

Effective Responses to Gender Based Violence: MDG 1 (Poverty and Hunger) and GBV

Irish Joint Consortium on Gender Based Violence*

LEARNING BRIEF NO.5¹

MDG 1. Overall goal: Eradicate extreme poverty and hunger

- Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
- Achieve full and productive employment and decent work for all, including women and young people.
- Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Introduction

Achievement of MDG 1 is under severe pressure and is particularly affected by the rises in food prices and the debt crisis. In focusing on MDG 1, concentration has largely been on the technical aspects of food security and livelihoods without an adequate understanding of the changing nature of poverty, hunger and new vulnerabilities facing communities. Moreover, gender based violence (GBV) interventions have tended to focus on the health and legal consequences of violence and less so on the interaction between GBV, gender inequality and food security and livelihoods.

This paper seeks to bridge this gap by highlighting the inter-relationship between poverty, hunger and gender based violence, and provides examples and lessons of how different development interventions are seeking to cut the spiral of poverty and GBV.

Interaction between Poverty, Hunger and Gender based violence

GBV is a fundamental human rights violation, and is a consequence of gender inequality. According to the World Health Organisation, one in three women globally is affected by gender based violence.

GBV impacts on food security and the household economy:

- Where women have prime responsibility for food provision, there is loss of productivity by women experiencing violence which in turn directly reduces food production.
- Women affected by GBV have higher levels of absenteeism from work and their lower wages impacts income available for consumption.
- Expenses for GBV related health care divert spending from food.
- GBV is risk factor for HIV which in turn impacts on household food security and a woman's earning capacity.
- In homes affected by GBV, the educational performance of children is affected.
- GBV is a drain on the household economy through its associated hidden costs such as transport to health clinics or accessing legal support. In Uganda a study found that this cost amounted to \$5 or 3/4 of the average weekly household income²; if there are several violations then the cumulative economic impact is significant.
- The capacity to provide care within the home for children, the sick and the elderly is affected.

* This learning Brief is based on experiences shared at the GBV Learning Day on GBV and MDG 1 which was organized by the Irish Joint Consortium on GBV in June 2010.

¹ Speakers at the event include Lina Abirafeh, GBV Coordinator, UN Humanitarian Response, Haiti; Savio Carvalho, Demand Dignity Campaign, Amnesty International; Nata Duvvury, University College Galway; Gertrude Kabwazi, National Gender Coordinator, Concern Universal, Malawi; Julia Kim, Image Project, UNDP, South Africa; Martha Namera, Women's Support Association, Ethiopia; James Robert Okoth, Farmers Field Schools, FAO, Uganda. This Learning Brief was supported by Mary Jennings, Consultant, mjennings@eircom.net.

² ICRW (2009), op.cit

A seasonal dimension to GBV

A FAO study in Uganda found that seasonal financial pressure and food insecurity can exacerbate GBV. Physical violence increased in the 'hungry months' of May and June when households experience food shortages (figure 1³).

Levels of violence also rose in the festive month of December. Disagreements that arose out of how to best use limited food stocks and income often results in physical violence against women.

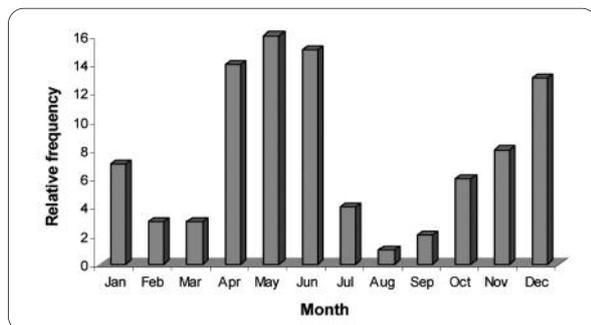


Figure 1

Risks to HIV infection

Poverty and hunger increases women's vulnerability to GBV and HIV infection, and much qualitative research indicates a convergence between GBV and an increased risk of HIV infection.

- In Uganda girls who reported forced/coerced sex had a higher risk of HIV infection.
- In South Africa women with violent partners are 50% more likely to be HIV infected than other women.
- In India the odds of infection is almost 4 times higher for married women whose partners had physically and sexually abused them compared with women in non-violent relationships⁴.

The inter-relationship between land rights' issues and gender based violence

A critical element in the inter-relationship between poverty, hunger and GBV is the issue of land rights, a factor that is underpinned by gender inequality. An FAO study⁵ in Uganda revealed:

- Violence related to the denial of access to land for many widows and orphans who attempt to repossess their husbands' or parents' land.
- This was exacerbated by the difficulty in tracing the original land boundaries thus heightening the cases of land grabbing.
- Women have to renegotiate access through patriarchal structures, which are often biased in favour of keeping land within male ownership and control.
- A third of respondents cited the problem of land access as the major hindrance to their household food security
- A study in Malawi found that when families are under immense pressure, due to debt or lack of food, they are forced to adopt practices that risk exploitation of girls e.g. transactional sex or early marriage⁶.

In conclusion, entrenched inequalities in the distribution of power, resources, and responsibilities between men and women risks creating a spiral of poverty, GBV and food insecurity. This spiral needs to be broken if MDG 1 is to be achieved.

Breaking the downward spiral of Poverty and GBV through economic empowerment, food security and livelihood development: Lessons from Country Case studies

There is a need to focus on economic opportunities and livelihood support to address GBV that should be considered from the outset of any development intervention. Economic empowerment reduces pressure on households resulting in a decrease in the risk of violence for women while expanding the range of livelihood choices open to them.

³ Okoth et al, op. cit.

⁴ Julia Kim, *The Image Programme: Addressing the links between Poverty, GBV and HIV through microfinance and community action*, presentation to the Joint Irish Consortium on GBV Learning and Practice Day, June 2010. FAO, 2008. *Gender Based Violence, HIV AIDS and their impact on livelihood options of Population of humanitarian concern in northern Uganda*. Presentation on Poverty, Hunger and Gender Based Violence – *The Malawi Context* by Gertrude Kabwazi, National Gender Coordinator-Concern Universal Malawi, Dublin June 2010. Julia Kim, op cit.

⁵ FAO, 2008. *Gender Based Violence, HIV AIDS and their impact on livelihood options of Population of humanitarian concern in northern Uganda*.

⁶ Presentation on *Poverty, Hunger and Gender Based Violence – The Malawi Context* by Gertrude Kabwazi, National Gender Coordinator-Concern Universal Malawi, Dublin June 2010.

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE)

IMAGE is a programme in South Africa that has demonstrated that a combination of microfinance and training interventions can lead to reductions in levels of gender based violence and risk of HIV and AIDS⁷. It is based on a combination of:

- a poverty-focused microfinance initiative that targets the poorest women in communities
- a participatory curriculum of gender and HIV education.

The programme chose an experienced micro-finance institution, the Small Enterprise Foundation (SEF), to implement the microfinance services.

Based on wealth ranking criteria, loans were provided for the development of income generating activities with a group lending model. Businesses were run by individual women, but groups of five women guaranteed one another's loans. Group members repaid together to receive further loans. One loan centre consisted of about 40 women (eight groups of five), who met every 2 weeks⁸.

Based on participatory learning and action principles, a 12-month women's leadership training curriculum was implemented during loan centre meetings (held every two weeks). Phase one of the training was conducted over six months and consisted of ten 1-hour training sessions. Topics including gender roles, cultural beliefs, relationships, communication, GBV, and HIV, and aimed to strengthen communication skills, critical thinking, and leadership. The second phase encouraged wider community mobilisation to engage both young people and men. Village Action Plans around GBV and HIV and AIDS were developed. Key women were selected by their centres for a further week of leadership training and subsequently worked with their centres to mobilise around priority issues including HIV and GBV.

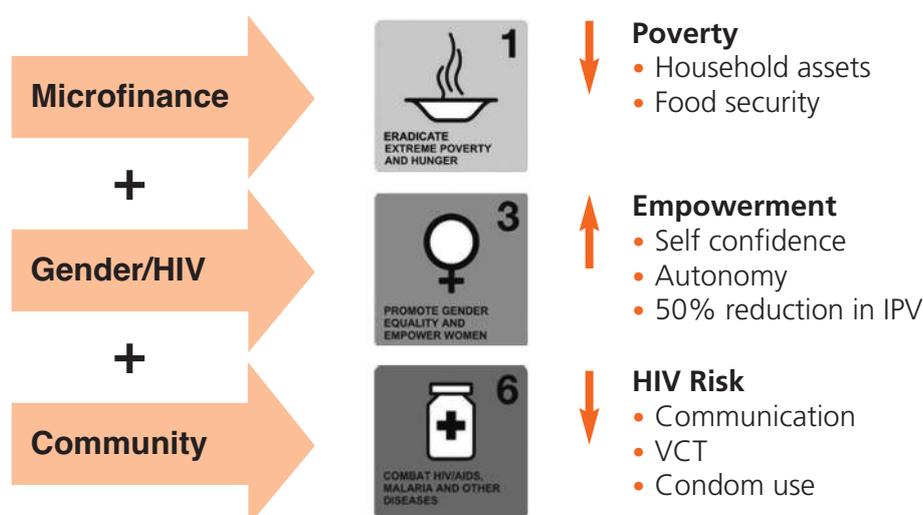
Impact to date:

Impacts on economic well-being and women's empowerment have been recorded along with a reduced risk of GBV and HIV and AIDS:

- After two years, instances of GBV were reduced by 55%.
- A 99% repayment rate on loans.
- Increased food security, expenditure and household assets.

Synergy: Economic Well Being/Empowerment and GBV reduction

Multiple MDG Impacts = synergy



⁷ Julia Kim, op cit.

⁸ The programme and findings of the IMAGE programme are published in the Lancet (2006); 368: 1973–83, *Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial*, by Paul M Pronyk et al

- Women's empowerment improved through self confidence, autonomy, challenging gender norms, improved social capital and collective action.
- After two years, there was greater communication about HIV, increased VCT by 64%, and reduced unprotected sex by 24% in those under 35 years.

Qualitative research found shifts in several domains of women's empowerment; this was achieved at different levels:

(i) Women themselves:

- Shifts in attitudes towards violence.
- Confidence to leave abusive relationships.

(ii) In their relationships:

- Reduced conflicts over finances.
- Greater status and negotiating power.
- Better communication and conflict resolution.

(iii) Collectively among women:

- Speaking openly in centre meetings about abuse.
- Confronting members who are contributing to other women's abuse.
- Solidarity and support when women leave violent relationships.
- Establishing village-based counselling groups to support survivors of domestic violence and rape.

Lessons learnt

- Microfinance alone or leadership training alone does not have the same impact on addressing or preventing GBV as combined interventions.
- The importance of addressing basic income needs not stand-alone HIV or GBV projects.
- Prolonged contact with a peer group (over 2 years) built confidence and empowerment. Initially women were resistant to discuss domestic violence, found it difficult to challenge gender norms, and did not see addressing GBV or HIV as a priority.
- Choosing good project partners-the Small Enterprise Foundation were experts in microfinance.
- The approach shows it is possible to affect the most vulnerable groups and empower them to find ways to talk to men and creative ways of engaging chiefs and leaders.

- It increased intergenerational dialogue between young and older women.
- Scaling up has reduced the cost of providing the training to 13\$ per client, versus 43\$ before scale up - the project has now scaled up from 450 to 12000 women.
- The value of working across disciplines (in this case: health, livelihoods and gender).

Farmer Field Schools as a Platform for Reducing GBV in GBV Northern Uganda

Many communities in Northern Uganda have endured conflict, displacement and drought, and a continuous erosion of livelihood assets. Instances of GBV were deemed to be on the increase due to such factors as food insecurity, poverty and lack of income generating activities, excessive alcohol consumption coupled with drugs, loss of land by widows and orphans, and lack of awareness of human rights.

In response, the Food and Agriculture Organisation (FAO) developed Farmers' Field Schools which is an extension approach focusing on relevant production, financial and life skill, and is built on the principles of adult education and experiential participatory learning processes. The approach is based on the assumption that if households are food and income secure, instances of GBV will be reduced. It uses Social, Economic and Gender Analysis (SEAGA) tools to identify appropriate interventions, while Farmers Field Schools are considered a platform for blending production, entrepreneurial and life skills. Investment opportunities are enhanced through Village Saving and Loan Associations.

Note of Caution: *The assumption that increased income and food security alone leads to a reduction in GBV was proved to be false in the IMAGE project, and only coupled with leadership and empowerment training was the level of GBV reduced.*

The approach seeks to address both short and medium term livelihood options including:

- Skills development through training.
- Investment grants to stimulate commercial entrepreneurship.
- Agricultural input provision to enhance production.
- Asset development for income generation;
- Post harvest management through grinding mills, and improved storage.
- Savings to meet household financial requirements and to encourage investment opportunities.

The FFS provide a neutral forum, led by a resident facilitator, for men and women to discuss and design programmes as peers, and avoids talking to women as victims, and men as perpetrators. GBV is introduced as one of a number of special topics that affect households rather than raised as an issue on its own⁹.

The framework for measuring impact is as follows:

- The livelihood component focuses on household income and food security as proxies to preventing the underlying GBV contributory factors.
- Process indicators are used to monitor implementation deliverables and outputs.
- Knowledge, Attitude and Practices (KAP) surveys are used to determine levels of change in attitudes and behaviour.
- Baselines and post implementation surveys are undertaken.

The project has impact at three levels:

- Social capital** through social support networks, group enterprises and marketing, participatory decision making, cohesion, appreciation and willingness to learn in a group, and collective responsibility.
- Human capital** through enhanced decision making, trained community facilitators, and improved self esteem.

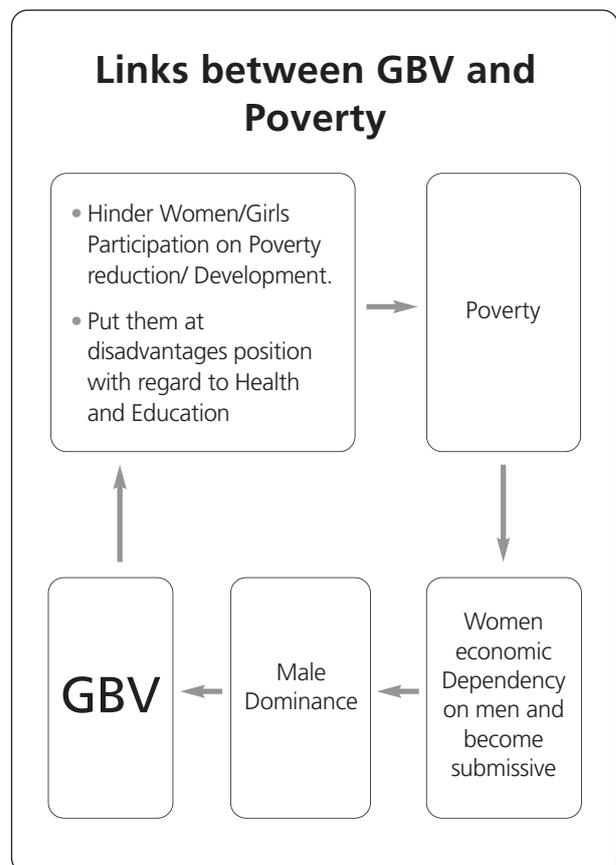
- Financial and physical capital:** Joint bank accounts, capital assets (mills), commercial enterprises, savings accumulation, revolving funds, and investment grants to FFS have instilled a sense of financial responsibility

Lessons Learnt:

Food and income security have a direct positive effect on reducing contributory factors that cause GBV.

- GBV needs to be addressed as an integral component of a broader livelihood programme.
- To avoid conflict in households, seek to strengthen the productive capacities of *both* women and men.
- Appropriate labour saving technologies for women reduce their work burden
- Integrating entrepreneurial skills, income generating activities and accumulation of disposable assets contributes to reducing GBV.

Reduction of Poverty and GBV: Ethiopia



⁹ Okoth, op cit.

Women's Support Association

The Women's Support Association in Ethiopia designed a programme to prevent and respond to GBV with the following strategies:

- An assessment of the national legal, policy and institutional frameworks to identify strengths and gaps in relation to addressing GBV.
- Reviewed studies on the prevalence of GBV across the country.
- Undertook its own baseline studies to assess the nature and extent of GBV in its programme areas – some 51 forms of GBV were identified.

Subsequently it designed a programme to prevent and respond to GBV with the following key strategies:

Community mobilization and promoting behavioral change through the use of a number of approaches:

- *Women organized into Self Help Groups* focusing on savings and credit but also included bylaws to deter Female Genital Mutilation; groups apply sanctions against members who practice FGM in line with their code of conduct, and report such members to the authorities.
- *Involving men* in the programme through quarterly family days involving all members of the family, both male and female in facilitated discussions has opened up safe spaces for dialogue
- *Working with gender and HIV/AIDS clubs* to prevent violence in schools; training female teacher guardians in each school to which girls can report incidents – these guardians have links to the local community.
- *Effective coordination of community mobilization* and response by networking with all structures operating in the area, and organizing GBV monitoring groups at village and district level.
 - (i) *Capacity Building* and strengthening of local institutions.
 - (ii) *Ensuring maximum integration* of GBV interventions with HIV/AIDS, Reproductive Health and Family Planning, and Livelihood programmes.
 - (iii) *Facilitating access to Legal and Medical* support for GBV Survivors.
 - (iv) *Developing the knowledge and skills* of all staff on addressing Gender Equality and Gender Based Violence Programming. All manuals, policies and codes of conduct now mainstream GBV issues¹⁰.

The results of the programme are at three levels, social, economic and political, as follows:

(i) Social impacts:

- Improved reporting of, and legal responses to GBV;
- Seventeen GBV monitoring groups active;
- 410 SHGs (savings and credit, with 7,740 women) and 32 cluster level associations organized that have become strong partners in the fight against GBV.
- Scaling up of SHGs has happened through the model effect whereby 54 new SHGs have organized themselves;
- SHGs have developed their group bylaws and include prevention of harmful traditional practices in their bylaws.
- Women have grown in confidence, are able to speak out about their rights, and have developed solidarity and help each other during times of death, mourning, and birth.

(ii) Economic impacts:

- Significant financial resources accessed from donors and disbursed to women.
- Daily income of women increased
- Women engaged in businesses, and business ideas improved.

(iii) Political impacts:

- Successfully lobbied local government to secure and own land for construction of an office, a market and for silk production.

Advocacy

The programme advocates with the local government to promote women's rights; has developed a network of like-minded organisations at zonal level, and twenty seven organisations have formed a consortium and are collectively registering at national level.

Lessons Learnt

- Integrating education (adult functional literacy and formal literacy) with GBV prevention and control interventions are key to contributing to women's empowerment and reduction of GBV.

¹⁰ Martha Namera, Presentation on *Women's Support Association Experience on GBV Prevention and Response*, to the Irish Consortium on GBV, Dublin, June 2010.

- Establishing and strengthening self help groups has proved cost effective and efficient in contributing to the reduction in the incidence of GBV and in empowering poor women.
- The combination of identifying feasible livelihood and GBV interventions helps to overcome GBV.
- Engaging men in the planning process and implementation positively affirms their role in the household and community, leading to a more supportive environment for women's empowerment.

Key Lessons Learnt From the Learning & Practise Event

- **Developing and sustaining synergies** between interventions that address poverty, hunger, GBV, and HIV are effective in addressing GBV.
- **The risk environment for GBV, HIV, poverty and hunger are similar** and need to be understood in the operating context,
- **Engaging men is critical in attempts to address GBV, and utilising family days as a safe space to discuss many issues including GBV is positively impacting on women's lives**
- **Economic empowerment** is an important tool to prevent and respond to GBV, but it is critical that it is complimented with leadership and empowerment related training or skills development.
- **Organizations need to combine skills** to address the multi-dimensional aspects of GBV and HIV and create platforms where various multi-disciplinary groups can come together, work as a team, and adopt a collective approach to problems.
- **Greater coordination of funding structures at an institutional level is critical** – Funding structures within donors are often vertical with the same agencies funding poverty and livelihoods programmes but funding GBV programmes separately. Donors should consider an integrated approach to funding and create incentives for working across sectors e.g. call for proposals that adopt cross sectoral and creative approaches that promote innovation.
- **Research and evaluation** is very important to demonstrate the benefits of a multi-sectoral approach.

Entry points for breaking the downward cycle of poverty and GBV

- **Focusing on livelihoods offers a valuable entry point** – if people lack basic needs they may not prioritise discussion of social issues. Beginning with GBV as an entry point is difficult as there is often resistance; indirect ways can prove to be the most effective. For example, water may be the priority and it may prove to be a strategic entry point to engaging with community power structures that may subsequently engage on GBV e.g. elders
- **Linking GBV to HIV** has been an important programming and funding opportunity in many contexts and has allowed GBV to be on the agenda when previously it could not be discussed.
- **Seek opportunities to be more creative and proactive about prevention**, for example, raising GBV in the school curriculum, or messaging created by men to generate discussion among young men. Music can be used as a way to deal with issues and encourage discussion and new ways of understanding masculinity and power dynamics.
- **Programme design should be flexible**, not linear, e.g. there could be several entry points, not just one – the case studies in this paper illustrate entry points through microfinance, food security, HIV and AIDS.
- **Work at different levels** – on the ground, at country and international level – so that there is advocacy at the different levels. Donors need to take on longer term strategies to support real lasting change. .

Measuring and monitoring impact where multiple actors are involved.

It is important that GBV related indicators (such as changes in attitudes, norms, behaviour, help seeking etc) are embedded into broader programmes to ensure that the issue is assessed at an impact level:

- **Indicators** A key issue is the indicators that donors use to hold partners to account. If there is too much focus on issues such as efficiency and lowering costs, then partners need to discuss with donors the challenge of measuring complex issues.
- **Monitor several dimensions.** Impact on GBV should be measured by the various disciplines responsible for different components e.g. livelihoods, income, protection issues, advocacy, education, health, rights, economic issues. The performance in various sectors and disciplines should be measured by the extent to which GBV is addressed.
- **Use qualitative as well as quantitative indicators** Qualitative indicators are powerful, will emerge earlier than statistics, and qualitative methods such as Knowledge, Attitude and Practice studies will provide complementary information that enrich data attainable through statistics.
- **Participatory monitoring** should be adopted so that people themselves can tell their stories, and are enabled to define the benchmarks for their own empowerment.
- **Measure progress at different stages using different tools and indicators** for different components to see if the project is on the right track before measuring impact i.e. it should not be a once off event at the end of a programme.

The Irish Joint Consortium on GBV comprises Irish Human Rights, humanitarian and development organisations together with Irish Aid and the Irish Defence Forces working together to tackle gender based violence. For more information on the Consortium please go to www.gbv.ie

The current members include:

