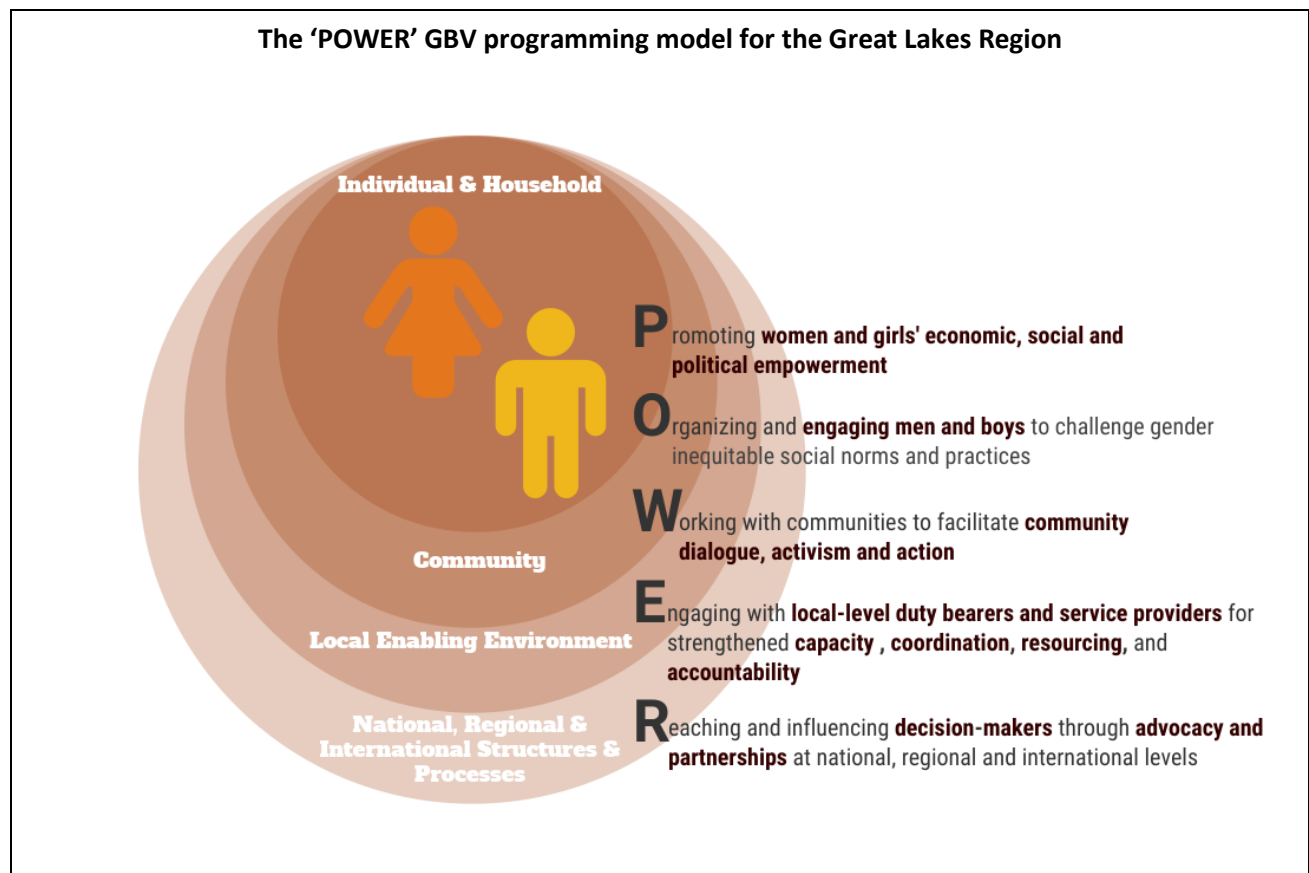


**The POWER model:
CARE's approach for programming to address Gender-Based Violence in the Great Lakes**

CARE's programming experience in Uganda, DRC, Rwanda and Burundi over the past 10 years has led to the development of an integrated, rights-based model for preventing and responding to Gender Based Violence (GBV) in the Great Lakes region. The **POWER model** (below) brings together **five key programming elements**, that work across multiple levels with **individuals, households, communities, local-level duty bearers and service providers**, and **partners and decision-makers** at the national, regional and international levels. The model aims to transform the unequal power relations between men and women and different groups or social categories that are the underlying causes of GBV, and which often worsen in conflict or crisis situations. As such, it includes actions across all three domains of CARE's [Gender Equality Framework](#) by **building the agency of women and girls and men and boys; changing relations** at household and community levels; **and transforming structures and institutions** (including social norms). It is aligned with the socio-ecological model described in CARE's global [GBV strategy](#), and consistent with the emerging [evidence and learning](#) being generated by CARE International's global analysis of [impact data](#) for programming to promote a Life Free from Violence, and the DFID-funded global programme on [What Works](#) to Prevent Violence Against Women and Girls.

The five elements of the POWER model are mapped in relation to levels of intervention in the diagram below:



- 1) Promoting women and girls' economic, social and political empowerment:** CARE's GBV programming throughout the Great Lakes region focuses on promoting women and girls' economic, social and political empowerment, usually through women's groups such as Village Savings and Loans Associations (VSLAs), or women farmers groups, Farmer Field Schools, WASH committees etc., which engage in activities to promote economic empowerment combined with women's leadership capacity-building and accompaniment. VSLA programming has been implemented at scale through interventions such as the **Gender Equality and Women's Empowerment Programme (GEWEP) in Rwanda, Burundi and DRC**ⁱ, which is currently working with almost 16,000 VSLAs, and the **Northern Uganda Women's Empowerment Programme (NUWEP)**ⁱⁱ implemented by CARE Uganda as a post-war recovery and development programme focussing on the elimination of GBV, which has worked with over 3000 VSLAs. VSLA programmes in the region have reported positive impacts for women participants in terms of their levels of material and psychosocial well-being, their relationships within and beyond the household, and their participation in public life. VSLA networks supported by CARE in Burundi and DRC are increasingly becoming active in local-level advocacy for women's rights across a range of issues, including issues relating to GBV, and in DRC are providing a platform for building the resilience of conflict-affected communities. The VSLA approach is now being adapted and extended for programming to address GBV and Sexual and Reproductive Health (SRH) issues with adolescent girls through projects such as CARE Rwanda's **Safer Schools for Girls**, and CARE Burundi's [World Starts With Me](#).
- 2) Organising and engaging men and boys to challenge gender inequitable social norms and practices:** CARE's learning from the implementation of VSLA programming at scale in the Great Lakes highlights the need for engaging men and boys (EMB) in initiatives for GBV prevention and response. EMB approaches developed by CARE in the region include the [Abatangamuco](#) social movement of rural men seeking to challenge traditional ideals of masculinity in Burundi; the [Journeys of Transformation couples-based curriculum](#) developed in Rwanda; and the [Role Model Men initiative](#) in Northern Uganda. These approaches all involve mobilising men to reflect on their own personal experiences to build understanding of and support for concepts of positive masculinity and establishing mechanisms to provide peer support for engaged men and boys. The underlying thinking for these approaches is that men who embrace concepts of positive masculinity will be able to build more harmonious and gender equitable relationships in their households and communities, and so contribute to the development of an enabling environment for gender equality and ending GBV. EMB activities are increasingly being adapted for programming with youth, as for example in the **Sisi vijana project** being implemented in Burundi and DRC to promote support for gender equitable social norms and reduced tolerance of GBV among young men and women aged 13 -23. CARE Uganda's EMB approach of working with Role Model Men is also being adapted and scaled up in CARE's interventions on SRH and GBV prevention and response in the humanitarian response to the influx of refugees from South Sudan who have settled in the West Nile region.
- 3) Working with communities to facilitate community dialogue, action and activism:** CARE's experiences from programming incorporating VSLA and EMB approaches have led to growing recognition of the need to build a supportive local-level enabling environment for addressing GBV to ensure the sustainability of changes for women and men at the individual/ personal and household levels. This is reflected in the widespread inclusion of activities to facilitate community dialogue, activism and action using participatory methodologies such as **Social Action and Analysis (SAA)** and **SASA!** in CARE's GBV programming across the region, including in youth-focussed programming interventions which incorporate community outreach activities with parents, teachers and

community leaders. Interventions such as NUWEP in Uganda, the *Mawe Tatu* and *Mwanamke, Amani na Usalama (MANU)* projects in DRC and the *Indashyikirwa (Agents for Change)* project in Rwanda are using the SASA! methodology developed by the Ugandan NGO Raising Voices to train community volunteers to facilitate community mobilisation based on awareness raising and dialogue on GBV and gender equality issues at community events and forums. CARE Rwanda's *Indashyikirwa* project incorporates a particularly strong focus on promoting community activism against GBV by providing additional activism skills training based on the use of SASA! techniques to selected couples who have completed the JoT [couples-based training curriculum](#). The *Indashyikirwa* project is currently the subject of a rigorous ongoing impact evaluation being conducted through the DFID-funded [What Works](#) consortium, which will provide evidence of the effectiveness of this innovative approach later this year.

- 4) **Engaging with local-level duty bearers and service providers for strengthened capacity, coordination, resourcing and accountability:** Capacity constraints, limited resources, and poor coordination among local level duty bearers and service providers are often key limiting factors on the effective provision of services for GBV prevention and response. To promote an enabling environment for GBV prevention and response, CARE and CARE partners in the GL region provide technical capacity-building and use participatory methodologies such as SASA! to build awareness and understanding of concepts of GBV and gender equality among opinion leaders, so that they can support communities in taking action against GBV more effectively. The process of engaging opinion leaders in this way is often linked to local-level advocacy initiatives being raised by community members. CARE projects such as the **Great Lakes Advocacy Initiative (GLAI)**, the MANU project in DRC and the *Indashyikirwa* project in Rwanda have also established community support networks to link survivors of GBV with duty-bearers and service providers, with – in some cases – dedicated Women's Spaces where community volunteers are able to engage with survivors and community members. Local leaders, programme staff and partners consistently report that the presence of these community-based structures contributes positively to improved communications, responsiveness and coordination of GBV prevention and response at the local level.
- 5) **Reaching and influencing decision-makers through advocacy and partnerships at national, regional and international levels:** This area of programming is vitally important for promoting the implementation, and – where appropriate – reform, of existing policies and legislation relating to GBV, and for multiplying the impact of CARE's programming for GBV prevention and response. As such it supports the reach, impact and sustainability of the four others programming elements of the POWER model which focus on promoting changes for individuals, households, communities and with duty bearers and service providers. For example, **the Great Lakes Advocacy Initiative (GLAI)** implemented by CARE with local partners in Rwanda, Uganda, Burundi and DRC piloted a GBV Information Management System and built the capacity of community activists and local partners to use data from the GBV IMS for advocacy, thereby focussing the attention of the public and decision-makers on the high incidence of GBV and its serious consequences for survivors. By facilitating linkages and partnerships at multiple levels GLAI brought evidence and voices from the grassroots level into national and international debates which influenced changes in policy and policy implementation in all four countries, including the content of the 2011 Kampala Declaration. CSOs and CSO network partners supported by CARE during GLAI have continued to play active roles in advocating on GBV issues in their countries since the project's closure in 2013. In Uganda CARE is an active member of the GBV coalition – an alliance of INGOs and CSOs – which is monitoring the progress of implementation of Uganda's National Action Plan on UNSCR 1325, 1820 and the Goma Declaration and which played a key role in the development of Uganda's 2016 National Policy on GBVⁱⁱⁱ. In Burundi,

CARE has worked closely with women parliamentarians in advocacy for the development of the Law on GBV that was enacted in 2016.

While the evidence base for each of these five elements of the POWER model is compelling, CARE needs to strengthen the documentation and evidencing of its GBV programming impacts in the Great Lakes region, as the foundation for promoting the integrated scale-up of this model by CARE and CARE partners in different contexts and settings. Key elements of the model are already being implemented in CARE Uganda's humanitarian response, which is currently being scaled up in South West Uganda to address the needs of refugees fleeing conflict in DRC. Country offices have also identified the need to scale up CARE's GBV programming with adolescent girls and boys, and to expand programming for GBV prevention and response in urban settings. The POWER model provides a flexible framework for ensuring the consistent application of an integrated GBV programming approach of proven effectiveness in the Great Lakes region, while also encouraging innovation and experimentation with new ideas.

Further details can be found in the full document on CARE's [evidence-based valuation proposition](#) for GBV programming in the Great Lakes region.

ⁱ CARE Norway (2016) *Gender Equality and Women's Empowerment Programme II, 2016 – 2019: 2016 Annual Report*. Programme document: 37pp.

ⁱⁱ CARE International in Uganda (2016) *Annual Report Financial Years 2014 - 2015*

ⁱⁱⁱ CARE Uganda (2016) *Contribution, Attribution: CARE's 10 year long effort in advocating for Uganda's National Gender-Based Violence Policy*. Process documentation, CARE International in Uganda: 10 pp.