



THE EMPOWER PROJECT: FOSTERING ALLIANCES FOR ACTION AGAINST GENDER BASED VIOLENCE IN BENIN

LESSONS LEARNED



It is increasingly recognized that reducing gender based violence (GBV)¹ demands a broad and sustained effort to promote social change at all levels - from national policies and institutions to community-level support networks and norms, and individual attitudes and behaviors. The capacity to convene and mobilize stakeholders and coalitions across sectors, government and civil society, is critical to galvanizing the social change needed to reduce GBV and increase accountability for women's rights through policy development and enforcement.

From 2007-2012, CARE International in Benin, implemented a project called EMPOWER—Enabling Mobilization and Policy Implementation for Women's Rights. This project, funded by the US government through the US Agency for International Development (USAID) aimed to galvanize a national response to GBV by strengthening support services for survivors and

KEY RESULTS AND LESSONS LEARNED

The EMPOWER project had a number of important results including:

- Mobilizing broad public awareness of GBV.
- Catalyzing support for enactment of comprehensive anti-GBV legislation.
- Strengthening the referral system, for GBV survivors.

CARE's experience in Benin points to the importance of establishing strong networks and strategic partnerships among governmental and civil society actors at various levels to effectively address GBV.

¹ Gender-based violence refers to any harm perpetrated against a person's will on the basis of gender – the socially ascribed differences between males and females. It includes physical, sexual, and psychological abuse inside and outside the home and harmful practices such as early marriage and female genital cutting.

improving policies and laws on GBV and women's rights more broadly.² This brief highlights the experiences and lessons learned from the advocacy and social mobilization work done through this project to rally support for passage of a new anti-GBV law and to increase access to assistance for survivors. In particular, the brief aims to show that the contribution of CARE and its partners in shaping the national response to GBV lay squarely in their ability to convene a vast network of players—as change agents, advocates, pressure groups, survivors, service providers, and decision makers—to reduce GBV and assist survivors.

Context

Gender-based violence is a prevalent and deeply rooted problem in Benin. According to a survey conducted by the Benin Ministry of Family and National Solidarity in 2009, up to 70% of women and girls in Benin have experienced some form of GBV, including physical abuse, rape, trafficking and female genital cutting.³ Research and analysis indicates that the problem is rooted in social attitudes, beliefs and practices that reinforce male power and ensure a lower status for women and girls in society. Further, national laws and policies enacted to promote women's rights and gender equality in Benin have traditionally been weak and poorly enforced.⁴

The EMPOWER project was designed to respond to this challenge through a comprehensive approach involving strategies aimed at 1) communications for social change, 2) advocacy for policy reform, and iii) capacity-building to strengthen referral systems and delivery of services to survivors of violence. This brief is focused primarily on the project's role in facilitating a nation-wide advocacy and mobilization effort that contributed to the enactment of anti-GBV legislation.

Partnerships As an Ingredient of Success

The EMPOWER project aimed to create a national platform for action against GBV, by convening and building partnerships among civil society and public sector stakeholders across the country's twelve regions (départements).⁵ Exemplary of the project's intent to operate at scale, the first step taken by CARE Benin in planning the initiative was a nation-wide inventorying of potential partners and stakeholders that could serve complementary roles and create synergy in the initiative. This included institutions involved in policy implementation and service provision, hailing from the health, justice and security sectors, traditional and religious leaders, authorities at national and community levels and the media. Some of the principal partners and key stakeholders involved in the EMPOWER project were:

- **CARE Benin:** CARE played the strategic role of convenor, and used the EMPOWER project to create a variety of spaces and forums for consultation and action by civil society and government actors at local and national level. CARE also provided financial and technical inputs to strengthen the capacity of other actors and collected data and evidence on causes, consequences and solutions to GBV to influence policymaking.
- **The Benin Ministry of Family and National Solidarity (MFNS):** Under a partnership agreement, EMPOWER worked with the Ministry and its regional branches to strengthen the capacity of Social Protection Centers (CPS) at commune-level to improve response to the needs of GBV survivors.⁶ The MFNS also contributed to the formulation and introduction of a draft GBV Bill in the National Assembly.

² EMPOWER was funded through USAID under the Presidential Women's Justice and Empowerment Initiative (WJEI), a US government initiative to promote women's rights that was implemented in 4 African countries – Benin, Zambia, Kenya and South Africa. In Benin this funding (US\$6,300,000) covered implementation of the project over a 4.5 year period, from Nov. 2007 to Apr. 2012. It operated in tandem with a second WJEI component, executed by the U.S. Department of Justice, focused on strengthening the criminal justice system to investigate and prosecute cases of gender-based violence.

³ Violence Against Women in Benin: A Study Report of the Benin Ministry of Family and National Solidarity October 2009. http://www.offebenin.org/documents/etude_sur_les_vff_rapport_final.pdf. Last retrieved May 2, 2013

⁴ Women's rights are included in Benin's Constitution (1990-12-11) and in the Code des Personnes et de la Famille (2004-08). Both laws identify women as human beings, fully equal to men, citizens who have full civil rights, political freedom, and rights to enjoy their lives, free of discrimination. Benin ratified the Protocol to the African Charter on the Rights of Women in Africa in March 2003. In 2006 a law on sexual harassment was passed (2006-19 du 05/09/06) and on trafficking (2006-04 du 10/04/2006). However these laws lacked enforcement at the local level and neither local authorities nor civil society actors were prioritizing their implementation.

⁵ Benin is divided into 12 administrative regions known as départements, and is further subdivided into 77 communes.

⁶ The Centers for Social Promotion (CPS) are Government-run, commune-level care centers with an average of three staff, whose role it is to solve community social problems. Their main clientele is women and children. They have traditionally provided child and maternal health services, food assistance to highly vulnerable families, assistance to trafficked girls, and microfinance services to women. Prior to EMPOWER, they were not equipped to provide services to survivors of violence.

- The network **RIFONGA** (Réseau pour l'Intégration des Femmes des Organisations Non Gouvernementales et Associations Africaines), a national network of Beninese NGOs dedicated to women's empowerment, was a key EMPOWER partner. The members of this network carried out the majority of the campaign's social mobilization activities at community level and played a critical role in capacity building and advocacy activities.⁷
- Another NGO partner **Association des Femmes Juristes du Bénin**⁸ provided training to staff of the Centers for Social Protection in survivor counselling, legal and family dispute support, and in referrals to the court. They also trained lawyers in legal support to survivors and resourced the CPSs with paralegals.
- **Synergy Groups:** EMPOWER's NGO partners convened forums at departmental and commune level, to bring together local authorities, service providers and other stakeholders, to coordinate their efforts in providing comprehensive services to GBV survivors. Synergy group members included representatives from local health centers, CPSs, local courts, police, civil society groups and community leaders. The synergy groups met once a quarter to discuss registered GBV cases, agree on support to be provided to resolve particular cases according to their roles in the referral system and resolve challenges that service providers encountered. Through these meetings, ideas for the improvement of a national response were communicated upwards to national authorities.⁹
- **Community mobilizers:** EMPOWER's partners trained volunteers as change agents at community level. These community mobilizers facilitated culturally-sensitive community dialogues and information sessions with the public around the causes and consequences of GBV, strategies to tackle the problem and assistance for survivors. The community mobilizers also acted as resource persons for GBV survivors, providing referrals to service providers who could better provide support in cases of violence.
- **The Media:** EMPOWER partnered with local and community radio stations, as well as national TV stations and newspaper journalists, to conduct mass media communication activities that reinforced awareness-raising efforts undertaken at the community level.

EXAMPLE OF MEDIA ACTIVITY

Based on selected scripts, EMPOWER worked with national and community radio stations to broadcast 30-minute programs about GBV issues once a month, for 20 months, in all 12 departments. The programs focused on GBV-related challenges and support services available within target communities

Advocacy and Mobilization in Action

Through EMPOWER, CARE and its partners developed and implemented a broad public mobilization and advocacy strategy with two overall objectives:

1. the enactment and enforcement of anti-GBV legislation, and
2. promoting change in social norms, attitudes and behavior to reduce GBV.

The principal targets for EMPOWER's advocacy included political and administrative authorities and decision-makers at local and national level, including ministers, parliamentarians, prefects, mayors and traditional and religious leaders. At the same time, the strategy focused on mass mobilization and sensitization to increase awareness and change attitudes on GBV and to expand the base of support for anti-GBV legislation among key constituencies at grassroots levels.

⁷ RIFONGA was a key member of EMPOWER's National Advisory Board. The project's NGO partners in the various départements included: Equi-Fille, APROFEJ (Assistance pour la Promotion de la Femme et de la Jeune Fille); Ligue-Life; AFDVA (Association des Femmes Volontaires de Progrès de l'Atacora); Autre Vie; and SIN-DO and FADEC (Femmes Actrices de Développement).

⁸ The Association of Benin Women Lawyers

⁹ EMPOWER introduced the Synergy Group concept to ensure a coordinated chain of response to GBV survivors, each institution acting in accordance with their roles and responsibilities in the referral system and aware of others in the system. Owing in part to the improvements in the referral system, women afflicted by violence sought assistance in increasing numbers. According to project data, EMPOWER directly or indirectly assisted nearly 3000 women and girls with various forms of support including legal, medical and psychosocial services. In addition to direct assistance to survivors, EMPOWER supported 85 public and civil society service provider institutions.

Key tactics and activities conducted by EMPOWER partners under the strategy included:

- Mass media campaigns that involved letters to the media, press conferences, calls for actions, mobile theater, and radio and TV programs.
- Community level mobilization, dialogue and awareness raising activities facilitated by trained community mobilizers.
- Workshops, meetings and consultations between civil society, government officials, parliamentarians, traditional and religious leaders and the media to explore policy solutions to GBV and to lobby decision makers.
- Mass action through peaceful marches and public pressure campaigns, e.g., during key dates such as the 16 Days of Activism against Gender Violence.
- Contests involving cash awards to community based organizations engaged in innovative awareness-raising and behavior change communication activities.¹⁰

MASS MOBILIZATION IN ACTION

EMPOWER, through its partners, conducted sensitization on a massive scale, reaching over 700,000 people nation-wide with GBV and women's rights messaging. By the time the new anti-GBV Bill was introduced in Parliament, the project had trained close to 5,000 community volunteers in community mobilization techniques and conducted over 2,000 behavior change and communication workshops to raise awareness and initiate behavior and attitude change.

EMPOWER partners worked with government agencies and lawmakers to support the drafting of new anti-GBV legislation. In November 2009, the proposed bill was introduced and submitted to the attention of the National Assembly. Soon thereafter the government also released its *2010-2014 National Action Plan for Combating Violence against Women*.¹¹ EMPOWER provided input into the development of the Action Plan based on the project's experience.

TRADITIONAL LEADERS SPREAD THE MESSAGE

After participating in a Synergy Group meeting in his department of Zou, a traditional voodoo chief was inspired to organize two community meetings to share information about legal and social measures in cases of GBV. The chief denounced the neglect of GBV cases by the local police corps and their complicity with perpetrators and appealed for greater consideration of women as equal with men under law. He distributed information on referral among community members including the contact numbers of the local CPS, the health center, and the local EMPOWER partner Ligue Life.

EMPOWER Annual Report No. 2, October 2008 to September 2009. CARE Benin

After the introduction of the bill, EMPOWER's partners actively lobbied lawmakers and parliamentary groups to ensure its passage. The partners worked with influential allies and interlocutors, including former parliamentarians and the media, to influence lawmakers. They organized working sessions with representatives from ministries, the judiciary and the police and participated in multi-stakeholder forums involving development agencies such as UNICEF, UNFPA and USAID. At departmental level, EMPOWER organized regular forums, workshops and advocacy events aimed to engage decision makers in action to address GBV, based on each department's local realities and needs.

¹⁰ The "Challenge Funds" were mechanisms for allocating awards to service providers or civil society organizations that developed outstanding and innovative strategies for fighting GBV and assisting survivors. The "Commune of Excellence" award went to communes selected for their outstanding anti-GBV effort through a highly publicized annual contest.

¹¹ The new National Action Plan for combating violence against Women outlines a process for mobilizing state, parliament and civil society initiatives to address GBV. Its three objectives are defined as: developing an appropriate legal arsenal and administrative regulations favorable to the fight against violence against women and girls, contributing to a better understanding by the various actors of the phenomenon of violence against women and girls, and helping to improve the socioeconomic status of women and better support for survivors of violence.

CARE and its partners also conducted advocacy at a grassroots level. For example, when newly elected Parliament Members visited their home towns and villages to thank their supporters after legislative elections, they were met with organized campaigns calling for passage of the bill led local women's groups, traditional leaders, and other civil society actors who were part of EMPOWER's community sensitization efforts.

The pressure paid off. **Act No. 2011-26 on the prevention and punishment of violence against women was passed by Parliament on September 27, 2011 and enacted into law in January 2012.**

At a workshop held with members of Parliament and other key stakeholders in the aftermath of the bill's passage, participants highlighted EMPOWER's support as being key to bill's passage, specifically pointing to the value of activities such as:¹²

- The operation of the Synergy Groups in bringing together civil society, lawyers, social workers, health workers, judges, and elected officials.
- The lobbying conducted at all levels, including a series of advocacy efforts directed at parliamentary committees.
- Mass communication and awareness raising efforts.
- Support provided to GBV survivors.

RECOGNITION FOR EMPOWER'S CONTRIBUTIONS

At a workshop held in the aftermath of adoption of the new legislation, the former Vice-President of the National Assembly, Honourable Leon Bi Bigou, one of the key lawmakers involved in the bill's passage, observed that the plethora of advocacy events supported by EMPOWER helped catalyze action, discussions and debates at various levels of Parliament during the process leading up to passage of the law. In his words, *"EMPOWER planted a tree to be watered for the wellbeing of the people."*¹²

Results and Reflections

Efforts to address GBV in Benin are now anchored in a more enabling environment due to the passage of the new anti-GBV law, the release of the 2010-2014 National Action Plan for combating violence against women; an incipient, multi-sectoral referral system for survivors that arose out of the Synergy Group innovation; and increased social visibility and awareness of GBV among the general population as a result of community level sensitization efforts.

However, it is clear that much remains to be done to ensure enforcement of the legislation, including raising awareness of the law among responsible actors and the general public, strengthening referral systems and the institutional capacity of service providers and addressing socio-cultural obstacles to survivors' access to assistance.

The EMPOWER experience provides a number of insights and lessons that could be useful for broader mobilization and coordination efforts.

CARE and its partners effectively used the EMPOWER project as a mechanism to convene key civil society and government stakeholders during the incipient phase of the anti-GBV campaign, demonstrating the value of the role of convenor for an issue that required a multiplicity of actors to come together and chart a way forward.

CARE's experience with EMPOWER showed that to be effective in the role of convenor, **an organization must be transparent and able to command the attention of a broad spectrum of actors, not all of whom may initially be supportive. It is important that staff leading such work be skilled in negotiating, mediating, and listening to multiple perspectives.**

¹² Exchanges and Reflections on the Process of Voting for the 2011-26 Law of 9 January 2012: Report and Actions of a Workshop, 14 May 2012. CARE Benin. (Unpublished).



EMPOWER's effectiveness in raising awareness and influencing change in policy was the result of a deliberate effort to combine broad mobilization of grassroots constituencies with targeted advocacy and lobbying of decision makers at various levels. The success of this strategy underscores the importance of coupling policy reform efforts with interventions aimed at shifting social norms and attitudes among the general population.

EMPOWER's experience also highlights the role of resources and strong partnerships needed to promote action. USAID's generous support for EMPOWER was vital to the project's broad scope, capacity to marshal partners and leverage the support of key actors. The project's advocacy and mobilization strategy was effective because it was strongly networked and implemented by actors playing complementary and valuable roles at various levels – ranging from groups acting as change agents at the grassroots level, to those influencing policy at national level. The project's effectiveness was dependent on a solid understanding of the landscape of players who could be marshalled towards an effective anti-GBV response. CARE's initial efforts to carry out an inventory of potential partners and conduct stakeholder assessments of organizations who could be involved in the initiative ultimately proved invaluable to building a strong coalition.

Recommendations for Governments and Donors

1. Greater attention and support should be provided to interventions that are designed to convene and coordinate stakeholders involved in GBV prevention and response efforts across sectors, and bring together government institutions and civil society. **The convener or coordinator role should be an integral part of GBV institution-building efforts, and should be budgeted for.** Non-governmental organizations can effectively play the role of convener, when provided with adequate support and space by government and partners.
2. **Funding for programs aimed at GBV prevention and response should include a focus on advocacy and social mobilization.** Support should be provided for interventions that are built on strong networks, supported by a range of local institutions and actors, and that are able to leverage resources and support from key stakeholders, including governments and NGOs.
3. Increased community mobilization and advocacy is bound to generate demand for services as a result of increased awareness and reporting. As such, **governments and donors need to ensure a proportionate focus on building support services for GBV survivors to ensure that the system can meet increased demand.** This is particularly so in the early phase of developing an anti-GBV response in a low-resource setting.



www.care.org

Headquarters

CARE USA

151 Ellis Street, NE
Atlanta, GA 30303-2440
USA

T) 404-681-2552

F) 404-589-2650

genderandempowerment@care.org

CARE Washington DC

1825 I Street, NW, Suite 301
Washington, DC 20006
USA

T) 202-595-2800

F) 202-296-8695

genderandempowerment@care.org

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