Making Advocacy Count Case Study 6: Influencing local government development planning and budgeting processes to address GBV in Rwanda

This case study has been developed using CARE's Advocacy and Influencing Impact Reporting (AIIR) tool to document CARE Rwanda's advocacy initiative for influencing local government development planning and budgeting processes to address GBV. It is one of a series of seven case studies of advocacy wins in the Great Lakes sub-region produced by the Making Advocacy Count cross-country learning initiative, which was carried out in FY 2018 with funding from CARE USA's IPO/ PPL departments. Starting from the CARE definition of advocacy as "**the *deliberate* process of *influencing* those who make *decisions* about *developing, changing and implementing policies* to reduce poverty and achieve social justice**[1]", the case study documents the significance of this advocacy win, the level of CARE and our partner's contribution, who stands to benefit from the change, and the evidence available to support a claim of change or impact.

Success:	
1. What is the advocacy or influencing win? Include details such as: • A description of the win, and how it was achieved • start date and end date • any incremental wins that happened along the way • the main decision makers that CARE influenced to achieve this win 2. Why is this advocacy or influencing win significant? What was the reality prior to the advocacy/influencing win that the win aims to address? 3. If this win is part of a larger advocacy or long-term program goal, please describe the larger advocacy/influencing goal?	Since 2010, CARE Rwanda has implemented a series of projects which have focussed on **strengthening demand- and supply side local governance processes to ensure that local decision-makers incorporate and implement measures for GBV prevention and response into the district level development planning process**, which is known as *imihigo* in Rwanda. This programming experience has highlighted the importance of strengthening women's and marginalized groups' participation in the *imihigo* process and ensuring that district level performance contracts include budgetary allocations for GBV prevention and response activities. Influencing the *imihigo* process must however be understood as **a long-term advocacy objective**. To date, CARE Rwanda's programming interventions have contributed **to changes in the attitudes of local leaders in terms of their understanding of GBV as a development issue** and their responsibility for ensuring downwards accountability to their constituents. The starting point for this influencing process was the implementation from 2010 to 2013 of the **Great Lakes Advocacy Initiative** across six districts in southern Rwanda. This project aimed to increase national and local leaders' accountability for the implementation of national GBV policy, as well as building the capacity of women and men activists to receive cases of GBV and to provide referrals to appropriate services and to advocate for quality, affordable and available services in the community. GLAI and subsequent women's empowerment programming interventions by CARE Rwanda (GEWEP and *Umugore Arumvwa* – 'A Woman is Listened To') which also focussed on GBV prevention and response, provided the foundation for CARE Rwanda to build an understanding of the socio-political context shaping the implementation of GBV legislation at the national and local level and to develop effective working relationships with key ministries such as MIGEPROF. Implementation of GLAI also involved the **establishment of a network of CSOs working on GBV issues in Rwanda** in 2010. The SGBV CSO network, which is currently coordinated by a national umbrella organisation representing organisations working on women's rights in Rwanda (Pro-Femmes Twese Hamwe - PFTH) with funding from CARE Rwanda, has been and continues to be a channel through which CARE Rwanda and CSO partners and allies work collaboratively to develop advocacy messages and organise policy dialogues on issues relating to GBV and women's empowerment. Over the period 2012 - 2014, the CSO network initiated internal discussions with its members to agree a shared approach for understanding and influencing the *imihigo* process. Since then, CARE Rwanda and partners' implementation of the ***Indashyikirwa* project** from 2014 to 2018 and the **Every Voice Counts project** from 2016 to 2020 has focussed specifically on influencing the *imihigo* planning process through a combination of: awareness-raising and capacity-building with LG representatives to build knowledge and understanding of the need to address GBV; facilitating the Community Score Card (CSC) approach as an accountability

[1] See CARE International Advocacy Handbook for more information

	mechanism; and strengthening the participation of women and marginalised groups (youth & people with disabilities) in dialogue around the planning process with local authorities. Activities for strengthening the participation of women and marginalised groups in dialogue with local authorities have included the organisation by Pro-Femmes and CARE of interface meetings between community members and local leaders, as well as district and provincial dialogues in the southern province. The long-term goal of this advocacy initiative by CARE Rwanda and partners is to ensure that women and marginalised groups are participating meaningfully in the *imihigo* process, thereby ensuring that their priorities – including the need for GBV prevention and response initiatives – are adequately reflected in local government development planning, budgeting and implementation. While this overall goal has yet to be fully reached, this case study documents the positive progress towards that objective that has been achieved to date. To date, incremental wins that have been achieved at the local level have included **the adoption of the CSC approach in one district** (Kamonyi) as part of its five-year district development strategy, and the **establishment of specific spaces for use by women, youth and people with disabilities** in voicing their opinions as part of the local development planning process – a change which began in a single district (Nyanza) but which has since been replicated in several other districts within the EVC project implementation area[2]. At the national level**, joint lobbying meetings** (co-organised by Pro-Femmes, CARE and members of the SGBV CSO network in 2017 and 2018) with the Ministry of Gender, the Ministry of Finance and the Ministry of Local Government have yielded positive verbal commitments from these institutions to consult stakeholders on priorities to be included in district *imihigo*. In January 2019 the Ministry of Gender wrote to all districts informing them of **additional funding allocations to be used for addressing GBV issues** by providing reintegration support for victims of GBV, child abuse and human trafficking and operationalising the Parent Evening Forums (a community level forum at which GBV issues are discussed)[3]. Although the additional budget allocations provided were modest, this nonetheless represents a positive step forward in terms of the CSO network's advocacy focus on increasing budget allocations for local level GBV prevention and response activities. The significance of this advocacy win is that **the *imihigo* process provides a strong mechanism for local government accountability**, with district performance results being reported directly to the President. Promoting the **inclusion of GBV prevention and response activities with budgetary allocations** in the *imihigo* based on the participation of women and marginalised groups in that process is therefore a powerful guarantee that those activities will be implemented and that local leaders will be held accountable. In the past, the *imihigo* planning and budgeting process focussed mainly on infrastructure development rather than on addressing "soft" issues of gender equality and GBV. As an outcome of lobbying and advocacy efforts by CSOs, local and national leaders are gradually changing their mindset and increasingly understand that the participation and consultation of marginalised groups in the *imihigo* process is necessary and activities to address GBV need to be planned and budgeted for. This advocacy initiative relates to CARE's approach for inclusive governance as measured by global indicator 19 (the # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces) and the Life Free From Violence outcome area of CARE's global programme strategy.
Contribution:	
4. On a scale from high, medium, or low, how would you rate CARE's contribution to the advocacy/influencing win? *(please refer to the scale below the table)*	CARE's contribution to this influencing win can be considered as **medium** to **high.** CARE is not the only organisation in Rwanda working to ensure that issues of gender equality and GBV are addressed in the *imihigo* process. The need to strengthen accountability in local governance processes for planning and budgeting in relation to GBV was identified by the government of Rwanda in the 2013-2014 Annual Report of the Gender Monitoring Office[4], which report paved the way for Rwandan civil society to engage in advocacy on the issue. As a result, the issue of promoting increased participation by women and girls and marginalised groups in the *imihigo* process has been taken up by a broad range of CSOs and NGOs working in Rwanda, particularly

[2] CARE Rwanda (2019) *Every Voice Counts Annual Report – 1 January 2019 to 31 December 2018.* Unpublished project document.
[3] Letter dated 18th January 2018 from MIGEPROF to district government authorities.
[4] Government of Rwanda Gender Monitoring Office (GMO) (2014) *GMO Annual Report 2013 – 2014.*

5. Describe CARE's contribution, specify CARE's unique role as well as the role of other main actors including partner organizations and coalitions. 6. What evidence is there that supports our claim that CARE contributed to this win	members of the CSO network established by CARE. CARE has however taken on a leading role in defining and promoting this advocacy agenda through a process of active engagement with the Ministry of Gender, Districs and other authorities. CARE's contribution to this advocacy initiative has nonetheless been significant as a result of the following key activities: • **Establishment and coordination of the SGBV CSO network**, where the issue of influencing the *imihigo* process was first identified as an advocacy priority for Rwandan civil society to engage with. Coordination of the network was handed over to PFTH – an umbrella organisation of 53 CSOs working to promote women's empowerment and peace building for sustainable development in Rwanda. CARE however continues to provide technical and financial support to PFTH for network activities and PFTH is a key advocacy partner for CARE in Rwanda. • **Provision of capacity-building and training inputs on policy analysis and advocacy** to members of the SGBV CSO network (2014, 2015) • **Introduction in Rwanda of the CSC approach developed by CARE in Malawi** as a mechanism for monitoring access to GBV services and promoting women's increased participation in the *imihigo* process. The scorecard approach has been instrumental in increasing women's voices locally to demand accountability and has since been taken up by several other international and national organisations working on local governance issues. • **Capacity-building with local authorities using innovative curriculum**, including the Hague Academy trainings on inclusive governance. These trainings have been carried out by CARE Rwanda with support from CARE Netherland. Local authorities have also been facilitated to develop individual action plans to ensure they consult citizens and provide feedback on imihigo and other planning processes as needed. • **Organisation with PFTH of annual district dialogues** in 2017 and 2018 bringing together community representatives and key LG representatives involved in the development planning process, to follow up on issues identified during the CSC process. • **Organisation with PFTH of national dialogues** in 2017 and 2018 with key decision-makers from the relevant line ministries (MIGEPROF, the Ministry of Local Government and the Ministry of Finance). In 2017, the national dialogue focussed on service delivery for GBV victims and resulted in a commitment by decision-makers to enforce accountability for the provision of services free of charge to GBV victims. Prior to the national dialogue in 2018, PFTH provided members of the SGBV CSO network with a training on social media engagement for campaigning. • **Regular one-on-one meetings with the Ministry of Gender and Gender Monitoring Office** held in accordance with the Memorandums of Understanding developed to define CARE's collaborative working relationship with those institutions. As a result of these agreements, CARE programme staff also attend technical meetings organised by the ministry and GMO which provide potentially valuable opportunities for advocacy to promote the uptake of CARE's thinking and programming models at the national level. PFTH has been an important advocacy partner for CARE throughout this process, as a national-level umbrella organisation which is widely known and credible for its focus on advocacy work relating to women's rights, and which is accordingly well-positioned to mobilise CSOs in raising their common voice to influence the *imihigo* process. Since taking on the coordination of the CSO network in 2017, PFTH has worked closely with CARE both as an implementation partner for delivery of the EVC project and in national level advocacy activities. PFTH's influencing activities at the national level have included the production of position papers documenting what the EVC project is working to achieve in terms of women's participation and access to services for GBV victims, and the organisation of campaigns at field level and with the media. The Rwanda Women's Network has also worked closely with CARE in advocating for improved local level planning and increased budgeting for GBV prevention and response activities. Evidence of CARE's contribution to this ongoing advocacy process includes: • A statement by Pro-Femmes and CARE on behalf of women's rights organisations in Rwanda calling for increased prioritisation of GBV interventions in national and district planning and budgeting processes that was published in the Rwandan New Times in December 2017.

	• The Policy Brief on the Inclusion of GBV Prevention and Response in *Imihigo* Planning and Budgeting produced by Pro-Femmes to guide advocacy work being undertaken jointly with CARE Rwanda. • The agenda, participant list and minutes of the Breakfast meeting held in October 2018 with representatives from the ministries of gender, local government and finance to present CSO recommendations on national planning and budgeting to address GBV. • Posters from the social media campaign conducted by the SGBV CSO network during the National Dialogue chaired annually by the Rwandan president. In 2018, the campaign used the hashtag #Umushyikirano2018 and targeted decision makers in the national dialogue with recommendations for the *imihigo* process.
Potential Impact/Reach:	
7. What is the impact population that is expected to benefit from the advocacy/influencing win? Describe how the win will translate into a better life for these participants? 8. If the change we have influenced is fully implemented, can you quantify the number of lives that could potentially be reached by this advocacy win?	The impact population expected to benefit from this advocacy win are **vulnerable women and girls who are at risk of GBV** and **men living with disability** (as women living with disability are included in the category of vulnerable women). This win will translate into improvements in the lives of these impact groups in terms of: increased awareness and understanding of GBV as a rights violation and increased awareness of the support services available for GBV victims (as a result of the issue being raised at the village-level Parents Evening Forums); women and girls and marginalised groups' increased participation by and influencing of the local level development planning process to ensure their needs and priorities are reflected in the district level performance contracts, and strengthened downward accountability of local authorities to the people they represent. Ultimately this should result in improved access to services and support for GBV victims and for people living with disability. If fully implemented across all 30 districts of Rwanda, changes in local government development planning and budgeting processes could potentially be of benefit to an **estimated 2.2 million vulnerable women and girls** (identified as the 34.8% of women and girls in Rwanda who live in poverty based on national census data from the Rwandan Bureau of Statistics and a total population estimate of 6.2 million women and girls) and **221,150 men living with disability.**
Actual Impact/Reach:	
9. Do we have any evidence to date that these expected outcomes have been achieved? If so, please describe how the win has translated into a better life for the impact population. 10. Can you quantify the number of lives that have been improved to date? *Please explain how you calculated this number.*	In January 2018, the Ministry of Gender and Family Promotion made **budget allocations of a total value of 313 million Rwandese francs (equivalent to ca. 370,000 USD)** to fund district-level activities for GBV prevention and response across all 30 districts in the country. This funding commitment by central government reflects the growing recognition at the national level of the need for district-level development planning and budgeting processes to explicitly address GBV. In terms of actual impacts to date across the five districts of its implementation area, project resports show that the EVC project in Rwanda has reached 6,303 people directly through the CSC process, community advocacy meetings and district and national dialogues, of which 4,776 are women. The EVC project in Rwanda has also reached 20,767 people, of whom 15,728 are women, indirectly by the activities of scorecard facilitators and campaigns in the community. The project mid-term review[5] found that women and youth involved in the CSC process and associated Community Dialogues are making progress towards participating actively in and influencing the decision-making processes that affect their lives, as documented in a video of the 2018 *imihigo* planning process in Nyanza district produced by the project (https://m.youtube.com/watch?v=ZmffuyORcec). The project mid-term review also used an Outcome Harvesting methodology to document a total of 13 examples of changes achieved through the EVC project's implementation, of which seven referred to improved responsiveness of public authorities and improved access to services for GBV survivors. Examples included the provision of a private room in a local health centre to ensure privacy and confidentiality for GBV victims, the provision of an ambulance to transport victims to the health centre, the deployment of a male police officer to provide services to male GBV victims at Isange One Stop centre, and a public commitment by the provincial governor to enforce the national GBV roadmap and standards which define service entitlements for GBV victims. This qualitative evidence reflects increased commitment of local public authorities to addressing GBV but does not provide a basis for a quantitative estimate of the number of lives

[5] CARE Rwanda (2018) *Every Voice Counts – Mid-Term Evaluation Report.* Consultancy report by Monitor Consulting Group Ltd.

	improved to date as a result of the project's implementation. As yet it is also too early to attempt any measurement of impact beyond the project working area.
Reflection and Learning:	
11. What were the main challenges you faced, and were they overcome? If so, how? 12. What influencing tactics were particularly effective/ineffective? 13. What would you do differently next time? 14. What are the next steps/follow-up for this advocacy win?	The main challenges faced during this influencing initiative to date have been: • The initially **limited understanding and recognition** by national and local leaders of the **importance of development planning and budgeting to address "soft" issues**; • The **limited experience and capacities of NGOs in Rwanda for engagement in policy dialogue and advocacy**. When the CSO network was first established, there was widespread concern among its members that engaging in advocacy would involve a confrontational approach; • The **complexity and strongly top-down nature of the Rwandan governance system**, which means that local leaders usually tend to implement decisions passed down from central government and may have limited power for making decisions at the local level. An influencing tactic that has been found particularly effective in this context has been engagement of leaders and decision-makers by means of **one on one lobbying meetings**, as opposed to having more public dialogues and meetings. CARE Rwanda's experience suggests that leaders are often reluctant to openly commit to addressing sensitive issues in more public settings. Similarly, although many policy makers at the national level use social media such as Twitter, use of these platforms for influencing decision-makers has proven to be of limited effectiveness, because many CSOs are not wholly adept at or comfortable with the use of social media platforms to campaign for social change. Given that the advocacy initiative for influencing the *imihigo* process is ongoing, CARE and Pro-Femmes have agreed to change tactics and see how to intensify lobby meetings with specific decision makers rather than organising large and costly conferences. Since public mobilisation is also needed, next steps in the process will also include the organisation of a campaign to mobilise women, youth and people with disabilities to ensure mass support for the long-term goal of this advocacy initiative.

Rating scale[6]:
High: There is reason (evidence) to believe that the change would not have happened without CARE's efforts. This could also include significant actions from partners which we support technically or financially.
Medium: There is reason to believe CARE contributed substantially, but along with other partners
Low: CARE was one of a number of actors that contributed, but this change may have happened regardless of CARE's involvement

[6] This rating scale has been used by Save the Children to measure contribution in advocacy work