

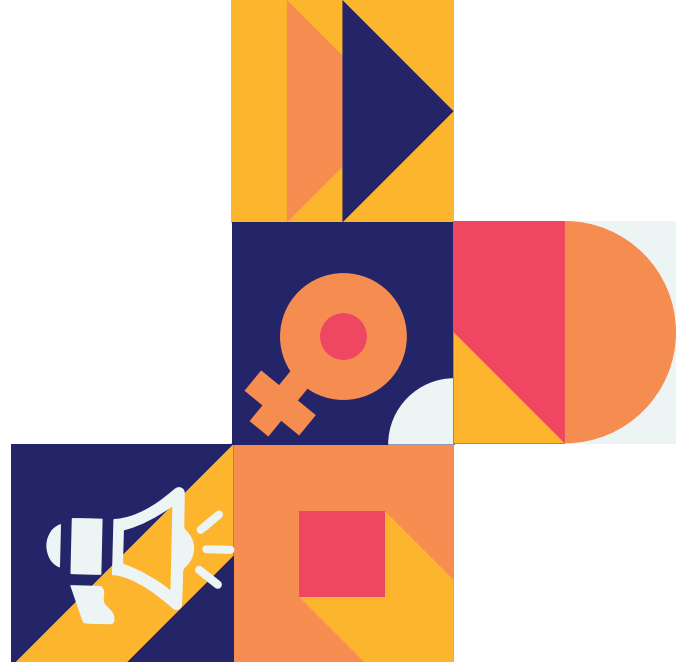


A JOURNEY TO A LIFE FREE FROM VIOLENCE

Highlights and Lessons in Coordinating CARE's
Global Outcome to Challenge GBV



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INTRODUCTION

Since February 2017, Chrysalis¹ – a Sri Lankan organisation working with women and youth, and CARE’s first affiliate in the global south – has been co-leading one of CARE’s global outcomes – The Right to a Life Free From Violence (LFFV) / GBV – on behalf of the CARE International Secretariat, with the direct support of colleagues at the CI Secretariat and CARE USA². This made it the first time a country and organisation from the global south was invited to lead a global outcome, indicating CARE’s willingness and commitment to broad-basing leadership and power. Leading the LFFV/GBV outcome at its heart was about trying to develop momentum around an outcome where there was no specific leadership prior to this, and therefore limited levels of overall facilitation and coordination of efforts to address GBV across CARE. However, CARE has been and is still engaged in critical work on [preventing and mitigating gender-based violence](#). The support received for this from senior leadership at CARE for this effort, has been a critical factor in the gains made to date.

The primary role was to coordinate with colleagues working on LFFV / GBV across the CARE confederation, facilitating collaboration across work and teams in development and humanitarian settings. The LFFV/GBV outcome was one of CARE’s main programmatic areas of work, alongside Food and Water Systems, Sexual and Reproductive Health and Rights, Climate

Change and Resilience and Women’s Economic Empowerment, under the previous Programme Strategy that guided this work until 2020. At the time of writing this, CARE’s new programme strategy and vision for 2030 had been approved, which makes more explicit the focus of CARE to put gender at the heart of all its work across impact areas, with accompanying shifts in language across its programmes to reflect rights and social justice aims. The work of Chrysalis to coordinate on GBV was carried out in collaboration and conversation with colleagues across all impact areas, and more specifically with teams working on gender equality.

The purpose of this document is to highlight Chrysalis’ contribution to leading and coordinating the LFFV / GBV outcome and reflect on some critical gains, highlights, and lessons learned. For an infographic summarizing key milestones, see [here](#).



Some critical gains and outcomes that Chrysalis contributed to include:

1. **Furthering of feminist approaches to work on GBV** (and gender equality more broadly) at CARE and its partnerships, through its own technical input and advice, its participation in steering groups, as well as the inclusion of external activist voices in key leadership spaces. This was also reflected in its input into the development of CARE's Vision for the next decade – Vision 2030.
2. **The bringing together of diverse allies and voices to further goals** on a right to a Life Free From Violence / GBV through coordination of this outcome across CARE. This included the formation of a primarily voluntary team of people working on LFFV/GBV across CARE. While this approach has its own challenges (as discussed later in this report), it also allowed an inherent flexibility that resulted in one of the most representative teams, across regions, working on GBV. There was also stronger coordination of work between GBV and Gender Equality teams, in development and to some degree – humanitarian settings, over the past four years, across the CARE confederation.
3. **Deep structural change in CARE's internal governance:** Chrysalis together with a small core team of colleagues from the CI Secretariat, CARE Norway and CARE USA, worked together to establish an external Feminist Advisory Board with one representative each from Asia, Africa, Latin America and the Middle East. The Board will advise CARE's Secretary General and Senior Leadership teams at CARE. The Advisory Board was a direct recommendation of work led by Chrysalis to engage external activists on how CARE can be a better partner to feminist social movements.
4. **A clearly articulated framework and theory of change on GBV in Emergencies** for CARE: Chrysalis working together with its colleagues in the humanitarian and emergencies space at CARE, actively attempted to bridge some gaps in the divide in GBV work between development and humanitarian contexts. It did this by bringing together colleagues from both spheres of work, and facilitating and creating spaces for discussion and development of policy and frameworks. Two critical pieces that emerged from this joint effort was a 2-pager on CARE's Approach to GBV in Emergencies and a Theory of Change for addressing GBV in Emergencies.
5. Chrysalis has been a vocal proponent of **furthering CARE's agenda of shifting power** and resources between global north to south.

Reflecting on this coordination role over the past four years, an important learning has been that even a limited amount of funding can make a significant difference if used strategically. Coordination of the LFFV / GBV outcome saw an investment of USD 314,000 between 2017 and 2021. However, while this limited funding necessitated a creative and flexible approach to global coordination by leveraging on people's existing roles and interests and allowing for great diversity, there were also challenges to sustaining this collaborative approach in the long-term. Sustained work on identified priorities often fell to a few individuals time and again, raising considerations of how to build in stronger accountability for shared goals and priorities and to ensure more effective coordination.

Therefore, a critical recommendation is that GBV coordination at a global level requires at a minimum a combination of partial / flexible and fully-funded teams, accountable to global leads on GBV and GBViE. Further, funded capacities in the global south should be prioritised, as being closer to work in those contexts. This approach would allow for the global leads on GBV to deliver more effectively on CARE's stated roles for its global impact areas of providing functions of leadership, support, development, advocacy and learning.

The following sections of this report will take a closer look at some of the key pieces of work that resulted through this global coordination role.

1 Chrysalis is a Sri Lankan organisation working to empower women and youth by fostering inclusive growth. It is focused on creating inclusive businesses, promoting inclusive governance, addressing GBV and preparing communities to face emergencies and adopt Disaster Risk Reduction. Chrysalis is committed to ensuring gender equality in all that we do and creating an environment which celebrates and embraces diversity. Chrysalis is an affiliate of CARE International. For more information on Chrysalis, please visit: www.chrysaliscatalyz.com

2 Coordination of work by Chrysalis was led by Jayanthi Kuru-Utumpala and Zainab Ibrahim between February 2017 and April 2021. Chrysalis would like to especially thank Allison Burden (Programme Director for CARE / Former Head of Gender Equality, CI Secretariat), Jay Goulden (Head of Knowledge Management and Learning, CI Secretariat), Hilary Mathews (Director, Gender Justice Team, CARE USA), Sarah Eckhoff (Program Quality and Learning Lead, CARE USA), Milkah Kihuna (Head of Global Advocacy on GBV, CARE USA), Siobhan Foran (Coordinator – Gender in Emergencies [Operations], CI Secretariat), Isadora Quay (Head of Gender in Emergencies, CI Secretariat) and members of the Life Free From Violence Working Group and Sub-teams, and other colleagues working on gender, for their time and involvement in delivering on the LFFV outcome. In addition, Chrysalis collaborated closely with and would like to appreciate Kassie McIlvaine (Head of Gender Equality, CI Secretariat), Sebastien Fornerod (Senior Program Adviser, CARE Norway) and Reshma Aziz Khan (Former Regional Organizational Development and Culture Specialist, ECSA Region) for the joint work, particularly on advancing engagement with feminist social movements.

1 GLOBAL COORDINATION OF WORK ON GBV ACROSS CARE



The coordination of the LFFV/GBV outcome necessitated a creative approach that could bring people together to work on jointly identified priorities and collaborate in ways that would enable cross-sharing, enrich learning, and avoid duplication of efforts as far as possible.

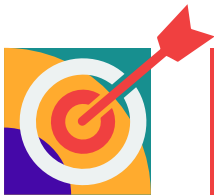
This approach leveraged on people's and teams' current roles and responsibilities in relation to GBV across CARE. It considered how existing roles and work plans on GBV could feed into regional and global priorities. The role of Chrysalis was to bring relevant colleagues together, facilitate and enable the formation of connections, and

to provide technical advice and support on GBV within these global initiatives. This also created the space for people passionate about this issue to contribute and be a part of a broader CARE-wide effort. Together, this team tried to deliver on the global LFFV / GBV agenda for CARE.

A diverse global team was set up in this way, which at its best and most functional, had representation from Country Offices (COs), Regional Management Units (RMUs), CARE Member Partners (CMPs), Affiliates and Candidates – a total of 33 members. Initially, the group met every quarter to discuss broad issues, while a smaller core



group of people with some dedicated time or availability collaborated more regularly on decisions for the outcome. [Smaller sub-teams were set up to work on selected priorities for GBV](#) on the following themes:



Strategy and Concept



Evidence and Learning



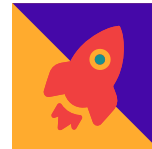
Advocacy



Regional Strategies



GBV in Emergencies



GBV Fundraising and Resource Mobilisation

Highlights

1. **The LFFV Working Group** was one of the most diverse, representative groups at CARE working together on a global outcome. It created a space for rich discussion, reflection and collective work, for a time.
2. **Developed a [Strategic Focus](#) and [Theory of Change](#) for [GBV](#) and [GBViE](#) work at CARE.** These frameworks highlighted the importance of addressing domestic violence within CARE's GBV work.
3. Developed GBV learning outputs:
 - a) [5 minutes of inspiration](#) on GBV: The Learning Behind the Numbers: How CARE is helping prevent Gender Based Violence".
 - b) Webinar on 'Partnerships with Feminist and Women's Rights organisations: lessons from Nepal and Jordan' (September 2019). Click here for [Zoom Recording & Key Takeaways](#).
 - c) Webinar on the 'ILO Convention 190 Advocacy and Links to CARE's Work' (Spanish and English – July 2019). Click here for [PPT](#) & [Zoom Recording](#).
 - d) Webinar on LFFV PIIRS Data: What are the numbers telling us? (March 2019). Click here for [Zoom Recording & Key Takeaways](#).
4. **Advocacy goals and milestones for LFFV/GBV** were developed and included in CARE's [Global Advocacy Roadmap](#), with inclusion of a focus on addressing domestic violence.
5. **Worked with other impact areas to explicitly link GBV work.** For example: provided technical feedback to the Sexual Reproductive Health and Rights (SRHR) Outcome, the Food Nutrition and Security (FNS) Outcome, and the Climate Change & Resilience

Platform (CCRP), on guidelines they were producing in relation to mitigating GBV in their work; colleagues working on gender and GBV in development and humanitarian settings collaborated to develop resources on addressing gender and GBV during Covid-19, for CARE teams.

6. **Connected Country Teams to support on GBV** by linking them to relevant colleagues as well as internal and external resources to strengthen work on GBV.
7. **Supported the development of CARE's [Vision 2030](#)**: contributions were made to CARE's Vision 2030 for the next decade in two main ways: through co-leading of work streams on Organisational Change and Accountability, as well as on Partnerships, for the Gender Impact Area Strategy; through the collecting of and submission of external input from global feminist activists reflecting on CARE's role on how to be a better partner and supporter to social movements. These contributions emphasized the importance of structural change that reflected increased leadership and power sharing by the global south, as well as more equal and respectful partnerships with social justice actors, women's rights and women-led organisations, collectives and movements
8. **Leveraged the CARE International Gender Network (CIGN) space to further LFFV/GBV goals** by facilitating discussions, action points and next steps. For example, on:
 - a) CARE's approach to GBV in Emergencies as laid out in the 2-page brief on [CARE's Approach to GBV in Emergencies](#);
 - b) Endorsement by CIGN for CARE's [Position Paper and Guidance Note on Supporting Women's Social Movements and Collective Actions](#);
 - c) Harmonising of work between the LFFV/GBV outcome and Gender Equality and Women's Voice (GEWV) approach. For more details see the CIGN 2019 Final Report [here](#). (PDF version available [here](#)).



CIGN members celebrating the end of the Annual CARE International Gender Network Meeting, Bangkok, Sept 2019.

Lessons Learned

1. Global coordination could effectively bring together diverse allies that were passionate about and interested in addressing the issue of GBV and were keen to find ways to work together to further CARE's efforts. This enabled cross-sharing, enriched learning and helped avoid overlap of efforts to some degree.
2. However, the LFFV Working Group and LFFV sub-teams were a challenge to sustain as most people in the group volunteered their time, which meant limited accountability to the outcome. Unfortunately, this meant that sustaining work and priorities fell to a few individuals, and/or their personal interest in the issue, and limited the potential of the global outcome more broadly to deliver on its roles of leading, supporting, developing, advocating and learning.
3. This raised the issue of the need to consider how to build in stronger accountability for shared goals for more effective coordination. This could be through a combination of partial / flexible and fully funded teams accountable to GBV and GBViE leads for CARE, with priority placed on locating funded capacities in the global south.
4. A diverse team in terms of representation does not necessarily translate into shifting of power, particularly to the global south. This requires perhaps much more specific targets established over time and in consultation with members and affiliates from the south and the north, to better understand willingness, needs, capacity gaps and constraints in stepping into global roles. This is particularly relevant in the context of CARE's new Vision 2030 and its ambitions for more broad-based leadership.

2

SUPPORTING WORK TO CHALLENGE GBV IN EMERGENCIES

There has been general agreement at CARE of the need to bridge the gaps between GBV work in the development and humanitarian sectors, and there have been multiple efforts towards this goal in CARE's history of work. With global coordination of GBV in 2017, further efforts were made to bring these areas of work together and find complementarities and

spaces for collaboration and support. With the outbreak of the Covid-19 pandemic in January 2020, there was stronger coordination on work on gender and GBV among gender leads at CARE, including Chrysalis, CARE USA's Gender Justice Team, the CI-Secretariat and the Gender in Emergencies teams.

Highlights

1. A clear articulation of a [Framework and Theory of Change for GBV in Emergencies](#) led by the LFFV Sub-team on GBViE.
2. [GBV and Covid-19 Guidance Note](#) prepared for CARE staff to adapt existing GBV prevention, response and risk mitigation programming, as well as internal and external messaging, in the immediate months following the Covid-19 outbreak.
3. Formation of a network of GBV and Gender focal points (working in both development and humanitarian contexts) in the Asia Pacific (AP) region, in collaboration with the Gender in Emergencies Focal point for AP. The purpose of the collective meeting was for better identification of needs and coordination of support for the AP region during Covid-19. For example, based on identified interest and needs, a learning webinar on the ways in which CARE was adapting GBV prevention programming to address the prevailing Covid-19 crisis, was conducted. This webinar was designed with the involvement of CARE Nepal and CARE's Tipping Point project.

Chrysalis supported the finalisation of a critical effort by colleagues from the Gender in Emergencies team to develop a [GBViE White Paper](#) that outlined critical needs to further GBViE work at CARE, by chairing an advisory board to facilitate agreement on the final report.



Lessons Learned

Dedicated capacity is needed on GBViE specifically, that can complement the GBV coordination role, so that CARE’s goals on challenging GBV in any setting can be achieved more effectively and more holistically. Further, more efforts are needed on understanding how existing capacities are distributed throughout the confederation and how they can be leveraged towards global coordination and collaboration.

Although some key frameworks on GBViE were developed for CARE through this LFFV / GBV coordination effort of the past few years, the lack of supporting capacity on GBViE meant that there were bottlenecks in operationalising it and building support for the same.

Gender Based Violence (GBV) & Covid-19 Guidance Note

During times of crisis, such as in the case of Covid-19, women, girls and other at-risk groups face an increased risk of Gender Based Violence (GBV). Movement restrictions and other safety precautions put in place in order to prevent the spread of the pandemic have increased rates of Domestic Violence (DV) and increased Partner Violence (PV) in particular. As a result, the need for specialised GBV services as well as risk mitigation and programming is increasingly important, although the ability to carry out these types of interventions is significantly more challenging. This guidance has been prepared for CARE staff to adapt existing GBV prevention, response and risk mitigation programming, as well as internal and external messaging.

PRIORITY	Sharing of referrals to DV, PV and other GBV support services, necessary for DV, PV and other GBV services to maintain life-saving interventions. Use of guidance on how not to respond and gender DV, sexual violence and services delivery during COVID-19 . Integration of GBV risk reduction measures across all sectoral programming.
ADAPT	Existing GBV operational and risk mitigation programming to the realities of lockdown and movement restrictions. Ensure that any ongoing interventions are in line with existing standards and a "Do No Harm" approach. Include a Covid-19 and GBV perspective in all programming.
MONITOR	GBV operational staffing. GBV programming including clinical and psychosocial services. Support services for staff affected by GBV (community approach, team solidarity) regarding available GBV services and referrals. Partnerships with GBV actors and service providers, use of social norms and Engaging Men and Boys (EM&B) approaches.

- Sharing of referrals to DV, PV and other GBV support services**
 - Provide, and/or recommend that others provide, national and local level contact details of hotlines and services (online and/or in person) for survivors of Domestic Violence, PV and other forms of GBV. This should include information on how survivors may access alternative safe spaces in cases of social isolation. This includes adapted information for children and for specific at-risk groups¹. Coined with local women's rights organisations/groups for referral information.
- Advocate for DV, PV and other GBV services as essential and life-saving as part of the Covid-19 response**
 - Advocate with local authorities for safe ways for women to seek support without alerting their abusers. This could include setting up emergency waiting rooms in pharmacies and grocery stores and delivery systems for GBV resources as essential.
 - Revised all actors (including Humanitarian Cluster Teams where they are operational) that GBV is included in the Central Emergency Response Fund Life Saving Criteria so that funding decisions prioritise GBV service delivery, ensure senior decision-makers within CARE prioritise life-saving GBV interventions and integrate resources in funding proposals.
- In cases where specialised GBV services exist, determine whether and how essential GBV services can be continued, and how other activities can be adapted, including the use of remote means:**

Gender & COVID-19 Programme Guidance

Gender and COVID-19 Programme Guidance is designed to help countries prioritise, adapt and maximize gender programming and operational work during the COVID-19 pandemic. Priorities are based on the findings of the Global Rapid Gender Analysis (RGA) on COVID-19, a policy response will be updated as they become available.

Priorities, Adapt and Maintain CARE's Gender Focus

Priority	Expand Gender Analysis, Gender Based Violence, Women's Leadership, Gender Marker
Adapt	Gender mainstream across programming including Minimum Commitments for Gender, Sexual and Reproductive Health and Rights (SRHR), and LIFE Village Group and men's, boys' education.
Monitor	Gender operational staffing, support systems for volunteer staff, Gender Equity & Diversity

- Understand how COVID-19 is affecting women, men, boys and girls in the programmes and locations where you work.** This can be done as part of requirements or response using an adapted [Rapid Gender Analysis](#).
 - Read the Global [RGA on COVID-19](#) and relevant Regional RGA (e.g. [LAC&EA](#)).
 - Use the Rapid Gender Analysis (RGA) Guidance Note to develop National RGA on COVID-19. This can be done remotely. Share your findings internally and externally. Plan to update the RGA on COVID-19 as the situation changes.
- Gender Based Violence (GBV) is increasing because of COVID-19. Programming addressing GBV, especially Domestic Violence (DV), is missing.** GBV prevention, mitigation and response programming must be prioritised as part of your COVID-19 response work.
 - Use the global and national [RGA on Gender Based Violence during COVID-19](#) to prioritize, adapt and maximize prevention, risk mitigation and response work.
 - Maximize CARE's contribution to [www.internationalwomen'sday.org/covid19andgbv](#) brief staff, share GBV service provider contacts, and ensure/adapt community based and internal reporting mechanisms.
- Women's leadership is missing in COVID-19 decision-making and women's unpaid care roles are increasing.** CARE can address this through programming and through an organizational response.
 - Prioritize programming like [Priority: Care2U \(www.care2u.org\)](#), social norms changes, engagement of men and boys and women's and partnerships with external organizations that support women's decision-making.
 - Include women in internal and external COVID-19 decision-making, ensure a gender perspective is part of regional and national task teams, adapt flexible working practices for all staff and Information Education & Communication to promote men's equal responsibility for unpaid care roles.
- Health Needs from previous crises and use the CARE Gender Marker right from the start.** The [LIFE Gender Marker](#) will help you to make sure gender is not missed out. Consider training in [LIFE](#).
 - Use the CARE Gender Marker to review and improve your COVID-19 Response Strategy and your projects, including for Emergency Response funding.
 - Use the [LIFE](#) from the CARE Gender Marker to assess how your programming is including gender equality.

Contact leaders from Global GBV Coordinator [www.gbvcoordinator.org](#) for more information.

3 CARE'S ROLE IN SUPPORTING SOCIAL MOVEMENTS: A FEMINIST PERSPECTIVE

As a contribution to CARE's broader efforts to strengthen its work with partners and particularly its interest in engaging with social movements, Chrysalis sought insights from external feminist activists on how CARE can be a better supporter to feminist social movements. In addition to informing the development of CARE's Vision 2030 process, it sought to inform broader internal efforts towards structural changes that are required within CARE to enable more

meaningful partnerships with collectives, organisations and groups engaged in social justice work.

This consultation with feminist activists whose work spans a mix of local, regional and global contexts, from the global south and north, resulted in some important recommendations for CARE which have been captured in [this](#) report.

Meet the Feminists



1. Charlotte Bunch,
Founding Director & Senior Scholar,
Centre for Women's Global Leadership,
Rutgers University, New York



2. Cynthia Rothschild,
Independent Activist and Consultant, New York



3. Jasmine George,
Founder, Hidden Pockets Collective, India



4. Kamla Bhasin,
Founder Member & Advisor,
SANGAT South Asian Feminist Network



5. Noelene Nabulivou,
Political Advisor, DNA for Equality, Pacific Feminist
Organiser, Activist, Analyst & Advocate, Fiji



6. Ritambhara Mehta,
Co-Founder and Co-Director of Nazariya,
A Queer Feminist Resource Group, India



7. Roshmi Goswami,
Board Member, Urgent Action Fund



8. Sonia Correa,
Co-Chair, Sexuality Policy Watch Programme,
Brazilian Interdisciplinary Association for AIDS, Brazil



9. Srilatha Batliwala,
Senior Advisor, Knowledge Building - CREA,
& Senior Associate, Gender at Work



10. Tulika Srivastava,
Executive Director, Women's Fund Asia and
Human Rights Lawyer



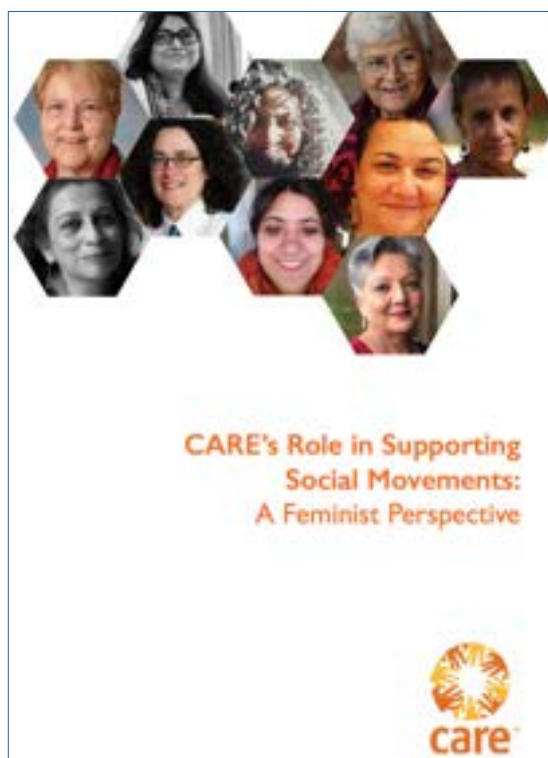
A few examples included:

1. Prioritising partnerships with social movements who have a clear human rights agenda.
2. Leveraging CARE's power to be positive ally, sharing risks with movement actors.
3. Limiting branding so that movement work is not co-opted.
4. Simplifying CARE's compliance mechanisms.
5. Introducing rights-based and feminist measurement tools;
6. Supporting a formal facilitated process of organisational change to enable these partnerships and stronger work, through the establishment and advice of an external feminist advisory board, among others.

Further, through its participation in an informal steering group within CARE on Engaging with Social Movements, [CARE's Position Paper & Guidance Note on Supporting Social Movements and Collective Actions](#), was finalised. This position paper was subsequently endorsed by the CARE International Gender Network (CIGN) in 2019. It covers CARE's approach to partnering with social movements and outlines the types of roles CARE could play in these partnerships as "Convener, Ally, Resource Partner and Amplifier", in ways that are respectful and supportive and do not co-opt the goals or take space from these movements.

Highlights

1. A final report was developed that summarised the main learnings and recommendations from the conversations with feminist actors. This was disseminated with multiple teams within CARE, including the CARE USA IPO SLT on 8th July 2020 (Click here for [PPT](#) & [Zoom Photo](#)) and all CARE Staff on 24th and 25th June 2020 (Click here for [PPT](#)).
2. The recommendations of the report with feminist actors were submitted to the Agenda 2030 Taskforce in an effort to influence CARE's new programme strategy for the decade ending 2030. See here for the [Full Report](#).



3. The establishment of a Feminist Advisory Board (FAB) to advise the highest leadership at CARE, as detailed in the ToR [here](#), which builds on a recommendation of the report discussed above. A four-member external advisory board is currently being set up (as of April 2021) with representatives from four of the broad regions that CARE works in – LAC, MENA, Africa & Asia. This FAB will advise the CI-Secretary General and the two Senior Leadership Teams – Programme Quality & Impact (PQI) and Organizational Development & Accountability (OD&A). The initial term for the FAB will be two years.
4. Selected findings of the same report above were shared with CONCORD – the European confederation for relief and development NGOs. With 56 members, the confederation represents over 2,600 NGOs and is the main interlocutor with EU institutions on development policy and international cooperation. For more information on the CONCORD Learning session, on 3rd March 2021, see here for the [PPT](#).
5. [CARE's Position Paper & Guidance Note on Supporting Social Movements and Collective Actions](#) was disseminated among all CARE staff in webinars conducted on 27th & 29th November 2019. For more, here are links to the [PPT](#) & [Zoom Recording](#).



4

ARE VSLA'S FEMINIST PLATFORMS FOR GENDER TRANSFORMATION?

CARE has in recent years been reviewing its flagship Village Savings and Loans Associations (VSLA) for its gender transformative potential – an effort led by colleagues at CARE who together form 'The Curiosity Collective'.

In 2020, Chrysalis was invited to co-lead a feminist exploration of some of its VSLA programs in CARE Niger and CARE Cote d'Ivoire, in a second phase of the Curiosity Collective's work, together with colleagues from CARE Niger, CARE Cote D'Ivoire, CARE

USA's Gender Justice Team and Access Africa Team, CARE UK, CARE Norway and the CI Secretariat. The main aim of the brief study was to capture not just economic impacts but also demonstrate the socio-political impacts that these VSLAs were having on women, and identify the potential for transformative changes in gender equality and GBV outcomes.

Click [here](#) for the Full Report and [here](#) for the Executive Summary

Highlights

1. VSLAs are and can be a platform for gender transformation and there would be an added benefit for CARE, if CARE were to measure this in addition to the economic benefits.
2. The review under-scored the need for an approach that prevents and mitigates any harm, as some women reported that their participation in the VSLAs, sometimes triggered violence against them.
3. Women value women-only spaces so CARE must actively invest and support in women-only VSLAs. In mixed VSLAs CARE must ensure that separate women-only spaces are built in.



4. Whilst it is important to engage in men and boys for gender justice, CARE must avoid creating men-only VSLAs because of the dangers in reinforcing power-structures vis-a-vis women in their communities.
5. The VSLA's have been successful in achieving impacts on 'agency' and 'relations'. However, in order to achieve gender transformative impacts, it is recommended that future VSLA Scaling Strategies focus on supporting women's political participation in local governance structures, so that there is support for more sustainable and longer lasting solutions to challenges faced by women.
6. Some of the findings were shared and discussed within CARE including at the VSLA 2020 Learning Event on 9th November 2020 for a session on Women Leading Through Crisis, hosted by CARE USA.



Curiosity Collective Phase 2 Cote D'Ivoire and Niger, January 2020

5

COUNTING THE COST: THE PRICE SOCIETY PAYS FOR VIOLENCE AGAINST WOMEN

Global statistics on violence against women show that, on average, 35% of women have experienced either physical and/or sexual violence by someone who is an intimate partner or sexual violence by someone who is not a partner. Further, as many as 38% of all murders of women are committed by male intimate partners³.

In 2017, the report '[Counting the Cost: The Price Society Pays for Violence Against Women](#)' was developed and brought together CARE's work on the costs of violence against women, as well as global studies, to provide a snapshot of the issue in terms of economic impacts to survivors and stakeholders. In 2016, the global cost

of violence against women was estimated by the UN to be US\$1.5 trillion, equivalent to approximately 2% of the global gross domestic product (GDP), or roughly the size of the entire Canadian economy.

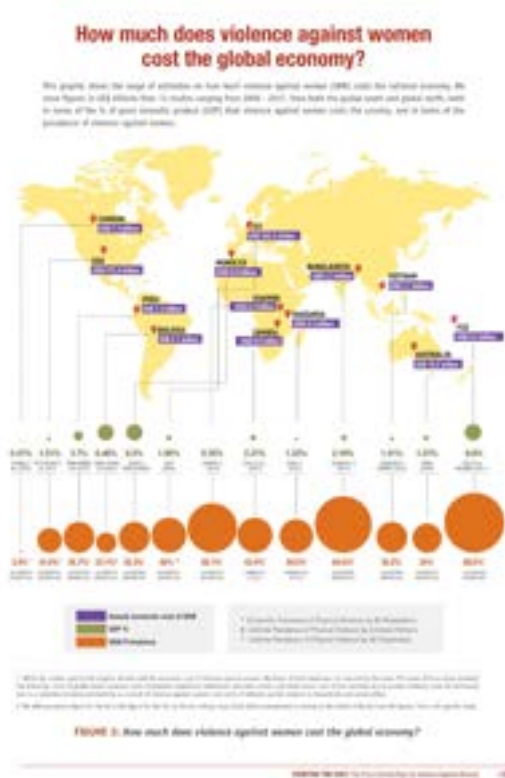
The report drew on 13 studies – three of them conducted by CARE International in Bangladesh, Zambia and Cambodia, and juxtaposes data on forms of violence against women, and their costs, in both absolute (billions of US\$) and relative (% of GDP) terms, based on available data from the last 10 years. It also clearly busts the myth that violence against women is a low-income country problem, as the map highlights the global scale and costs of violence against women in high-income countries as well.

Highlights

1. The report makes key recommendations for governments, donors and the private sector, such as:
 - a) For **governments** to ensure gender-transformative budgeting to strengthen and implement national laws, policies and programmes that prevent and respond to violence against women;



- b) For **donors** to commit long-term funds annually in support of programmes conducted by national governments and women’s rights NGOs, specifically to prevent and respond to violence against women;
 - c) For **private sector** companies to make resources available in business practice and plans for prevention and response to violence against women at all stages and levels of the business.
2. The report was disseminated by CARE among its internal and external networks, but no information is available on any outcome arising directly from the sharing and use of this report.
 3. Key findings from the report were shared at the annual conference of the Asian Venture Philanthropy Network (AVPN) held in June 2018. A brief report of the AVPN session can be found [here](#).



6

COMMEMORATING THE 16 DAYS OF ACTIVISM TO END GBV (2018)

#Hear Me Too: Turning our activism inwards to address GBV at CARE

In order to commemorate the 16 Day of Activism to End GBV in 2018, colleagues from the LFFV Working Group were invited to share their thoughts on CARE's own efforts to address GBV internally at the workplace. We heard from 22 colleagues from Syria, Burundi, the MENA Regional Management Unit, Vietnam, USA, Norway,

Bangladesh, Egypt, Chrysalis, Turkey, Democratic Republic and Congo, Honduras, the CI-Secretariat, the CI-Brussels Office, CARE UK and more. These were shared across CARE in [these flyers](#) and a blog post also shared in the [March 2019 Issue of CI-Connect](#), published by the CI-Secretariat.

Highlights

1. **Some of what CARE was doing to challenge GBV internally included:**
 - a) Changed the way security briefings were done to include prevention of sexual harassment, exploitation and abuse.
 - b) Worked with partners to challenge broader cultures of power inequality that feeds into violence in the workplace.
 - c) Conducted awareness-raising and capacity building for all staff on PSHEA.
 - d) Changed some internal recruitment and other policies to include this as a specific consideration.
2. **Suggestions on what CARE could do more of:**
 - a) More men in the organisation to be feminist allies. That includes listening to women's concerns and holding other men accountable.
 - b) Actively create spaces for people of diverse genders and sexual orientations to feel more comfortable.



- c) Set up better reporting mechanisms and create an environment where people feel safe to be able to report on PSHEA.
- d) Always keep this topic on the agenda – listen to women, and act.



"Not staying silent when we see an act of violence"

BLANCA ROMERO
CONTADORA, ISLAND, CARE HONDURAS

"Ensure 100% feminist and fem ally leadership."*

* How can you be a fem ally? →



JAY GOULDEN | KNOWLEDGE MANAGEMENT
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7 COMMEMORATING THE 16 DAYS OF ACTIVISM TO END GBV (2019)

#16Days - [Listen to leading feminists](#) talk about how CARE can engage better with feminist social movements

During September 2019, Chrysalis spoke with 10 feminist activists who have an incredible wealth of experience in supporting, shaping and being active members of feminist movements from different parts of the world. They were asked the question: "What is the most

important thing CARE should do, or change, in order to become a better supporter to feminist movements?" Their insightful responses and recommendations were shared as part of the campaign to commemorate the 16 Days of Activism in 2019.

Highlights



1. [Prof. Charlotte Bunch](#)

Founding Director & Senior Scholar, Centre for Women's Global Leadership, Rutgers University, USA

"If CARE really understands the role and the importance of feminist movements in bringing about the kinds of changes towards equality and women's empowerment that we all seek, it has to respect the feminist movements' leadership and listen very carefully to what women are saying."



2. [Sonia Corrêa](#)

Co-Chair, Sexuality Policy Watch Program, Brazilian Interdisciplinary Association for AIDS

"Supporting feminist conceptual frames, feminist organizations, feminist social movements, is not the same as supporting women's issues or women's organizations. There is a difference and that difference needs to be discerned, distinguished and clarified."





3. **Srilatha Batliwala**

Senior Advisor, Knowledge Building, CREA & Senior Associate, Gender at Work

"If CARE sought out feminist movements and women's rights struggles around the world to help shape and inform its own strategy, its ways of working, its ways of partnering, it has a lot to learn, it has a lot to gain."



4. **Tulika Srivastava**

Human Rights Lawyer & Executive Director Women's Fund Asia

"When we talk of impactone has to understand where ownership needs to sit in order for social justice and social transformation to actually happen. There is an ecosystem - and every single organization / voice has a role to play. And I think INGOs need to find out what their role will be... How will they support movements without claiming that support?"



5. **Kamla Bhasin**

Founder and Adviser to SANGAT - A Feminist Network

"No one who is a patriarchal institution can support others and support feminism because it is really in your practice rather than in your theory."



6. **Noelene Nabulivou**

Co-Founder, 'Diverse Voices and Action (DIVA) for Equality', Fiji

"We are in an anthropogenic crisis, we are in an extinction crisis, an ecological crisis, a climate crisis and here in climate front-line states, the things I think CARE and others need to do is to also re-prioritize depending on who is already suffering from loss and damage the most, and work out where is our solidarity and accompaniment in various regions around the world. I think we have to be a lot more clear as large organisations, NGOs and others on how you work with us on the front line..."

