

Empowered to Protect (E2P)

Evidence Report



July 2024

Help  a
CHILD



Girl photographed in an IDP camp in Masisi, North Kivu. Often called the worst place on earth to be a woman, GBV is a prevalent issue in DRC, but due to lack of reporting in fear of stigmatization, it is challenging to get an image of the true magnitude of the problem. According to UN OCHA 50 195 cases of sexual and gender-based violence were reported in North Kivu in 2023 (OCHA, 2024).

Terminology

Conflict-related sexual violence

(CRSV): “The term “conflict-related sexual violence” refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. That link may be evident in the profile of the perpetrator, who is often affiliated with a State or non-State armed group, which includes terrorist entities; the profile of the victim, who is frequently an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity; the climate of impunity, which is generally associated with State collapse, cross-border consequences such as displacement or trafficking, and/or violations of a ceasefire agreement. The term also encompasses trafficking in persons for the purpose of sexual violence or exploitation, when committed in situations of conflict” (United Nations Security Council, 2019, p. 1-2).

Intimate partner violence

(IPV): “Intimate partner violence refers to behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and partners” (WHO, n. d.).

Sexual and gender-based violence

(SGBV): Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private (IASC, 2015, p. 5). SGBV will be used interchangeably with the term gender-based violence (GBV).

Empowered through knowledge

E2P participants learn about prevention and response to GBV and how to teach other people about it. In one of our projects, **71% of participants increased their knowledge about GBV**. E2P increases the adoption of safe practices such as moving in groups and avoiding going out in the dark.

The product

Empowered to Protect is an SGBV awareness and prevention package including:

- ✓ 'E2P Pack' including manuals for women and men's sessions
- ✓ Invi-bracelets

Executive summary



Feelings of safety

The pilot in DRC and scale-up in Burundi were highly successful, with **96.5%** of participants feeling safe at the end of the pilot in DRC. In Burundi, **71.3%** of participants indicated feeling safe at the end of the project. Scale-up in DRC showed lower feelings of safety due to exacerbation of conflict in the area during the project period.

Changes in social relations

The E2P projects have noted developments in social relations in communities, particularly within family units. It is repeatedly reported that E2P has contributed to an increase in household chores for boys to match those expected of girls, who are now more often enrolled to school. Husbands have started to involve their wives more in family finances and they feel respected in the home.

E2P fosters positive views about female empowerment.

Help a Child

We provide a future for children living in poverty, their families, and their entire communities. We achieve this by empowering vulnerable communities, enabling them to independently and sustainably enhance their living conditions and opportunities. This includes protection of women at risk of SGBV.

Lessons learned

It has been noted that **E2P can be effective for addressing the root causes of GBV in communities** by involving both men and women in the pursuit for social transformation. However, E2P's impact is likely to remain limited in areas where active conflict is present.

Recommendations

It has been recommended to Help a Child to work harder in consolidating and spreading results learned from the E2P innovation journey. Additionally, it is recommended to keep further developing the INVI-bracelet as a product and to pair the E2P approach with income generating activities.

Introduction: Social transformation through community-based dialogue

There are significant challenges in developing effective prevention of sexual and gender-based violence programming in the humanitarian aid field. One of the greatest gaps is that programs are often based on short-term activities enforced by outsiders, whereas they should be designed to shift power relations in between men and women sustainably and in a culturally appropriate manner. While this issue is prevalent throughout humanitarian programming, it particularly affects GBV prevention efforts (Murphy & Bourassa, 2021). Such changing of attitudes can be considered to be primary prevention, which refers to ending violence before it happens by mitigating risks such as gender inequality. Primary prevention is considered to be one of the most strategic types of GBV programming (OurWatch, n.d.). Additionally, humanitarian aid actors tend to focus largely on conflict-based sexual violence, while even in conflict settings, intimate partner violence is the most prevalent form of violence experienced by women and it can also be exacerbated by the

presence of conflict (Ekhatior-Mobayode et al., 2022). Elrha has recommended that all innovators involved in GBV programming include local stakeholders in identifying problems and solving them in order to address the right issues in the right way, and to look for ways for GBV initiatives that can be implanted in rural areas as well (Elrha, 2016).

The '**Empowered to Protect**' (E2P) approach of Help a Child (HAC) contributes to the transformation of socio-cognitive paradigms and consists of interactive capacity-building and community awareness sessions to address the root causes of SGBV in the social environment of the participants and distributing nonviolent self-defense tools called 'Invi-bracelet' to women. The **two-pronged approach** of HAC increases the sense of safety for women and gives the project beneficiaries – including men and community leaders – the tools to participate in social transformation in their communities by empowering them to act in favor of positive masculinity and prevention of gender-based

violence. E2P projects have been funded by donors such as the Dutch Relief Alliance, USAID, Novo Nordisk and DanChurchAid.

E2P has been implemented in Burundi and DRC. A review of documentation of these projects was conducted for the purposes of this report in order to:

- 1** Provide an overview of the E2P approach;
- 2** Collect evidence on effectiveness of the E2P approach;
- 3** Gather lessons learned and identify ways to further continue improving the approach.

“E2P is a relevant project in that it places the beneficiaries in a process of social transformation and reconstruction by increasing their capacity to feel that they are agents of their own change in the prevention of gender-based violence.”

(Mbarambara & Ruhamya, 2020, p. 5)

Long-term prevention: The E2P pack

The E2P approach includes interactive 'E2P pack' training, which improves beneficiaries' knowledge of their culture and collective history, social roles and how they contribute to the current atmosphere around SGBV. Participants can express their opinions and judge retrograde manners and practices of their community in relation to gender and SGBV. The survivor is no longer an object but a subject.

Additionally, participants discuss how they can change these structures in their communities and break the silence around SGBV. The training can be combined with 'Teach a Friend' activities, where the participants can teach their community members, making the participants agents of change in their communities and at the same time enabling HAC to reach more people.

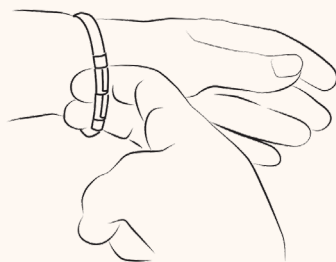
At the same time with E2P, HAC starts support groups to provide access to community-based psychosocial support to SGBV survivors. HAC also conducts SGBV monitoring and case management, providing referrals to people in need of more specialized psychological care.



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Short-term prevention: The INVI-bracelet

The E2P pack training can be combined with distribution of INVI-bracelets and culturally adapted dignity kits. The bracelets are meant to be used only as the last possible rape prevention tool when an attack is already happening. When triggered, the bracelet emits a strong smell that triggers a disgust reaction in the attacker and gives the victim a chance to escape. It is not advised to use the bracelet in situations of IPV, because the risk of retaliation is too high. It can be effective against CRSV in the case that individual straying militants pose a threat. The women are trained in how and when to use the bracelet as part of the E2P pack – sessions. The accompanying culturally appropriate dignity kits include hygiene items such as soap and period products. These items are provided to respond to the specific needs of women and girls in maintaining their hygiene and dignity.



invi!



Methodology

This report has been compiled by conducting a documentation review of PMEAL results, evaluations, research reports and other papers produced about Help a Child's E2P innovation projects. Projects conducted between 2019 and 2023 were included in the analysis. While the number of projects implemented is still relatively small, this review provides a valuable glimpse into the early innovation and learning process.

The E2P project was piloted in the villages of Businde, Mbiza, Mbobero and Karanda in the Kabare territory, Sud-Kivu province, DRC in March 2019–June 2020. Scale-up was conducted between May 2021 and March 2022 in the refugee camps of Musasa, in Muyinga province, Burundi and in the Fizi health zone, territory of Fizi, South Kivu Province, DRC. In July 2022 to June 2023, the E2P approach spread to North Kivu, to Rugarama, Kanyangohe, Birambizo and Mweso health areas in Rutshuru and Masisi territories. Additionally, at the time of writing the E2P approach integrated in the health, nutrition and child protection interventions is being tested from

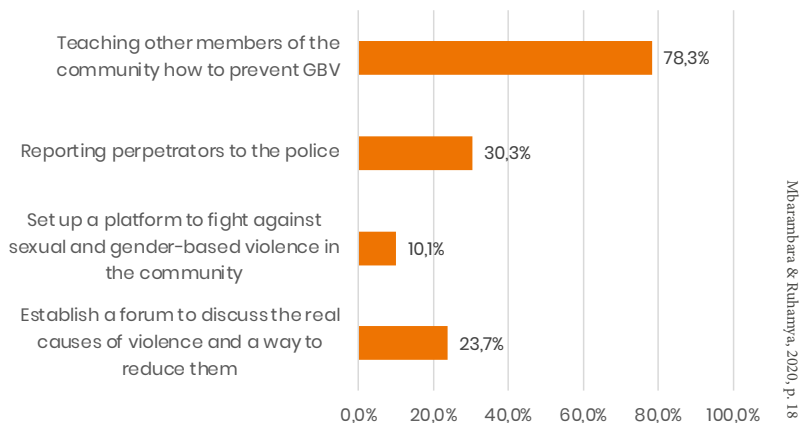
July 2023 in the health zones of Katoyi, Kibirizi, Kayna and Alimbongo in the North Kivu province of DRC.



Evidence review

This section consolidates the main findings of the first two E2P projects of Help a Child. The pilot was very effective, informing 800 people about GBV prevention instead of the planned 400. Additionally, 936 bracelets were distributed instead of the expected 400. This is due to the ‘Teach a Friend’ activities added during implementation as a way to test scale-up (Mbarambara & Ruhanya, 2020). A bracelet was used to successfully prevent rape three times. Psychological support was offered to these three participants. According to a research report made by the Evangelical University of Africa (UEA), five other participants had also triggered their bracelets either due to feelings of insecurity or by accident (Bwimana et al., 2020). After the pilot phase, HAC set out

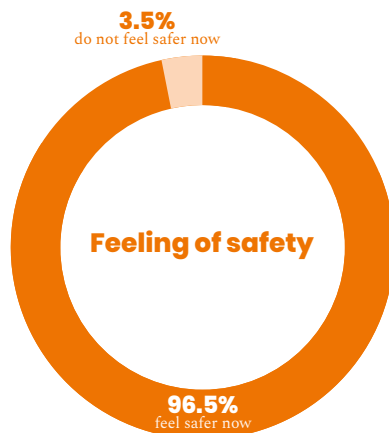
to test the E2P approach in a new kind of context: a refugee camp in Burundi (200 participants). Simultaneously, scale-up was also conducted in Fizi health area, DRC (40 participants). HAC hired a business developer for the project in order to mitigate challenges to include E2P in wider GBV programming and to create buy-in from local CSOs. The partner INVI, meanwhile, worked to improve the bracelet to be more affordable and better suited to the local context. Five instances of successful prevention of rape with the Invi-bracelet were reported during the project (Masendi & Pons, 2022). A multisectoral project including E2P and targeting 7000 peoples or 1167 households with GBV prevention activities is also being conducted in 2023-2024.



Feelings of safety

Out of 191 beneficiaries surveyed by HAC in the pilot phase, 93% of men and 96% of women were empowered to believe that they have a role in the prevention of SGBV in their community. 96.5% of all respondents stated that they feel safer now than before the E2P project. 94.44% gave Invi-bracelets as a reason for the change, while 44.95% associated it with E2P training (Mbarambara & Ruhamya, 2020). According to research conducted by the Evangelical University of Africa (UEA) soon after the project, 82.57% had not experienced feelings of insecurity in the past four weeks. The rest, 13.76% of respondents had previously been victims of GBV or aggression and continued to fear another attack, while there was no response from 3.67% of research participants (Bwimana et al., 2020).

During scale-up, significant differences between feelings of safety among participants in Burundi and in DRC were recorded. In Burundi, 202 participants (64% women) responded to the survey at both baseline and endline. Of them, 71.3% stated that they had felt safe or very safe in the past four

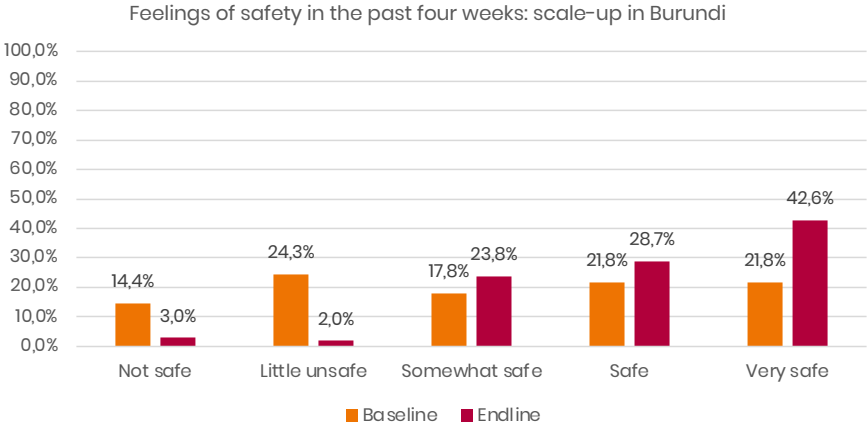


weeks at endline compared to 43.6% at baseline. The rise in the feeling of safety was more common for women (71.9%) than for men (32.4%). With the women who indicated still feeling unsafe, the frequency of the feeling was lower post-intervention. Assessment of safety in the community, on the other hand, reduced from 62% to 23.4% among women, while it stayed around 44% among men. Worrying about being assaulted reduced for both genders from 60.6% to 12.8%. At endline, 72.3% of participants believed that they can deal with violence (Masendi & Pons, 2022).

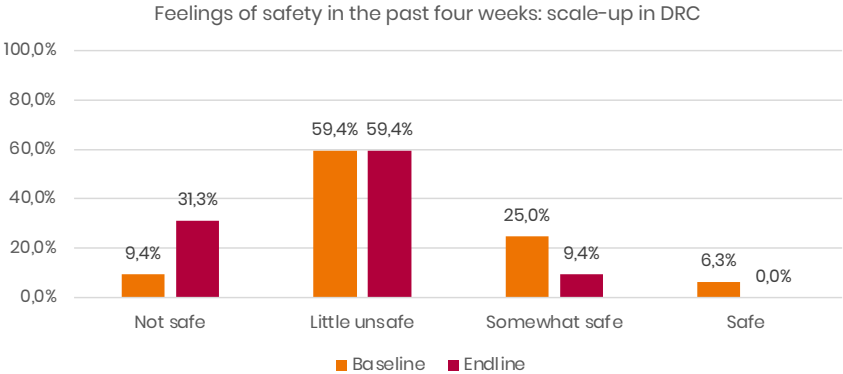
The observed trend of increased empowerment to prevent SGBV was less clear during scale-up in DRC, most likely because it was implemented in the context of

active conflict where violence subjected against civilians is less often due to the behavior of other community members. The conflict and amount of SGBV worsened during the project period. 37 participants answered the baseline survey and 32 answered the endline one. Whereas at baseline 31.3% of respondents stated that they had felt somewhat safe during the past four weeks, this decreased to 9.4% at endline. While 43.8% thought the general community was safe at baseline, almost no

one thought this at endline. The frequency of being worried about violence decreased, but still 93.8% stated that they had been worried about it in the past few weeks at endline. There were mixed results about perceived capacity to deal with violence. It rose from 37.5% at baseline to 50% at endline. At the same time, approximately 21% of participants who earlier thought they had reasonable ability to protect themselves changed their answer to limited ability (Masendi & Pons, 2022).



Masendi & Pons, 2022, p. 33



Masendi & Pons, 2022, p. 41

Empowered through knowledge

In addition to improved feelings of safety, participants of the E2P projects expressed that they had learned more about SGBV, how to prevent and respond to it. Through the training of the pilot phase, male and female members of the community learned ways to prevent SGBV in their communities. Most commonly (78.3%), respondents believed that they could teach other members of the community to prevent SGBV, but many were also confident they could report perpetrators to the police (30.3%), discuss the root causes of violence and ways to reduce them in a community forum (23.7%) or set up a platform to fight SGBV in the community (10.1%) (Mbarambara & Ruhamy, 2020).

HAC's internal MEAL results from



86%

wear INVI-bracelets



67%

do not go out when it is dark



60%

avoid being alone outside



24%

carry a self defense tool

the final report give more insight into the learning experience of the participants. According to endline results, 71% of participants increased their knowledge about GBV, with 40% gaining understanding of where to go to for help, 65% developed more ideas about prevention of GBV and 58% mentioned general knowledge. When asked about safe practices that the participants have adopted 67% said that they do not go out when it is dark, 60% avoid being alone outside and 24% carry a self-defense tool. 86% of participants were also wearing the bracelets at endline (Help a Child 2022).

It has been noted that an E2P project is particularly successful when different types of stakeholders come together to combat SGBV. In a multisector project in 2023, local authorities and leaders showed great support towards the action plan and mitigation measures developed during E2P sessions, which led to them providing a prompt response and survivors receiving appropriate care when a GBV alert was raised. Having started the conversation between community members and local authorities, local advocacy for GBV issues gained a good start (Help a Child, 2023).

Changes in social relations

Behavioral and attitudinal changes are also often reported in the communities after implementation of E2P. During the pilot, such indirect community impacts related to E2P were reported to be reduction of theft, increase of young boys' chores to match those of girls, women being allowed to inherit property and express their opinion more freely in the home, improved gender relations between men and women, adoption of safe practices such as going to remote areas in groups and an increase of social cohesion in community, among others. While some of the mentioned changes had already in the making for a while, participants mentioned that E2P and other NGO efforts contributed to them (Mbarambara & Ruhamy, 2020).

In the beginning of the scale-up project in Burundi, 48.7% of women and 26.7% of men had positive views on all indicators measuring attitudes towards female empowerment, which increased to 88.3% and 35.2% respectively. There were differences of opinion about the equal treatment of women in the community at both baseline and endline. At baseline, 41.1% of men reported that women

are treated equally as opposed to 22.7% of women. At endline, 71.6% of men saw equal treatment, while for women the number rose only to 28.9%. Overall, the project clearly benefitted both men and women of the community in Burundi, although for women the measured benefits were higher. In DRC, all participants held highly positive views about female empowerment since the beginning and the already high numbers rose towards endline. More than 88% of participants at baseline and endline stated that women rarely receive equal treatment (Masendi & Pons, 2022).

Again, other indications of wider changes in gender relations were recorded in Burundi and DRC, as men begun to decrease restrictions they had put on their wives, informing them about family finances more and enrolling girls to school. Women reported improved rights such as increased respect in the home. Participants also noted that they now could seek help in the case of GBV and offer counsel to others. Community Facilitators of the project noticed that people are more confident to report cases of SGBV and seek help earlier, which relates to both increased learning and change in attitudes. Thanks

to the 'Teach a Friend' approach, people continued to diffuse the information within the communities. (Masendi & Pons, 2022).

Participants of E2P pack sessions in a project in 2023 argued that lacking control of one's emotions was often in the background of SGBV, and they now felt more adept at controlling them and supporting each other in doing so (Help a Child, 2023).

“...For once instead of NGOs coming to train and sensitize us about what is right and what is wrong, we are involved in identifying our own problems and coming up with solutions.”

*(feedback on E2P session,
Masendi & Pons, 2022, p. 47-48)*



Lessons learned

General

- E2P is designed to be an added element to an SGBV response and not a stand-alone project. It is, for example, important to combine the project with economic empowerment to address more root causes of SGBV. Economic interventions can (among other results) decrease the necessity of women to become sex workers. It was also observed during implementation that it may be best to launch E2P in combination with other interventions that provide food and income support as well, as many project participants experienced that they also have other concerns than their safety;
- The Teach-a-Friend approach allowed the pilot project to reach many more people than originally expected and as the participants of these activities were able to name ways of helping a GBV survivor, the quality of the sessions appears sufficient. Additionally, it increased the sense of local ownership of the project. However, some concepts such as 'emotions' and 'masculinity' did not properly translate to local languages which brought some difficulties into the E2P pack discussions;
- A common strategy involving needs of local health care centers, local authorities and communities contributes to the success of an E2P project. The involvement of local authorities in the implementation of project actions guarantees the acceptability and ownership of the actions undertaken in the community. It is also helpful to have a commitment from actors in community protection networks, particularly community leaders, to work in favor of gender equality and the promotion of positive masculinity. The community has developed action plans, but still require support for their implementation to obtain the expected results in terms of prevention and eradication of violence against women and young girls.

INVI-bracelet

- During the pilot phase, it was also noted as an issue that the bracelet is one-time use and very expensive to the beneficiaries. This was a risk to project sustainability. During scale-up, INVI redesigned the bracelet bringing the price down significantly. Additionally, the bracelet used during the pilot phase was easy to spot as it had silver trigger. This was adapted to make the bracelet fully black as other bracelets the women in the target areas would wear;
- INVI has not been able to address the single-use aspect of the bracelet, as this would again make the product more expensive. Instead, it is important to set up a lasting system for replacing bracelets. The projects now provide a new bracelet when a case is reported – encouraging reporting and ensuring sustainability cost-effectively;
- The INVI-bracelet can be effective in preventing rape, but many superstitions are connected to them as many believe they may be witchcraft, satanic or chemical weapons. These beliefs need to be countered with awareness-raising campaigns.

Social transformation

- Already in the pilot phase of E2P, it became evident that the E2P pack – sessions were effective in not only teaching appropriate use of the INVI-bracelet, but also in opening the discussion for socio-cognitive transformation. The sessions worked for both collective healing and addressing the root causes of SGBV, which were in many cases identified to be related to culturally normalized structural violence against women;
- The involvement of both men and women increases sustainability of the project by allowing social transformation to take place regarding gender-based violence and old-fashioned customs, and it was noted that men are also eager to participate. Following this realization, the pilot project increased the amount of male participants after midterm;

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- While E2P is effective in achieving change among small participating communities, it is limited how much a single project or approach can achieve structural change. Joint advocacy and stronger coordination among other actors is needed for this;
 - When the project time frame is short, it is also often difficult to view impact on a project such as E2P which is based on reaching behavioral changes. This does not mean that change has not been started and a more effective way of measuring impact would be to conduct a follow-up evaluation in a few years;
 - E2P is likely to have limited impact on feelings of safety in contexts of active conflict or fragile state authority. In calmer contexts, it is more effective decreasing IPV than CRSV. SGBV in families can significantly decrease in households when both members of the couple participate together in training that promotes dialogue without judgement.



Recommendations

Recommendations regarding implementation

- E2P has not yet been fully able to integrate wise counsel from the network established during consultations with different stakeholders, for example regarding making the approach a mobile one to be able to target areas when rate of cases or risks rise. It is crucial to consolidate feedback received from other NGOs, community leaders and health care in order to continue improving the concept;
- HAC must create a network of NGOs and other organizations and actors working against SGBV for social empowerment;
- It is recommended that HAC combines socio-economic projects to meet the material needs of the beneficiaries on top of offering social transformation. This could be conducted through, for example, self-funded income generating activities such as Self-Help Groups where people gather together to save money and make investments for the future;

Recommendations regarding the INVI-bracelet

- It is a fear that in the future, attackers will be able to recognize the bracelet. It has been suggested that INVI could attempt to develop the bracelet also as other jewelry to decrease this likelihood. However, it is unclear whether this will be feasible while still ensuring proper functioning of the product and safety of the wearer;
- Make it possible to purchase INVI bracelets at the local markets. According to UEA research 80,73% of beneficiaries showed interest in buying the next bracelet themselves if it was affordable. They also expressed frustration towards the single-use aspect of the bracelet though. It is beneficial to continue improving the bracelet and further reduce the price, for example, by partly automatizing processes and making assembly local;
- It can be valuable to consolidate and spread the results and lessons learned from E2P during forums of national and international scale, conferences, websites and even scientific journals;

* Lessons learned and Recommendations are consolidated efforts gathered from Help a Child, Bwimana et al. (2020), Masendi & Pons (2022) and Mbarambara & Ruhamya (2020).



Conclusion

This evidence review has provided an overview of the E2P approach and its various modules, collected evidence on its impact and gathered lessons learned from two E2P projects from March 2019 to the time of writing. It has also consolidated recommendations for further improving the approach. E2P is an effective manner to increase the feeling of safety for women in contexts with a relatively low likelihood of conflict-related violence. It can contribute to the changing of socio-cultural values in communities by making participants aware of the ways that they can prevent and respond to SGBV. Local ownership of E2P projects can be ensured through Teach a Friend activities and by including local stakeholders in the implementation. The INVI-bracelet is a valuable addition to E2P as it can function as a last resort prevention tool of SGBV.



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VISITING ADDRESS

Koggelaan 21
8017 JN Zwolle
The Netherlands

POSTADDRESS

Postbus 40169
8004 DD Zwolle
The Netherlands

t +31 (0) 38 - 460 46 48

e info@redeekind.nl

www.helpachild.org

IBAN

NL77 ABNA 0377 3328 60

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