Prevention and Mitigation of Gender-**Based Violence in Development and Humanitarian Contexts:** CARE'S THEORY OF CHANGE

INTRODUCTION

CARE's vision of a world without poverty and social injustice compels us to work towards eliminating gender-based violence (GBV), by addressing power inequalities between people of all genders.

In its <u>GBV Strategy</u>, <u>CARE</u> also acknowledges and notes that "CBV remains a critical rights violation committed against people based on their gender identity, gender expression or sexual orientation. CBV itself is a symptom of oppression, often used as a tool to dominate and reinforce gendered inequalities among and across groups. In CARE's experiences, CBV has been used to control and stop people from entering the work force or making choices about their lives (including decisions related to sexual and reproductive health, their food and nutrition, etc.). GBV is a driver and a consequence of poverty, social and political exclusion, conflict and gender inequality".

The CARE 2020 Program Strategy on the Right to a Life Free From Violence, refers to a two-pronged approach to prevent GBV: "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".

FOCUS

While CARE continues to implement programming in alignment with much of the 2015 GBV Strategy and the 2020 Program Strategy on the Right to a Life Free from Violence, a 2017 internal review of the LFFV approach found that a more strategic focus was necessary. Much of CARE's work on GBV is in areas of primary prevention which aims to stop violence before it occurs by promoting respectful, non-violent relationships. Primary prevention can be at individual and structural levels, working with women and girls so that they can claim their rights, as well as with men and boys so they can be positive agents of change in addressing GBV. In response and recognition of CARE's experience addressing the root causes of GBV, the 2017 LFFV Strategic Focus document put forward a focus on the following forms of gender based and domestic violence:

Intimate Partner Violence (IPV) that is physical, sexual and/or psychological in nature;

Early, forced and child marriage;

Honour killings and other honour crimes;

Widow disinheritance and abandonment; and,

Sexual exploitation and abuse including transactional sex.

This Theory of Change takes the definition of GBV outlined in the CARE GBV Strategy (2015): 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 whether occurring in public or private spheres. GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms.

² CARE recognizes that gender is not binary, and that terms and definitions related to gender and sexuality are diverse and continue to evolve. Throughout this Theory of Change, we refer to 'all genders and ages' throughout. This demonstrates our recognition of and ability to work with adults and children and individuals of all sexual orientations, gender identities and/or gender expressions. We recognize that rigid gender norms limit people of all genders and sexual orientations by creating and reinforcing assumptions and systems of privilege (sometimes codified in laws and policies), about their recognition in society and the range of roles and opportunities open to them. These not only limit individuals who identify as girls, boys, women and men as well as identities beyond the binary, but also individuals whose sexual orientations do not conform with dominant norms and expectations of heterosexuality.

³ CARE's outcome area on "The Right to a Life Free From Violence" (LFFV) includes all aspects of Gender-Based Violence occurring in development and humanitarian contexts. ⁴ CARE's 2020 Programme Strategy outlines four specific Outcome Areas: 1) Sexual, Reproductive, and Maternal Health rights and a right to a Life Free From Violence; 2) Food and Nutrition Security and Resilience to Climate Change; 3) Humanitarian Assistance; and 4) Women's Economic Empowerment. The "Right to a Life Free From Violence" has been managed as a standalone Outcome Area, with its own strategy and coordination, covering all aspects of Gender Based Violence.

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WHERE WILL CARE ACHIEVE IMPACT?

In 2016, CARE's GBV projects in the development and humanitarian sectors directly reached more than 1.6 million people and indirectly reached over 8 million people in 58 countries⁵. It works by promoting access to essential services (which meet minimum standards^{6,7},) for GBV survivors and implementing GBV prevention and mitigation programs. Most of CARE's current work is in Asia and the Pacific, followed by regions in Africa (Southern Africa, East and Central Africa, West Africa) as well as in the Middle East, North Africa and Europe and Latin America and the Caribbean. CARE, through its work to address GBV, will strive to impact at least 12 million people by 2020 in the regions it works in⁸. We will also engage with power structures in the Global North, including governments, donors, multilateral agencies, corporations, INGOs, where decisions on resources and donor support for GBV, as well as where policies on global GBV programming, are often made.

WHO WILL CARE REACH?

While domestic violence is a result of unequal gender power relations and rigid patriarchal norms, its impact and consequences vary based on one's identity and context. In general, CARE's work will support and prioritize people of all genders who have suffered and are at risk of suffering verbal, physical, sexual and emotional violence based on their sex, gender identity, sexual orientation, age, religion, class, caste, marital status, socio-economic status, disability and other intersecting identities. CARE will also work in stable contexts providing long-term development assistance, as well as in fragile and emergency contexts providing humanitarian aid, including those affected by crises and living in conflict-affected areas and in displacement.

A THEORY OF CHANGE TO ADDRESS GBV

The Theory of Change outlined below reflects the four key objectives as identified by CARE in its GBV Strategy (March 2015) as being important areas of investment to ensure CARE will achieve its impact strategy goal that: By 2020, 12 million people of all gender exercise their right to a life free from violence, where dignity, security, freedom, and diversity are celebrated. This will be achieved through four inter-related objectives:

- 1. 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 domestic violence.
- Promote healthy relationships: support people of all genders and ages to build healthy relationships within families and communities built on respect, open communication, solidarity and non-violence.
- Transform social norms: help groups negotiate their rights, choices and resources, amplify and support positive social norms and transform harmful ones.
- Build accountability: strengthen institutions including governments and service providers to be accountable to people of all genders to prevent domestic violence.

CARE has prioritized three approaches in its CARE 2020 Program Strategy to achieve these objectives (Strengthening Gender Equality and Women's Voice (GEWV); Promoting Inclusive Governance; and Increased Resilience), and three roles (Humanitarian Action; Promoting Lasting Change and Innovative Solutions; and Multiplying Impact).

Source: CARE International Participants for FY16.

Such as the 'Essential Services Package for Women and Girls Subject to Violence', a UN Women / UNFPA / WHO / UNODC partnership, to provide greater access to a coordinated set of sessential and quality multi-sectoral for all women and girls who have experienced GBV.

Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery

⁹ Refer Footnote No. 6 above on Essential Services Package for Women and Girls subject to Violence. Greene, M. Engender Health, 2010. Accessible via: https://www.engenderhealth.org/files/pubs/gender/synchronizing_gender_strategies.pdf

19 Goodor synchronized approaches are the intentional intersection of gender transformative offerts reaching both man and hous and house and principle of all social distributions and gender intersection of gender transformative offerts reaching both man and house and house and house and house and house and principle of all social distributions and gender intersection of gender transformative of gender tran

¹⁰ Gender-synchronized approaches are the intentional intersection of gender transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and inequalities and hinder health and well-being. Population Reference Bureau, 2010. https://www.engender/synchronizing_gender_strategies.pdf

Governments and CSOs, including feminist groups will continue to be open to engage with CARE on issues of GBV.

Individuals of all genders. community leaders and private sector actors will have the willingness to engage with and address issues of GBV, despite potential negative social sanctions.

CARE will continue to find creative ways to support and demonstrate clear added value to civil society organisations and networks, including feminist movements, at national. regional and global levels.

Government will primarily be accountable for addressing GBV and making resources available for the same.

CARE's senior leadership will continue to recognize GBV as a key concern needing to be addressed across the organization and throughout CARE's programming globally.

BARRIERS TO ADDRESSING GBV

Dominant social norms (values, beliefs, attitudes. practices) which support **GBV** and create a culture of impunity for perpetrators of GBV.

Stigma against GBV survivors which inhibits their willingness to speak out and access services and legal redress.

Lack of comprehensive data relating to **GBV** including data relating to how 'successful' **GBV** prevention and mitigation efforts are.

Lack of political will, inadequate services and resources at all levels of government to prevent, protect and respond effectively to GBV.

Underresourced and diminishina space for civil society actors, including women's rights organizations. to prevent, mitigate and respond to.

Lack of social. legal, economic and political autonomy for people who face violence and discrimination based on their gender, decreasing their ability to claim their rights.

Lack of institutional capacity and long-term funding within CARE to respond effectively to GBV.

The disruption to GBV response services in an emergency and lack of coordination between development and humanitarian actors in this context.

Gender-based violence (GBV) of all forms perpetuated by patriarchal attitudes, beliefs and norms, prevent people of all genders from claiming their rights and achieving their full potential as individuals, for their families and broader society.

