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CARE 2020 PROGRAM STRATEGY: The Right to a Life Free From Violence



CARE's vision of a world without poverty and social injustice compels us to work toward eliminating gender based violence (GBV). This requires addressing the power inequalities between women and men, girls and boys, and people of all genders that underpin GBV. Within the CARE 2020 Program Strategy, GBV programming is discussed in two ways.

First, it is a part of CARE's mandatory approach across all programming. Second, the strategy outlines "the right to a life free from violence" as among the four outcomes against which CARE will measure its work and be held accountable. As such, GBV is an issue that requires focused programming as well as integration across CARE's work.

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Why does a life free from violence matter?

CARE defines gender based violence as a harmful act or threat based on a person's sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation in public or private spheres. GBV affects every nation on earth. The World Health Organization estimates that 1 in 3 women worldwide will experience physical or sexual violence within their lifetime¹. One in four women globally aged 20 to 24 were child brides² and between 100-140 million girls and women are survivors of female genital cutting³.

CARE believes that people of all genders

should be able to exercise their right to a life of dignity, security, freedom and harmony where diversity is celebrated



Rape of both women and men as a weapon of war is well documented⁴. In a multi-country study, the most commonly reported motivation for perpetrating rape was related to men's sense of sexual entitlement⁵. This implies the need for a generational or life cycle approach to addressing GBV.

GBV is both a cause and a consequence of poverty and gender inequality. At household and community levels, threats, harassment or physical violence in and around schools, markets and workplaces limits women's and girls' mobility and overall well-being, livelihoods, access to education and health services as well as participation in political processes. GBV also has enormous economic cost in terms of services (health, police, legal), and decreased productivity with flow on effects to family income, mental health and food security. CARE believes that addressing GBV is essential across our work.

Where will we achieve impact?

In 2015, CARE's projects directly reached more than **830,000 people in 58 countries** by promoting support and access to services for survivors of sexual and gender-based violence and implementing prevention programs for awareness raising and adoption of non-violent behaviors. In addition, we had an impact on more than **2.5 million people** in 2015 through advocacy and policy influence. We will continue working in all regions for tackling GBV given that it is a truly global issue, striving to impact at **least 12 million people by 2020**.

What we do

The CARE 2020 Program strategy lays out the three key roles we play for impacting poverty and social injustice, in our efforts to achieve lasting impact at scale.



HUMANITARIAN ACTION

Women and girls experience conflicts and natural disasters differently than men and boys because their roles in society have been constructed differently. This creates increased risk of sexual and gender-based violence for reasons such as disruption of communities and services, poor living conditions, and loss of assets and livelihoods. The lack of food, shelter and water compounds these impacts to make women and girls more vulnerable to sexual exploitation and abuse. Over the past five years, CARE has invested significantly in working on gender issues in emergencies including addressing GBV. Building on and contributing to the Inter-Agency Standing Committee's gender work, the tools, approaches and capacities developed by CARE have strengthened the impact, relevance and effectiveness of its emergency programming. In 2015, CARE reached more than 611,000 people in 28 countries through prevention, support to survivors and awareness-raising of GBV in communities vulnerable to or affected by conflict and disasters.



PROMOTING INNOVATIVE SOLUTIONS FOR SUSTAINABLE DEVELOPMENT

While CARE focuses on primary prevention, monitoring, mitigation and response remain part of a balanced and comprehensive strategy. CARE works with communities, governments, and local groups around the world to prevent and address GBV and improve legal, health and support services for survivors and empower women and girls. CARE builds on local support systems and structures, ensuring that solutions are community-driven and implemented. CARE sees its primary aim to prevent violence before it occurs and works to prevent GBV at household, community and broader levels. These include: supporting men and boys to reflect on social norms and relations, women's economic empowerment to reduce women's dependence, building women's leadership skills, facilitating community dialogues to promote changes in social norms, strengthening community governance, and supporting GBV research and learning for advocacy and practice.



MULTIPLYING IMPACT

CARE works to support voices of women and men from communities where it works to represent and negotiate their rights and interests in district, national, regional and global

forums. CARE and its partners have programming presence across marginalized communities, and maintain networks that span to global levels. At community levels (and often in emergency situations such as displaced persons camps), this may include working to build solidarity and support among marginalized groups, promoting dialogue and accountability between groups and service providers and promoting linkages with gender justice movements. At higher levels, this includes bringing together or joining civil society networks, media and rights groups for collective action against GBV. In donor and governmental spheres, this can take the form of supporting activists, government and other civil society players to negotiate commitments and action plans. Over the past decade, CARE's advocacy on UN Security Council Resolutions 1325, 1820, and the Call to Action on Violence Against Women and Girls in Emergencies have provided key entry points for coordinated advocacy on GBV in conflict and humanitarian contexts linking local, national and global levels.

How we do it

CARE's niche includes a focus on transforming root causes of GBV as well as integration of work to tackle GBV across programs as an essential component for increasing resilience and reducing risk. In line with CARE's approach, we have identified 4 key objectives where we think we should invest over the next years to achieve impact:

- **Strengthen individual voice:** Support people of all genders and ages to make choices, assert their voices and realize their right to a life free of gender-based violence.
- **Create healthy relationships:** Support people of all genders and ages to create healthy relationships within families and communities built on respect, open communication, solidarity and non-violence.
- **Change social norms:** Help groups negotiate rights, choices and resources, and transform social norms.
- **Build accountability:** Strengthen accountable institutions to prevent and respond to GBV.

Across these objectives, CARE is committed to multiplying the impact of our work through advocacy to change policies, practices and processes of government and the private sector; promoting replication and adaptation by others of examples and models that work and delivering them to scale; and engaging others who can influence and take to scale changes in norms, behaviours and beliefs.

Investment required

An investment of US\$ 30 million is required to advance program quality, technical excellence and knowledge generation and dissemination; advocate for policy change and implementation; leverage organizational experience and skills; and scale up innovations and technical models that are proven to prevent GBV across CARE.

Examples of our successful programs

Increasing gender equality and strengthening women's voice. The Safe Workplaces, Safe Communities (**SWSC**) project in Cambodia strives to reduce GBV and sexual harassment among women working in garment factories, hospitality and tourism. The project takes a comprehensive approach by empowering women to protect themselves, changing attitudes in workplaces and communities, and engaging with government and the private sector to advocate for improved policies which protect women.



Promoting inclusive governance. Great Lakes Advocacy Initiative (**GLAI**) in Burundi, Rwanda, Uganda and Democratic Republic of the Congo aimed to increase protection for women and girls against GBV. The project strengthened civil society organizations, gained commitment of governments to act on GBV issues and witnessed more women willing to report GBV cases. Women gained greater understanding of their rights, increased their decision making power and more girls and boys went to school. Engaging men strategies to start dialogues on GBV and model gender-equitable behaviors also proved effective. Women gained confidence in changing local practices and felt empowered to tackle challenges at a wider regional or national level.

Increasing resilience and reducing risk. The WESAL project in Jordan, Egypt and Yemen raised public awareness of GBV to address traditional harmful practices (like child marriage) through mobilizing communities and civil society organizations to effectively influence policy makers. Using interactive community theater techniques, the project encouraged communities to discuss sensitive GBV issues and raise their voices at national level.



Please refer to **GBV Strategy** for more details and **Gender Wiki GBV page** for more project examples.
SEND ANY COMMENTS OR QUESTIONS TO: Laura Taylor, Head of Gender Equality, CARE International Secretariat, ltaylor@careinternational.org or Diana Wu, Gender Program Advisor, CARE USA, dwu@care.org. Please also refer to the CARE Gender wiki, <http://gender.care2share.wikispaces.net/CARE+GBV+Strategy>

I See: http://www.who.int/reproductivehealth/publications/violence/VAW_Prevalance.jpeg?ua=1

II UNICEF, <http://data.unicef.org/child-protection/child-marriage.html> accessed 6 May 2016.

III World Health Organization.(2011) Progress Report: an update on WHO's work on female genital mutilation: http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.18_eng.pdf?ua=1.

IV Stemple, L. (2009). *Male Rape and Human Rights*.

V "Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific", <http://www.partners4prevention.org/sites/default/files/resources/p4p-report.pdf> 2013