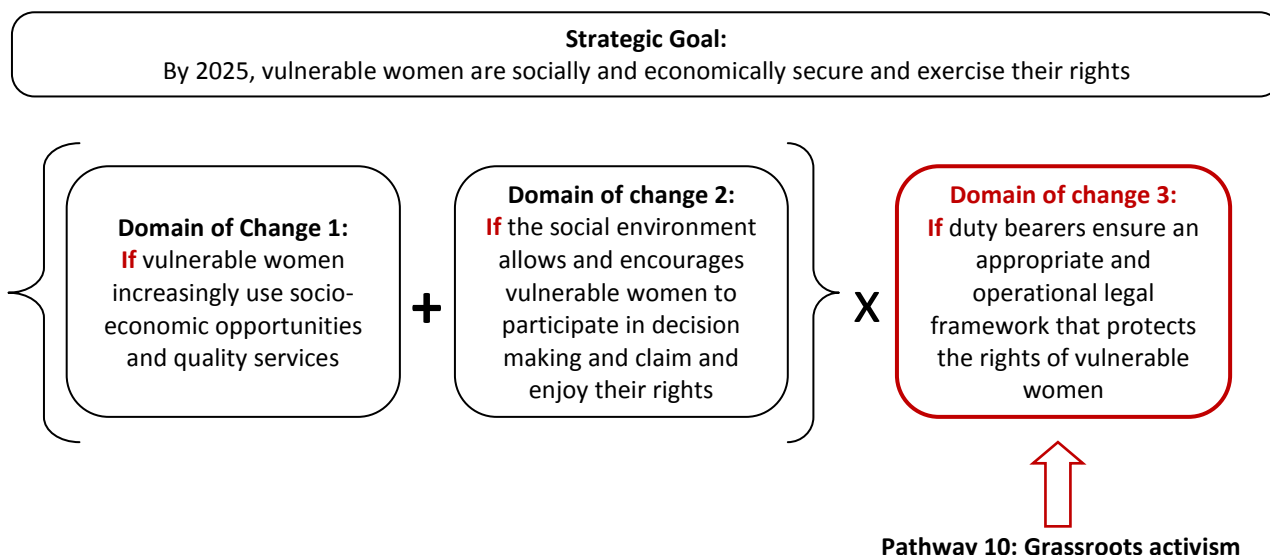


**Pathway 10: Promote grassroots activism that will advocate for policy and law implementation and increased accountability among law enforcers. This will result in strengthened community-level protection and representation mechanisms for VW.**

Pathway 10 contributes to domain of change 3 of CARE Rwanda’s VW program strategy:



**VW & Grassroots activism in Rwanda**

- Legislation on land rights, marriage, child rights and violence against women has been amended to contribute to the protection of women’s rights. Nevertheless, implementation remains weak mainly as a result of low awareness and the existence of cultural norms that do not support women’s full participation in community life.
- Many citizens are ignorant about their right to demand accountability from public servants and elected leaders and therefore do not do so. (Source: NPA, A survey on citizens participation in local Governance in 4 districts of Rwanda, 2008)
- Inclusion of gender in government decision making at the national level is ensured through the existence of MIGEPROF, the Gender Monitoring Office, etc. At district level however, the gender focal point has no budget for his/her responsibilities and is not necessarily a gender expert. At lower levels, the responsibility for gender issues is not clear. Due to its intangible nature, it rarely figures in performance contracts and is thus not a priority for local authorities.
- Anti-GBV committees, who are supposed to be the local structure to prevent and respond to GBV, are recognized to be weak. MIGEPROF carried out an assessment in early 2013. When results are published, these are used by CARE to identify how we can contribute to strengthening these structures.

Read the full situational analysis on VW in section A2 in ‘Why the Vulnerable Women Program?’.

**Impact sub-groups**

This pathway aims to have an impact on **all vulnerable women**. All vulnerable women without exception need the protection of a gender-sensitive legal environment, that takes their challenges into account and is implemented effectively.

Read more about the impact group of CARE Rwanda’s VW program in section B1 in ‘Who the Program is for’.



## Strategic partners

CARE Rwanda is committed to work in partnership. In this pathway, our strategic partners are:

- The **National Women's Council at the decentralized levels**, uniting women's voices at different scale levels.
- **Local authorities** at district and sector level, in order to gain their support for the initiatives of grassroots activists.
- **JADF**, where we can find allies when it comes to advocacy at the local level.

Apart from the strategic partners, many implementing partners contribute to this pathway. Please refer to our website for the descriptions of the projects under this pathway and get to know our implementing partners.



## Policy context

CARE Rwanda's work on this pathway is informed by the Government of Rwanda's policy context. Of specific importance to this pathway are:

- The **Constitution** (2003) is highly gender-sensitive and is the basis for gender-equality in other laws and policies. The **EDPRS II** (2013) includes 'family and gender' as one of its cross-cutting themes.
- The **National Decentralization Policy** (MINALOC, 2000) is the basis for making the lower scale levels a solid level of service delivery, and as such potentially contributes to an important extent to the effective implementation of many other laws and policies.
- The following laws and policies are all subject of currently ongoing advocacy efforts, and as such also relevant for possible initiatives local activism to complement advocacy by CARE Rwanda and its partners:
  - The **National Social Security Policy** (MINECOFIN, 2009), including the regulations on U-SACCOs;
  - The **National Law on Prevention and Punishment of Gender Based Violence** (MINIJUST, 2009 )
  - The **National Policy Against Gender-Based Violence** (MIGEPROF, 2011)
  - The **National Gender policy** (MIGEPROF, 2011)
  - The **Law on matrimonial regimes, liberalities and successions** (1999);
  - The **Organic Law Determining the Use and Management of Land in Rwanda** (2005);
  - The **Reproductive Health Policy** (MINISANTE, 2003), which is targeted specifically with the objective to improve its implementation for Historically Marginalized people.

Besides the above mentioned policies, a number of laws, policies and strategies are relevant to the VW program as a whole. These are described in section A3 in 'Why the Vulnerable Women Program?'

## Our approach

In order to promote grassroots activism in favor of VW, CARE Rwanda and its partners use a combination of well-tested models and innovative approaches, including the following:

### Community Scorecard

The Community Scorecard (CSC) is an approach that facilitates dialogue between citizens and duty bearers. It allows citizens to monitor and give feedback on the quality of a certain service provided. Through the process, they are enabled to advocate with the duty bearers (typically including service providers and local authorities) to solve certain problems or prioritize specific areas of service delivery. At the same time, duty bearers have the opportunity to explain their decisions and challenges, and engage citizens in service provision. The CSC aims to improve citizen participation in decision making, transparency and accountability, while at the same time improving the quality of the service delivered to the citizens.

In the light of this pathway, the training of community volunteers to facilitate further cycles of the CSC is of specific importance. This allows communities to continue to implement the CSC without support from CARE or its partners. For more information on the Community Scorecard, please refer to section C2 in 'What the Program does'.

### GBV activists, peer educators and case managers

GBV activists are community volunteers that fight against GBV in their community. They do so by advocating with local authorities and service providers to act against GBV, for example for punishment of those who commit GBV. This is done based on evidence collected in the community, showing the prevalence of GBV and its consequences. Next to this, GBV activists aim to achieve social change, by challenging norms and behavior that allow GBV through discussion and exercises.

GBV peer educators, like GBV activists are community volunteers. They however focus on raising awareness on GBV, related laws and policies, and the different negative consequences of GBV. They support families living with conflict, visiting them to discuss, pose questions to challenge their behavior and advice them to help solve the conflict.

While activists and peer educators aim to contribute to a lower prevalence of GBV in their communities, case managers focus on supporting women who experienced GBV. The support focuses on accessing services and obtaining justice, but can also include i.e. direct psychosocial support or mediation to solve the conflict underlying the act of GBV. In addition, case managers work together with service providers to see that GBV cases are being followed up. All GBV cases reported to case managers are stored in a GBV MIS. Data are analyzed and used to inform decision-making of members of the National CSO Network on their programming and advocacy agenda.

GBV activists, peer educators and case managers receive training to understand and be able to carry out their specific roles, are initially intensively coached in order for them gain confidence, and are linked to each other for the necessary peer support. Lastly, they are linked to national civil society organizations and policy makers to more effectively advocate and seek services for those affected by GBV. Based on the experience from the Great Lakes Advocacy Initiative (GLAI), this approach is scaled up with partners. For more information on CARE Rwanda's approach to GBV prevention and response, please refer to section C2 in 'What the Program does'.

#### **Facilitation of communities' participation in the Sixteen Days of Activism**

The Sixteen Days of Activism is an international campaign that is organized each year and that asks attention for GBV, aiming to promote behavioral change and political commitment. Around the world, activities are organized at national and local level. CARE Rwanda and its partners assist local activists to organize events as well in order to promote change in their communities. This could include marches, theatre, sport events, etc. all combined with messages and discussions around GBV.

#### **Facilitation of inclusive committees for increased participation of the most marginalized**

CARE Rwanda recognizes that sometimes, certain groups need extra stimulus to engage with duty bearers. In such cases, the set-up of committees that containing marginalized citizens as well as duty bearers, is facilitated. These committees serve as a platform for participation, consultation and joint decision making around a specific topic. It creates a safe space for marginalized citizens to voice their opinion, while it facilitates duty bearers to include those citizens that are often difficult to reach.

CARE Rwanda has experience in this with regards to Historically Marginalized People. This group generally benefits less from other possibilities to participate in decision making, such as those described above. CARE and its partners have facilitated set up of committees of around 6-10 members, including both duty bearers at the local level as well as representatives from the Historically Marginalized Community, with the objective to discuss how to improve access to health services for this specific group of citizens. As such, an environment for dialogue and advocacy is created, enabling HMP and duty bearers to discuss with each other. At the same time, it builds capacity and confidence of the committee's members to participate also in other forums. As CARE Rwanda and its partners have successfully piloted this approach, it is ready to be scaled up.

#### **Involvement in national budgeting & alternative budgeting**

The Government of Rwanda provides its citizens the opportunity to attend certain key meetings where the national budget is explained, discussed, and voted for. CARE Rwanda raises awareness on this possibility and encourage citizens as well as civil society organizations to participate during these meetings, with a specific focus on the participation and representation of vulnerable women. Where deemed relevant, CARE Rwanda and its partners engage in these discussions themselves to advocate for the allocation of sufficient budget to the protection of and service delivery to vulnerable women.

In addition, CARE Rwanda links up with other organizations that are engaged in alternative or participatory budgeting. This process allows citizens to voice their priorities and concerns regarding the national budget to the government, by presenting their proposed alternative to the government's budget. Some experience exists within CARE Rwanda, especially from the PPIMA project. This experience will be built on for further innovation and strengthening of the approach.

## Indicators

CARE expects this pathway to contribute to an improvement in vulnerable women's lives in combination with the other pathways of Domain of Change 3. Therefore, impact is measured at the level of the Domain of Change (DoC) rather than at the level of this pathway. This pathway contributes to change on the following DoC-level indicator:

- % of population who feel that local authorities use community feedback and demands to improve quality of services

## Some key achievements so far

- In Gisagara and Nyaruguru Districts, women have provided feedback to and influenced decision making of their local authorities through their participation in the Community Scorecard. This has for example resulted in the decision to put in place a health clinic in Nyaruguru, as was recommended during the CSC process. When the CSC process was started, local authorities were afraid that they would be judged or evaluated in a negative way. Community members expected direct, tangible benefits from the process. These misunderstandings created a lack of participation. Intensive engagement with all actors and repeated explanations have now resulted in enthusiasm to continue with the process on both sides.
- 92 CSC animators (elected community volunteers) in 6 sectors have been trained in the facilitation of the Community Scorecard. With support from CARE and its partner organizations, they are responsible for the organization and facilitation of ongoing cycles of the CSC. In time, they will be able to do so independently. Community animators stated that they are proud to do this work, to have received the confidence of their communities and very interested in remaining to be involved in the work that they are currently doing.
- CARE Rwanda and its partners' participation in the '16 Days of Activism Against GBV' in November/December 2012 focused on awareness raising on illegal marriages. Women in non-legalized marriages are considered vulnerable, because she has no right to any of the household's property if her husband decides to leave her. As a result from the 16 Days of Activism campaign, 411 couples in Gisagara and Nyanza districts decided to legalize their marriages. It is expected that in 4 other districts participating in the activities, similar numbers have been achieved.
- As a result of the set up of inclusive committees in Nyanama and Nyaruguru Districts, bringing together HMP and duty bearers in the field of health, disaggregated data are now collected at the level of health centers, showing the use of health services by HMP. This allows to advocate for increased access for this underserved group.

## Current and recent projects

The following ongoing or recently closed projects contribute to this pathway:

- Policy Advocacy and Learning Initiative (PALI)
- Policy Engagement for Marginalized Inclusion (PEMI) Project
- Great Lakes Advocacy Initiative (GLAI)
- Results Initiative (RI)
- Umugore Arumwva (Kinyarwanda for 'A woman should be listened to')
- Isaro (Kinyarwanda for 'pearl')

## Learning agenda

CARE Rwanda is committed to learning, to continuously improve the relevance and quality of its work. In relation to this pathway, it poses itself the following questions:

- What are existing and potential untapped entry points (local associations, network, CBOS, Church groups, community events, other initiatives etc.) for grassroots activists to influence formal (government) and non-formal (e.g. customary) policy formulation and implementation at the local level?
- How can we ensure that data, evidence and lessons learnt from the grassroots level is used to influence decisions at different scale levels, for effective social and policy change?