

In the last week of March, colleagues across CARE met over a webinar for a deep dive into the PIIRS data on a Life Free From Violence – to understand what the data is telling us, what it's not and how we can fill the gaps.

Four colleagues shared their experiences;

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Mekdes Yilma

(CARE Ethiopia) shared findings from the Nutrition at the Centre Project which was assessed using three different domains of women's empowerment: Decision-making power, perceptions of violence and women's participation in community programs.



Jay Goulden (CI Secretariat) and Sarah Eckhoff (CARE

USA) explored a few central questions through the PIIRS data: What are we learning as we generate and analyze this data? What is missing, and how do we fill those gaps?



Elizabeth Brezovich (CARE

USA) shared the approach being adopted to evaluate changes in child marriage, adolescent sexual and reproductive health, and social norms, through a randomized controlled trial in the second phase of the Tipping Point project.



CARE GLOBAL LFFV INDICATORS

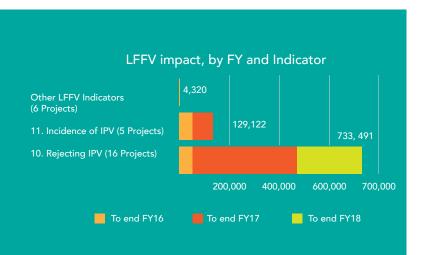
Indicator 10 % of people who reject intimate partner violence (IPV).

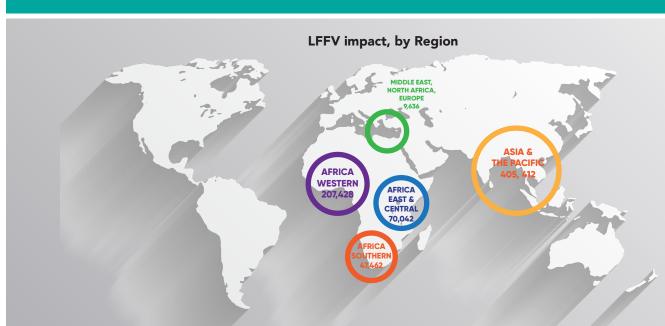
Indicator 11 % of ever-partnered women and girls aged 15 years and older subject to physical, sexual or psycho logical violence by a current or former intimate partner, in the last 12 months.

Indicator 12 % of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months.

Some of the key takeaways:

1.
The Life Free From Violence impact data shows that we are far off the target of impacting 12 million people, with less than a million people impacted as at 2018.





2. There are currently three main indicators used to measure impact of our work on GBV. Much of the data collected is for indicator 10 (attitudes around IPV), followed by indicator 11 (incidence of IPV), but no data for indicator 12 (sexual violence). Most of the impacts reported are from the Asia Pacific and West Africa.

3. However, there are gaps in our data collection, which could explain some of these results. The following could offer a clearer picture of the impact of LFFV work:

- a. Data from the humanitarian sector could tell us more about our work on GBV prevention and response in contexts of crisis, and that is a gap that needs to be filled. There is a need to define more standard measures around GBV in emergencies (GBViE), and promote their use for standalone and mainstreamed GBViE work.
- b. We could also be collecting data from CARE's experiences around dignified work (an overlap between Women's Economic Empowerment (WEE) and LFFV) for example, how do we count women less at risk of sexual harassment in the workplace?
- c. Impact evidence from work on policy influence

There is qualitative learning that could substantially increase our understanding of impact, and the qualitative indicators in use

via some projects at CARE could be better explored and understood. This could enrich the "Learning Behind the Numbers" developed last year, to draw learning about what our most effective LFFV projects have been doing, to contribute to impact.

5.

The discussion surfaced some important questions around ethics in data collection on GBV, and Do-No-Harm principles. These included suggestions of standardizing support for people disclosing traumatic information on GBV, and introducing mechanisms of sign-off on ethical considerations before surveys are done (and confirming this as part of PIIRS submission of data related to LFFV indicators).