

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.

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**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?

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**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.

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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 psychological 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.

LFFV impact, by FY and Indicator



Indicator	To end FY16	To end FY17	To end FY18
Other LFFV Indicators (6 Projects)	4,320		
11. Incidence of IPV (5 Projects)		129,122	
10. Rejecting IPV (16 Projects)		733,491	

LFFV impact, by Region



Region	Impact
Africa Western	207,428
Africa East & Central	70,042
Africa Southern	47,462
Middle East, North Africa, Europe	9,636
Asia & The Pacific	405,412

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.

4.

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).