

Track Record Case: Lobby & Advocacy for GBV Law and Policy Reform in Burundi

I. SUMMARY

From 2018-2019, CARE Burundi,¹ COCAFEM, and partners have been actively advocating with the Government of Burundi to amend the gender-based violence (GBV) law and to harmonize the GBV national legal framework. In conjunction with the ICGLR secretariat, CARE Burundi and COCAFEM have been following-up on the recommendations from the Kampala Declaration against GBV and their implementation, with Burundi's GBV law as one of the recommendations. Efforts by this coalition of civil society organizations in Burundi share a common primary advocacy objective **to empower community-based organizations (CBOs) and individuals to effectively engage in evidence-based lobby and advocacy to influence GBV policy and monitor the protection of fundamental human rights**. The sub-objectives are: (i) to increase the recognition of women's rights and impact of the anti-GBV law and policies; (ii) to improve capacities of civil society organizations (CSOs) to mobilize CBOs to engage in GBV advocacy at local and national levels; and (iii) to support decision-makers to be more responsive.

The following case describes the approaches and interventions utilized by CARE Burundi and partners when advocating for amendments to the GBV law and policies in Burundi. It highlights the successes and shortcomings of those efforts as well as opportunities to further lobby and advocacy efforts in Burundi.

II. RATIONALE

Gender-based violence (GBV) is a global phenomenon rooted in gender discrimination and inequality. GBV “refers to any harm perpetrated against a person’s will on the basis of gender.”² It includes physical, emotional, psychological, and sexual violence, and broader definitions have been increasingly including financial and social harm as well. Examples include family violence in the home, sex trafficking, female genital cutting, forced marriage, amongst other types of harm or exploitation.

¹ Efforts by CARE Burundi were components of ongoing Every Voice Counts and Gender Equality Women Empowerment programs. The two programs focus on women and girls and centre interventions on: (1) women and girls' economic empowerment; (2) advocacy for improved legal frameworks; and (3) strengthening women and girls' voices.

² CARE. (2014). Bringing an End to Gender-Based Violence. Issue Brief. Atlanta, GA: CARE USA.

Typically, women and girls are the targets of GBV due to detrimental social norms, though men and boys may also suffer from GBV. In development contexts, including Burundi, GBV is often exacerbated by poverty and inequality.^{3 4}

GBV: A WORLDWIDE CHALLENGE

Estimating the prevalence of GBV worldwide is difficult because it is chronically underreported, but estimates vary from 33 to 70 percent of women in their lifetimes experience GBV (percentages differ by country and context).⁵ Further, GBV often increases during periods of conflict or war. Death and poor health resulting from GBV is more prevalent than from malaria and traffic accidents combined.⁶ Responding to GBV is challenging as it is typically kept hidden, even when prohibited by law. Cultural attitudes and social norms, alongside weak or unsafe support services (health, legal), perpetrate the continued silencing of those needing assistance.

Impacts of GBV ripple beyond the survivors and have proven to result in wider social and economic effects including psychological impacts to families of survivors, strained police and legal services, decreased economic productivity, and more. For example, in Bangladesh, the cost of GBV represented 12.5% of the nation's annual expenditure in one year.⁷ Beyond issues of rights and safety, there are international reasons to address GBV. For instance, governments must incorporate international standards on GBV into national legislation to comply with CEDAW and implementation action plans must be developed. Many donors and I/NGOs recognize the need to enact zero tolerance for GBV policies as a core component for funding and technical support to governments.⁸ In addition, popular opinion about GBV is also changing. CARE has recorded that the number of people who do not believe that GBV is justifiable has doubled to tripled (depending on gender and location) in recent years.⁹

GBV IN BURUNDI

As globally, GBV is pervasive in Burundi. UN Women¹⁰ and Enquête Démographique¹¹ report that almost half of women experience physical or sexual intimate partner or gender-based violence in their

³ CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat.

⁴ Gillingham, S. (2018). A Life Free From Violence: An evidence-based value proposition for CARE's GBV programming in the Great Lakes region. CARE.

⁵ CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat.

⁶ CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat. Retrieved from: World Bank (1993). World Development Report 1993: Investing in Health.

⁷ CARE. (2014). Bringing an End to Gender-Based Violence. Issue Brief. Atlanta, GA: CARE USA.

⁸ CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat.

⁹ CARE. (n.d.). The learning behind the numbers: How CARE is helping prevent gender-based violence.

¹⁰ UN Women. (n.d.). Global Database on Violence Against Women. Retrieved from: Ministère à la Présidence chargé de la Bonne Gouvernance et du Plan Burundi - MPBGP, Ministère de la Santé Publique et de la Lutte contre le Sida Burundi - MSPLS, Institut de Statistiques et d'Études Économiques du Burundi - ISTEERU, et ICF. 2017. Troisième Enquête Démographique et de Santé au Burundi. Bujumbura, Burundi: ISTEERU, MSPLS, and ICF.

¹¹ CARE. (2017). 16 Days of Activism: Addressing gender-based violence in Burundi and Rwanda. Retrieved from: Enquête Démographique et Santé au Burundi 2016-2017.

lifetime. Further, six percent of men are believed to have experienced sexual violence in Burundi.¹² The true state of GBV in Burundi remains unknown as little research has been conducted on the topic. The UN Commission of Inquiry on Burundi was required to conduct research into sexual violence with refugees in neighbouring countries because they were not permitted by the government to conduct the inquiry within the country's borders. Thus, deeper investigation into the depth and breadth of the GBV crisis in Burundi is still needed.

Existing GBV Law

The government of Burundi has ratified numerous international documents into the constitution including CEDAW, the Kampala Declaration on SGBV-Sexual and Gender Based Violence, and UN Security Council Resolution 1325 on Women, Peace and Security. In addition, several national-level policies and laws have been enacted including the GBV law in 2016 that punishes acts of GBV, the 2012-2025 National Gender Policy that includes a priority of eliminating GBV, and the Family Code. The 2016 law was the culmination of a seven-year effort by an international and national alliance of CSOs, including CARE Burundi, and bilateral and multilateral organizations. The law expanded legal recourse for GBV, as only rape was punishable in the penal code previously, and addresses the social norms and customs that are harmful toward women's rights and expanded the scope of people who can report GBV beyond only the GBV survivor.

GBV Law Implementation

Despite a law against GBV in place, its implementation has been lacking due to policy gaps and contradictory provisions across different laws and policies. In addition, budget and resources have not been adequately provided to the Ministry of Human Rights, Social Affairs, and Gender to implement the policy.¹³

The GBV law in Burundi requires that marriage may only be between one man and one woman and that two people must be married to live together. Thus, men who live with multiple wives or partners are being forced to "choose" one woman as their wife and the other women must leave the home. This has resulted in many women, often along with their children, to flee their villages. One colline chief insisted this choice be made by men by a given date otherwise they would serve time in jail. The women who were not chosen, like many women from many other collines in Burundi, have been chased to the streets or to return to family. Existing GBV policies do not provide a budget to support women who must leave their husbands. As a result, advocacy networks are emerging to help these women. Village Savings and Loans Associations (VSLAs) are also stepping in to help by providing access a first loan for the women, especially those with children and coaching them in running small businesses to get to cover basic needs. Despite the goodwill of some advocacy networks and VSLAs, there is a major policy gap in how to address the women who suffer as a result of the GBV law and policies.

¹² Haro, J. (2018). Abuse, impunity and sexual violence in Burundi. UNICEF.

¹³ CARE. (2017). 16 Days of Activism: Addressing gender-based violence in Burundi and Rwanda.

III. DESCRIPTION

THEORETICAL APPROACH

Lobby and advocacy are a core component of CARE’s approach to ending GBV. Advocating for change in public policies and laws is not enough; real change requires support for their effective implementation. CARE and partners work with governments from national to local to strengthen laws and policies against GBV and ensure their implementation.



CARE utilizes the POWER! Model (see Figure 1) to amplify lobby and advocacy impact. This systems model recognizes power at multiple levels: individual and household, community, local duty-bearers, and national and international actors. In Burundi, CARE has approached GBV through initiatives and interventions that

engage men and boys (e.g., Abatangamuco), address social norms that perpetuate violence, empower women and girls, and strengthen the capacity of civil society and community systems to serve survivors. In addition, CARE Burundi has been actively working with government officials, including Parliamentarians, to recognize gaps and inconsistencies in the GBV law that prevent implementation and to develop sound policies.

CARE BURUNDI’S LOBBY AND ADVOCACY APPROACH

CARE Burundi recognized gaps in the GBV law and associated GBV policies (e.g., family code, legal framework, gender policy, GBV national strategy, etc.). For instance, there are discrepancies between them on who is able to reveal or give a GBV complaint: the GBV law says any person who witnesses the violent perpetrator can report to police whereas the Family Code says only the victim can report to the police. Another gap found in the GBV law is the limitation of the scope of the law regarding economic and psychological violence to spouses.

In addition, the provisions have contradictory punishments for perpetrators. As a result, the contradictory provisions make implementation challenging because it is not clear what should or could

be done. CARE understands that as long as these provisions are not harmonized, they will not be implemented. CARE and partner COCAFEM approached this issue by lobbying directly and using a social learning approach with the Ministry of Justice and Ministry of Gender in collaboration with other local CSOs in Burundi. The following section outlines the key interventions of this approach.

INTERVENTIONS

- 1. Generating evidence to support and direct the advocacy initiative.** COCAFEM commissioned a study on the implementation of the GBV law and policies that revealed gaps in policies and shared it with the Ministries of Gender and Justice. COCAFEM and CARE have established a database which utilized data from CDFC¹⁴ for reported GBV cases to engage and influence decision makers at multiple levels. Also, completing a power mapping and analysis to investigate who amongst power holders are influential for the GBV law.
- 2. Forming a small committee of CSOs** to engage in lobbying meetings with public officials. Lobbying tasks were divided based on the power and stakeholder mapping. Technical and financial **capacity-strengthening** for CSOs and CBOs was provided by CARE Burundi and partners as needed related to the given lobby tasks.
- 3.** Engaging the Ministry of Gender to develop a **harmonized GBV database** to monitor the extent of reported GBV incidents in Burundi¹⁵
- 4.** Engaging female Parliamentarians, the Gender Ministry, and the Justice Ministry in **social learning by organizing trips** to numerous provinces of Burundi. On the trip, they met with women affected by the GBV law and policies. Parliamentarians saw the damage to these women and their families caused by the abrupt implementation of the family code. The trip enabled these public officials to recognize that the GBV law and policies are causing harm and are difficult to implement properly.
- 5. Attending Parliament meeting** following the social learning trip and supporting the female Parliamentarians in their discourse with the rest of Parliament on the shortcomings of the law. The Parliament meeting resulted in lively debates about the purpose and origin of the law and its gaps. The meeting resulted in Parliamentarians asking CARE and COCAFEM to provide input on amending the gaps and issues.
- 6. Providing inputs to the Ministry of Justice**, at the request of Parliament, on the key gaps and conflicting provisions in the GBV law and policies.
- 7. Organizing a meeting between the Parliament and Justice Minister** to discuss the GBV law and policy provisions. The meeting's aim was to address the gaps and issues and it was decided that this would be done through amendments to the law as this is a faster process than re-writing the law or policies.
- 8. Expanding the GBV advocacy network** in Burundi to include UN agencies, INGOs, LNGOs, and the media. Now there are 16 organizations involved.

¹⁴ CDFC is the Family and Community Development Centre, a decentralised structure of the Ministry of Gender.

¹⁵ CARE. (2017). 16 Days of Activism: Addressing gender-based violence in Burundi and Rwanda.

9. **Utilizing safe spaces of influence** through the NAWE NUZE Innovation Hub where CSOs, government officials, vulnerable women and girls, representatives from the World Bank/ICGLR were invited to review the GBV laws and policies and reflect on what should be prioritized.
10. Promoting dialogue between public authorities and service providers and community members through the **Community Score Card** approach to monitor and ensure adequate implementation of the GBV policy and improve services related to GBV response and prevention.

Innovation

Of all interventions utilized during the lobby and advocacy efforts, the **social learning** trip was the most innovative and one of the most effective. It allowed the Parliamentarians and administrators to get a first-hand look at how their policies are affecting the public they serve. By interact directly with community members, they learned more about the policy's implementation than they could have by simply reading about it or talking with CSO representatives.

In addition, CARE's **Community Score Card** is a different approach to lobby and advocacy. This innovative method enabled CARE and partners to gather evidence from the community members themselves on the successes and shortcomings of the GBV law and policies in practice and utilise that evidence during advocacy.

As of November 2019, the amendments to the law are still in progress.

IV. KEY RESULTS AND ACHIEVEMENTS

SUCCESSES IN LOBBY AND ADVOCACY

- **Gap analysis:** Understanding of the gaps in the law and policy was the first vital step. It led to the awareness that many gaps existed and that there are numerous provisions that directly contradict, making policy implementation difficult.
- **Identifying key power brokers:** Knowing which Parliamentarians and members of the Ministry of Gender and Ministry of Justice to leverage was a key element to success. Working directly with women power brokers was a beneficial approach.
- **Social learning approach:** Organising a trip for Parliamentarians and Ministry staff proved to be a major success. As a result of the trip, their awareness of the impacts of GBV and the GBV policy significantly increased and compelled them to speak out in Parliament. This resulted in the Parliament taking the next step of requesting inputs for amendments to the policy.
- **Formal and informal engagement:** Utilising a combination of formal and informal engagement and exchanges with influential stakeholders was successful for awareness raising and influencing. Further, the Community Score Card created spaces for dialogue between authorities, service providers, and community members on the topic of GBV.
- **Increased knowledge:** Through the lobby and advocacy efforts, knowledge of the GBV law and policy for the community, civil society organisations, and duty bearers increased, which is a success in longer-term sustainability of the results.

- **Positive relationships:** Building positive relationships with government officials -- Parliamentarians and administrators at the Ministry of Gender and Ministry of Justice -- enabled them to act as the key advocates amongst their peers in decision-making processes.

CHALLENGES IN LOBBY AND ADVOCACY

- **Long-term focus:** The process for writing new laws and policies in Burundi is time consuming, which is why the approach of amendment was suggested. Still, the time for policy amendment is still long and there is a risk of losing momentum. The challenge persists as advocacy efforts are prolonged over a long time period, so keeping the interest and support of the decision-makers requires a long-term commitment.
- **Funding mechanisms:** Lobby and advocacy efforts are largely led by CARE and other civil society partners that depending on external funding. The timeline for funding mechanisms for civil society might not continue to align with the timeline needed to see the lobby and advocacy efforts through to the end.
- **Change in structure:** Numerous allies that CARE has engaged with in the past few years have changed their positions/missions, so there is a continuous need to develop new alliances. This can slow down advocacy efforts.
- **Access to information:** The amendment of the law would have been done more quickly and easily if there was a budget allocated to address some of the gaps. However, there was a lack of information related to how the national budget is voted upon, which made the lobby and advocacy process for the budget more difficult.
- **Social norms:** Harmful social norms are pervasive in Burundi, including amongst government officials. Some such norms impact the perception of women's value in society, thus making GBV, which predominantly affects women, a low priority. Within government, female authorities typically have less influence and may be even kept out of decision making due to social norms about their role and capacity. These norms affect their ability to influence other public authorities to take action on GBV.

V. SUSTAINABILITY

This long-term advocacy initiative has reiterated the importance of gathering rigorous and compelling evidence. CARE Burundi's experience highlights the need for raising the awareness with the public and decision-makers of the impacts of not only GBV on those who experience it, but also the intended and unintended impacts of anti-GBV policies and laws. The sustainability of these efforts relies on the ability to continually gather and showcase evidence in a way that compels decision-makers to act.

KNOWLEDGE MANAGEMENT AND LEARNING

All lobby and advocacy initiatives have been rooted in an evidence base. CARE Burundi and partners utilized existing evidence and supported gathering additional evidence when necessary. For example, the database of reported GBV cases in Burundi has supported advocacy efforts. CARE Burundi also

actively engages in documenting lobby and advocacy efforts and incremental wins along the way. The Advocacy and Influencing Impact Reporting tool (AIIR) has been useful for CARE in Burundi and in the Great Lakes to capture the significance of the advocacy win, the level of CARE and partners' contributions, those who stand to benefit from the change, and the evidence captured to support a claim of change or impact. This documentation enables CARE and partners to track progress over time and acknowledge victories with communities and civil society along the way. Clear documentation allows others -- from government officials to civil society to individuals -- to join into advocacy efforts more seamlessly throughout the process.

CAPACITY STRENGTHENING

CARE Burundi engaged in capacity strengthening interventions with CSOs related to awareness raising and familiarisation on the GBV law and policies. The capacitated CSO staff members engaged with CBOs and individuals at the local level about how to advocate at the national level. Further training was provided for women, CBOs, and national CSOs on how to conduct power analyses in order to support them to identify the key stakeholders at the national and local levels to target for advocacy purposes. CARE directly prepared women on how to pitch to the local media and voice their needs publicly. Local female leaders from women's advocacy community networks were linked with female commune leaders in order to amplify their voice. Finally, the Community Score Card process capacitated citizens on the process of generating evidence of their needs to power holders and promoting joint action planning.

VI. OPPORTUNITIES FOR ADVANCEMENT

Based on this experience, in combination with the existing evidence from other experiences at CARE, the following are opportunities to advance the lobby and advocacy efforts in Burundi:

- **National Strategic Alliance:** Building an alliance comprised of civil society actors and government authorities is a strong methodology for developing comprehensive, legitimate, and actionable policy approaches. The existing alliance should remain in place and active to ensure the amendments recommended to the GBV laws and policies are passed. Further, the alliance should shift in the future to advocate for the effective implementation of the revised laws and policies. Advocacy on implementation should focus on mobilizing and allocating sufficient resources by national and local governments.
- **Monitoring, evaluation, and adaptation:** Once the laws and policies are amended, a coordinating body by the Ministry of Gender and Ministry of Justice should be granted sufficient authority and capacity to monitor and evaluate the implementation and progress of the laws and policies. This body should further have the authority to amend the implementation processes as needed, in consultation with the National Strategic Alliance, to ensure GBV

survivors are receiving the resources needed. Making data available on the trends in GBV reporting and service provision are key elements of effective monitoring and evaluation.¹⁶

- **Translation:** The amended laws and policies should be translated into local language and shared to local service providers, local authorities, and grassroots civil society and community-based organizations.
- **Social norms transformation:** Initiatives and interventions should be designed to comprehensively address detrimental social norms at the root of GBV. Strategic and localized interventions should involve community members, local authorities, traditional leaders, religious leaders, and other key community members to learn about the amended law and policies and engage in dialogue about its implications. Providing technical and financial support to local agencies to enact this approach is essential.
- **Safe spaces:** CARE International in Burundi has ensured women and youth's needs and interests are heard during high levels meetings through the use of innovative formats such as interviews and photovoice. These spaces are safe for women to feel free to voice their views. Similar spaces should be maintained and expanded.
- **Media partnership:** Reinforcing the media partnership by engaging them along the way can help to support awareness raising of the public and lead to greater influence of decision-makers. Greater media coverage on the progress of the GBV policy amendments may help to expedite the process and to reprioritize GBV issues especially prior to the election process.
- **Belle-Colline storytelling contests and innovation saloons:** The storytelling contests and innovation saloons have allowed discovery of cost-effective community-led solutions that can be scaled up to respond to GBV at the community level, with a stronger media partnership to ramp up awareness nationwide.

¹⁶ CARE Uganda. (2019). Making Advocacy Count Case Study 4: Influencing the development of the national policy on Gender Based Violence in Uganda. Kampala: CARE Uganda.

VII. REFERENCES

- CARE. (n.d.). The learning behind the numbers: How CARE is helping prevent gender-based violence.
- CARE. (2013). Gender-Based Violence. Issue Brief. Geneva: CARE International Secretariat.
- CARE. (2014). Bringing an End to Gender-Based Violence. Issue Brief. Atlanta, GA: CARE USA.
- CARE Nederland. (2017). 16 Days of Activism: Addressing gender-based violence in Burundi and Rwanda. The Hague: CARE Nederland.
- CARE Uganda. (2019). Making Advocacy Count Case Study 4: Influencing the development of the national policy on Gender Based Violence in Uganda. Kampala: CARE Uganda.
- Gillingham, S. (2018). A Life Free From Violence: An evidence-based value proposition for CARE's GBV programming in the Great Lakes region. CARE.
- Gillingham, S. (2019). Making Advocacy Count Case Study 5: Influencing the enactment of the 2016 Specific Law for the Prevention of GBV and Protection of victims of GBV. CARE
- Haro, J. (2018). Abuse, impunity and sexual violence in Burundi. UNICEF.
- UN Women. (n.d.). Global Database on Violence Against Women. Retrieved from: Ministère à la Présidence chargé de la Bonne Gouvernance et du Plan Burundi - MPBGP, Ministère de la Santé Publique et de la Lutte contre le Sida Burundi - MSPLS, Institut de Statistiques et d'Études Économiques du Burundi - ISTEEDU, et ICF. 2017. Troisième Enquête Démographique et de Santé au Burundi. Bujumbura, Burundi: ISTEEDU, MSPLS, and ICF.
- Wallacher, Hilde. (2012). Engaging Men: The Abatangamuco and Women's Empowerment in Burundi. Peace Research Institute Oslo.
- World Bank (1993). World Development Report 1993: Investing in Health.
- World Health Organization. (2005). Addressing violence against women and achieving the Millennium Development Goals.