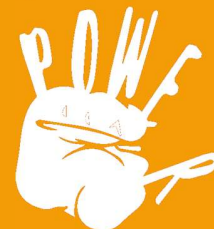




Making Advocacy Count Case Study 1: Influencing the scale-up of a community based GBV prevention model by the Government of Rwanda



This case study has been developed using CARE’s Advocacy and Influencing Impact Reporting (AIIR) tool to document CARE Rwanda’s advocacy win of promoting the scale-up of a community-based GBV prevention model at the national level. It is one of a series of seven case studies of advocacy wins in the Great Lakes sub-region produced by the Making Advocacy Count cross-country learning initiative, which was carried out in FY 2018 with funding from CARE USA’s IPO/ PPL departments. Starting from the CARE definition of advocacy as “*the deliberate process of influencing those who make decisions about developing, changing and implementing policies to reduce poverty and achieve social justice*”¹, the case study documents the significance of this advocacy win, the level of CARE and our partner’s contribution, who stands to benefit from the change, and the evidence available to support a claim of change or impact.

Success:	
<p>1. What is the advocacy or influencing win? Include details such as:</p> <ul style="list-style-type: none"> • A description of the win, and how it was achieved • start date and end date • any incremental wins that happened along the way • the main decision makers that CARE influenced to achieve this win <p>2. Why is this advocacy or influencing win significant? What was the reality prior to the advocacy/influencing win that the win aims to address?</p> <p>3. If this win is part of a larger advocacy or long-term program goal, please describe the larger advocacy/influencing goal?</p>	<p>Over the past 9 years CARE Rwanda has implemented a series of programming interventions designed to promote women’s empowerment and to address Gender-Based Violence (GBV) in Rwanda. Learning from these programmes informed the development of a holistic approach for community based GBV prevention, which is now being scaled up by the Government of Rwanda’s Ministry for Gender Equality and Family Promotion (MIGEPROF) with the intention of reaching national coverage within the next 3-4 years.</p> <p>This influencing win was achieved as a direct result of CARE Rwanda’s coordination of the DFID-funded <i>Indashyikirwa</i> (Agents for Change) project. The <i>Indashyikirwa</i> project was implemented from 2014 – 2018 in partnership with Rwanda Men’s Resource Center (RWAMREC) and Rwanda Women’s Network (RWN) across 7 districts, in 14 sectors of Eastern, Western and Northern Provinces of Rwanda. The project was designed to empower women and engage men in the prevention of Intimate Partner Violence (IPV) by combining the use of a 5-month training curriculum for helping couples to build healthy, equal relationships, with the creation of an enabling environment for GBV prevention at the community level. To facilitate community-level change, the project trained and supported a sub-set of couples to engage in community activism, as well as providing training to opinion leaders to more effectively prevent and respond to IPV and establishing women’s safe spaces (one in each intervention sector). Women’s spaces were created as local-level structures that would educate women, accompany women who wish to report abuse or seek services, and advocate for both prevention of IPV and improved services for survivors of IPV².</p> <p>A comprehensive impact evaluation of the project, which involved an RCT and qualitative data collection, was carried out independently through the DFID-funded What Works research programme and documented in a series of peer reviewed publications and learning briefs. The research findings and their implications for project management were presented to and discussed by the project’s steering committee, which was chaired by the Permanent Secretary of MIGEPROF and comprised representatives of donors, CARE and CARE partners (RWN, RWAMREC and WW) at regular intervals. The project also worked closely with a focal point person from MIGEPROF, who became a key internal advocate for the ministry’s uptake of the <i>Indashyikirwa</i> model.</p> <p>In 2017 in response to compelling evidence of positive project impacts, MIGEPROF invested World Bank funding in a one-year scale-up of the <i>Indashyikirwa</i> approach across an additional four districts in Rwanda’s Eastern Province. Results of final evaluation of the World Bank funded scale-up project (<i>Indashyikirwa 2</i>) are currently pending but are expected to demonstrate economic benefits and spillover effects and will be used to define the appropriate level of intervention and mechanism for scale-up at the national level.</p>

¹ See CARE International Advocacy Handbook for more information

² See <https://www.whatworks.co.za/about/global-programme/global-programme-projects/item/54-indashyikirwa-agents-of-change-for-gbv-prevention>.

	<p>The significance of this advocacy win is that the programming experience and impacts of the <i>Indashyikirwa</i> project have influenced the government of Rwanda's uptake of a holistic, community-based model for GBV prevention. The <i>Indashyikirwa</i> model is now expected to provide the principal mechanism for GBV prevention nation-wide. This is highly significant because the incidence of GBV - and especially IPV - in Rwanda is high. According to the 2014/2015 Rwanda Demographic and Health Survey, an estimated 20.7% of women aged 15 to 49 in the general population experienced physical or sexual violence by any husband/partner in the past 12 months. 40% of ever married women experienced some form of emotional, physical, and/or sexual violence an intimate partner within their lifetime (NISR, 2016). While the Government of Rwanda has established a strong legislative and policy framework for prevention and response to IPV and has also supported the development of various practical initiatives for tackling GBV such as a network of One Stop Centres, a consistently effective community-based approach for GBV prevention had been lacking prior to the implementation of <i>Indashyikirwa</i>.</p> <p>At the national level CARE Rwanda's influencing activities for the scale-up of the <i>Indashyikirwa</i> model targeted key decision-makers in MIGEPROF and the World Bank. This influencing win is related to the Life Free From Violence outcome of the CARE International 2020 programme strategy, which commits CARE to enabling 12 million women and girls globally to reach a life free of violence, by building a bottom-up movement through women's economic empowerment, community dialogues, engagement of men and boys, improved governance and supporting national movements for policy change. It contributes to CI global indicators of change 10 (rejection of intimate partner violence) and 11 (women and girls' experience of intimate partner violence in the last 12 months).</p>
<p>Contribution:</p>	
<p>4. On a scale from high, medium, or low, how would you rate CARE's contribution to the advocacy/influencing win? (please refer to the scale below the table)</p> <p>5. Describe CARE's contribution, specify CARE's unique role as well as the role of other main actors including partner organizations and coalitions.</p> <p>6. What evidence is there that supports our claim that CARE contributed to this win?</p>	<p>CARE's contribution to this influencing win can be considered as high – the uptake of the <i>Indashyikirwa</i> model by the government of Rwanda is a compelling example of effective programme-based advocacy. CARE and partner organisations supported by CARE made a unique contribution to the development of this innovative model, which has been recognised as “gold standard/ best in class” by WW. A holistic community based GBV prevention model of this kind had not been implemented previously in Rwanda.</p> <p>CARE's unique contribution to this win included:</p> <ul style="list-style-type: none"> • Development of the Journeys of Transformation (JoT) couples curriculum during an earlier programming intervention for women's empowerment implemented by CARE Rwanda and RWAMREC; • Adaptation of the SASA! Approach for community activism developed by Raising Voices in Uganda for use in combination with the JoT couples curriculum in the Rwandan context; • Facilitating a participatory process involving partners and other project stakeholders in the development of a holistic Theory of Change which provided a guiding framework for project implementation. • Technical and financial support to the implementing partners RWN and RWAMREC, and the coordination of their activities with those of the What Works research partners. • Development of a close working relationship with MIGEPROF and involvement of the ministry in decision-making relating to project implementation and progress, including the communication of research findings to policy-makers in public forums and on a one-on-one basis. Organisation of field visits to the project working area were an important part of these processes. <p>The partner organisations that worked with CARE on the implementation of <i>Indashyikirwa</i> and whose activities therefore also contributed to this win were:</p> <ul style="list-style-type: none"> • The Rwanda Men's Resource Centre (RWAMREC) led the implementation of the project at the grassroots level which involved delivery of couples curriculum and training and accompaniment for community activism. • Rwanda Women's Network (RWN) was the implementation partner responsible for delivery of components at sector and district levels for creating an enabling environment for activism and ensuring linkages to appropriate GBV response mechanisms. This involved providing training to opinion leaders and service providers and the establishment of 14 Women's

	<p>Spaces and a network of Women’s Space Facilitators. The development of the <i>Indashyikirwa</i> Women’s Spaces drew on RWN’s experience of designing and managing the Polyclinics of Hope - centres that RWN established in 1997 to provide comprehensive services to GBV survivors.</p> <ul style="list-style-type: none"> • The What Works consortium - a DFID-funded research initiative - carried out operational research and a separate and independent impact evaluation of the project. This research provided a body of compelling quantitative and qualitative evidence for effectiveness of the project’s implementation approach, and enabled CARE Rwanda to make the case to MIGEPROF regarding the potential value of scaling up the model. <p>Evidence to support this contribution claim includes: the four training modules developed by the project (the couples curriculum and modules for use with community activists, opinion leaders and women’s space facilitators) which are available from the What Works website; a short video presentation of the <i>Indashyikirwa</i> approach (https://www.whatworks.co.za/resources/film-and-audio/item/386-indashyikirwa); a series of peer reviewed publications presenting qualitative and quantitative data demonstrating effectiveness of the <i>Indashyikirwa</i> approach; the final report of the external impact evaluation; the project design document for the World Bank funded scale up; and the MoU signed between CARE Rwanda and MIGEPROF.</p>
Potential Impact/Reach:	
<p>7. What is the impact population that is expected to benefit from the advocacy/influencing win? Describe how the win will translate into a better life for these participants?</p> <p>8. If the change we have influenced is fully implemented, can you quantify the number of lives that could potentially be reached by this advocacy win? <i>Please explain how you calculated this number.</i></p>	<p>The <i>Indashyikirwa</i> project targeted couples – both women and men - recruited from Village Savings and Loans Associations (VSLAs) as the primary beneficiaries of the intervention, while also working with community leaders and service providers at cell, sector and district levels as secondary beneficiaries. Depending on how the Government of Rwanda decides to approach the scale-up of this model (i.e. the selected level of intervention), the potential impact population that could be expected to benefit from this influencing win would be all adult women and men who are currently living with intimate partner violence in areas targeted for scale-up.</p> <p>The adoption of the <i>Indashyikirwa</i> community based GBV prevention approach at the national level is expected to result in positive changes in the lives of this impact population in terms of:</p> <ul style="list-style-type: none"> • Reductions in physical, sexual and economic IPV (CI indicators 10 & 11); • Improvements in people’s home and work lives as a result of improved dialogue between men and women leading to closer relationships, shared decision-making around family income and assets and shared responsibilities for income generation. These changes in turn lead to improvements in household economic and social well-being, including improved access to health insurance and education and increased household asset-holdings. • Political, social and economic empowerment as a result of increased understanding of core concepts of human rights, gender equality and power leading to increased self-confidence and improved skills in conflict management and negotiation. • Improvements in access to services for GBV prevention and response as a result of increased responsiveness and effectiveness of local authorities and service providers (CI indicator 3). <p>The external impact evaluation of the <i>Indashyikirwa</i> project found a 15% reduction in the experience of physical and/or sexual IPV in the past 12 months³ among women participants (from 49.7% at baseline to 35.0% at baseline for a sample of 828 women), and a 13% reduction in the experience of physical and/or sexual IPV in the past 12 months among men participants (from 26% at baseline to 13% at endline of 821 men participants)⁴.</p> <p>Applying these levels of outcome/ impact to the adult population of women and men that could be reached by a nation-wide scale-up of the <i>Indashyikirwa</i> approach (using 2018 estimates of an adult population of 3.8 million women and 3.4 million men), then we can expect that beyond the direct impacts of the <i>Indashyikirwa</i> project, CARE Rwanda’s influencing win could potentially</p>

³ This outcome was measured according to the What Works definition of physical and/or sexual IPV using modified WHO tools.

⁴ Dunkle, K., Stern, E., Chatterji, S. and Heise, L. (2018) *Indashyikirwa* programme to reduce Intimate Partner Violence in Rwanda: DRAFT report fundings from a cluster randomized control trial.

	<p>contribute to reduced intimate partner violence for an additional 552,000 women and 447,000 men.</p>
<p>Actual Impact/Reach:</p>	
<p>9. Do we have any evidence to date that these expected outcomes have been achieved? If so, please describe how the win has translated into a better life for the impact population.</p> <p>10. Can you quantify the number of lives that have been improved to date? <i>Please explain how you calculated this number.</i></p>	<p>MIGEPROF is still in the early stages of scale-up of the <i>Indashyikirwa</i> model. Although the ministry has yet to decide the level and intensity for scale-up of this model, discussions with Ministry technical staff indicate that the government of Rwanda is committed to work towards national coverage in the next three to four years.</p> <p>To date, the scale-up conducted through the World Bank funded <i>Indashyikirwa II</i> project, which was implemented across an additional 8 sectors of 4 districts in Rwanda's Eastern project involved training an additional 632 couples using the couples curriculum, 600 Opinion Leaders and 82 Women's Space Facilitators. Data collection for the impact evaluation conducted by the World Bank for <i>Indashyikirwa II</i> was recently completed and the report is expected to become available in July 2019. If the scale-up project achieves similar levels of impact to those achieved by the earlier <i>Indashyikirwa</i> project, this would mean that it would be reasonable to estimate that an additional 94 women and 84 men of the couples trained can be expected to have experienced reduced intimate partner violence as a result. However, the activities of the trained Opinion Leaders and Women's Space Facilitators can be expected to have delivered changes in the form of improved access to services (awareness-raising on GBV issues, community dialogues and counselling and support for GBV victims) for a much larger number of people across the project implementation area.</p> <p>The external impact evaluation of the original <i>Indashyikirwa</i> project conducted by the What Works consortium found that, in addition to the reduced incidence of intimate partner violence, women and men participants also reported statistically significant improvements in:</p> <ul style="list-style-type: none"> • The quality of their relationships with decreased levels of conflict, improved conflict management strategies and improved measures of communications and trust. • Mental health with reduced reporting of depressive symptoms. • Rejection of wife beating with significant reductions in the number of reasons endorsed to justify wife beating (CI Indicator 10). • Women's perceived self-efficacy for community engagement, and women and men's participation in actions to prevent IPV. • Household development as reflected by increased income and reduced hunger. <p>Qualitative data collected for the What Works impact evaluation also showed that Opinion Leaders and community members reported impacts indicative of more responsive and supportive community responses to survivors of IPV (See https://insights.careinternational.org.uk/publications/engaging-opinion-leaders-in-an-ipv-prevention-programme-lessons-from-indashyikirwa-in-rwanda-practice-brief).</p>
<p>Reflection and Learning:</p>	
<p>11. What were the main challenges you faced, and were they overcome? If so, how?</p> <p>12. What influencing tactics were particularly effective/ineffective?</p> <p>13. What would you do differently next time?</p> <p>14. What are the next steps/follow-up for this advocacy win?</p>	<p>The main challenge faced by CARE Rwanda during this programme-based advocacy initiative was that the incidence of GBV reported during the <i>Indashyikirwa</i> baseline survey according to the What Works definition differed markedly from the national level DHS data. This finding was initially contested by the National Institute of Statistics which meant that the baseline survey report had to be discussed with the responsible entities before its dissemination. This experience illustrated the complexity of undertaking advocacy in relation to sensitive issues such as GBV in the Rwandan context. On completion of the project's end-line survey, the issue was resolved through a process of joint validation of the survey findings at a workshop with the relevant government stakeholders. CARE Rwanda's strong working relationship with MIGEPROF was an important factor in the ultimately successful resolution of this debate.</p> <p>Influencing tactics that were particularly effective for achievement of this win included: i) the operational engagement of the Steering Committee chaired by the MIGEPROF Permanent</p>

	<p>Secretary and with senior-level representation from DFID and the World Bank in discussion and decision-making on project implementation and management issues; and ii) the research partnership with What Works which generated an extensive body of compelling quantitative and qualitative data on the project’s impacts; iii) the close working relationship between CARE, the implementation partners and the What Works research team which enabled the effective “packaging” and communication of research data to the Steering Committee; iv) the facilitation of field visits by senior staff from MIGEPROF to build a practically-based understanding of the project’s implementation approach and effectiveness.</p>
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Rating scale⁵:

High: There is reason (evidence) to believe that the change would not have happened without CARE’s efforts. This could also include significant actions from partners which we support technically or financially.

Medium: There is reason to believe CARE contributed substantially, but along with other partners

Low: CARE was one of a number of actors that contributed, but this change may have happened regardless of CARE’s involvement

⁵ This rating scale has been used by Save the Children to measure contribution in advocacy work