the premiere regional opportunity to engage with other actors to influence the agenda. GLAI had a visible and active role and participated in a series of events. GLAI countries attended the Regional CSO Experts meeting on SGBV in Arusha, Tanzania in Oct. 2011 and engaged in national consultations with Member States. GLAI and partners were present at all events leading up to and during the Summit in Dec. 2011 as part of the CSO Forum, chaired by Akina Mama wa Afrika, with opportunities to present their recommendations from Arusha. GLAI has remained engaged

with the ICGLR national coordination bodies to follow up their commitments to the Kampala Zero Toleration Declaration.

There were numerous dividends:

- The ICGLR taught GLAI about the nature of advocacy work – the agility needed to know when to push and apply evidence. It taught them that advocacy processes are highly dynamic and the "correct" level for action can be expected to change over time.
- As a regional framework, it brought greater legitimacy to their efforts to raise the issue of impunity and lack of accountability more squarely.
- It helped consolidate relationships with policymakers and contributed to increased visibility for CARE and its partners as credible organizations with much to contribute to GBV policymaking.
- It demonstrated to them and to others the value of grassroots advocacy to higher levels of decision making.
- It forged relations between GLAI and regional CSOs.
- It has afforded CSOs a shared agenda and a lever for lobbying national governments to fulfill their commitments to the Declaration.

4. Bringing the grassroots perspective to international advocacy events confirmed the value of the GLAI "model."

Facilitated by Uganda's participation in CI's Women, Peace and Security (WPS) advocacy strategy, GLAI participated in two major international events: the annual review of UNSCR 1325 at the UN Security Council meeting in New York in Oct. 2012 and in CARE's delegation of the 57th Session of the Commission on the Status of Women (CSW) in Mar. 2013, the theme of which was the elimination and prevention of all forms of violence against women. The delegation included its strategic partner Akina Mama wa Afrika and Isis-Women International Cross-Cultural Exchange (Isis-WICCE). These events are typically dominated by human rights organizations and it was felt, by many key informants for this evaluation, that CARE's added value was in making the bridge to the grassroots. Members States are keen to hear perspectives from civil society actors who are well-informed, close-to-the-ground, and know the context. NGOS are especially valued if they come with clear, targeted messages that respond to some of the more contentious issues.

GLAI also participated in the Launch of African Women Decade, Oct. 2010 and the Regional Conference on Women, Peace, and Security in July 2013.

Events such as these in which GLAI countries participated were prepared in collaboration with their respective Ministries and provided an opportunity to discuss their outcomes after the event as well. Participating countries also shared CARE International's position with the Ministry and CSOs in advance of these events.

REMAINING CHALLENGES

1. Developing a set of regional activities.

Of the four Country Offices involved in the implementation of GLAI, CARE Uganda has been most active in advocacy processes at the regional level and beyond and represented GLAI on the CI Women, Peace and Security Working Group. It also participated with CARE Nepal and

Afghanistan in the 10-year Anniversary of UNSCR 1325 in Austria.[xvii] But due to different policy environments, civil society development, and wider contextual differences, it has been difficult to draw commonalities across all four countries. Other than for the ICGLR process, evidence of coordinated engagement in regional advocacy processes is limited. This perhaps reflects the lack of a structure or process for strategic coordination and decision-making across and between the COs about where the opportunities for regional level advocacy are emerging. This raises the question of the RMU's potential role in coordination. Identifying one advocacy issue across several countries in the region, some feel, may also facilitate the process of truly testing the capacity to engage in regional-level advocacy, but would be difficult from a political perspective (e.g., Rwanda-Tanzania or DRC-Rwanda).[xviii]

2. Developing position papers or other communication tools across the different levels of CARE.

Soliciting collaboration on a paper that requires input from several countries and levels of CARE can be a difficult process, particularly in terms of Country Office staff securing the time and resources for the task. The example in question is the ICGLR position paper which CARE International hoped to send to Member States in 2013.[xix] The entire information chain for such a process is complex and would also benefit from a regional coordination function. The process can work, as it did for the 10th Anniversary of UNSCR 1325 position paper, but the process raises issue of purpose, ownership of the document, and financing available.

The other issue is the lack of standards or guidelines in CARE for communication tools, such as policy briefs. The new CI Advocacy Manual being currently developed was mentioned as a good tool to overcome this gap.

Also germane to sharing information with other colleagues is the fact that knowledge resident in GLAI is not being capitalized for dissemination purposes to the best extent possible. There is not a well-developed practice of having appropriate materials ready to hand out after major advocacy events. Converting knowledge to evidence needs to also become a strength. GLAI has, however, made efforts to share information informally through the quarterly newsletter providing updates on GLAI's activities and reports on advocacy events, as well as human interest stories.

3. Operating in conflict zones.

While GLAI has had considerable success in community and even district level advocacy in the DRC, linkages and national level advocacy were not as effective as they could have been. This is in part due to the huge distances and relative remoteness of Goma from the decision-making center, Kinshasa. One suggestion is to include a clearer advocacy role for CARE senior staff in Kinshasa and a more deliberate plan to link community, district and provincial efforts with the national level.

Implementing an ambitious advocacy agenda in the midst of an open conflict and a weak policy implementation context poses particular challenges, e.g., the lapse in implementation of the Zero Tolerance policy that can be directly traced to the government's pre-occupation with the regional conflict. Conflict has also limited access to communities outside of Goma and places women in a more vulnerable position when Special Police are forced to withdraw, as happened in Rutshuru.

4. Supporting horizontal linkages, particularly amongst grassroots activists.
Although participation of GLAI is evident at different levels, there has been no concerted effort to link grassroots activists across the region (horizontally) and joining up their efforts. It remains an aspiration of GLAI and partners to promote a social movement as has been done elsewhere in CARE through the VSLA platform.

5. Sponsorship of a GLAI model (working across multiple levels).
The challenging aspect to a project that operates in multiple countries and requires collaboration across many levels of CARE, as an organization, is that it needs a broader sponsorship than does a typical project. As one key informant said, it needs a group of sponsors from across CARE, senior leaders who prioritize this work and leverage resources where they are needed. But as GLAG, the precedent to GLAI, demonstrated, when strategic decisions were led by CI Members and Country Office Senior Management Teams, too many chefs will spoil the pie. "Stewards" are perhaps a more appropriate role, acting responsively but not leading.

Similarly, despite the fact that the "local to global" influence has succeeded, future efforts require more strategic and systematic support and clear roles and responsibilities across CARE for all phases of an advocacy strategy.

6. CARE's role as convenor.
While CARE has been successful in establishing partner relationships that go beyond that of donor-subcontractor, many feel CARE may have a niche in situating itself as convenor or, more firmly, facilitating mutual accountabilities amongst communities, public institutions and CSOs. There is a perceived opportunity for this in preparing for the Post-2015 process, the Beijing +20 processes and the debate on aid effectiveness. To achieve this, though, CARE would need to show improvements as described in 5. above and, as well, in coordinating with external actors.

EFFECTS ON SOCIAL NORMS

SUMMARY STATEMENT:

The effects on social norms, particularly in transforming tolerance of gender-based violence, are visible at community level, however, all GLAI countries concede that social norms take time to change. GLAI and WEP programs have been generating evidence around the effectiveness of certain good practices in changing social norms (e.g., engaging men, community scorecards). One of the more significant barriers that interacts with harmful social norms is impunity which discourages GBV victims from seeking justice in the formal system. At the same time, it is generally recognized that social norms act as a formidable counterweight to even the best criminal justice systems, thereby underscoring the importance of CARE's efforts to innovate and invest in approaches to transform harmful social norms.

EXPECTED RESULTS

Indirectly relates to ER1, ER2 and ER3 (perhaps less ER4) because the change in social norms is a potential outcome of these. There are no specific indicators on change in social norms in GLAI's M&E reporting system but that is because GLAI contributes to the WEP which do measure change in social norms. GLAI indicators were developed to complement WEP's existing M&E systems.	**Area of inquiry:** What have been the effects of GLAI activities on social norms at community level – including issues related to transitional justice – and the efficiency of strategies used?

Changes in social norms, related to and enabling forms of gender-based violence, are primarily contributed by GLAI's insertion in the Women's Empowerment program. It follows that if efforts are being made to advocate against GBV in communities and encourage GBV victims to seek justice, then one would expect to see change at this level – a greater understanding of what it is and the laws that protect women and girls' human rights, especially in conflict; more gender-equitable behaviors amongst community members, community leaders, and responsible actors at all levels; and a reduction in the incidence of GBV.

One overarching lesson learned by the GLAI team has been the critical importance of conducting advocacy against GBV in synergy with interventions aimed at transforming social norms (the WEP).

LESSONS LEARNED

1. Engaging men and male role models.
A strong point in all three programs, Uganda, Rwanda and Burundi, engaging men strategies to lead the dialogue on GBV, model gender-equitable behaviors, and support women in promoting their empowerment have proved eminently effective in beginning to transform male attitudes and perceptions in communities. The three countries are also recipients of Norwegian telethon funds for engaging men projects. These strategies have been enacted by "male role models" in Uganda, male case managers in Rwanda, the "abatangamuco" or reformed men in Burundi and now by "model couples" being tested in Burundi. In Uganda, the case managers are supported by community-based facilitators and role-model men who are modeling changes in household relations by taking on some tasks that were traditionally considered as "women's work" (e.g., fetching wood and water), sharing decision making in the household, as well as supporting the prevention of and response to GBV. In general, the fact that advocates have gained the respect of the community has facilitated their success in influencing others.

2. Engaging traditional leaders in addressing GBV and, in particular, justice for victims.
This is a good practice demonstrated by GLAI Uganda that has made significant strides in gaining the support of traditional leaders, "Rwot" (as evident in their collaboration in the new program (NUWEP) to promote women's empowerment). Some leaders have started condemning SGBV, referring to existing laws and as in the case of the Rwenzururu kingdom, instituting bye-laws to curb alcoholism by stopping the importation of alcohol from other districts and limiting drinking hours. In Northern Uganda, some cultural leaders have reinstated the traditional evening campfire 'WANGOO' where issues including GBV are discussed in a conducive environment at family and at the chiefdom and parish levels. Traditional chiefs have

condemned GBV acts, encouraged men to support and help women in chores and families to support the youth start income generating activities. The King of the Rwenzururu also responded to advocacy about child-mothers and put up a bye-law requiring any person intending to get married to get a certificate from the respective village chief ascertaining the person is of the right age to marry. Other outcomes with GLAI partners, such as Isis-WICCE, have led to district support to the latter to start dialogue initiatives that would encourage men, women, and leaders to intervene in SGBV like the annual peace exposition and the Raising Voice's "SASA" or "Now" project).

In Burundi, community members are now starting to have more confidence in their community leaders, many of whom have been part of the awareness raising activities and others of whom are activists or community workers themselves. In DRC, traditional resolution mechanisms, when they are effective, have historically involved mediation by local chiefs between the family of the victim and the accused, often with a call for reparation to the victim's family. In their new WEP program, CARE DRC are helping communities to conduct their own analysis of accepted community norms with a view to putting in place action plans of what needs to change and who is responsible. In Rwanda, the views of some cultural leaders who do not take GBV seriously militates against the effectiveness of responding to cases which case managers present to them.

3. Initiating the dialogue on GBV, while promoting legal literacy of relevant legislation.
In these countries where GBV or domestic violence is often a well-kept family secret, the efforts to open up a dialogue, through the VSLAs and with the support of the laws and IEC materials, is having visible effects. With the use of popular methods, such as forum theatre, advocates have helped break the silence of sexual violence in their communities. In DRC these discussions are happening in the VSLAs (and not wholly attributable to GLAI), so there are more signs of a willingness to discuss taboo subjects. There is a growing understanding and acceptance that violence is not only about sexual violence but also extend to others forms of gender-based violence and rights violations. In Burundi and DRC, greater sensitivity to and accountability for referring cases of sexual violence amongst local authorities have been apparent, though there is still a long way to go. Burundi has a longer history of working with the 'abatangamucos' through various program initiatives to raise community awareness through public theatre.

4. Men's perceptions of women's roles and capacity changing and linked to VSLAs as a platform.
The VSLA has been a launchpad for advocates and the dialogue sessions on GBV in most countries with the growing visible effect on men's perceptions of women. It provides a platform for GLAI to build the awareness of women on rights and legislation and encourage them to engage in the political space. Women are gaining more visibility in the public arena (see theme 5 on effects on women's decision making and political space) and contributing more to the economic welfare of their households. A reduction in the incidence of domestic violence has been attributed to the latter (Rwanda). At the same time, men's reactions are not universally positive to women's participation in VSLAs and they make take control of their earnings (Rwanda and Uganda). In Uganda, some respondents reported that participation in VSLA has led to some women being domineering to their husbands starting a new cycle of gender violence.

The VSLAs alone will not achieve sustainable results. Other elements, such as engaging men and grassroots advocacy, as has been done in the ISARO WEP in Rwanda, may work synergistically with VSLA membership to produce these effects. Interestingly, one key informant felt that CARE's greater added value is the work with engaging men and the VSLAs. The social capital generated by VSLAs have the potential to evolve into a social movement which should be encouraged in the subsequent phases of this work.

Remaining Challenges

1. Reluctance of GBV victims to seek justice.

GBV victims are still reluctant to report their cases to police or seek legal services due to their preference to settle matters outside formal legal institutions. Sometimes they abandon the process mid-stream. They may fear a backlash from their spouses or communities, be wary of prolonged court processes, be deterred by corruption in police and in courts of law, or fear the economic and social costs of convicting a spouse as perpetrator. In DRC, the courts are also generally far away from the victim's home and very often the process reaches no conclusion and when it does, there is often no reparation. Many women victims in DRC and Burundi (and possibly other countries) eschew support because of shame and stigmatization when their case becomes public. Others continue to fear reprisal particularly when the perpetrator is a well-connected or highly ranked person. Women's economic dependence on men is another barriers deterring them from reporting violence.

In Rwanda, respondents acknowledged that some women who are GBV victims do experience negative consequences (i.e. increased violence or social sanctions) as a result of reporting, although the occurrence of such cases was said to be rare. The problem of male perpetrators leaving their homes in fear of punishment was also reported as an unintended result which can have negative consequences for the families affected. The GBV IMS data and qualitative data suggest that the majority of cases are resolved locally through the mediation of case managers and local leaders.

In the DRC, a few stakeholders attested to cases of reprisals by perpetrators of sexual crimes that have been released after a few days in jail. As a result many families resolve these issues amicably although this is illegal according to the 2006 Law on Violence.

2. Social norms and impunity.

Social norms that are harmful to women (acceptance of GBV as "normal," child marriage, low priority of girls' education, etc.) can be changed but change slowly. Owing to traditional beliefs, marital rape in Uganda (and possibly other countries) is not widely recognized as a crime because of the cultural norm that a man has a right over a woman. All countries report progress but all continue to be witness to unfavorable attitudes to address GBV and many forms of gender-inequitable attitudes and behaviors, in communities and amongst those who are ultimately the dutybearers. The high levels of impunity reported by the GLAI countries hampers the efforts of activists, CSOs and other responsible actors to assist victims and prevent GBV.

Burundi, DRC and Rwanda have harsh laws that punish perpetrators severely; these may deter men from committing acts of violence but the respect and implementation of these laws has been the challenge.

The lack of follow up on GBV cases, owing to resource shortages of activists, for example, can leave a victim vulnerable and it is the unknown consequences here that are a potential harm. Lack of impunity in general puts the process of follow through on the part of the victim at risk.

3. Finding solutions to justice that are empowering to survivors.

There need to be more accountability mechanisms at community level to counteract impunity and ensure justice for survivors. Alternatives to the formal justice system should also be explored but from a survivor perspective, to know what will satisfy the victim's sense of justice. Often, punishment of the perpetrator or monetary reparations are not enough. Guaranteeing the victim's safety and freedom from violence, applying a victim-centered approach to service delivery and justice, improving the quality and efficiency of services and expanding the breadth of services, building support networks for victims, expanding their economic choices, are areas needing greater attention and collaboration. And while GLAI has focused on engaging men at grassroots level, the same concept should be applied at higher levels. Other good practices, such as one-stop centers for GBV victims, which Rwanda is undertaking and is one of the recommendations of the Kampala Declaration, should be more widely considered, as well as shelters for the more serious cases.

Seeking alternative forms of justice for victims can, however, revert to community solutions that are inconsistent with a rights-based, conflict-sensitive approach. This occurred in Uganda when some community leaders imposing what were described as "very strict" sanctions involving beatings on the perpetrators of GBV. It brings with it the high risk of alienating the very target group that the new WEP is trying to engage and change. All country programs must take a strong position in discouraging such acts of vigilantism as being dangerous and potentially prejudicial to ensuring GBV survivors' access to justice.

4. Remedial programs for perpetrators.

CARE Burundi is starting a new program that will work with perpetrators of violence called "The World Starts with Me." To end violence and prevent repeat incidents, more focus is needed on programs that work with perpetrators, even while they may be in prison, to change attitudes and behaviors and address the root causes.

5. Increased reporting of GBV by men.

In Rwanda, the unintended result that was most widely reported was the marked trend for increased reporting of GBV by men (i.e. GBV which they themselves have experienced). Some stakeholders saw this as a positive result, reflecting a shift away from traditional Rwandan concepts of masculinity that would enable men experiencing GBV to seek support to resolve their problems, and therefore reducing the risk of them abandoning their families. One CSO stakeholder however commented that the increased reporting of GBV by men may reflect a defensive reaction from men to the process of awareness-raising on women's rights, which could potentially constrain or undermine progress towards positive changes in gender relations. The situation in other countries on men reporting GBV did not emerge.

Effects on women's decision making and political space

Summary Statement:

Most of the progress in improving women's participation in political spaces has, as is to be expected, taken place at grassroots level or up to district level. A number of good examples attest to the progression of women, involved in VSLAs, supported by GLAI activists, gaining greater decision making power in their households, and eventually participating in public meetings on issues of GBV and more. Of note is that many activists and case managers have been elected to local office. Women's political participation at higher levels has witnessed some progress through collaborative CSO efforts (training, mobilizing, and campaigning). Capacity to influence and co-optation are issues that have arisen amongst women elected to higher office.

Expected Results:

ER3: Meaningful participation by women and girls in relevant policy and decision-making bodies has increased, and women's human rights, especially to political participation, are taken into account by the decision-making bodies	**Area of inquiry:** What have been the effects on women's meaningful participation in decision making processes and political spaces?

Meaningful participation pertains to the inclusion or involvement of women with the capacity to influence, shape, or make decisions. The women whom this concerns are primarily, but not limited to, the activists (and case managers) who have been trained in facilitation, leadership skills, advocacy, public speaking, amongst others. The underlying hypothesis is that the greater participation of women in decision-making bodies and political spaces will promote gender equality and women's rights, and thus, help address underlying causes of GBV in the long term. Increased participation and decision-making from women enables them to push for greater implementation of GBV-related policies through increased accountability of justice and security forces and better allocation of resources for more effective anti-GBV efforts.[xx]

Moreover, UNSCR 1325 affirms *the important role of women in the prevention and resolution of conflicts and in peace-building, and stresses the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security, and the need to increase their role in decision-making with regard to conflict prevention and resolution*. As noted by GLAI's position paper, "participation of women in peace processes is often limited, inconsistent and tokenistic, and post-conflict reconstruction programmes rarely take into account the needs of GBV survivors and the impact of conflict on women in general."[xxi]

Two notable events targeting women's participation, at regional level, took place involving GLAI. One was the Feb. 2012 Learning Conference in Gulu, Uganda with participation from Burundi, Uganda and Nepal, supported by CARE Austria to discuss psycho-social interventions of the program and "meaningful participation of women in decision-making" in post-conflict settings. The other event is the publication by CARE UK, incorporating GLAI Uganda's experience: *From Resolution to Reality: Lessons Learned from Afghanistan, Nepal and Uganda on Women's Participation in Peacebuilding and Post-conflict Governance*.

LESSONS LEARNED

1. Participation in VSL groups is linked to meaningful participation of women in household decision-making and beyond.

All countries provide evidence of women's improved decision-making tied to participation in VSLAs. They report members having increased confidence with multiple expressions of this, such as increased ability to speak before men and participate in community activities without fear. There is a coupling of more meaningful participation of women in household decision-making with an ability to resolve problems of GBV with their spouses (DRC, Rwanda).

The VSLA model combined with the awareness-raising and training carried out by GLAI activists working with CSOs has contributed to positive results and to women's understanding of their rights, even in the remote communities of Katwe, DRC with compelling examples of women's increasing profile and participation at the grassroots level. Members play a key role in taking the information back to the community and to raising awareness on the issue of GBV. All VSLA groups in Katwe are headed by women presidents, although this is not without competition from men who wanted these positions. It is generally agreed that power relations within the household are strongly linked to women's ability to participate in political processes.

2. Women's voices are being heard in the community.

In Uganda, women are playing a greater role in political decision making at different levels and participating in public meetings on a range of issues, including GBV. In Burundi several women activists reported that they feel their voices are now heard in the community and some are perceived to be even more efficient than their male counterparts. In Rwanda case managers and activists appear confident, empowered and strongly motivated to carry out their roles and offer compelling examples of women's meaningful participation in influencing decision-making processes by local authorities. In DRC, this is also the case with activists, partner staff, and GLAI staff.

Activists in DRC have focused much of their sensitization work on raising awareness amongst men particularly in the community and the local authorities of the importance of women's participation. When women become more involved at community level (beyond the household), barriers still arise where husbands do not always support their wives getting involved in politics because it means long hours away from home, attending meetings and getting home late. Thus, engaging men is especially important in any efforts to improve women's political participation, as was demonstrated in Uganda, where advocacy on the Act on Human Trafficking was led by women but really required the active engagement of men politicians.

Campaigns or organized public events have provided women with an opportunity to publicly voice their concerns and experiences related to SGBV. In Uganda, this has led to public commitments by local and national leaders to address the issues (e.g., the King of Rwenzururu at the Kasese peace Exposition in 2011 seeking to curb the practice of child marriage and end all forms of VAW). In Rwanda district-level 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.

3. Women advocates run for public office and are elected.
In Uganda Women advocacy forum members have moved into leadership positions in local government at sub-county, parish and district levels. If the effects of CARE and partners participating in CSO coalitions are considered, the Uganda experience has shown that their collective efforts to advocate for women's political participation, after the government declared affirmative action for women to have 30 % representation in decision-making at national and local level, the 2011 elections saw an increase in women voters and a small increase in the number of women in the cabinet, from 16 (25%) to 23 (28%). This was attributed to various capacity building efforts, mentoring and civic education by a number of CSOs and activists.[xxii]

In Rwanda, some of the case managers and activists have been elected as members of local decision-making bodies at the "umudugudu" (village) and cell levels. In Burundi several activists have run for and won public office including the post Head of the Hill Council (Chef de Colline). Many women activists serve as local elected officials in addition to their activist role.

Burundi's WEP initiatives joined together to prepare an action plan around the campaign of "Elect & Become Elected" ("Élire et se Faire Élire") by joining forces with UNIFEM, UNFPA and IFES who sponsored training to encourage women to participate in the election process. Many women participated in both running for office and in voting during the period leading up to the elections. Over 8,886 women who were on the list of candidates at *colline* (village) level were trained on communication techniques, understanding programs, identifying issues and problems, campaigning, leadership etc., in order to prepare them to compete with their male counterparts. As a result the stated quota that women should make up 30% of all elected officials at the provincial was met. Many women were also elected to office at the commune level. According to GLAI partner SPPDF, women make up 5% of the elected officials at *colline* level, which is significant, where there were none before. Through the process a few BaTwa women - a minority group in Burundi (and Rwanda) who experience systematic discrimination on many levels – were also elected, an extraordinary achievement in Burundi.

It is also worth mentioning that Burundi has worked with partners to develop an IMS to monitor women's participation in decision making from HH, grassroots to national level. This tool is still undergoing testing and validation. A system to measure progress will also be developed.

4. Positive effects of women in decision making.
In Uganda it has been observed that there are many gender issues not meaningfully articulated by men in Parliament because they do not have direct experience or understanding of those issues. Since women have been coming into positions of decision-making authority, GLAI notices some progress in addressing women's rights issues. Most prominently, the Regional Women's Forum for the GLR raised issues that were then reflected in the Kampala Declaration.

REMAINING CHALLENGES

1. Women do not always have the support of their spouses or families who can sabotage their efforts.
Pertaining to their time burdens, some women activists in Burundi report that they are sometimes pressured to stop their activities and are told that they are wasting their time "speaking for others" instead of taking care of their families. Sometimes it is not looked upon favorably when a woman leaves her family and household work to speak out for others. This

can also cause problems in the household and conflict between the woman and her spouse, especially when women report using their own money to assist victims.

The DRC case material also attest to resistance from spouses who may not want their wives getting involved in politics because it means long hours away from home, attending meetings and getting home late. Across all 4 countries, these types of barriers still prevail, even though there are signs of progress in GLAI. CARE is trying to tackle these through the Men Engage projects in Burundi, Uganda and Rwanda.

2. Representation of women's issues and the quality of women's participation.

Uganda has faced the problem of very effective women councilors at district level who get elected to parliament becoming prey to politics of patronage. This can result in an opposition to civil society pressures, rather than increasing collaboration. Similarly, Burundi argues that women at the grassroots level have been more representative of their constituencies than those at higher levels who tend to be more tied to their political parties than a legitimate grassroots constituency. In the same vein it is not always the most competent women elected to office but rather those loyal to their political party. Or, when they are elected to office, women are not elected to the most important posts. Their capacity to influence policy may also be at issue. Rwanda is a case where women's participation of women in decision making bodies is high, but the quality of their participation is the bigger concern.

Some stakeholders felt more could be done to build the capacity of women leaders to ensure that they can participate effectively and better represent women at the grassroots. In Burundi, women were trained before being elected to office but this was not the case in Rwanda. And the more prominent women leaders in the countries are often not available to sit in a training. It is suggested that CARE develop closer relations with women's organizations who are more likely to have the kind of influence on women in positions of power.

3. Women's education level.

Very often the literacy or education level of women is an impediment to quality participation in politics.

Change in laws and policies and their impacts on rights-holders and communities

Summary Statement:

GLAI's success in participating in pivotal advocacy events at national, regional and international levels is readily apparent. Its influence, as part of civil society's voice, at regional level through the ICGLR process is most remarkable for the level of engagement and the outcomes in the Kampala Declaration. At the UNSCR 1325 Open Debate in Oct. 2012 and the 57th Session of the CSW in Mar. 2013, GLAI's participation in CARE's delegation has also been visible in the outcome documents. While GLAI – CARE and partners – have been steadfast in using the agreements and action plans to lobby national governments, these outcomes have been more challenging at the level of implementation.

EXPECTED RESULTS

ER2: Local, national and international policy frameworks and practices protecting women and girls from GBV are enacted, tested, strengthened and better implemented	**Area of inquiry:** What has been the impact of laws and policy change on right-holders and communities, to which GLAI has contributed?

This section cross-references with the theme on "Linking Levels" that discusses practices GLAI applied for undertaking grassroots-driven, evidence-based advocacy at sub-national, national, regional and international levels. Through assisting and referring GBV survivors, mobilizing and organizing, awareness raising and capacity building, influencing and advocacy activities, and building an evidence base, GLAI expected to see positive change in the laws and policies at all levels and to invoke the frameworks to change mindsets from the community level upwards and to hold dutybearers accountable. These activities were implemented integral to the Women's Empowerment Programme in each country. Further, it is understood that GLAI's advocacy activities are effective *because* they constitute part of a broader effort with civil society actors.

The frameworks at regional and international levels to which all countries are party include the UNSCR 1325, UNSCR 1820, the regional Protocol on the prevention and suppression of GBV, and the Goma Declaration of Zero Tolerance of the International Conference of the Great Lakes Region.

LESSONS LEARNED

1. Changes at grassroots and sub-national level.
All four countries show that reporting of GBV cases to GLAI case managers has risen (i.e., victims are willing to come forward). In Uganda, several stakeholders have said that the incidence of GBV is declining. Grassroots activists in Rwanda have observed improvements in the standard of living for families that have managed to address problems of GBV, as well as children going to school, legalisation of marriages and greater peace and security both within and beyond the household. Similar benefits of being VSLA members were reported in Uganda and in Burundi, as demonstrated in the *Abatangamuco* testimonies. In DRC, the Special Police feel that the high profile and credibility of GLAI partner DFJ (Dynamique des Femmes Juristes) has improved their own image with the result that victims are more willing to come forward; however, they acknowledge that many women are still reluctant to do so for a number of reasons including fear of reprisals, stigma and perception of the high costs of pursuing justice. Uganda also observes higher access to justice for victims as a result of the dissemination of the police. Further, victims have better access to local level services.

2. Changes at national level.
All GLAI countries witnessed a forward momentum in legislation at national level. With the exception of Rwanda, the countries have one or two contentious pieces of legislation that are not aligned with women's equal rights (see below). As well, the lack of political will to enforce existing laws and policies or, at best, a lag in implementation, is the principal issue for advocacy organizations, including CARE and partners, in all countries.

Table 6. Changes in Legislation and Remaining Gaps

Uganda	Rwanda
STRENGTHS In 2010 the government enacted four laws for the protection of women's rights: • the Prohibition of Female Genital Mutilation Act; • the Domestic Violence Act, which criminalizes violence in a domestic setting; • the Anti-Trafficking in Human Persons Act • the International Criminal Court Act	**STRENGTHS** The National Gender Policy (2004), the Family Law (Matrimonial inheritance, Liberalities and Succession) of 1999, the Land Law (2005) and the Prevention and Punishment of GBV Law (2008) The GBV Law of 2008 A National Strategic Plan for Fighting against GBV was finalised in 2011 to improve the impact of existing interventions and fill gaps in prevention and response. Key mechanisms established by GoR for GBV prevention and response include the community-level structures of anti-GBV committees, the One-Stop Centres (6 operational and a further 17 planned by the Ministry of Health) and the Gender Desks operated by the police and army from the sector to national level.
GAPS The Marriage and Divorce Bill, advocated by a coalition of national level CSOs, was rejected by Parliament in 2012 on the grounds that the provisions of the bill relating to polygamous marriage, bride price/ dowry, cohabitation and women's property rights, were highly controversial. Lack of political will to prioritise and provide sufficient resources to translate provisions into action.	**GAPS** Implementation on the ground (e.g., improving services to survivors)

Burundi	DRC
STRENGTHS The Revised Electoral Code (2010) Revised Penal Code (2009) that recognizes domestic violence as a crime A 3-year action plan to fight GBV (contributed by civil society and UN Women) Validated the ICGLR National Action Plan for the implementation of the Kampala Declaration Key mechanisms and strategies put place by the government include: • Centers for Family and Community Development, under the tutelage of the Ministry of Gender; • One-Stop Centers designed to provide a package of support to survivors of gender based violence; and • a system of Special Police trained to assist in cases of GBV	**STRENGTHS** The Law on Sexual Violence (2006); The National Law on Child Protection (2009); The National Strategy on Gender Based Violence (2009); Stabilization and Reconstruction Plan for War-Affected Areas (STAREC), the UN strategy for combating sexual violence in the DRC A National Policy on Gender A National Action Plan on UNSCR 1325 (2010) A «National Agency to fight against Violence against Women, the Young and Small Daughters of the DRC" A "National Fund for the Advancement of Women and the Protection of the Child"
GAPS The Revised Family Code (2006) and the Special Law on Gender Based Violence are pending (revisions would strengthen justice and reparation for GBV survivors) The Inheritance Law is pending. After initial pledges to support the Inheritance law the government has since adopted a hard line and has refused to sign this law. Civil society considers this a major setback after a significant advocacy investment to get the law passed.	**GAPS** The Family Code is largely unsupportive of the rights of women. Under revision since 2010, no visible progress has been made in passing the revised Family Law. Need to harmonize national legislation, particularly UNSCR 1325 and 1820 on sexual violence Implementation

In addition to advocating for policy / legislative change, GLAI teams also tried to hold dutybearers accountable to agreements they signed. They made 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.

However, governments are not sanctioned when they do not implement conventions. One approach that Burundi has used effectively to raise the stakes is to bring women at grassroots level face-to-face with parliamentarians. Women from VSLA groups were sensitized about the laws, their content, and what changes they could expect at community level. Meetings were organized with key decision makers from the Ministry of Gender, local administrative authorities, and parliamentarians, at which the women spoke about the SGBV challenges they faced and then identified the legal instruments (to punish perpetrators or follow up on cases) that could directly resolve some of their issues, if enforced. GLAI in other countries have also argued that grassroots actors need to be the ones holding national level decision makers (and at other levels) directly accountable.

3. Changes at regional level.

All countries participated in GLAI's June 2011 regional stakeholder analysis to identify drivers of impunity leading up the ICGLR Special Summit on the theme: *"United to Prevent, End Impunity and Provide Support to the Victims of SGBV in the Great Lakes Region"* in December that year. The Summit resulted in the adoption of a Zero Tolerance Declaration against SGBV by the 11 Heads of State and Government. It is reported that 80 percent of the recommendations of civil society were captured by the 19 recommendations in the Declaration. CARE Burundi 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. GLAI drafted a joint press release after the summit celebrating the progress that had been achieved but noting also that there was a lot that still needed to be done.

The three GLAI countries – Burundi, Rwanda and Uganda – attended the Regional CSOs Experts meeting in Arusha, Tanzania, hosted by the CSO Preparatory Committee for the Summit in Oct. 2011, where they participated in national consultations with Member States. They were equally involved in national consultations in their own countries in the lead up to the Summit and were present at the event as part of the CSO Forum.

There were a number of follow-up activities in Member countries. CARE Uganda and the Agency for Cooperation and Research in Development (ACORD) Uganda, in collaboration with Akina Mama wa Afrika (the Chair of the CSO Coordinating Committee) and relevant Ministries held a two-day national level dialogue with different stakeholders to update them on the Summit outcomes; to share and concretize the ICGLR action plans; to develop strategies for its implementation; and monitor progress, particularly at local level. CARE Uganda, with the others in the coordinating committee, has been contributing to the development of a checklist for tracking the implementation of the declaration. Other countries also held national workshops to evaluate the progress of the implementation of the Declaration later in 2012.

> *"The leadership of the Executive Secretary of the ICGLR Secretariat who implemented the requirements of the Peace & Security Pact that spells out the role of civil society and makes the provision of having the structure of a forum [was an exercise of] political will [that] made it easy to engage. . . . We used the space that was provided under the Pact to be able to leverage on the engagement and ensured while we played watchdog, we were open to engaging with governments at that level. We created a rapport with government and adjusted our inputs. We understood the rules of engagement and were able to eliminate the usual suspicions."*
>
> Leah Chatta-Chipepa, Exec. Dir. of Akina Mama wa Afrika

In Rwanda, the *Zero Tolerance Now Campaign on GBV* was launched during the 16 Days of Activism that starts on November 25th, the International Day for the Elimination Against VAW, thereby enacting one of the decisions by the Ministers of Gender and of Justice of the ICGLR countries in July 2012 in Kinshasa, when the Declaration was officially launched. Emphasis centered on the role of security organs and the judiciary system in ensuring that violence is not tolerated at all. Campaign activities also focused on the need for increased collaboration among service providers and featured GBV mobile clinics with a team of service providers, a police focal person, the judiciary, the National Women Council and Local Mediators who met with individual GBV victims to come up with solutions. CSOs working in Rwanda and more widely in the region have gone on to use the Declaration to guide development of on-the-ground initiatives for addressing GBV, e.g. the COCAFEM/GL *Projet de Lutte contre violence faite aux jeunes femmes et filles du region des Grands Lacs.*

Burundi reported some progress on the commitments made on the Kampala Declaration action plan, namely: deploying police specially trained on GBV around the country; the set up of special care centers, some of which have been established; and training of judicial staff, some of which has also been accomplished. CARE Burundi was sanguine about the increased visibility of GLAI and partners in contributing to GBV policymaking and consolidated relationships with government officials at national level which this opportunity afforded them. The DRC was initially hopeful, after the consultation session in Kinshasa that formally launched the Zero Tolerance policy, but little progress in implementation has ensued, particularly with the advance of the M23 rebel group into Goma. The political situation made it impossible to implement the different trainings that GLAI had planned for the Division of Gender, Family and Children via a UNDP funded CARE project. Some say the Declaration has become a slogan with no government resources behind it.

In sum, the Summit and the unprecedented Zero Tolerance policy that emerged from the process stoked considerable positive energy amongst GLAI countries, rendering a framework around which they could lobby and raise awareness. Months later, they concede that there is still an enormous amount to be done to ensure that the ICGLR action plan is fully responding to the commitments that were made. In Uganda, the view is that the take-up of recommendations has been slow, despite the participation and expressed commitment by politicians at all levels to the process.

4. Changes at international level.

The Security Council Open Debate on UNSCR 1325, Oct. 2012 in New York

At the international level, representatives from GLAI – CARE Uganda and CARE DRC's WEP Managers with the Executive Director of Akina Mama wa Afrika – participated in the Advocacy Tour to the UN that was timed to coincide with the October 2012 UNSCR Open Debate on UNSCR 1325 on Women, Peace and Security.[xxiii] This was GLAI's first international lobbying event. At the International Peace Institute's Roundtable with UN officials, diplomats and experts, they presented lessons learned in their work, with specific references to the VSLA approach, engaging men strategy, and the experience of civil society's regional approach to linking with the ICGR events. The CARE delegation also had several meetings with Member States, particularly those that are important donors of women's rights programs. GLAI DRC felt they were able to demonstrate the extent of the problems of SGBV in crisis situations.

Because of Hurricane Sandy, the Open Debate was cancelled. However, in seeking to influence UN Member States at the event, GLAI stakeholders felt that many of the points and elements in the presidential statement of the Security Council indicate positively reflected their messages. There is a general consensus that Member States are eager to hear perspectives from the grassroots, as these and other high-level events are generally dominated by human rights organizations or discussions that remain theoretical and do not draw on direct empirical evidence.

GLAI Uganda and Burundi, with CARE Norway, were also involved in the writing of the publication for the 10-year anniversary of 1325. For the same event, CARE Uganda and partners (UWONET, UWOPA, Isis-WICCE, ACORD and CEDOVIP) hosted a regional conference entitled "Taking stock: women and meaningful participation in peace-building and post-conflict governance." Two young mothers gave testimonies as ex-abductees at the conference.

The 57th Session of the Commission on the Status of Women (CSW), 4-15 Mar. 2013 in New York

GLAI also participated in CARE's delegation to this event at which agreed conclusions were adopted on the theme of the elimination and prevention of all forms of violence against women and girls. GLAI was amongst 13 representatives in the CARE delegation which included CI Members, the Gender Advisor from ECARMU, Akina Mama wa Afrika and activists from Egypt, Sri Lanka, and India. Grassroots activists were well received by their national Member States and were not able to attend to all the events to which they were invited. As for other international events, the grassroots perspective has strong and relatively unique value. UN delegations are keenly interested in the good practices that work on the ground, e.g., how to implement economic empowerment programs. CARE is able to make the link between development and human rights for delegates, offer eyewitness accounts, and legitimately make the argument that survivors are part of the solution to GBV.

CARE developed a policy note for the CSW event to present its recommendations. All issues and recommendations made by CARE's delegation were included in the outcome document, the highlights being: (a) the emphasis on addressing the structural causes of gender violence, (b) reference to UNSCR 1325 and consecutive SC resolutions on Women, Peace and Security, (c) protection of women's rights defenders and increased focus on learning from civil society and "best practices;" (d) language on engaging men and boys, and (e) using schools as an arena to combat negative attitudes and transform norms.

Some issues proved too controversial, e.g., sexual and reproductive rights, that were excluded from the last version of the document. As one key informant for this evaluation, who participates in these events as a Member State representative explained, CSOs bring much needed value in providing substantial documentation which they can use in their negotiations, to be able to make a strong case. She gave as an example the World Council of Churches that helped considerably in bringing a progressive, religious voice to counterbalance the stance of the Catholic Church and others. Civil society actors supporting like-minded Member States with good preparation on a controversial issue – the history, legal frameworks, agreed language, what to avoid and what to expect from other delegations – is especially valued.

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, 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.

International exposure
In May 2012 the UK Foreign and Commonwealth Office launched a global campaign to fight sexual violence in conflict. Foreign Secretary William Hague who announced the initiative, and Angelina Jolie, Special Envoy of UNHCR, visited GLAI's activities in DRC where CARE and its partners were able to demonstrate concrete cases of GBV. The UK initiative led to the G8 Foreign Ministers adopting the Declaration on Preventing Sexual Violence in Conflict in April 2013 and UNSCR 2106 in June 2013.

Remaining Challenges

1. Resources.
Implementation of the ICGLR Kampala Declaration is hindered by the limited human resources and financial resources of the national gender machineries whose mandate is to enact the agreements.

2. Understanding of budgetary processes.
The implementation of action plans, such as the ICGLR, requires a multi-sectoral approach. In reality, these working groups and the coordination around a GBV agenda is not highly functional and depends on the Ministry of Finance's budget allocation. Civil society does not have a good understanding of the whole budgeting process that is important for CSOs to hold different ministries to account on their budget allocations for GBV.

3. No sanctions for non-implementation.
There have been numerous instances where the use of accountability mechanisms bears no fruit. An M&E unit was proposed for the ICGLR Secretariat, but this was rejected. Reviews of National Action Plans on GBV are standard but rarely have consequences. More thought needs to be given to how existing mechanisms can be used effectively by civil society.

4. Under-utilization of media at regional and global levels.
At country level, GLAI did demonstrate use of media as part of its advocacy strategy. A capacity gap within the Regional Management Unit on media was noted. CARE Norway did not disseminate CO media products at global level nor engage CI on a media strategy for GLAI. (In Norway, it did issue a press release relating to the Kampala Declaration and the focal points' visit to Norway.) Moreover, cross-country GLAI media strategies could have been more joined-up. CARE also needs to define its role in the ICGLR communication strategy. The possibilities for the use of social media have not been explored.

5. The risk of diluting the advocacy responsibilities of GLAI activists.
Going forward, there is a concern around high and potentially unrealistic expectations of grassroots activists who are already over-stretched. It would be unfortunate, in CARE's eagerness to scale up advocacy activities in the future, to dilute or take the focus away from UNSCR 1325 and related key issues from the grassroots actors, by asking activists to take on advocacy issues within education or health, for example. It has taken time to build the human capital around this agenda. Advocacy issues need to be prioritized and resources within CI strategically and appropriately allocated.

6. The tenacity of cultural attitudes.
Cultural attitudes which are rooted in a strongly patriarchal value system will not fade away easily. Gender-insensitive attitudes still persist within communities and amongst service providers, the police, and the judiciary. While they are not insurmountable, as progress under GLAI and WEPs have shown, they continue to dog efforts to improve prevention efforts and the response to GBV victims.

7. Use of non-adversarial approaches.
More focused attention is needed to assess the effectiveness of non-adversarial advocacy versus a more confrontational approach. While non-adversarial advocacy might be the right strategy, GLAI must ensure that advocates and civil society actors are not being coopted, or that CARE's advocacy efforts are complementary to those groups who are in a more adversarial position by virtue of who they are.

8. From policy analysis to delivering a clear message.
CARE needs to look at its capacity for engaging in policy analysis and learning the art of delivering a clear message in language that is a state of play, as well as articulating recommendations on the changes to be expected.

LEARNING AND SUPPORT

CARE NORWAY'S ROLE

GLAI evolved from its precedent, the Great Lakes Advocacy Group (GLAG) that was put in place as a joint initiative of CARE's four Country Offices in the region and CARE International members, with funding from CARE UK's funds in 2006. This idea originated amongst CI Members on the perceived need to strengthen joint advocacy work at local, national and international level by making use of experiences made in women empowerment programmes implemented in the region. The GLAG structure, however, proved to be complicated and unwieldy, with strategic direction being given from engaged CI Members and Senior Management Teams.[xxiv] Accountabilities were unclear and funding based on what CI Members could raise. Thus, when CARE Norway assumed greater responsibility for coordination, the initiative *"seemed to work better across the four countries and the last years of GLAI were incredibly redeeming"* according to CO staff in Burundi.

The new structure for GLAI made focal points dedicated, full-time positions who were freed up to lead their own agendas and were supported by ACDs, whose own involvement has been crucial to the success of integrating GLAI as an important component of the WEPs. Systems were put in place to strengthen the capacity of CO staff and activists, including the GBV IMS for gathering evidence.

CARE Norway invested resources in a way that brought greater coherence to the initiative and reinforced the mutual engagements amongst the initially three, later four, country teams.[xxv] The four country teams were joined up through harmonized reporting systems and learning agendas; regional exchanges which CARE Norway facilitated once or twice a year; and regular phone calls. They received technical support for M&E, strategic support relating to advocacy, e.g., the production of an activist manual and assistance in drafting advocacy strategies; contributed to quarterly newsletters that were widely disseminated; and support in developing their activities and budgets. CARE Norway's Head of Advocacy played a central role in facilitating GLAI's engagement in international events.

GLAI TO WEP AND COUNTRY OFFICE

ACHIEVEMENTS

As was intended, the integration of GLAI into Women Empowerment Programs facilitated the mutual learning between GLAI as an advocacy initiative and the WEP. GLAI did not have its own staff in some countries, but all countries found that sharing staff and resources improved the efficiency in resource use and synergy between initiatives. The embedded approach ensured that the advocacy strategy of GLAI applied broadly across the WEP. Partners who took part in advocacy activities improved their capacity in evidence-based advocacy work, as well as in the use of the GBV IMS (for those countries that adopted it). And because of the importance

of partnerships, linking with state and civil society actors, and coalitions for advocacy, CARE's coverage and ability to operate from a more strategic position were amplified.

In Uganda, advocacy has now been taken up as a cross-cutting issue within the Country Office. This has led to the formation of an advocacy working group, and new projects coming on-stream which will focus on advocacy relating to issues such as improved food security for smallholder farmers (Global Water Initiative) and access to financial services (Banking on Change). Implementing partners with GLAI have also made changes to their programming and as a result, have been successful in obtaining funding for new projects in different areas.

GLAI Uganda (and other countries) found, through this experience, that advocacy work can readily be integrated into VSLA programming, as the VSLA provides a natural discussion forum for addressing issues relating to women's empowerment, including SGBV.

In both Burundi and Rwanda, GLAI focal points became the Advocacy Officer for the CO. Burundi's GLAI has received much internal support within the CO which has streamlined advocacy in seven other program initiatives compared to other COs. In Rwanda the theory of change and pathways for the program strategy on Vulnerable Women was informed by GLAI, resulting in a greater focus on strengthening the voice of citizens and civil society as well as the accountability of responsible authorities in preventing SGBV in new project designs, such as the *Umugore Arumvwua* initiative.

Having advocacy integrated as a competency areas for program staff, in the same way that gender is a cross-cutting issue, has been done in many programs.

Lessons Learned

There are some lessons learned going forward into a next phase. These needs below have been articulated:

1. A balance between bottom up (current focus) and top down approaches in learning and knowledge management and coordination.
2. Better coordination on the part of CARE International and Member Partners to ensure synergies in learning events and resource for GLAI/WEPs and the region on any shared topics.
3. Build minimum capacity for advocacy within programs and IPOs, networks and social movements (e.g. abatangumuco).
4. Regular capacity assessment of IPOs to address capacity gaps on doing evidence based advocacy (issues like high staff turn-over exist) and extending the assessment to other capacity areas, such as analysis and communication.
5. A change in mindsets about collaborating with INGOs on advocacy at national and regional level that is not about being in the driver's seat.

WITHIN GLAI AS A REGIONAL INITIATIVE

By design, GLAI had a learning agenda and workshop every year.[xxvi] In 2012, the topic was GLAI's integration of advocacy activities into WEPs, an experience that was shared with other countries in the region through an event organized by CARE Norway. GLAI also facilitated exchange visits and, for example, in 2011, CARE Uganda hosted a learning exchange visit by GLAI Burundi and GLAI Rwanda staff to share the Ugandan experience of using the GBV IMS data collection tool for monitoring the incidence of GBV in Northern Uganda. Another learning activity was the study on GBV and impunity in Burundi, Uganda and Rwanda, just before the ICGLR Summit.[xxvii] The GLAI newsletter provided a means to share information between COs and within CI and served as a good communication tool to engage external actors in GLAI. Each country has also had a learning agenda, e.g., Rwanda's assessment of the needs of case managers and designing interventions on the basis of the findings. DRC, as a latecomer to GLAI, claims to have benefitted significantly from what had already been learned and achieved by the others.

Having four countries under one program umbrella and a shared learning agenda has been conducive to knowledge transfer and exchange amongst the country teams. Their participation in a regional advocacy activity, the ICGLR Kampala Declaration, also provided an opportunity for joint learning and a common focus for advocacy at regional, national and local levels. Regional events afford the GLAI teams periods of more intensive communication. Other activities that take place by virtue of GLAI being a regional project, e.g., the preparation of a policy paper, have created forms of engagement amongst country teams, inclusive of partners, that would not normally be the case in CARE's programming.

Thus, GLAI, as a regional project involving multiple countries and multiple levels of the organization, has tested the boundaries of what is for CARE a non-conventional mode of programming, thus revealing the possibilities but also the constraints. While GLAI has succeeded in working across countries and linking CARE staff and partners, stakeholders for the evaluation tend to feel that the work deserves even greater levels of consultation and information sharing across the team, especially amongst focal points, to consolidate learnings and identify more opportunities for collective engagement. Relations with implementing partners were generally positive but CARE also recognizes that its own procurement procedures position CARE as a donor more than as a peer organization, acting together.

As for funding regional initiatives, CARE Norway has applied for the GEWEP that will support continuation of GLAI activities as part of the women's empowerment programs, however, CARE globally may want to think more broadly about how to pool funds when it is planning a next phase of a regional project, while leaving the coordination role intact. So, for example, CARE UK whose focus on conflict also has an advocacy component could potentially fund an advocacy position to support GLAI.

Other opportunities that present themselves for a next phase, building off the progress made to date, are as follows:

1. Strengthening the links between CARE countries and other regional CARE players, so that knowledge is shared more broadly on similar efforts, particularly in advocacy.

2. Strengthening CARE's links in the Great Lakes region with other regional players – human rights organizations, women's rights organizations, and regional coalitions (e.g., FEMNET, the East Africa Social Initiative), as is also mentioned elsewhere in this report.
3. Strengthening coordination, learning and knowledge management at the regional level (across countries), a lesson that has been built into the GEWEP. Stakeholders at the global validation workshop felt that greater efforts were needed to harvest good practices for broader dissemination. An example cited was GLAI Uganda's work with drama groups as a way to explain and explore UNSCR 1325 and the marriage bill at local level.
4. Stronger presence of CARE International and Member Partners in planning and learning events at regional level to identify strategic opportunities to lift up learning and evidence.
5. Using the CI advocacy manual (once it is finalized) and identifying advocacy specialists in COs and the region to act as resources, providing mentoring and coaching on advocacy and build skills on a more continuous basis (in lieu of hiring external consultants).

The only other consideration in undertaking regional initiatives is the reality that, while the problem of GBV is common to all, contexts are very different (as noted in the background section of this report). To take Rwanda as an example, the country has a specific political context that needs to be taken into account, with implications for how GLAI would develop its advocacy work. CARE Uganda felt at times it was challenging to identify commonalities across programs that would allow more regional synergies to emerge.

WITHIN CARE GLOBALLY (GLAI – CARE-NORWAY – CARE MEMBER PARTNER – CI SECRETARIAT)

Other sections of this report, particularly the results on "linking levels" have provided evidence of CARE's accomplishment through GLAI of linking up actors with the organization for the purpose of advocacy at multiple levels. GLAI's participation was organized around major events, such as the 57TH Session of the CSW in March 2013 and the annual review of UNSCR 1325 at the UNSC meeting in New York in Oct. 2012. While the lobbying for the ICGLR event was envisioned by GLAI, the international events arose as opportunities that ultimately proved to be productive levers of change for CARE. As an advocacy strategy for CARE, they demonstrated the tremendous value in lifting the grassroots experience to the international level and affirms CI's 2020 Vision identifying the local-to-global as one of its greatest assets. Different CMPs supported the process by leveraging funds (e.g., to bring participants to the events) and also being present at the events.

GLAI was also a member of CI's Women Peace and Security (WPS) Working Group which has been a salient mechanism for GLAI to engage with CI and other levels of CARE. CARE Uganda represented GLAI on the WPS WG, though it has been suggested that other countries in the region should also have that opportunity (perhaps on a rotational basis). CARE International has a WPS advocacy strategy (2012-2015) and is seeking fundraising opportunities to implement the strategy. This and other mechanisms are needed to ensure *advance planning* for joined-up advocacy at this level, and for funding these activities, in order to facilitate the engagement of GLAI or, rather, its successor project.

Other suggestions for GLAI, in the future, to operate more seamlessly with other parts of CARE to advocate against GBV, include the following:

1. Local ownership at CO level has been a strength of GLAI, building on lessons from the first phase associated with GLAG. To retain this strength, it will be important that CO teams are sufficiently equipped to respond to requests from CI or other CMPs for information or knowledge products (e.g., policy briefs) supporting the advocacy efforts of others in CARE. Mechanisms should be identified to ensure the funds, availability of staff and their time, and the capacity/skills for the task.
2. The commitment at regional level in CARE – the RMU – as has been mentioned several times in this report, is crucial to regional advocacy initiatives. Whether that support comes in the form of a position in the RMU, a percentage of a position, or basket funds, it is agreed that dedicated resources are necessary to advance a regional advocacy agenda.
3. It has been noted that COs organize for global events and send individual delegates and partners, however, more support is needed for their participation at *local-level* advocacy events with their national governments.
4. Thinking ahead, CARE has a potentially intensive schedule for advocacy work in the next two years to engage with the post-2015 agenda. The UN Women are also planning for the 20-year review of the Beijing Plan for Action. Thus, planning should begin early, in terms of the ways that the CARE country teams in the Great Lakes can contribute. While the initiative for action will surely sit with CI, the country teams, perhaps under GEWEP, should carve out their role proactively as well. In addition, it was proposed to include the GLAI work in the CI GBV campaign that is currently being developed.

Other areas for improvement as it relates to coordinating advocacy activities within CARE and supporting regional initiatives are suggested by the following group of observations.

CARE's Systems and Structures

It is recognized that within CARE, the systems and structures to support CARE's vision and new models of working need to also be adapted. That includes:

- Finance systems and funding structure that are aligned with the program approach.
- Partnership approaches and agreements that emphasize partnership rather than compliance.
- Knowledge management and learning that is embedded, replicated and supported.
- IT systems and platforms that support sharing.
- A valuing of human resources, staff continuity and learning to encourage cross fertilization within sub region.
- Across CARE organizationally, advocacy should be mainstreamed which means investments in staff knowledge and capacity in all COs. (There are plans to integrate advocacy into the new global program strategy.)

Coordination

- It is a challenge to balance linkages and coordination between lead member, CIMs, regional / sub regional coordination and COs.
- Inconsistencies within staff and issues of continuity have been a challenge in accomplishing this work. More consistency and commitment in connecting efforts at all levels are needed.

- The coordination structures should help CARE manage multiple priorities. Working across different levels would benefit from a clear prioritization of issues – 1-2 areas to focus on collectively.
- Clear thought needs to be given to how to structure coordination to support deliverables, to maximize engagement but minimize duplication.
- Relationship building and nurturing individual relationships is key to good coordination – but also needs to be connected to supportive structures so that when there is staff turnover it is not too disruptive.

Technical Support

1. Technical components of GLAI and similar initiatives in the future are key to credibility in evidence-based advocacy. CARE needs to make better use of the technical resources across the CARE system, e.g. GBV IMS, policy and power analysis – to improve quality.
2. Ongoing technical mentoring needs to be built into ways of working. It is important consider where this support is situated to be most effective.
3. 'Buy in' from technical advisors is key and programs would benefit from nurturing relationships with key staff, e.g. GBV IMS.

RECOMMENDATIONS

At the GLAI global validation workshop several stakeholders, for whom the lessons learned and recommendations from the evaluation are important, were identified. These included: CARE (Country Offices, ECARMU and CI); civil society organizations; government counterparts at central, district and local levels; and development partners, donors and other international organizations. These recommendations should be viewed as additional to the implicit recommendations in other sections of this report.

The first set of recommendations goes to GLAI Country Offices in the region.

Country Offices:
1. The future WEP, which includes a strong post-GLAI advocacy component, should prioritize balancing work at grassroots level about social norms and national level about policies so as to trigger sustainable change
2. The GBV IMS has been a useful tool for evidence-based advocacy. GLAIs COs should build capacity of users and improve the rollout of the GBV IMS. A first step would be to initiate a discussion at regional level on the GBV IMS data collection with other agencies that use the system (IRC, UNFPA, UNHCR).
3. Replicate and scale up grassroots activism/advocacy forums and the male engaged model to other locations where WEPs are being implemented in keeping with CARE's Vision 2020.
4. Build capacity of advocacy forums to grow into social movements with capacity to influence decisions and demands for accountability beyond the grassroots/district level.
5. Create/set aside funding of up to 20 percent from each component initiative for advocacy, learning and knowledge management that will contribute to filling the need for Country Office positions of advocacy and PQL.
6. Conduct regular capacity assessments for both CARE and partners to address capacity gaps in doing advocacy and build minimum capacity for advocacy within all CO programs, IPOs and social movements.
7. Invest in key positions at CO level to ensure effective advocacy. These could include an advocacy position, communications officer and partnership coordinator. They should also invest in improving other advocacy resources, such as the use of the revised the CARE advocacy manual (that will be soon available).
8. Strengthen VSLA and activists' networks so that they can become social networks to conduct advocacy and build on resources at community level and push that to the national level.
9. There are a significant number of advocacy resources and materials to share across the region and indeed CI. COs and ECARMU should work together on improving knowledge management and experience sharing systems.

CARE's ECARMU and CARE International Members:
1. Create a regional advocacy working group that will identify priority strategies on a regular basis.
2. Identify, share and mobilize resources for joint advocacy events at regional and international levels.

3. Take the lead in coordination of and resource mobilization for international advocacy events on a regular basis to enhance meaningful participation of COs and a common CARE voice.
4. Identify and share the agreed CARE global advocacy issue/theme/message across COs for consistency in messaging and voice.
5. Source technical support and provide on-going technical mentoring/twinning in the areas of advocacy, policy analysis, packaging and engagement with the media.
6. Create a readily accessible basket-fund for agreed advocacy priorities at CI level that COs can tap into.
7. Use the CI advocacy Manual to build capacity of GLAI COs and partners.

Civil society organizations:

1. Work with CARE offices to replicate scale up of grassroots activism/advocacy forums and male engage model to other locations where WEPs are keeping with CARE's Vision 2020.
2. Build capacity of activists in advocacy and linking them to decision-making and political settings.

Ministries/local governments

1. Allocate adequate funds for the implementation of gender and women empowerment initiatives at all levels.
2. Increase investment in education and adult literacy, psychosocial support and livelihood initiatives, particularly focusing on the Village Savings and Loan Association (VSLA) model especially for the girls and women as a strategy for women empowerment.
3. Establish an independent court with competencies to handle GBV cases.
4. Continue working in collaboration with CSOs and tapping into their experiences for evidence and implementation of existing legal frameworks.
5. Establish a clear space for accountability on quality of services for GBV response and prevention at all levels, which encourages participation of survivors.

To development partners/donors/international organizations (UN agencies)

1. Promote and demand improved coordination and information sharing on funding opportunities and benefiting CSOs on specific initiatives like GBV to ensure synergies in learning, implementation and reduce on duplication of resources.
2. Consider establishing basket funding/joint funding for gender-based violence. Evidence shows that many CSOs/Ministries are being funded for the same projects but there is limited to no coordination.

ANNEXES

1 – TERMS OF REFERENCE FOR FINAL EVALUATION

Final evaluation of the Great Lakes Advocacy Initiative (2009-2013)

Call for tender by CARE-Norway – deadline July 31st, 2013

Background and justification

CARE Norway (CN) is a member of CARE International which is a leading humanitarian and development organization fighting global poverty and social injustice. CARE works with long term development assistance, humanitarian relief, and advocacy in over 80 countries worldwide. CARE's vision is *to contribute towards a world of hope and social justice, where poverty is overcome and people live with dignity and security*. As a rights-based organization, CARE puts the rights of women and girls center stage in every humanitarian and long term development effort, both as a means to ensure equitable and effective development, as well as an end in itself. CARE carries out its various activities with particular focus on empowering women and girls to take lead in their own development, and on engaging men for supporting women's rights.

Since 2009, CARE has been implementing the Great Lakes Advocacy Initiative (GLAI) in **Burundi, Rwanda, Uganda and DRC** (the latter from 2012). Being coordinated by CARE-Norway, GLAI has as overall objective to *contribute to the implementation of international humanitarian and human rights standards that protect the rights of women and girls in post-conflict and conflict situations as set forth in United Nations Security Council Resolution (UNSCR) 1325 and the complementary UNSCR 1820.*

More specifically the initiative aims ***to contribute to the increased protection of women and girls against Gender Based Violence (GBV) in the Great Lakes Region (GLR) as set forth in UNSCR 1325 through increased capacity and sustainable links and networks established between grassroots communities, national civil society organizations and policy makers at the national, regional and international level***.

In order to achieve its goal, GLAI has developed four expected results:

I. Women and men at the grassroots level, as well as civil society organisations, have increased skills and capacities to carry out evidence-based advocacy on GBV and conflict.
II. Local, national and international policy frameworks and practices protecting women and girls from GBV are enacted, tested, strengthened and better implemented.
III. Meaningful participation by women and girls in relevant policy and decision-making bodies has increased, and women's human rights, especially to political participation, are taken into account by the decision-making bodies.
IV. Civil society organisations in the GLR are linked at regional level to actively influence policy-making and law enforcement related to GBV in (post-) conflict affected areas.

GLAI is addressing gender-based violence in the GLR, supporting GBV survivors through a referral system to medical, psychosocial, legal and economic reinsertion service-providers in the community, and using grassroots activism and evidence-based advocacy to positively influence attitudes, behavior, laws and policies and their implementation at local, regional and international level.

The initiative is integrated into CARE's Country Offices' (COs) respective Women Empowerment Programs (WEP) in collaboration with partners. GLAI activists work at the local community and national levels to influence power-holders and policymakers. The activists are often women from Village Savings and Loans (VSL) groups as well as engaged men.

Moreover, GLAI seeks to lift up its grassroots experience from local to global and to facilitate the capacity of women's legitimate representatives to influence the international debate on women's human rights in post-conflict situations in fora such as the International Conference on the Great Lakes Region (ICGLR), the UN Security Council and the Commission on the Status of Women.

During its four years of implementation, GLAI has built up and partially documented this bottom-up approach by implementing a learning agenda on key topics[1], and by using a set of indicators to monitor its four expected results. Through this final qualitative evaluation, GLAI seeks to analyse and complement its country-based baseline and quantitative endline studies in order to capture and learn from key and/or insufficiently documented aspects of the initiative such as:

- Impact of laws and policies change GLAI contributed to on right-holders and communities;
- Effect of GLAI activities on social norms at community level – including issues related to transitional justice – and the efficiency of strategies used;
- Effect of GLAI on women's meaningful participation in decision-making processes and political spaces;
- Effect of GLAI on strengthening civil society, on reinforcing the democratic space between CSOs and authorities, and on increasing duty bearers' accountability;
- Efficiency in linking local, national, regional and global levels through evidence-based advocacy;
- Capacity of local activists to use data collected through the GBV Information Management System to influence decision-makers;
- Unintended positive and negative results – including possible harm caused, and the extent of use of ethical and safety principles at all levels;
- Effect of the learning agenda and capacity building activities on COs and GLAI's partners at structural and programmatic levels.

These focus area, together with other relevant dimensions of CARE International's Advocacy Monitoring and Evaluation and Accountability Framework will be discussed with the consultant.

[1] Profile and capacity building of grassroots activists; Evidence-based advocacy from grassroots level and up; Impunity; Integration of advocacy in WEP; Models for advocacy on GBV, etc.

Additional background information about GLAI to inform applications to this call for tender, as well as CARE's M&E evaluation framework can be found online at the following link:

https://www.dropbox.com/sh/8aq9vrqskqourgu/Tt4k1-gY2S

A 15 minutes documentary movie was also released about GLAI in 2012 and can be watched here:

http://youtu.be/fR8VzrbKE4k

Expected results of GLAI's final evaluation

The final qualitative evaluation of GLAI is planned, implemented, and presented in a report which is validated by GLAI's stakeholders, and provides CARE and its partners with key recommendations and lessons from GLAI to be used in advocacy work in the region and beyond.

a. The evaluation process and report provide implementing COs and partners[2], the ECA Regional Office, CARE-International, CARE-Norway and other interested CARE member partners with key lessons on GLAI and recommendations to inform advocacy work in the region.
b. The evaluation report provides recommendations to inform the development and implementation of similar advocacy initiatives in other countries and regions.
c. The accountability of the initiative to right-holders, stakeholders and donors is reinforced, through existing indicators and beyond, taking into account both positive and negative unexpected results.
d. Draft report dissemination and validation workshops in each country and globally contribute to the ownership of the evaluation's results and recommendations within CARE and other GLAI stakeholders.

Deliverables and tentative timeline (to be revised with consultant)

Deliverables	**Tentative deadline**
a. Final Terms of Reference for the evaluation (to be developed in collaboration with CARE's reference group)	31.08.2013
b. Synthesized report from field work	Week 42
c. Draft evaluation report based on desk review and field work	31.10.2013
d. Facilitation of national and global validation workshops	Weeks 47 and 48
e. PowerPoint presentation of evaluation process, methodology, results, lessons and recommendations.	Week 47
f. Synthesis of feedbacks on draft report from hearing and workshops	30.11.2013
g. Final report in English	30.11.2013

[2] Grassroots activists, CSOs, INGOs, private sector, research institutions, local and national authorities, etc.

The main contact person for the consultant will be the GLAI coordinator in Oslo. Close collaboration with GLAI focal persons in each country of implementation will also be central. A reference group from across CARE is being set up to accompany the process and to ensure broad ownership.

Content of application, deadline and contact

Tenders should include detailed information about:

- The applying entity (free-lance consultant, evaluation firm, etc.);
- Suggested methodologies to be used;
- Draft timeline, including literature review, field work and validation workshops;
- General budget including salary, travel, field expenses and workshops facilitation.

Tenders should also address the following selection criteria:

Experience:

- Proven experience with evaluation work of similar advocacy programs.
- Proven experience with working with programs addressing issues covered by GLAI (human rights in Africa, GBV, transitional justice, evidence-based advocacy, etc.).
- Proven knowledge and experience with gender sensitive and transformative approach, with GBV programming and with principles of accountability to right-holders.
- Practical knowledge on the Great Lakes Region an asset.
- Familiarity with CARE (or similar) evidence based advocacy work from local to global an asset.

Qualifications:

- Excellent oral and written skills in English, good capacities to communicate in French. Capacities to communicate in local languages spoken in Burundi, Eastern-DRC, Rwanda and Uganda an asset.
- Proven ability to analyze and synthetize data from diverse sources and quality level, and to develop and implement efficient qualitative methods to complement them.
- Good collaborative process and workshop facilitation skills.
- Ability to work under pressure in unpredictable environments.

Applications are to be sent by **31.07.2013** to the following address: care@care.no

Any question regarding this call should be addressed to the following contact persons:

Between July 5th and 19th: Moira Eknes; moira.eknes@care.no

Between July 20th and 31st: Selam Hailemichael; selam.hailemichael@care.no

2 – Roles and Responsibilities of the Evaluation Team

Tasks	International Consultants	National Consultants	Staff Contributors	Reference Group
Inception phase				
Documentation review	✔			
Evaluation design	✔		✔	
Planning and preparation for data collection in the field	✔	✔	✔	
Review of inquiry frame and methodological approach				✔
Data collection phase				
Organizing and facilitating the data collection			✔	
Data collection in each of the 4 GLAI countries	✔	✔	✔	
Data collection through phone interviews with global / regional actors	Team leader			
Translation, as needed		✔		
Data management phase				
Follow-up interviews to fill data gaps	✔	✔		
Recording, transcribing, organizing, and electronic filing of qualitative data	✔	✔	✔	
Data cleaning	✔	✔		
Uploading (to Minerva or Dropbox) and sharing	✔	✔		
Importing qualitative data to Dedoose qualitative data analysis software	✔			
Data analysis phase				
Coding and sorting through Dedoose	✔			
Analysis and report preparation of draft country briefing notes	✔			
Review of draft reports				✔
Validation				
Preparations and planning for 2-day validation workshops	✔		✔	
Agreeing on tasks and participation in workshops	✔		✔	
2-day workshop events in all 4 countries	✔		✔	
Report writing				
Revision and finalization of country briefing notes	✔			
Preparation of country analysis summaries (4)	✔			
Preparation of 6 thematic summaries	✔			

Tasks	International Consultants	National Consultants	Staff Contributors	Reference Group
Preparation of regional synthesis PowerPoint	✔			
Preparation of country analysis PowerPoints			✔	
Review of summaries				✔
Planning and preparation for 3-day global validation workshop in Burundi	✔			CARE-Norway
Participation in global validation workshop (including other stakeholder groups)	✔		✔	✔
Transcribing and processing of additional information from workshop	✔			
Draft report preparation – regional level	Team leader			
Review and feedback on regional synthesis draft				✔
Final report	✔			

3 – List of Documentation Produced by Evaluation Team

1. Methodological guidance note (long version)
2. Stories Summary Guidelines (short version) in Eng. and Fre. for use by the case managers / activists
3. Interviewer statement for interviews with GBV victims and consent form
4. Interviews with GBV couples
5. Interview protocols
6. Inquiry frame and methodological approach
7. Country briefing notes
8. Country summaries (4)
9. Thematic summaries (6)
10. Various outputs from validation workshops

4 – PARTICIPANT LISTS FOR VALIDATION WORKSHOPS

DRC Validation Workshop

DAY 1		
No	**FIRST AND LAST NAME**	**ORGANIZATION**
1. 2.	VALERIE WASSO EMILE MUDERWA	DIGEFAE
3. 4.	AMADI TWAHA Papy JUNIOR ALIMASI	PARDE
5.	NATUZA NDEZE PRUDENCE	ETN
6.	SAMUELLA Valyaghe	DFJ
7. 8. 9. 10.	ANGE BAINGI ANTOINETTE FURAHA ONIE NDAMUKUNDA GASHAMBA STEVE	KATWE
11. 12. 13. 14. 15.	ABDOULAYE Toure MUNDERERE Drocella Rose VIVE LOBO SANDRA BURUME Florence MASIKA	CARE
16. 17.	Michelle KENDALL Doudou KALALA	WAYFAIR

DAY 2		
N°	**FIRST AND LAST NAMES**	**ORGANIZATION**
1. 2.	VALERIE WASSO EMILE MUDERWA	DIGEFAE
3.	JUNIOR ALIMASI	PARDE
4.	NATUZA NDEZE PRUDENCE	ETN
5.	SAMUELLA Valyaghe	DFJ
6. 7. 8. 9.	ANGE BAINGI ANTOINETTE FURAHA ONIE NDAMUKUNDA GASHAMBA STEVE	KATWE
10. 11. 12. 13. 14.	ABDOULAYE Toure MUNDERERE Drocella Rose VIVE LOBO SANDRA BURUME Florence MASIKA	CARE
15. 16.	Michelle KENDALL Doudou KALALA	EVALUATEURS
17. 18	ANNIE PENGELE Salomon CHANDI	RFEDI
19.	DEBORAH NTUMBA	CAFED
20.	Louise NYOTA	REFED
21.	MARIANA BAHATI	NETRESS
22.	GUY KIBIRA NDOOLE	CPJ

Rwanda Validation Workshop

DAY 1			
No	**Name**	**Organisation**	**Position**
1	Vincent Munyerali	CARE RW (Huye FO)	Training Officer, Family Planning & GBV
2	Sidonie Uwimpuhe	CARE RW (HQ)	Programme Coordinator, Vulnerable Women
3	Prudence Ndolimana	CARE RW (Huye)	Programme Manager, ISARO (WEP)
4	Gloriose Uwamuwezi	CNF (Conseil National des Femmes)	Activist
5	Karake C Gilbert	CARE RW (Huye FO)	M&E officer, ISARO
6	Donatille Myanantwali	CNF	Activist
7	Clemence Gasengayire	CNF	Activist
8	Theophile Twahirwa	CARE RW (HQ)	PQL Director
9	Jeanne D'Arc Kampororo	CARE RW (Huye FO)	M&E Professional, ISARO
10	Janvier Kubwimana	CARE RW (Huye FO)	SEC manager
11	Jeanette Ndokamarija	CARE RW (HQ)	Information & Communications Manager

DAY 2			
No	**Name**	**Position/Title**	**Organisation**
1	Gasengayire Clemence	Activist	CNF, Gisagara
2	Bernard Marilena	Institutional Adviser	Profemme
3	Uwimaha Stephanie		HAGURUKA
4	Kemirembe Joy	Officer, Protection Women & Girls Rights & Advocacy	CNF, Gasabo
5	Uwizeyimana Eliane	Activist	CNF, Huye
6	Nzeyimana Desiree	Titulaire	Rango Health Centre, Huye
7	Mukasekeirei Donatilla	Consultante	Reseau des Femmes
8	Uwineza Gawira	Program Officer	IRC, Rwanda
9	Mukamwezi Angelique	Officer, GBV Departement	National Police
10	Emmanuel Safari	Executive Secretary	CLADHO
11	Uwingabiye Donatille		VIMAFSO
12	Ineza Liliane		CNF, Nyamagabe
13	Ndikubwaya Dominique	Program Manager	Poor Women's Development Network
14	Edouard Mumyamoliza	Executive Secretary	RWAMREC
15	Apollo Gabazira	Country Director	CARE Rwanda
16	Kayitesi Nadine	I/c Gender	Nyanza District Council
17	Benon Kabera	GBV Coordinator	UN Women
18	James Habimuna	Reporter	IGUHE.com
19	Nyuraneza Speciose	Coordinator	FFRP
20	Inge Vreeke	Learning & Proposal Coordinator	CARE Rwanda
21	Caroline Mokosima	Gender Officer	MOH-MCH
22	Sidonie Uwimpuhwe	VW Programme Coordinator	CARE Rwanda
23	Ntihabose Dieudonne	Journalist	Oasis Gazette
24	Prudence Ndolimana	Programme Manager	CARE Rwanda
25	Janvier Kubwimana	SEC Manager	CARE Rwanda

Uganda Validation Workshop

No	Name	Position/Title	Organisation
1	Robina Rubimbwa	Executive Director	CEWIGO
2	Richard Obedi	Executive Director	TPF-Uganda
3	Patrick Ojok		WORUDET
4	Sandra Achom		CARE
5	Sophie Akongo	Programme Officer	WORUDET
6	Paul John Oola	Programme Officer	VISO
7	Janet Anyeko	Programme Officer	GDFA
8	Lato Rose	District Councillor	Pajule & Lapul-Pader District
9	Otim Alfred	Community Development Officer (CDO) (Represented the Gender Officer)	Gulu District
10	Opio Thomas Jimmy	Programme Officer	KIWEPI
11	Juliet Kwabaho	CHK	UNFPA
12	Susan Braden	Intern	ICGLR/GAPS
13	Sindy Chaidez	Intern	ICGLR/GAPS
13	Patience Ayebazibwe	Programme Officer	AMWA
14	Hellen Apila	Programme Coordinator	ActionAid
15	Archie Luyimbazi	Communications Consultant	Isis-WICCE
16	Dinnah Nabwire	CHK	ACORD
17	Jane Angom	Peace-building Programme Officer	CARE Uganda
18	Hans Kayazze	Media	UBCTV
19	Moses Namayo	Media	NBSTV
20	Grace Amito	Advocacy Officer, NUWEP	CARE Uganda
21	Peter Douglas Okello	Gulu District Speaker	Gulu Distict Local govt
22	Charles Owuor	Programme Quality & Learning Director	CARE Uganda
23	James Bot	Country Director	CARE Uganda
24	Esther Nampyga	HR officer	CARE Uganda
25	Marie Gakkestad	Program Coordinator	CARE Norway
26	Elizabeth Brezovich	Gender Advisor	CARE Austria
27	Betty Kwagala	Consultant, GLAI Quantitative Endline survey	Independent
28	Frances Okello	DSK	Gulu district
29	Lillian Mpabulungi	GLAI focal point person	CARE Uganda
30	Grace Isharaza	Consultant	Wayfair
31	Sarah Gillingham	Consultant	Wayfair Associates

Burundi Validation Workshop

DAY 1 (Participants' triangulation workshop with activists)			
No	**Name (surname/first name)**	**Position/Title**	**Organisation**
1	Ntacobankimvuna Domithille	Conseiller en genre	CARE Burundi
2	Niyonzima Alexine	Activiste Muhanga	CARE/GLAI
3	Minani Melchior	Activiste Nyamurenza	CARE /GLAI
4	Ndikumana Rénovât	Activiste Mugongomanga	CARE/GLAI
5	Nizigiyimana Eusèbie	Activiste Nyamurenza	CARE/GLAI
6	Ndikuriyo Jean	Activiste Mugongomanga	CARE/GLAI
7	Ntawuryimara Yanwariya	Activiste Muhanga	CARE/GLAI
8	Irakunda Justine	Activiste Nyamurenza	CARE/GLAI
9	Nzokira Esperance	Activiste Mugongomanga	CARE/GLAI
10	Mukamira Adelaïde	Activiste Muhanga	CARE/GLAI
11	Nyandwi Pierre	Activiste Muhanga	CARE/GLAI
12	Nizigiyimana Ocyatisi	Activiste Mugongomanga	CARE/GLAI
13	Ntahomvukiye Jonathan	Activiste Muhanga	CARE/GLAI
14	Ndinicizigiro Joséphine	Activiste Mugongomanga	CARE/GLAI
15	Niyibizi Jean	Activiste Nyamurenza	CARE/GLAI
16	Nsabimana felicite	Activiste Mugongomanga	CARE/GLAI
17	Hakizimana Modeste	Activiste Muhanga	CARE/GLAI
18	Baranyizigiye Gloriose	Activiste Mugongomanga	CARE/GLAI
19	Ngenzebuhoro Eliane	Chargée de programme	SBVS/partenaire
20	Jean Baptiste Nimubona	Coordonnateur national de programmes	CARE Burundi
21	Havyarimana Jean Pierre	Charge de programme	SPPDF/Partenaire
22	Generose Nzeyimana	Team leader volet protection	CARE Burundi
23	Bahori Felix	Coordonnateur de terrain	GLID/partenaire
24	Justine Nkurunziza	Consultante nationale	Wayfair
25	Macumi Alexis Eric	Coordonnateur de Suivi évaluation	CARE Burundi
26	Hatungimana Edith	Coordonnatrice de terrain/Umwizero	CARE Burundi
27	Josee Ntabahungu	Coordonnatrice de GLAI	CARE Burundi
28	Michelle Kendall	Consultante internationale	Wayfair

Day 2 (National validation workshop)			
No	**Name (surname/first name)**	**Position/Title**	**Organisation**
1	Jean Baptiste Nimubona	Coordonnateur nation de programmes	CARE Burundi
2	Bariyuntura Louise	Conseiller au cabinet	Ministère en charge du Genre
3	Dieudonné Nsanzamahoro	Représentant légal	SBVS/partenaire
4	Masumbuko Calinie	Coordonnatrice	SPPDF/partenaire
5	Gorethi Nimpagaritse	Coordonnatrice	Cafob/synergie des ONGs féminines

6	Ndikumana Rénovât	Activiste Mugongomanga	CARE/GLAI
7	Bahori Felix	Coordonnateur de terrain	GLID/partenaire
8	Jean Pierre Havyarimana	Charge de programme	SPPDF/Partenaire
9	Niyibizi Jean	Activiste/Nyamurenza	CARE/GLAI
10	Mbarushimana Firmin	Coordonnateur de terrain	CARE Burundi/Umwizero
11	Ndizeye Gloriose	Activiste Bujumbura rural	CARE/GLAI
12	Ngenzebuhoro Eliane	Charge de programme	SBVS/partenaire
13	Irankunda Justine	Activiste Nyamurenza	CARE/GLAI
14	Mukamira Adelaide	Activiste Muhanga/	CARE/GLAI
15	Ntahomvukiye Jonathan	Activiste Muhanga/	CARE/GLAI
16	Nzosaba Marie Louise	Chargée de suivi évaluation	CARE Burundi
17	Macumi Alexis	Coordonnateur de Suivi évaluation	CARE Burundi
18	Hatungimana Edith	Coordonnatrice de terrain	CARE Burundi /Umwizero
19	Josee Ntabahungu	Coordonnatrice	CARE Burundi/GLAI
20	Justine Nkurunziza	Consultante nationale	Wayfair
21	Michelle Kendall	Consultante internationale	Wayfair

Global Validation Workshop in Bujumbura, Burundi

No.	Name	First name	Function	Location/ organization
1	Mollett	Howard	Humanitarian policy advisor	C-UK
2	Kihunah	Milkah	Gender & policy advisor	C-USA
3	Rahamatali	Aisha	Advocacy officer	CI
4	Næsse	Line	Program Coordinator	CN
5	Petersen	Benedicte	Program Director	CN
6	Relleen Evans	Kathy	PQL	ECARMU
7	Nimubona	Jean-Baptiste	National Programme Coordinator	CARE-Burundi
8	Ntabahungu	Josee	GLAI focal point	CARE-Burundi
9	Musembi	Bena	Country Director	CARE-Burundi
10	Uwumuremyi	Laurent	PQLD	CARE-Burundi
11	Matgeko	Jimmy	Partnership	CARE-Burundi
12	Macumi	Alexis	M&E	CARE-Burundi
13	Mpabulungi	Lillian	Advocacy manager / GLAI focal point	CARE-Uganda
14	Obbo Owori	Moses	PQL	CARE-Uganda
15	Amito	Grace	Advocacy Officer	CARE-Uganda
16	Kubwimama	Janvier	SEC Manager	CARE-Rwanda
17	Uwamariya	Olive	Policy & Advocacy	CARE-Rwanda
18	Toure	Abdoulaye	PQD and GLAI acting focal point	CARE-DRC
19	Masika	Florence	GLAI Community Mobilizer	CARE-DRC
20	Baringunhura	Louise	Ministry of Gender	Ministry of Gender
21	Havyarimana	Jean Pierre	Program Officer	SPPDF
22	Nsanzamahoro	Dieudonnee	Legal Representative	SGBVS
23	Kanyugu	Didace	Project Manager	Norwegian Church Aid
24	Mdayihimbaze	Christine	Program Supervisor	Right to Play
25	Ndavyi	Patrick	Counsellor	Ministry of External Relations
26	Drøyer	Elisabeth	Embassy Representative	Nowegian Embassy in Burundi
27	van Vliet	Maaike	Representative	Netherlands Embassy
28	Kandanga	Marie Josee	Program Officer on SGBV	UN Women
29	Kanyange	Perpetue	Legal Representative	Centre de Femmes pour la Paix
30	Hatungimana	Marie Rose	Rapporteur	
31	Nkunku	Emmanuel	Translator	
32	Nkoripfa	Joseph	Secretary	CARE Burundi
33	Kendall	Michelle	Co-facilitator	WayFair Associates
34	Picard	Mary	Co-facilitator	Wayfair Associates

5 – List of People Interviewed

No.	NAME	ORGANIZATION	POSITION
INTERNATIONAL LEVEL			
1	Chouchena-Rojas, Martha	CI	Head, Global Advocacy
2	Rahamatali, Aisha	CI	Advocacy Officer
3	Chatta-Chipepa, Leah	Regional CSO Forum	Executive Director Akina Mama wa Afrika
4	Juvenal, Afurika	Formerly ECARMU	Dep. Reg. Dir. PQ
5	Klementsen, Hilde	Norwegian UN Delegation	Counsellor
6	Sivertsen, Lisa	CARE Norge	Head of Advocacy
7	Hartog, Kim	CARE-Netherlands	Advocacy Off. Fragile Contextes
8	Brezovich, Elizabeth	CARE-Austria	Gender Advocacy Adv.
9	Kuehhas, Barbara	CARE-Austria	Gender Advocacy Adv.
10	Echeverría, Ximena	CI	Project Coordinator for M&E
11	Petersen, Benedicte	Program Director	CARE-Norway
12	Hauge, Eva	CARE Norge	GLAI Coordinator on leave
13	Gakkestad, Mari	CARE Norge	Program Coordinator
14	Fornerod, Sebastien	CARE Norge	Interim GLAI Coordinator
DRC			
15	Kiernan, Jackie	Formerly with CARE DRC	Former GLAI focal person
16	Habonimana, Solange	FORSC (Forum pour le Renforcement de la Société	Advocacy and Comms.
17	Marcelle Tshibangu	DRC Special Police for the Protection of Women & Children	Deputy Batallion Commander in Charge of Administration
18	Maj Rumazimisi Rumando Desire	Congolese National Police Mutanda	Commander
19	Steve Irakiza Gashamba	Bwalanda Health Center	Deputy Head Nurse
20	Emmanuel Kambale	Locality(Area) Chief	Chief and Secretary
21	Abdoulaye Toure	CARE DRC	PQ Director & GLAI Focal Point
22	*****Raymond	CARE DRC	Mama Amka Project Manager
23	Florence Masika	CARE DRC	GLAI Community Mobilizer
24	Mireille Ntambuka	Dynamique des Femmes Juristes	Programme Coordinator & Co-founder

No.	NAME	ORGANIZATION	POSITION
25	Amadi Tahwa	Parlement des Enfants(PARDE)	Admin & Finance Director/GLAI Focal Point
26	Emile Muderhwa	Division of Gender, Family & Children	In Charge of Protection
27	Madame Muteha	Univ Libre des Pays des Grands Lacs/Former Action Aid	Professor
28	Christophe Beau	UNHCR	Coordinator Protection Cluster
29	Willemijn van Lelyvld	MONUSCO	N Kivu Coord SGBV Unit
BURUNDI			
30	Bernardine Sindarkira & Carinie Masumbuko	Synergie des Partenaires pour la Promotion des Droits de la Femme (SPPDF)	Legal Representative; Coordinator
31	****Dieudonne	Synegrie Burundaise contre la Violence Sexuelle (SBVS)	Director
32	Anne Bariyuntur	UNFPA	
33	Marie Josee Kandanga	UNWOMEN	
34	Perpetue Kanyange	CPF	
35	Ambassador Gaspard Kabura	ICGLR	Nat'l Coordinator/Min of Foreign Affairs Burundi
36	Louise Baringunhura	Ministry of Solidarity, Human Rights & Gender	Focal Point UMWIZERO
37	Chrstine Sabiumva	Special Police for Protection of Minors &	OPC2
38	****Aline	GLID/Formerly of Ministry of Solidarity	
39	Salvatore Sindayihebura	Communal Adminstration	Communal Administrator
40	Gerard Kabura	SBVS	Psychologist
41	Alois Surwavuba	Police Dept, Bubanza Province	Police Officer & Gender Focal Point
42	**** Esperance	Health Center, Ijenda, Mugongomanga	Health Center Manager
43	Laurent Urumyeni	CARE Burundi	Director, PQL
44	Jean Baptiste Numbuona	CARE Burundi	Advocacy Coordinator
45	Josee Nta	CARE Burundi	GLAI focal point
46	Alexis Macumi	CARE Burundi	M&E Adviser

No.	NAME	ORGANIZATION	POSITION
47	Generose Nzeyimana	CARE Burundi	Empowerment & Protection Coordinator
48	Michelle Carter	CARE South Africa	Country Director
49	Anonymous	Community member	GBV Survivor
RWANDA			
50	Uwamariya, Olive	CARE Rwanda	GLAI focal point
51	Bannerman, Matt	CARE Rwanda	ACD Program
52	Uwimpuhe, Sidonie	CARE Rwanda	Vulnerable Women PC
53	Byukusenge, Irene	Maison de Justice	GBV Officer
54	Nyirazana, Chantal	Nyamagabe District	Gender Officer
55	****, Diane	Rango Health Centre	Data management officer
56	Kanzaire, Judith	MIGEPROF	Gender Technical Adviser
57	Kabutware, Claude	Cocafemme	Regional Coordinator
58	****, Silas	RWAMREC	
59	Turyahikayo, Peter & Mukiga, Annette	Rwanda Women's Network	Programme Manager & Programme Officer
UGANDA			
60	Grace Amito & Denis Mwaka	CARE	NUWEP Advocacy Officer & NUWEP Information & Communications Officer
61	Kilara Margaret Micky & Charles Ocitti	GDFA	Case manager
62	Jeremiah Bongojana	Traditional leader	Rwot of Patiko
63	John Paul Oola	VISO	Programme Officer
64	Betty Ocan	Government of Uganda	MP
65	Rita Aciro Lakor & Sandra Komuhimbo	UWONET	Executive Director, Communications & Info sharing Officer
66	Lillian Mpabulungi	CARE Uganda	GLAI focal point
67	Jane Mpagi & Maggie Kyomukama	Ministry of Gender, Labour & Social Development	Director & Assistant Commissioner
68	Ruth Ojiambo Ochieng	Isis-WICCE	Executive Director

6 - INTERVIEWER STATEMENT FOR INTERVIEWS WITH GBV VICTIMS AND CONSENT FORM

(confirming adherence to ethical standards for interviewing victims of gender-based violence)

I, *(write your name)* ______________________________________, agree to conduct interviews with victims of GBV in full adherence to the ethical guidelines herein, that conform to the *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (2007)[3] and to the *16 Tips for Guiding Ethical Collection and Analysis of Data on Gender-Based Violence* under the 16 Days of Activism Against Gender Violence.[4]

I agree:

1. That collecting information from the victim is essential to the purpose of the evaluation and that such information cannot be obtained in any other less intrusive manner.
2. That I am aware of the risks to victims, families, supporters and communities of conducting this interview and am taking every precaution to mitigate any risk or harm to anyone.
3. That in my capacity as (*state your position:)*__________________________, I have built a relationship with the victim previously and am equipped to conduct this interview.
4. Not to use video- or audio-recording of the interview with the victim nor to take photographs of the victim.
5. That I am able to accurately record (take notes) of what the victim said.
6. In documenting this case, there can be no way of identifying who the victim is. I am able to guarantee the anonymity of the interviewee and the confidentiality of this information, not only in recording but in storing this information.
7. Take all precautions and safeguards to interview the victim in a safe, secure and private place where others are not able to eavesdrop. If anyone enters the room during the interview, I will ask fake or "dummy" questions about non-sensitive issues. If I cannot ensure the privacy of the victim, I will schedule a different time or place and if that is impossible, I will end the interview, thank the person for her time, and discard the partially completed interview form.
8. With respect to 7 above, that no one else who accompanies me is present in the room – driver, staff person, or notetaker. Should I require a translator, that individual will also have to sign this form separately.
9. In my capacity, I am able to respond to the victim appropriately, should she show any signs of distress during the interview. I am prepared to advise her and provide any referral options, should she need further care or should she request any type of assistance.
10. I am skilled in interviewing victims and know to frame questions around violence without creating harm. I know how to conduct the interview so that the victim feels free to express herself, to share what information she chooses, and to end the conversation if/when she desires.

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[3] http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf
[4] Which can be found here: http://gender.care2share.wikispaces.net/Gender-Based+Violence

Obtaining the verbal consent of the interviewee

Interviewee code:

Please read to the interviewee:

*(a) The **purpose** of this interview is to learn about your direct experience in receiving assistance from GLAI or CARE in response to a situation of violence, so that CARE, in its evaluation of GLAI, understands how the system of response to gender-based violence can be improved and what challenges victims experience in seeking assistance still need to be overcome.*

*(b) Any information you choose to share with me will be kept strictly **confidential**. I will ensure that this case is **anonymous** and there is no way that you or your case can be identified. This information will be shared with members of CARE's evaluation team. If we refer to your case in our evaluation report, all specific names of people and places as identifiers will be excised or fictionalized – again, so that there is no way that you or your case can be recognized.*

(c) I am aware that just by asking you questions, I may be creating risks to you or perhaps to your family or your community. For example, if someone in your family did not want you to speak with me about your case and discovered later that you did, this may cause you harm. Or my questions may unintentionally evoke difficult emotions. I will do all I can to minimize the possibility of harm or risk. As a participant in this interview, are you aware of any particular risks?

[Make sure to answer any questions the respondent may have at this point. Also, let her know there may be unknown risks.]

Do you still wish to continue?

(d) This interview will not take longer than _____ minutes and at any time during the interview, you are free to end it. You are also free to say, "I choose not to respond to your question."

Do I have your permission to conduct this interview?
[If no, please stop the interview. If yes, please ask:]

Can you tell me in your own words first why I am conducting this interview, how it will benefit you and other women, what the risks might be, how the information will be kept confidential, and how the information will be used?

[allow time for participant to express herself]

Clarify again if necessary any of the information you have reviewed with her.

Signature of interviewer: Date:

7 – Information on Respondent Groups and Sampling

The tables below summarize the number of respondents for each of the methods utilized.

Table 4. Respondent Count for Stories of Change

Method	Local Activists	Case Managers	RMMs*	Advocacy Forums	CARE and Partners
Stories of change	24	9	1	2	--
Review of stories of change	**40**	**7**	**0**	**1**	**19**

*Role Model Men, Uganda only

Table 5. Respondent Count for Other Methods

Method	A	B	C	D	E	F	G	H	I	J	K	L
Key informant interviews	17		16		3	8	5	7	9	3		1
Focus group discussions	1	8		2	2							
Semi-structured interviews	1		2								3	

LEGEND: A = CARE staff, B = Community Members, C = CSOs, D = Case Managers, E = Activists, F = Local Authorities, G = Service Providers, H = Policymakers, I = CI Members + Secretariat, J = Regional Players, K = Survivors, L = Media

Sampling

A sampling technique was applied to the selection of geographic areas where the stories of change were collected and for the case managers and activists who produced stories. Across all four GLAI countries, two geographic areas were selected through purposive sampling and 4-5 case managers/activists per district (or defined administrative area).

Table 6. Selection of Geographic Areas and Respondents for Stories of Change

Selection	Rwanda	Uganda	DRC	Burundi
GLAI Operational in:	Gisagara, Huye, Nyamagabe, Nyanza, Nyaruguru and Ruhango districts of the Southern Province	Agago, Amuru, Gulu, Kitgum, Lamwo, Nwoya, and Pader Districts in the Northern Region and in Kampala district in the Central Region	Rutshuru, Goma and Lubero in North Kivu Province or 4 health zones: Kayna, Birambizo, Kirumba and Goma and Karisimbi	Bujumbura, Kayanza, Muyinga, Ngozi Bubanza, Gitega and Kirundo Provinces
Areas selected:	Huye and Gisagara	Gulu and Pader	Katwe in the Birambizo health zone in Rutshuru; Goma	Bubanza province (Bubanza commune), Bujumbura-rural province (Mugongomanga commune)
Criteria for selection of geographic area:	Convenience: coincides with a pre-arranged training event with case mgrs	Locations of two IPOs (WURODET and GDFA) whose coverage captures all but one of the	Rural and urban; Birambizo is the location of the Mama Amka GBV response	Two implementing areas of GLAI. One area quite close to Bujumbura, the capital city (Bubanza) and the

Selection	Rwanda	Uganda	DRC	Burundi
	from those districts; Practical and logistical concerns; Little differentiation between districts in terms of GLAI experiences	7 Northern districts; Access within the timeframe available		other rural and more isolated (Mugongomanga)
Selection process for case managers/ activists	Purposive selection of those who are analytical and open; Selection of the district-level representatives of the National Council for Women	Purposive selection of case managers, Advocacy Forum members and RMMs able to articulate their views concerning progress and experience of implementation of the advocacy initiative	Random selection by WayFair consultant of activists/case managers in Goma (5 of 8); Katwe	Purposive selection of activists who were able to articulate their experience and views on the progress of their work and the challenges they have faced

8 – Country Summaries of Findings and Recommendations

RWANDA

Summary Overview of GLAI Rwanda:

GLAI Rwanda has focused on advocacy for improved implementation of the existing policy and legal framework in Rwanda through the establishment of a network of case managers (CMs) and activists working across districts at the grassroots and local levels and a CSO advocacy network at the national level; and through active engagement with CARE Burundi and Uganda in lobbying relating to the ICGLR Special Summit on Sexual and Gender Based Violence in Kampala in December 2011. The key results or achievements and limitations of this work are summarized below.

Key achievements and limitations

Civil society strengthening and capacity-building in advocacy: At the grassroots and district levels the presence and activities of the 154 GLAI Case Managers (CMs) and 12 activists as trained resource persons able to provide some direct support to GBV victims, to link them with service providers, and to advocate on their behalf with local authorities (LAs) and service providers (SPs) represents a significant strengthening of civil society. The CMs and activists are knowledgeable, skilled and committed and are recognized to have been effective in raising awareness of GBV issues at the community level and with local leaders. The use of GLAI IEC materials (e.g. the advocacy manual and booklets summarizing key legislation in a popular format) for promoting legal literacy and community sensitization on GBV issues in a range of local level discussion forums has been an important aspect of the CMs work. Although the GLAI activists are all members of the National Women's Council (NWC), the CMs are not necessarily part of any government structure. They work on a voluntary basis with minimal support and it is unclear how sustainable these working arrangements will be once GLAI comes to an end. CMs also reported that they do not have all the required skills to support GBV victims (e.g. the provision of psychosocial support), raising the question as to what extent interventions such as GLAI should be aiming to provide a 'full service' first response and referral system.

At the national level, the establishment through GLAI of the CSO advocacy network as an informal space for the sharing of experiences by CSOs working on GBV issues also represents a step forward in terms of strengthening civil society in Rwanda. This has led to the development of at least one new programming initiative focused on GBV - the *Umugore Arumvwa* – A Woman shall be listened to project. Clearly however, the network is still at a relatively early stage of its development and will need additional support to achieve a higher profile as an effective discussion platform for civil society and to become self-sustaining. The recent workshop held by the network to discuss monitoring the implementation of the Kampala Declaration indicates the potential role and value of the network as a mechanism for promoting improved coordination of CSOs working to address GBV in Rwanda.

Use of the GBV IMS data for influencing and evidence building: GBV IMS data recording the details of GBV cases reported to GLAI CMs has been collected on standard intake forms since 2012. The GBV IMS data has been used by CMs and activists to track the follow up on specific GBV cases. The aggregated analysis outputs of the GBV IMS data set have also been presented to and discussed with LAs and SPs at the sector and district level. The use of the data in these ways is reported by CMs and CARE programme staff to have resulted in increased awareness and enhanced accountability of duty-bearers concerning

GBV issues. Some specific examples of the use of the data influencing decision-making and action by LAs were identified, as for example with regard to the couple dialogues that activists and LAs in Huye and Gisagara districts organized to raise awareness of the issue of non-legalised marriage. There is however limited awareness or understanding of the GBV IMS and its potential usefulness data outside CARE Rwanda and the cadre of CMs and activists and little concrete evidence of its use for advocacy at the national level. Although the GBV IMS data has been shared on at least one occasion with the CSO advocacy network, the fact that one partner from CSO advocacy network has developed a tool for collection of data on GBV seemingly without reference to the tool used and data generated by GLAI highlights need for documentation and dissemination at the national level of CARE Rwanda's learning from the use of the GBV IMS.

Efficiency in linking levels (including implementation downwards): The CMs and activists have established effective linkages for advocacy between the grassroots, sector and district levels. The fact that the GLAI activists are members of an existing government institution, the National Women's Council, and so have a recognized mandate for engaging with GBV issues is a real strength of the implementation approach developed by GLAI in Rwanda. Celebrations of national events such as 16 Days of Activism and International Women's Day jointly organized by CARE Rwanda with NWC at the national level and with local authorities have provided opportunities for the strengthening of national to local level linkages, including awareness-raising of the need for improved implementation of existing policies. That said, the material gathered during the evaluation suggests the local-level linkages established (i.e. grassroots to sector and district) have been more effective in terms of delivering change than the linkages from district to national levels.

Effects on social norms

Significant changes in social norms at the grassroots level taking place in connection with the implementation of GLAI were consistently reported by CMs, activists, programme staff and external stakeholders (LAs and SPs). These changes included: increased awareness of GBV issues and legislation among community members, local leaders (some but not all) and service providers, a shift away from the traditional perception of GBV as something to be kept secret within the family; and increased recognition of women's rights and changed perceptions of women's roles. While some of these changes are directly linked to the advocacy and awareness raising activities undertaken by CMs and activists, others can be understood to have come about due to the integrated activities (i.e. a combination of advocacy work with VSL and engaging men) being implemented through the ISARO women's empowerment programme. The link between women's economic empowerment and the resolution of GBV problems was repeatedly identified by CMs and programme participants. The presence of male CMs as role models and articulate champions of women's rights, combined with the ISARO programme's activities for engaging men was also identified as having been an important strategy for challenging social norms relating to gender and GBV, and as having led, in some cases, to significant transformations of men's attitudes.

Effects on women's meaningful participation in decision-making and political spaces: At the grassroots and local levels, women CMs and activists are recognized by CARE and partners to have become increasingly articulate, empowered and engaged in lobbying on behalf of GBV survivors through their attendance at the meetings of local (i.e. community, sector and district) level decision-making bodies. Programme staff reported that a number of women CMs have also been elected as members of local decision-making bodies at the *umudugudu* (village), cell and sector levels, as a result of the skills and

capacities they have developed through their GLAI trainings, a pattern that was confirmed by local SPs. It is however difficult to get a sense from the qualitative material of how widely this has occurred and the quantitative data on this issue from the GLAI Rwanda baseline and endline surveys are contradictory[5]. Although GLAI Rwanda has worked in collaboration with the Forum of Female Rwandan Parliamentarians (FFRP) to promote the popularization of legislation relating to women's rights, no marked effects of GLAI Rwanda on women's meaningful participation in decision-making and political spaces at the national level were identified by the evaluation. This may be a reflection of the fact that the proportion of women MPs in the Rwandan parliament rose of 64% as a result of the October 2013 elections, and that the level of women's meaningful participation in decision-making and political spaces at the national level is high.

Changes in laws and policies and their impacts on rights-holders and communities: In recognition of the strength of the existing legal and policy framework in Rwanda for prevention of and response to GBV, GLAI Rwanda has focused its activities on advocacy to address the implementation gap, i.e. the difference between what victims experience in reality in terms of availability, access and quality of service provision as compared with what the policy and legal context was designed to ensure they experience. From the starting point of their work to increase awareness and encourage reporting of GBV, the CMs and activists together provide a mechanism for helping survivors to claim their rights by linking them with the relevant LAs and SPs. By providing support for referrals, the CM-activist mechanism is reported to have enabled improved access to services for GBV victims, although it is also recognized that there are still numerous constraints on the effectiveness of the referral process. As a result of improved awareness and understanding of GBV issues by LAs and SPs combined with the lobbying pressure exerted by CMs and activists, programme staff reported that the quality of services being provided to victims had also improved, a view consistent with the opinions of the representatives of the police and health centre interviewed for the evaluation. In the absence of data measuring victims' assessment of the quality of services they received, collection of which was beyond the scope of the time available for the qualitative evalution, this cannot be taken as conclusive evidence of impact. It was recognized by all stakeholders interviewed that there are still many gaps and weaknesses in the level of GBV victims' access to services and justice, reflecting constraints of resources, capacity and in some cases, commitment to take issues of GBV seriously.

Unintended negative results: Unintended negative results were not widely or spontaneously identified during in-country data collection for the qualitative evaluation, perhaps because this area was perceived by informants as being sensitive. The risk of women GBV victims experiencing negative consequences (i.e. increased violence or social sanctions from their families) after reporting their problems was identified in the couple interviews and by one of the SPs interviewed. While CMs frequently talked of the practical and logistic difficulties of their work, a recent psychosocial needs assessment carried out with a sample of CMs highlighted the psychological stresses of their role and concluded that over 50% of CMs present symptoms of post-traumatic stress syndrome and burn-out[6] Further discussion of the issue of unintended negative results with GLAI activists who attended the GLAI National Validation Workshop in November 2013 suggested that it is fairly commonplace for CMs to experience conflict and negative

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[5] The quantitative data show a much greater increase in membership of decision-making bodies for male CMs (from 50% of CMs interviewed during the baseline to 96.0% in endline) than for female CMs (from 87.5% to 92.3%), which CMs say simply does not reflect the reality of what has happened on the ground.

[6] ARCT-RUHUKA (2013) *Report of Needs Assessment on Psychosocial Support for GLAI Case Managers organised by CARE Rwanda.* Unpublished report, Kigali, September 2013.

social reactions to their work, both from their communities and sometimes from within their own families. The problems reported ranged from verbal abuse and malicious gossip to actual threats of physical violence against them and/or their families. The strategies open to CMs for the mitigation of these negative results were reported as being limited.

Lessons Learned:

Working with existing institutions provides a foundation for sustainability. The GLAI Rwanda experience of working with activists selected from the NWC illustrates this point: the activists will continue in their posts beyond the end of the GLAI implementation period and are well-positioned to use the strengthened knowledge, capacity and professional relationships they have developed through their work on GLAI to take forward their advocacy activities in the districts where they are based.

Effective engagement in national level advocacy processes requires the documentation of evidence in formats tailored for the target audience. Documentation of the GBV IMS data in formats appropriate for dissemination to policy-makers and partners would have been useful to support advocacy by CARE Rwanda and partners regarding the need for establishment of a standardized GBV data collection system.

Advocacy processes are highly dynamic and the "correct" level for action can be expected to change over time. The GLAI Rwanda experience of engaging with the ICGLR process highlighted to the CO the importance of understanding how to move up and down in advocacy activities at different levels, i.e. identifying promising opportunities (the right time and right place) to apply evidence and lobby for change.

Advocacy processes are highly dependent on the people and personalities involved in them. Ongoing investment in and support for the less tangible processes of capacity- and relationship-building and networking are crucial elements of advocacy processes at all levels.

Recommendations:

Drawing on the analysis findings of the qualitative evaluation[7] and the discussions with internal and external programme stakeholders during the GLAI Rwanda National Validation Workshop, the following specific recommendations have been identified for taking forward the advocacy work relating to GBV in Rwanda:

1. ***CARE Rwanda and partners should work to ensure the further sensitization of leaders at the grassroots umudugudu (village) level concerning GBV issues with a view to promoting their increased engagement with, ownership of and accountability for, activities for prevention and response to GBV at the community level.***
2. ***CARE Rwanda should explore ways of effectively integrating the case manager model developed through GLAI with the existing government structures of the anti-GBV committees.***
3. ***Future advocacy priorities for CARE Rwanda and partners should include the development of a standardized national level system for GBV data collection and analysis, and the inclusion of GBV indicators in the imihigo performance contracts signed by district authorities with central government.***
4. ***The experience of GLAI in using the GBV IMS should be documented in a format appropriate for dissemination to policy-makers to provide a basis for dialogue with key national level stakeholders***

[7] See GLAI Rwanda briefing note

regarding the need for a harmonized and centralized system for the collection and analysis of disaggregated data relating to GBV.

5. ***The organizational development of the CSO advocacy network (including agreement of a clear mandate and operational plan) should be supported to enable it to become a formally registered and self-supporting entity.***

UGANDA

Summary Overview:

GLAI Uganda has engaged in a combination of advocacy for policy-making and advocacy for improved implementation of policies and laws on GBV in Uganda. At the grassroots and local levels GLAI Uganda has been implemented through 7 Implementing Partner Organisations (IPOs) working across the 7 districts of Northern Uganda covered by CARE Uganda's Northern Uganda Women's Empowerment Programme (NUWEP), and so has involved work in a post-conflict setting where problems of alcoholism and SGBV are widespread. In this context, the implementation of GLAI Uganda has combined a focus on building capacity for evidence-based advocacy at the grassroots and district levels, together with a focus on strengthening vertical linkages to and horizontal linkages between strategic partners involved in processes of policy dialogue and advocacy at the national, regional and international levels. The key results or achievements and limitations of this work are summarized below.

Key achievements and limitations

Civil society strengthening and capacity-building in advocacy

At the grassroots level, 124 Case Managers (CMs), and 574 activists and Role Model Men (RMM) have been identified and trained and have played active roles in supporting and advocating on behalf of GBV survivors. Advocacy forums, comprising women and men activists, traditional leaders, local politicians and technical staff, have been established at sub-county and district levels to engage in lobbying for action by local authorities on advocacy issues identified at the community level. CMs, Advocacy Forum members and RMMs have been widely engaged in raising awareness of GBV and GBV legislation in their communities and with local leaders using IEC materials that present popularized versions of key legislation (e.g. UNSCR 1325), which were produced by GLAI Uganda in collaboration with strategic CSO partners at the national level. The use of traditional forums such as *wangoo* campfire community meetings for discussion of these issues reflects the growing involvement of cultural leaders in addressing GBV. The qualitative evaluation team heard consistent reports of strengthened capacity and effectiveness of all these structures for evidence-based advocacy at the grassroots and local levels, with numerous compelling examples of action being taken by LAs to improve service provision across a range of sectors (education, health, water as well as GBV) in response to their activities. IPOs for GLAI Uganda have gone on to leverage funding from sources outside of CARE for new projects that are being implemented based on the approaches developed for NUWEP and including a focus on advocacy. This is a very positive indication of the strengthening of civil society that has come about in connection with the implementation of GLAI.

At the national level civil society capacity for advocacy relating to GBV has been strengthened through the establishment of positive working relationships between CARE Uganda, key government institutions and national level CSOs working on GBV issues. GLAI Uganda has participated in a number of national and regional level civil society coalitions, including, among other, the Domestic Violence Act Coalition, the coordinating committee for the ICGLR, the campaign for amendment of Police Form 3, which have resulted in significant changes in policy and legislation.

Use of the GBV IMS data for influencing and evidence building

A dataset with records for 2105 GBV cases has been collected for the period April 2010 to December 2013 by GLAI Uganda CMs using the standard intake form developed by UNFPA. The GBV IMS data has been used by CMs and IPOs to inform decision-making on programme implementation, as well as for the follow-up of individual cases. The aggregate information from these data have been presented and discussed with LAs and service providers by Advocacy Forum members at the community, sub-county and district levels leading to several examples of concrete actions being taken at those levels to address GBV issues. For example, Advocacy Forum members in Pader district used the GBV IMS data that showed alcoholism as a key driver of GBV to lobby for the enactment of a bye-law regulating hours of sale of alcohol. At the national level the GBV IMS data generated by GLAI Uganda has been used as evidence presented by a coalition of national level CSOs in successfully advocate for the amendment of the Police Form 3, as well as for informing preparations by CSOs for the ICGLR special summit on SGBV in December 2013. Although national level partners from government and civil society expressed awareness of the GLAI Uganda GBV IMS dataset, some also commented that it would be useful for the GBV IMS analysis outputs to be shared more regularly at the national level.

Efficiency in linking levels (including implementation downwards)

GLAI Uganda has been effective in creating and facilitating linkages for evidence-based advocacy from grassroots to local and local to national levels. At the local level, CMs and CBFs from IPOs attend quarterly council meetings at the sub-county level, while the activities of Advocacy Forum members have ensured linkages from the community level to LAs at sub-county, parish and district levels. IPOs also reported strengthened linkages with national-level CSOs as illustrated by the example of WORUDET providing data to UWONET for lobbying in relating to the Domestic Violence Act, which was passed in 2011; and through collaboration with UNSCR 1325 monitoring exercise jointly undertaken by CEWIGO and CARE Uganda. The participation of GBV survivors in giving their testimonies at national and international events has also proved an influential way of ensuring the voice of people at the grassroots level are heard and inform advocacy and decision-making processes at those higher levels. Finally, GLAI Uganda has also made wide use of the media, including print, radio and TV, for promoting information flows and awareness-raising on GBV issues, with radio being identified as a particularly effective medium for communications at the grassroots and local levels.

Effects on social norms at the community level

The consensus of opinion across all stakeholder groups interviewed for the qualitative evaluation was that social norms relating to GBV are beginning to change. The key areas of change identified were: the respect accorded to CMs, Advocacy Forum members and RMMs at the community level; increased awareness of GBV and GBV legislation at community level leading to increased reporting of GBV cases, which is in turn considered to be contributing to its decreased incidence; more open discussion of issues relating to GBV at community level with cultural/ traditional leaders playing an important role in that process; RMMs modelling behaviours supportive of gender equality; and increased understanding of GBV and GBV legislation among local leaders and service providers. While these are positive changes, all stakeholders also recognized the fact that traditional cultural beliefs regarding the status of women remain strong and continue to act as significant constraints on GBV survivors' access to services and justice.

Effects on women's meaningful participation in decision-making and political space

At the local level the qualitative evaluation team heard numerous examples of women advocacy forum members taking up positions on local councils at the sub-county, parish and (less frequently) district levels, together with accounts of those women being effective in influencing processes of local level decision-making as a result of their advocacy activities. However, issues of women's limited educational levels and language were identified by CARE Uganda staff and district authorities as significant constraints on the effectiveness of their participation at the district level, where council meetings are held in English.

At the grassroots community level, there was also widespread reporting of a broader shift in understanding and perceptions of women's rights and roles with women becoming economically empowered, engaging in income-generating activities outside the household and gradually taking on a more active role in decision-making both within and beyond the household. Membership of VSLA was repeatedly highlighted as a key factor contributing to these changes, resulting from the integrated implementation by NUWEP of VSLA activities with activities for engaging men and advocacy.

Changes in laws and policies and their impacts on rights-holders and communities

At the national level GLAI Uganda has actively contributed to several coalitions which have resulted in a number of important changes in laws and policies, including the enactment of the Domestic Violence Act in 2010, the amendment of Police Form 3 in 2011 and the Kampala Declaration which came out of the ICGLR Special Summit on SGBV in December 2011. At the local level, some district authorities have taken steps towards enacting bye-laws and/or developing action plans for addressing GBV issues, which changes can be seen as a reflection of the commitment by LAs to the initiative. The need for district authorities to take full ownership of the initiative by making budgetary commitments to ensure its long term sustainability was nonetheless identified.

At the grassroots level the most widely identified impact of these changes in laws and policies for rights-holders and communities has been the increased awareness and reporting of GBV which, many stakeholders believe, is contributing to the decreased incidence of GBV in those areas where interventions are being implemented on the ground. It is however difficult to identify clear trends from the GBV IMS data that has been collected by GLAI Uganda in part due to gaps in the coverage of the dataset. In the GLAI Uganda/ NUWEP working area, the activities of CMs, with support from Advocacy Forum members and RMMs, are reported to have enabled improved access to support and services by GBV survivors, although it is also recognized that there are still many gaps and limitations in terms of service provision. While the qualitative evaluation heard anecdotal evidence of survivors obtaining increased access to justice through the traditional justice system administered by clan leaders, it is clear that access to justice through the formal legal system remains very limited due to a combination of resource and capacity constraints and what many stakeholders saw was a lack of will on the part of the police and judiciary for taking GBV issues seriously.

Unintended negative results

Several kinds of unintended negative results were identified from the material (i.e. Stories of Change, FGDs and key informant interviews) generated for the qualitative evaluation although it was difficult to get a measure of how widespread or frequent these were. Unintended negative results included:

- The tendency for some community/ clan leaders to impose "very strict" sanctions involving beatings on GBV perpetrators, which are clearly wholly inconsistent with a rights-based, Do No Harm programming approach.

- The fact that some CMs, CBFs, Advocacy Forum members and RMMs have experienced threats and even attacks in connection with their work of providing support for and advocacy on behalf of GBV survivors. Advocacy Forum members also mentioned struggling to combine their work as activists while at the same time meeting their own domestic responsibilities.
- The risk that Advocacy Forum members and RMMs are taking on such a broad range of issues that they are in danger of overstepping their capacity and remit for advocacy. At least one case was reported and confirmed of a RMM being arrested and jailed for having tried to mediate in a case of land conflict without having the necessary understanding of the legislation involved.

Lessons Learned:

The establishment of vertical linkages between local and national level CSOs strengthens the effectiveness of advocacy processes at multiple levels. The GLAI Uganda experience illustrates the value of the two-way flows of information involved in such relationships: national CSOs are able to draw on and utilize information generated by their grassroots partners as evidence for influencing policy dialogue at higher levels, while local CSOs benefit from capacity-building, exposure and greater recognition of their activities at the local and grassroots levels, which gives them stronger voice in local level advocacy initiatives.

The experience of GLAI Uganda (as in Rwanda and Burundi) demonstrates the synergies of integrating advocacy work with the use of VSL as a platform for women's empowerment programming. The VSLAs provide natural entry points and forums for discussion of GBV issues. Combining VSL programming with grassroots advocacy and a strategy for engaging men has been found to be an effective approach for starting a process of change in social norms and behaviours that are key drivers of GBV.

The GLAI Uganda experience also highlights the importance of engaging with existing institutions and structures, both formal and informal, and including religious and cultural leaders, to build awareness and understanding of GBV and GBV issues. As recognized by CARE Uganda, the views of religious and cultural leaders are highly influential in shaping community attitudes and behaviours concerning GBV. Building traditional leaders' positive engagement with and support for initiatives to address GBV is critically important for ensuring the long-term impacts and sustainability of such work.

Recommendations:

Drawing on the analysis findings of the qualitative evaluation and the discussions with internal and external programme stakeholders during the GLAI Uganda National Validation Workshop, the following specific recommendations have been identified for taking forward the advocacy work relating to GBV in Uganda:

1. ***Ongoing sensitization of communities by CARE Uganda and/or partners is needed to support the process of changing mindsets and attitudes required for the elimination of GBV. Community sensitization work should include a strong focus on engagement with traditional/ cultural leaders from a Do No Harm perspective.***
2. ***Additional capacity-building in the form of refresher training should be provided to Advocacy Forums to enable them to be more selective about the issues they take on as the focus of their advocacy. Where issues such as land conflict are identified as a viable focus of Advocacy Forum activities, this refresher training should include the provision of a basic overview of the relevant legislation (as was done for legislation relating to GBV).***

3. ***CARE Uganda and partners should continue to work with LAs to build the capacity of existing local structures (e.g. the sub-county and Parish Development Committees) and service providers for addressing GBV by expanding the coverage of training provided to those institutions.***
4. ***Local government authorities need to ensure strengthened coordination of the GBV working groups, with district Gender Officers playing a lead role in the meetings of those working groups.***
5. ***Local government authorities also need to ensure the mainstreaming of activities to address GBV into their budgeting and planning processes at sub-county, parish, county and district levels (in line with the national policy for gender-responsive budgeting).***
6. ***A media and communications strategy should be developed to report on and support the progress of activity by local government and civil society partners, leveraging, where possible, the district and community-level corporate social responsibility initiatives of local radio and other media institutions.***

DEMOCRACTIC REPUBLIC OF CONGO (DRC)

Summary Overview of GLAI DRC:

GLAI began implementation in the DRC three years after the other Great Lakes countries, in the midst of an ongoing conflict between the DRC government's forces and a range of rebel groups, the most famous of these - the M23[8]. While the M23 was officially defeated on 7th November 2013, the years of conflict have left deep scars on much of the population of Eastern Congo, women and children in particular.

In this difficult context GLAI DRC sought to contribute grassroots voices to the enactment of laws and policies at the national level as well as improved implementation of these laws and policies that sought to protect women and girls in the Great Lakes region from gender-based violence, in accordance with the UN Security Council Resolution 1325. GLAI DRC's approach to this issue was unique in the context of the Eastern DRC. The initiative sought to address not only sexual violence but also the deeper issues driving sexual and gender-based violence in the region. CARE believed that these underlying causes included the sub-ordinate status of women, domestic violence and the lack of women's participation in decision-making.

GLAI's key results, achievements and limitations in the DRC are presented below.

Key achievements and limitations

Civil society strengthening and capacity-building in advocacy: At the district and provincial levels GLAI DRC's civil society and government partners have strengthened their capacity to advocate for the prevention of GBV and justice for victims of GBV, **and they have improved their profile and** credibility as organizations who represent the voice of GBV victims. The Division of Gender (DIGEFAE) has taken a leadership role in promoting the rights of women and women's participation, as well as tracking and addressing GBV. Both civil society and the authorities recognize DFJ as a leader in advocacy and legal representation of GBV victims. PARDE has gained a reputation for promoting the rights of children and the prevention of GBV among the next generation of Congolese through its radio campaigns and awareness raising of SGBV in schools and though anti-GBV clubs, as well as direct advocacy with North Kivu's Provincial parliament.

At the grassroots level GLAI DRC has trained a group of grassroots activists able to provide GBV victims with basic counseling support, immediate referral to the closest health services and accompaniment through the legal process. They also lead awareness raising for community members and participate in advocacy forums, campaigns, coalitions and decision-making bodies to advocate and influence. Yet the activists also face a shortage of resources such as the financial means to visit victims or to help them travel to a police station. This limits the activists' ability to provide the full range of their services

At the national level GLAI DRC support has facilitated DFJ, PARDE, the Division of Gender and a number of activists to participate in national level advocacy fora such as the launching of the Zero Tolerance Campaign (although the campaign ended prematurely before its full national roll out) following the Kampala Declaration, and the national dialogue on peace, security and all forms of violence.

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[8] M23 rebel group began in April 2012 when several hundred men led by Gen Bosco Ntaganda, wanted by the International Criminal Court, defected from the Congolese army. The name M23 comes from a failed peace accord drawn up on March 23, 2009, between the DRC government and the rebel group.

Use of the GBV IMS data for influencing and evidence building: Early on GLAI DRC decided not to work on a GBV IMS because a seemingly functional system was already in place led by the Division (Ministry) of Gender (DIGEFAE) with support from UNFPA. However, several of the civil society organizations supported by CARE regularly contribute to the GBV IMS. It was reported during the evaluation that the data is collected, as part of the referral system, by health centers, some supported by CARE partners, and civil society organizations using the standard in-take form developed by UNFPA and piloted in Uganda. The forms are then fed upwards into the National Health Information System (SNIS) to the Central Health Office in (Bureau Central de la Zone de Santé) where the data is computerized and then analyzed together with DIGEFAE to be compiled, analyzed, published and discussed at monthly district level meetings (Territorial Commissions) attended by civil society organizations and government counterparts.

Despite the laudable efforts at putting a system in place, several respondents expressed concern about the scattered and duplicative nature of the current GBV data collection system. The system[9], as it is currently set up has been reported to be deeply flawed - there is still no reliable data from which trends in sexual violence cases could be discerned. The data and mapping pillar and there have been challenges in making sure that the information management system follows internationally recognized safety and ethics guidelines. Currently, data is only collected from non-government organizations (NGOs) and not from local hospitals and health clinics, which handle a large percentage of GBV cases UNHCR also collects data using another (protection monitoring) system that is linked to service providers but which comes from UNHCR's network of monitors.

Further complicating the picture, the UN (MONUSCO) will soon be implementing a Monitoring Analysis and Reporting Mechanism (MARA) data collection system. The system, mandated by UNSCR 1960 (the same family of resolutions such as UNSCR 1325) which calls for a mechanism to monitor incidences of sexual violence and report directly to the Security Council and even identify ("name and shame") specific perpetrators of sexual violence during conflict. According to MONOSCO MARA data will come from UNFPA (using the current GBV IMS, although there are also concerns about civil society reporting on sensitive cases of sexual violence perpetrators in some cases by those in positions of power) as well as from UNICEF and UNDP. The watchdog group Refugees International has called for the entire system of coordination around gender based violence in the Eastern DRC to be over-hauled as it is not currently meet the needs of victims of gender based violence because of poor leadership (on the part of the UN and parts of the government of DRC) of the current national strategy on sexual and gender based violence, poor coordination, duplication of efforts, underfunding and understaffing.

Nevertheless CARE DRC and its partners did find opportunities to use evidence collected by its partners in at least one high profile advocacy opportunity –a presentation to the UN Security Council debate on SCR 1325 in Oct. 2012 on the situation of sexual and gender based violence in Eastern DRC. The presidential statement of the Council apparently took several of these messages up.

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[9] Refugees International. **DR Congo: Poor Coordination Obstructs Emergency Response to Gender-Based Violence.** February 2013.

Efficiency in linking levels (including implementation downwards):

Despite the grave concerns expressed by organizations such as Refugees International about the overall quality of data and coordination around GBV in North Kivu, many of the activists and local grassroots civil society organizations supported by GLAI DRC have actively sought to build linkages between the grassroots and district levels through their participation in fora such as the monthly Division of Gender district level meetings (Territorial Commissions) to review and discuss GBV trends.

At the national level, GLAI DRC partners have participated in a number of important national level advocacy events during the past year, bringing the voice of the grassroots activist to these meetings. This has included: (1) the national dialogue on peace and security; (2) the launch of the Zero Tolerance policy after the Kampala Declaration and (3) the annual "16 Days of Activism" campaign. However, during the evaluation, respondents did acknowledge that national advocacy was not as effective as it could have been, specifically more opportunities could have been taken to engage with national level parliamentarians in Kinshasa. The distance and between Goma and the capital, Kinshasa, added to the challenge of linking to national level advocacy opportunities.

Effects on social norms

Many respondents both internal to GLAI and external stakeholders, reported that the work of the activists, together with the VSLA activities of CARE DRC's Women Empowerment Programme, are beginning to have positive impact on community attitudes towards gender based violence. Many stakeholders reported that in those areas where GLAI activists have worked, community members now have a better understanding of the rights of women and children, of what constitutes GBV and many are now more willing to accept that previously taboo subjects such as domestic violence are not to be kept within the family, but must be addressed within the context of the law.

Respondents cautioned however that, while there has been progress, it has been slow. Changing deep-rooted attitudes and practices takes time. As a result many victims still do not come forward to report incidences of seek support because of shame and the fear of rejection by their families, stigmatization by the community or reprisals from alleged perpetrators. The evaluators found that CARE's women's empowerment approach, particularly the establishment and support of the VSLAs, was critical element of success and a principle entry point for the awareness raising and advocacy activities of the activist. Without this groundwork laid by the WEP, the work of the activists would have been even more challenging. Unlike other GLAI countries CARE DRC is not yet implementing a strategy to engage men in the fight against GBV. Given the success of this approach in Burundi and Rwanda CARE DRC should (and indeed is planning to) put in place a similar strategy of engaging committed male champions of women and children's rights to challenge the social norms that keep women and children in a sub-ordinate position and thus more vulnerable to violation of their rights.

Effects on women's meaningful participation in decision-making and political spaces: Despite the short implementation period of GLAI DRC the evaluation found evidence of impact on women's participation. The VSLA model combined with the awareness-raising and training carried out by GLAI activists have contributed to many **women's increased confidence** and a much better understanding of their rights and the recourse available to them in cases of GBV. Focus group discussions with women VLSA members provided compelling examples of women's increasing profile and participation at the grassroots level, not only in Goma but also in more remote areas such as Katwe. Many women affirmed

that that now they feel that they can speak in front of men and participate in community activities with no fear. Evaluation respondents also affirmed that women activists themselves were also more confident and many cited that the women activists from Goma were serving as role models for women in more remote areas.

However there are still tremendous barriers in place that keep women at the grassroots from fully participating in public life. Women who seek greater involvement in public decision-making face resistance at home and in the community. Low education levels are another major obstacle to women's participation, particularly in remote areas where the education of women and girls is a low priority. This reality means that competent women are held back from effectively participating a range of fora because they lack the education levels of their male counterparts.

At higher levels (district, provincial and national) the short period of implementation limited GLAI's impact. Nevertheless several respondents pointed to evidence of increased confidence on the part of professional women working on advocacy– including women staff of GLAI partners and the female activists. Events such as the session(s) organized by the Division of Gender to link influential businesswomen in Goma with women at the grassroots contributed to increasing women's participation.

Changes in laws and policies and their impacts on rights-holders and communities:

GLAI DRC sought to both enact policy change and address the implementation gap between anti-gender based violence policies and their actual impact on the lives of ordinary Congolese citizens, in an enormously challenging context of cyclical conflict, poor governance and impunity. Nevertheless it was reported that the awareness-raising and advocacy activities of the activists trained by GLAI did lead to increased awareness of GBV laws and more reporting of GBV incidences. GLAI partner DFJ affirmed that with GLAI support the organization has been able to increase its advocacy profile and credibility with local authorities (such as the Special Police for the Protection of Women & Children – PSPEF), many of whom now regularly turn to DFJ for support in handling GBV cases. According to DFJ the number of cases they have handled has increased for 16 a few years ago to 150 cases so far in 2013. The presence of the activists and their high profile in the communities has contributed to improved access to (medical and psycho-social) services for victims and, according to testimony of community members, at least victims know that an activist is present who can assist with access to medical care, accompaniment to the Police and follow up during the legal process.

However, tenacious harmful social attitudes make many women are still reluctant to come forward. Added to the social pressure, many victims (and activists) do not have the means to cover the costs of seeking legal redress. These costs (transportation, legal fees, etc.) and the length of the judicial process cause many women who choose to seek justice, to abandon the legal process along the way.

Unintended negative results:

The overall context of the Eastern DRC - ongoing conflict, weak governance and impunity - is one where the potential for reprisals against victims of sexual and gender based violence is very real. As a result there is tremendous pressure for families to resolve cases of sexual and gender based violence amicably, although 2006 Law on Violence makes such as arrangement illegal. A few respondents reported cases of reprisals by perpetrators of sexual crimes after their release from (a very short) incarceration. A few specific examples of reprisals: one stakeholder spoke of specific experiences in the area of Rutshuru where offenders released from custody retaliated against victims of sexual; CARE staff in Goma spoke of

anonymous threats that have led to extra precautions during travel to the field. Further, the activists' limited resources, which impact on their ability to follow up with GBV victims, can leave victims vulnerable to reprisals and potential harm. The pervasive perception of impunity also puts victims who choose to follow through with legal action potentially at great risk.

GLAI partner, PARDE, reported that the establishment of the GBV clubs in the schools contributed to tension between teachers and the student members of the club with some teachers apparently intimidating clubs members and threatening to lower their school marks. This issue was partially solved by including teachers in the GBV school clubs. The parallel systems of GBV data collection raise serious concerns as to whether strict controls over access to and use of data are being enforced.

Lessons Learned:

As acknowledged earlier, GLAI's implementation in the DRC started much later than in the other three GLAI countries. However there are already a few lessons that can be drawn from the experience to date:

- GLAI'S work has contributed to tackling subjects that have long been considered taboo (domestic violence in particular) and, though these issues have not been not fully eradicated, there has been some improvement. The VSLA platform has proven to be an effective launching pad for awareness raising at grassroots level. This experience will influence and support CARE DRC's Women's Empowerment Programming in the coming years.

- While GLAI had considerable success in community, and even district level, advocacy, national level advocacy was not as effective as it could have been. This is in part due to the huge distances and relative remoteness of Goma from the decision-making center, Kinshasa. At the same, however, CARE staff acknowledge that there are many advocacy opportunities in Goma given the intense focus on sexual and gender based violence and its relationship to the conflict in the North Kivu region.

- Implementing an ambitious advocacy agenda in the midst of an open conflict and a weak policy implementation context poses particular challenges – much of the gaps in implementing the Zero Tolerance policy can be directly traced to the government's pre-occupation with the regional conflict and, in fact, this was given as a direct reason for suspension of the rollout of Zero Tolerance.

- Further, the conflict significantly hampered the free movement of the activists, partners and CARE staff. Early on GLAI's implementation accessing communities outside of Goma was particularly difficult. However in the end, respondents felt that the activists and partners in the remote areas of Katwe accomplished as much as those in the more accessible areas of Goma. This, respondents felt, was a testament to the dedication of the Katwe activists. The conflict limited victims' access to service in practical ways. For example after the area of Rutshuru came under the control of M23, government forces, including the Police, were forced to withdraw, leaving potential SGBV victims with the only access to police services in Goma several hundred kilometers away.

Recommendations:

The following recommendations for taking forward CARE and its partners' evidence-based advocacy work are based on the findings of the in-country data collection (30 Sept – 4th Oct) and the National Reflection and Validation workshops held November 11-12th in Goma:

1. The work begun by GLAI DRC over the past year is at a delicate stage – progress made could be easily *rolled back if CARE and its partners do not continue the momentum built on the work of the activists and the experience gained over the past year.* ***CARE and its partners should continue to leverage the significant amount of resources available for addressing sexual and gender based violence in North Kivu to continue the work that has begun, in synergy with the upcoming Women's Empowerment Programme.***
2. *GLAI DRC's civil society partners are well-established organizations with significant experience that has been only strengthened by the collaboration with GLAI. Other partners, such as the DGFC, are established members of an existing government institution. CARE should support its partners to* ***build on this experience and capacity, along with the networks and credibility*** *that they have built with duty bearers during implementation of GLAI,* ***to deepen and expands its advocacy*** *on this fundamental aspect of the rights of women and children.*
3. *A number of the local civil society organizations are still very dependent on CARE's proximity for capacity building and logistical support (this ranges from simple administrative support such as facilitating internet access and photocopying to support in transportation). CARE should* ***carefully and deliberately execute its withdrawal in a way that supports rather than overly burdens the activists*** *who already give an enormous amount of time and energy to fighting gender based violence in a difficult, and sometimes dangerous, operating environment.*
4. *The poor coordination of actors, duplication of efforts and multitude of actors and systems involved in the collection and management of GBV data in North Kivu is failing victims of gender based violence victims. The gaps in information and duplication of information poses a real risk to the quality and credibility of this evidence – the very basis of GLAI's approach as an initiative that sought to bring evidence to advocacy at higher levels. Therefore it is critical that CARE and its partners* ***engage more actively in influencing the coordination and data collection process*** *at the highest levels to ensure that these systems are more* ***transparent, better coordinated and protective of victim's rights.***
5. *At the grassroots level CARE DRC and its partners should continue prioritize the focus on challenging deeply held social attitudes and norms that keep women in a position of low status making them more vulnerable to a range of abuses of their rights including their rights to physical security. The engagement of men and model couples as role models and change agents should be a key part of this strategy going forward. The experiences of Burundi (abatangamuco and 'care' couples) and Rwanda (role model men) offer clear examples of what is possible when men from the communities are engaged in social change in favor of women's(and children's) rights.*[10]

[10] CARE DRC has reported that an "engaging men" initiative will soon be in place along with the new Women's Empowerment Programme. The country office is encouraged to actively seek to learn from CARE Rwanda and Burundi's extensive experience in this area.

BURUNDI

Summary Overview of GLAI Burundi:

After decades of war and instability Burundi's legal and policy framework is becoming increasingly providing a solid basis for addressing gender-based violence. The country is a signatory to the Universal Declaration of Human Rights and the International Convention on the Rights of the Child; the International Conference of the Great Lakes (ICGLR) Protocol; the Goma Declaration and the Kampala Declaration on SGBV. In addition a number of the Burundi's basic legal codes that governs the rights of all citizens have been revised in favour of a greater respect for women's rights including: the Penal Code (2009) which now recognizes domestic violence as a crime; the Electoral Code (2010) ; and the Family Code (2006). Two laws critical to the full realization of women's rights in Burundi are still pending: the Special Law on Gender Based Violence and the Inheritance Law.

GLAI Burundi's activities focused on addressing the gap between the enactment and effective implementation of these laws and policies. GLAI also focused on advocacy to influence the enactment pending laws such as the Special Law on Gender-based Violence and the Inheritance Law. At the regional level CARE Burundi worked with CARE Uganda and CARE Rwanda to influence the 2011 ICGLR Special Summit on Sexual and Gender Based Violence.

This summary of the qualitative evaluation results presents GLAI Burundi's key achievements and limitations:

Key achievements and limitations

Civil society strengthening and capacity building in advocacy: At the grassroots levels 500 activists have been trained in advocacy and communications, human rights and legal framework protecting women and girls from GBV, gender based violence, GBV data collection and referral system of GBV survivors, community leadership and counseling techniques. The activists provide support to victims in psychosocial counseling, referral to health services and accompaniment in seeking legal recourse with the police and judiciary. The activists also engage in awareness raising on issues related to GBV at the community level and advocate on behalf of victims.

The capacity of the activists has increased significantly since the start of GLAI. Many GLAI activists (several of them women) have been elected to public office. Local authorities, CSO members and program participants attest that the activists are increasingly recognized as legitimate advocates of the rights of victims of GBV. They are more confident in their dealings with local authorities and their voices are beginning to be heard at district and province levels, primarily through the province level meetings organized by SBVS and the Ministry of Gender Centers for Family and Community Development (CDFCs) to review and discuss the GBV data collected with the GBV IMS. However the activists also work on a voluntary basis with little support other than training and some follow up and it is not clear how sustainable this model will be after the end of GLAI.

At the national level GLAI implementing partner, SPPDF, has organized several national events such as advocacy and media campaigns, dinner-debates with Parliamentarians and Ministers to present advocacy issues and facilitate discussion. GLAI Burundi's participation in the preparation for the national action plan of the Kampala Declaration is one specific example of successful national advocacy carried out through this initiative. The Kampala Declaration included a number of commitments by the Burundi

government to improve service provision to GBV victims including: deployment of police specially trained on GBV around the country, set up of special care centers (*centres de prise en charge)* and training of judicial staff. Many of these commitments have been at least partially met.

At the regional level, GLAI Burundi, along with a range of civil society actors also successfully lobbied for the inclusion of an aspect of engaging men as part of the ICGLR regional process.

Use of the GBV IMS data for influencing and evidence building:

The activists interviewed for the evaluation attest that they now regularly collect data on GBV cases using the in-take form developed for the GBV IMS (originally used in Uganda). GLAI partner SVBS collect these forms, enters the information into the GBV IMS database, analyzes the data and produce reports that are shared with SPPDF, CARE, the government and other stakeholders. At the province level SBVS and the Ministry of Gender's Family and Community Development Centers (CDFC) organize annual sessions to present GBV trends using the GBV IMS. These sessions are also an occasion for the activists to engage with local authorities, advocate on behalf of victims and generally raise their profile as GBV advocates.

At the national level SPPDF reports that it regularly uses the GBV data generated by the GBV IMS tool to share information with policymakers (largely parliamentarians) at dinner-debates using these opportunities to influence thinking and decision making on issues such as the pending law on Sexual and Gender Based Violence.

Other agencies are beginning to approach CARE and SBVS to access GBV data for their own influencing and advocacy work, including the ICGLR The tool was reported as increasingly used by other partner organizations (as part of other CARE Burundi WEPs) in Burundi. According to respondents, GBV data will soon be collected in 10 of the 17 provinces in the country in the near future. This has been one of the biggest accomplishments of GLAI in terms of the generation of data for advocacy. However there is a major threat to the sustainability of the accomplishments made using the GBV IMS in Burundi – the reluctance of the Ministry of Solidarity, Human Rights & Gender to the use of the tool on the grounds that it is not entirely appropriate for the context of Burundi and it does not guarantee the confidentiality of the GBV victim's case. GLAI Burundi partners will need to engage immediately in intensive advocacy to gain the buy-in of the Ministry or much of the gains in this area could be lost.

Efficiency in linking levels (including implementation downwards):

GLAI Burundi partners SPPDF and SVBS play critical and complimentary roles in linking evidence collected at the grassroots to effective higher level advocacy. SBVS has trained the 500 activists in the use and storage of the in-take forms. The reports from the GBV IMS facilitate SPPDF's national level advocacy with policymakers (parliamentarians, ministers etc.). SBVS is also using the data collected in the field in province level advocacy meetings with provincial authorities, activists and other actors to present GBV data and hold discussions on their implications for the province. These annual provincial level meetings are a very good example of effectively using the GBV data to build linkages and influence public decision-making.

Further, both SPPDF and SBVS have extensive networks of members across the country that, in principle, offer the opportunity for this evidence to be "returned" to the grassroots and used as evidence in local level advocacy.

Effects on social norms

Respondents consistently reported significant changes in social norms at the grassroots. However they also pointed out that these changes were due solely to GLAI, but rather the combined efforts of GLAI and a number of CARE Burundi Women's Empowerment and men engaged initiatives – UMWIZERO, GIRIJAMBO and Men and Boys Engaged Initiative (MBIE) in a seamless approach to addressing the deep-rooted issues behind GBV in Burundi society. Some of the most important gains included: increased awareness of GBV and GBV laws; more willingness to openly discuss GB in particular, "taboo" subjects such as domestic violence; increased confidence of community members in community leaders, many of whom have been part of the awareness raising activities or are activists themselves. Many respondents reported that the women's economic empowerment approach was a major factor contributing to increased respect for women and a related decrease in gender-based violence. In addition to the work of the GLAI activists, the approach of "abatangamuco" and other "engaged men" - men who were previously violent towards their families regularly shared their stories of personal change in an attempt to change the attitudes of other men - were reported to be a critical positive contributors to changing community attitudes towards GBV.

Effects on women's meaningful participation in decision-making and political spaces:

At the grassroots level, several of the female activists interviewed attested that they now feel more confident and know how to approach local authorities to discuss and negotiate on behalf of victims, and to more generally discuss issues of GBV. Though not entirely attributable to GLAI, several respondents attested that many women activists have been empowered to the point of standing for election for public office and several have been elected at the colline (village) level.

At the national level, GLAI, along with other civil society and UN agencies, participated in a large-scale effort to encourage women to vote and run for public office during the 2010 general elections. For example GLAI, UNIFEM and IFES sponsored training for women's participation in the election process under the theme "Elir et se Faire Elir" (Elect & Become Elected). As a result the stated quota that women should make up 30% of all elected officials at the provincial level was met. Many women were also elected to office at the commune level, and, according to local partner SPPDF, women make up 5% of the elected officials at colline (village) level.

It might be argued that a quotas already in place made these large numbers inevitable, nevertheless achieving 5% representation of women in decision-making at the village level, where there were none before, was an important achievement. Respondents pointed out that, through this process, a few women from the BaTwa minority were also elected to local office, an significant achievement in Burundi.

Changes in laws and policies and their impacts on rights-holders and communities:

GLAI Burundi principally sought to address the "implementation gap" between the existing laws and policies and their actual impact on the lives of women and girls in communities around Burundi. At the grassroots level, the work of the activists in helping victims of GBV to access basic health and psychosocial services, as well as due process under the law, did contribute to ensuring that changes in the laws ultimately had a positive impact on the lives of ordinary women. The activists' advocacy on behalf of victims has also begun to have an impact on holding duty bearers (principally the local authorities) accountable in terms of their responsibilities for defending the rights of women and girls. One area where there was a clear impact of the changes in laws was in the increased reporting of GBV cases –

virtually all respondents at the grassroots level confirmed that more women are coming forward to report cases of violence. This higher incidence of reporting GBV cases corresponds to the findings of the quantitative end line survey. Several activists reported that the increased reporting is also due to changes in social norms as the sensitization activities with communities begin to foster more openness and willingness to discuss the sometimes sensitive issues of gender based violence. Progress in meeting the commitments made at the Kampala Declaration – particularly the deployment of specially trained police and set up of special service centers (centres de prise en charge) – have also contributed to making essential services more available to GBV victims.

An important caveat to these achievements is the reality that, despite changes in the laws, transforming attitudes is a very slow process. Many women still feel the pressure from families and communities to keep incidents of GBV quiet for fear of shaming their families, concerns about stigmatization from the rest of the community and fear of reprisals. Those women who do make the courageous decision to report their case to the police often abandon the judicial process along the way because of financial constraints, intimidation or fear of public condemnation.

Unintended negative results: Some unintended negative results or negative spillovers of the implementation of GLAI were shared during the evaluation. Several of the activists who were interviewed reported that they had been threatened verbally by alleged perpetrators and their supports. A few reported that they had been either physically assaulted or have come very close to being assaulted. Another unintended negative result had to do with the economic and social strain that the activists felt they experienced in assisting victims of GBV. Several mentioned that they occasionally had to resort to using their own funds to assist victims, sometimes leading to conflicts with family members. Negative social pressure seemed to affect the women activists in particular. Several women reported that family members pressured them to discontinue their activities because they considered the activists to be wasting their time "speaking for others" instead of taking care of their families. Others mentioned that women who "leave" their family and household responsibilities to defend others are not looked at favorably by their communities.

Lessons Learned:

- GLAI was well integrated into CARE Burundi's CO's Women's Empowerment Programme, which maximized the positive impact of the initiative. This integration also facilitated coordination of activities and sharing of resources with other Women's Empowerment Programme initiatives.
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- The VSLA has served as an important social platform for addressing gender-based violence. Although the VSLAs are primarily about economic empowerment, the social platform that the VLSAs offered to discuss GBV with ordinary members of the community, along with the support of the activists, played a critical role in changing community attitudes.

- Ensuring that the "right" resources are dedicated to building capacity in advocacy is critical to success. Having a full-time Advocacy Coordinator position meant that CARE could invest in building advocacy capacity in its local partners while developing long-term relationships with civil society and key government partners. The investment in building these relationships contributed to CARE's reputation and credibility as an organization committed to working with and linking civil society and government, assets that were critical to the successful advocacy efforts at regional level during the ICGLR Summit.

- The GLAI experience with the ICGLR Summit highlights the importance of working together and seeking all opportunities to influence change as well as the extent to which advocacy processes depend on the people and personalities involved in them.

- As a result of the success of the GLAI experience CARE Burundi has identified advocacy as a critical capacity across the CO programs. CARE staff confirmed that advocacy is now a key intervention that should cut across both the Women's Empowerment and Children's Empowerment programs.

Recommendations:

Drawing on the results of the qualitative evaluation and the National Reflection and Validation workshops held November 14-15th, the following specific recommendations have been identified for taking forward the GBV advocacy work in Burundi:

- ***CARE Burundi should immediately prioritize focused advocacy with the Ministry of National Solidarity, Human Rights and Gender to gain their support on the GBV IMS or, at a minimum, clarify the sticking points and concerns of the Ministry and identify ways of addressing them.***

- ***CARE Burundi and partners should continue to work on changing social attitudes and practices at the community level, particularly with community leaders and decision-makers (traditional and religious leaders, local authorities) to build sensitivity, engagement and accountability for addressing gender based violence in communities across Burundi.***

- ***CARE Burundi should continue to build advocacy capacity both internally and with its local implementing partners with a view to improving capacity for analysis, coordination and engagement with government partners, particularly at the national level.***

- ***Relatedly, although both of CARE Burundi's current partners under GLAI are members of extensive networks of grassroots civil society organizations, this extensive presence was not sufficiently harnessed during GLAI's implementation. CARE Burundi should work with both partners to ensure that the advocacy capacity building received through GLAI is extended to the grassroots CSO members of SPPDF and SBVS.***

9 – Bibliographic List of GLAI Materials

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ENDNOTES

[i] The GEWEP includes the Great Lakes region and West Africa: Mali and Niger; MENA: Morrocco, Yemen, Egypt, West Bank and Gaza and Jordan; South East Asia : Vietnam and Myanmmar
[ii] This background information is extracted from: CARE Norway. *Great Lakes Advocacy Initiative (GLAI): Strengthening GBV Advocacy in the Great Lakes Region, Jan. – Dec. 2013*. Proposal to NORAD submitted in Nov. 2012.
[iii] UN Security Council Resolution 1325 (2000), p. 1.
[iv] UN Security Council Resolution 1820 (2008), p. 3.
[v] This is Article 11 in the Pact.
[vi] *The Goma Declaration on the Eradication of Sexual Violence and Ending Impunity in the Great Lakes Region*, Goma, 18 June 2008. The International Conference on the Great Lakes Region.
[vii] *UN Commission on the Status of Women Report on the 57th Session (4-15 March 2013).* United Nations, New York, 2013, p. 2.
[viii] M23 rebel group began in April 2012 when several hundred men led by Gen Bosco Ntaganda, wanted by the International Criminal Court, defected from the Congolese army. The group's name comes from a failed peace accord drawn up on March 23, 2009, beteween the DRC government and the rebel group.
[ix] See separate terms of reference for the reference group.
[x] The term "advocate" will be used generically as different GLAI countries have used different names for grassroots capacity, at times to avoid the term "activist" with its connotation of political confrontation.
[xi] The gains of a collective voice and working in coalitions is addressed in the theme under "linking."
[xii] ARCT-RUHUKA (2013) *Report of Need Assessment on Psychosocial Support for GLAI Case Managers organized by CARE Rwanda.* Unpublished report, Kigali, September 2013.
[xiii] See the "Linking" theme for more information.
[xiv] Uganda endline survey; Burundi endline survey.
[xv] Since being appointed UN Special Envoy for the Great Lakes Region of Africa in Mar. 2013, Mary Robinson convened her first meeting with women from the region to discuss how they could help achieve peace. Her efforts are aimed at pushing for the implementation of the Peace, Security and Cooperation Framework for the DRC and the region, an agreement signed by 11 nations of the region, the UN, the African Union, the ICGLR, and the Southern African Development Community in Feb. 2013 in Addis Ababa. Referred to as the "framework of hope," it is a comprehensive pact to stop the cycles of conflict by resolving their root causes and fostering trust between the DRC and its neighbors.
[xvi] *Women Count – Security Council Resolution 1325: Civil Society Monitoring Report* 2012.
[xvii] See the report: Mollett, Howard. *From Resolution to Reality: Lessons Learned from Afghanistan, Nepal and Uganda on Women's Participation in Peacebuilding and Post-conflict Governance*. United Kingdom: CARE UK, n.d.
[xviii] Diplomatic tensions between Tanzania and Rwanda have arisen over Tanzania's suggestion that Rwanda, Uganda and DRC negotiate with the Democratic Forces for the Liberation of Rwanda (FDLR), a Rwandan Hutu rebel group based in DR Congo. A special meeting was called on 14 December 2013 at the request of the Tanzanian president, on the occasion of a Great Lakes regional meeting to stop the fighting in the DRC, for Uganda to help ease tensions between Tanzania and Rwanda.
[xix] A version of this paper was used for the purpose of the CSW annual meeting in Mar. 2013.
[xx] CARE GLAI Draft Position Paper for the ICGLR. September 2013.
[xxi] Ibid.
[xxii] Ibid.
[xxiii] The tour also included a team from Nepal.
[xxiv] GLAG was composed of (a) an Advocacy Coordinator based first in Rwanda and later Burundi and responsible for coordinating activities across the region, monitoring, and providing technical assistance, (b) part-time Advocacy Coordinators (or focal points) in each country, which the CO had to fund through an advocacy line item in project budgets; and (c) a Regional Advocacy Advisor in the Regional Management Unit with half the time dedicated to GLAG.[xxiv] Then in October 2008, GLAG developed a terms of reference for a Steering Committee (SC) consisting of Country Office Assistant Country Directors, CARE Regional Management Unit in Nairobi, relevant members of CARE International (CMPs Norway, UK, USA, Austria and Netherlands), and the GLAG Coordinator. The Steering Committee was created to support the regional advocacy coordinator, set strategic directions, and promote the regional advocacy strategy and the country strategies. The analysis of the GLAG experience revealed serious problems with the effectiveness of the structure with its unclear accountabilities at a time when CARE COs were still

at an early stage of understanding and prioritizing advocacy activities as part and parcel of programming. See also CARE International. the *Great Lakes Advocacy Group (GLAG) Steering Committee Terms of Reference*, October 2008.

[xxv] Efforts on the part of CARE Norway included harmonizing reporting systems (both data collection on GBV and project reporting) and learning agendas; facilitating regional exchange through workshops, phone calls and exchange visits; technical support related to logical frameworks and the development of project indicators; strategic support related to advocacy (e.g. production of activist manual and facilitating visits from advocacy experts to assist in drafting advocacy strategies etc.); the editing and dissemination of quarterly newsletters; support in developing activities and budgets; and day-to-day follow-up etc.

[xxvi] In year one and two, the learning question was: *What does it take to do effective grassroots level (or community level) GBV advocacy and left up to influence higher levels of decision making?*

[xxvii] Clifford, Lisa, and Martine Zeuthen. *Toward Regional Cohesion: Strategy for GLAI's Further Engagement in National and Regional Advocacy on Impunity and Gender Based Violence. Final Report to CARE.* Consultant report. London: Integrity Research, July 2011.