



care

Defending dignity.
Fighting poverty.



Strong Women, Strong Communities

CARE's holistic approach to empowering women and girls in the fight against poverty.



CARE Australia is proud to present this CARE International report at a pivotal moment in global development. A consensus is building around the understanding that empowering girls and women and overcoming poverty are causes that must be pursued in tandem. Indeed, we are coming to see that neither is likely to succeed without the other.

For the past decade, CARE has been a leader in putting this groundbreaking idea into practice. As this review describes, we have drawn on our 65 years of experience to develop a theory and framework for the empowerment of girls and women – and have reviewed our approach in 24 countries on three continents. We have rigorously analysed our own work and considered the factors that helped us achieve our goals.

In this, the first in a series of annual publications, we offer our insights about what works to empower girls and women, and we present some possible solutions for governments, organisations and committed individuals around the world. As the title suggests, a key insight is that we must take a holistic approach – considering all aspects of a girl or woman’s life – in order to achieve our objectives and avoid causing harm.

We are still learning, asking questions, examining our methods. Although we have made real progress, much work remains. We continue to strive for a world in which poverty has been overcome and girls and women – and men and boys – live in dignity and security. We hope this review will help move the discussion further along from the *why* we empower girls and women to the *how*.

A handwritten signature in white ink on a dark orange background. The signature reads "Julia Newton-Howes" in a cursive, flowing script.

Julia Newton-Howes
Chief Executive, CARE Australia



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Executive Summary

CARE HAS HELPED THE WORLD'S POOREST PEOPLE PURSUE THEIR GOALS AND IMPROVE THEIR LIVES FOR 65 YEARS. Over time, we have increasingly focused on injustice, discrimination and exclusion, particularly of women and girls, as underpinnings of global poverty. In 2005, we began a four-year investment in research about empowerment of women and girls. Through our inquiry, CARE developed a theory and framework of women's empowerment and devoted substantial organisational resources to implementing our approach in 24 countries in Asia, Africa and Latin America.

CARE applauds the commitment to empowering women and girls that increasingly unites world leaders, activists, development experts and other agents of positive change around the world. As the spotlight focuses more intensely on this shared purpose, we take this opportunity to offer our perspective about *what empowerment often consists of in country settings* and *what works best* to empower women and girls. Based on these findings, we offer recommendations for policy and solutions for practice.

Our theory of women's empowerment – refined through research, programming and partnership with others – identifies three critical factors:

- **Women's own knowledge, skills and aspirations**
- **The environments and structures that influence or dictate the choices women can make**
- **The relationships through which women negotiate their lives**

A key insight from our experiences is that progress in one area is usually insufficient for a woman to fully realise her rights and aspirations. For example, a woman who develops her own skills and access to resources through a microfinance program may still be held back because others in her household or community prevent her from deciding how to spend the income she earns – or because her activities outside the home ignite frictions, fear or even domestic violence.

In short, we have seen that progress in only one realm can lead to fragile or reversible gains. At worst, the result can be severe harm to women and girls. It is therefore both a moment of opportunity for advocates of women's empowerment worldwide, but also potentially one of high-stakes risk. We must proceed swiftly, but with caution.

This report presents examples of programs that helped women and girls empower themselves through a wide range of approaches in contexts as different as El Salvador, Burundi and Nepal. These examples illustrate "what empowerment looks like" when carefully-designed initiatives achieve their goals. We consider the factors that led to success, and how we might replicate those conditions in the future.

This body of evidence – gathered from CARE's intensive research and recent analysis of ongoing programs – forms the basis for our recommendations about funding models, program structures and programming approaches that we believe can maximise success if heeded by governments, donors, multilateral institutions, global development experts – and, of course, CARE itself and peer organisations committed to the cause.



CARE's five key recommendations include:

- **Take a 360-degree view of the process. Policies and programs intended to promote women's empowerment must be comprehensive.** Partial or piecemeal approaches may fail, waste resources and cause unintended harms.
- **Create long-term, flexible funding arrangements.** Donors must recognise the complexity and non-linear nature of women's empowerment, and provide both sustained support and opportunity for experimentation to practitioners and the courageous women and girls involved.
- **Integrate women's empowerment into all aspects of programming.** Conducting "gender analysis" is a critical first step. However, it is only the first step. Continuous data-gathering and effective incorporation of gender data in program design is also required. In addition, there must be an explicit focus on empowering women and girls throughout programming if initiatives are to be successful.
- **Look beyond the laws on the books.** Often, laws designed to empower women are celebrated by those who work hard to enact them, only to become irrelevant where local customs define prevailing norms. We must consider how the laws are implemented and enforced, and help women become aware of their rights and how to exercise them.
- **Engage staff in empowerment initiatives.** Staff in development organisations, who are on the "front line" in work that aims to empower women, often come from the same social context as the people with whom they are working. Not surprisingly, some staff members may be ambivalent about certain aspects of women's empowerment. CARE has found that staff appreciate and benefit from empowerment training, resulting both in increased confidence and greater commitment to the work. Investing in training and providing opportunities for feedback, reflection and questions is a vital first step that requires more emphasis and resources.

CARE believes that this review offers valuable insights about best practices, and the underlying factors that drive success. Although CARE has an increasingly deep reservoir of experience, we know we don't have all the answers. We are still innovating, experimenting and learning.

We hope these insights contribute to a broader understanding of how to help women and girls realise the future they seek for themselves and their communities. We also hope that it will highlight the tremendous work of activists, donors, practitioners, policy makers and courageous women and girls around the world.

"Strong Women, Strong Communities: CARE's holistic approach to empowering women and girls in the fight against poverty" is the first in a planned series of annual publications documenting progress for women. These reports will marshal evidence, findings, and insights from CARE's programs about how to advance women's empowerment worldwide.



1 Why Now?

A Moment of Opportunity for Women's Empowerment

Two dollars worth of potato seed and fertiliser, an unused corner of her husband's field, a successful harvest. These are a few of the factors behind Marie Goretti Nyabenda's claim: "I am the happiest woman in the world".

Goretti, a 34-year-old from a remote hillside in northern Burundi, netted \$USD 4.70 from her potato harvest in 2007. She used this money to rent a market stall and stock it with bananas and peanuts. Her profits were enough to buy a goat, which soon had a kid.

The catalyst for these and many more life changes for Goretti was joining a program called Umwizero¹ (Hope for the Future). With support from CARE, Goretti and thousands like her have formed village savings and loan groups. Each group of about 20 women uses only its members' modest savings to grow a pot of money. The women borrow and then repay their loans with interest. Umwizero also helps women attain new skills and understand and pursue their rights. CARE works with men and local leaders, too, to examine and challenge social norms that marginalise women.

At first, Goretti's husband was reluctant to let her join Umwizero. He remained suspicious of the group until Goretti and 20 other members surprised him by cultivating the family's field. They finished in one day what would have taken her a month. He began to see

the benefits to the entire family, and started giving Goretti greater respect and freedom.

Now, Goretti is finally allowed to leave home without her husband's permission. Before, she was not permitted to socialise with other women, but now she treasures the support she receives from her group. She is learning to read and write, visits a health clinic and has gained the knowledge and confidence to stand up for her rights. Says Goretti: "I wish that [Umwizero] could touch all the other women who are like I was before, so they can taste my happiness".

If you are engaged in international development – as a practitioner, a donor, an activist or a policy maker – you have read stories like this before: A woman living in poverty secures a loan to start a small business, and invests her revenue in her family's well-being. But as Goretti's story shows, it's not as simple as that. A loan may have little impact on a woman's life if her husband or community bars her from the marketplace, or she has no say in how her income is spent. Lessons in business may be of little use if a woman lacks a support system to provide encouragement or help her apply what she has learnt. What makes the difference is CARE's holistic approach, addressing not only the individual but her relationships and social structures.

¹ The goal of CARE's Umwizero (2006 – 2013, funded by the government of Norway) is: 168,000 women members of savings and loan groups are economically, socially and politically empowered. CARE works with women, their communities and Burundian partner organisations to enable women and girls to: (a) increase their economic security and life skills; (b) improve their organisational capacity and reinforce their social networks; and (c) help ensure women's and girls' rights are promoted and defended by men, women and local leaders.

CARE believes:

- **Women's empowerment is important in its own right.** No single group of people is more disempowered and excluded around the world than women.
- **Women's empowerment can help overcome global poverty.** Poverty is the result of powerful social structures that marginalise and exclude entire groups of people. CARE is part of the growing consensus – along with practitioners, governments and academics – that believes increased, and better targeted, investments in women and girls will advance the effort to end global poverty.

In short, investing in people like Marie Goretti Nyabenda – and millions like her – is both a legitimate aim in itself and a powerful pathway to ending poverty.

A Brief Look at Women, Girls, and Poverty

CARE's decades of poverty-fighting work – research, analysis and project implementation in poor communities around the world – demonstrate that poverty and women's disempowerment consistently go hand in hand. The societies that lag furthest behind are those where laws and traditions hinder women's empowerment.

The numbers are astounding:

- Seventy per cent of the world's 1.4 billion poor are women and girls.¹
- More than 875 million women and girls are illiterate, representing two-thirds of all illiterate people in the world.²
- At least one in three females worldwide has been physically or sexually abused, and violence rivals cancer as a cause of disability and death among women of childbearing age.³

- Women work two-thirds of the world's working hours, earn 10 per cent of the world's income and own one per cent of the world's property.⁴
- Seventy-two per cent of the world's 33 million refugees are women and children.⁵

CARE and others in the international development arena – academics, governments and peer NGOs – are continuing to formally explore the causal link between empowerment and poverty reduction. Although no body of social science research has yet proven a direct correlation between the two, CARE's experience in the field leads us to base our work on this premise: Empowered women – women who have the ability and freedom to identify and choose their actions and life courses – will act in ways that lift themselves, their families and communities out of poverty.

Growing Awareness of the Importance of Women's Empowerment

While women and girls are marginalised around the world, we also know that they can translate even modest gains in knowledge and resources into positive results:

- Each extra year of primary education that a girl receives boosts her wages later in life by 10 to 30 per cent.⁶
- The effect of a mother's education on her child's health and nutrition is so significant that each extra year of maternal education reduces the rate of mortality for children under the age of five by between five and 10 per cent, according to a review of extensive evidence from the developing world.⁷
- Repayment rates in CARE's women's savings and loan programs are nearly 100 per cent, and women use their financial resources to improve the lives and health of their families.⁸

CARE's efforts to overcome poverty have always reached women and girls, along with men and boys, since the organisation was founded to provide relief to countries devastated by World War II. The prevailing view at the time was that poverty stemmed from an absence of goods and services, such as food, clean water or health care.

Over the years, that view of poverty expanded from a lack of goods and services, to encompass an absence of assets and opportunities (land to produce food, for example, or access to markets to sell and buy), and to an absence of skills and knowledge (such as basic education, technical training).

In recent decades, we have broadened our perspective to understand poverty not only as a phenomenon of unmet needs, but one of unmet rights. That is, people's lack of goods or opportunities is not the cause of poverty, but its symptom. People are poor because they are marginalised, discriminated against or excluded from social, economic and political processes. Exclusion denies people access to resources and mires them in poverty.

Like other organisations fighting poverty, CARE had worked diligently to make sure that women were equally represented in CARE projects, that women had access to services, and that women enjoyed the benefits of new information, technologies and practices. Yet, continuous evaluation led CARE to acknowledge that – despite its high-quality programming – poverty's grip had not been broken. Women, by and large, remained on the margins of their societies. CARE's contributions to women's lives were of vital importance. But when added together, they did not necessarily equal empowerment, nor an imminent end to poverty.

As CARE developed a more nuanced understanding of the human systems that underlie poverty, its programming evolved. Over time, CARE shifted from working with women as victims of poverty to supporting the empowerment of women living in poverty as they challenge and change the contexts in which they live.



WOMEN AND GIRLS:

CARE's empowerment framework – described in Chapter 2 – is applicable to the lives of any marginalised people, and indeed CARE uses it not only in our programs with women but with those who are the subject of discrimination on the basis of ethnicity, caste, class or any other factor(s).

Importantly, CARE also uses the framework across women's entire life cycle. CARE programs reach girls, teens, young and mature women: the empowerment framework remains the same, but CARE's programmatic approaches are carefully tailored to meet the needs of the age group(s) in question.

NO NATION ON EARTH HAS ARRIVED AT TRUE EQUALITY BETWEEN WOMEN AND MEN, YET NOT ALL WOMEN ARE EQUALLY DISEMPOWERED. CARE reaches the most marginalised of women in its empowerment programming, in line with its global mission to work “with individuals and families in the poorest communities in the world”. CARE often focuses on women and girls who bear the double burden of discrimination based on gender plus other factors such as ethnicity, caste, marital status, health status or livelihood.

Groundswell in the Development Community

CARE is not alone in our commitment to women’s empowerment. Consensus is growing among those who tackle poverty: women and girls endure poverty disproportionately – and they are central to the effort to overcome it. A critical mass of institutions and individuals is coalescing around the stance that poverty cannot be overcome without women’s empowerment.

Promoting gender equality and empowering women is UN Millennium Development Goal 3 (MDG3). The UN’s objectives include ensuring access to education and health services, full and decent employment, and equal political participation and decision-making in all sectors.

“Gender equality and women’s empowerment are fundamental to ... achieve equal rights and dignity for all. This is a matter of basic human rights,” stated UN Secretary-General Ban Ki-moon. “But equality for women and girls is also an economic and social imperative. Until women and girls are liberated from poverty and injustice, all our goals – peace, security, sustainable development – are in jeopardy.”⁹

Many governments, donors and hundreds of CARE’s peer non-governmental organisations are part of this movement.

Here are a few examples of the increasing emphasis on women and girls in development work:

- The Australian Government’s aid agency, AusAID, maintains a strong commitment to gender equality. It is currently working to ensure that all its country and regional aid strategies integrate gender equality objectives and indicators and identify actions for tackling inequality, as well as building this into performance frameworks for measuring progress. Individual country programs are looking to scale-up specific initiatives to advance gender equality and empower women. In this regard, AusAID has been particularly active in research and programs focused on prevention of violence against women in the Pacific region.
- The United States is also demonstrating its strong commitment. Secretary of State Hillary Clinton said: “...if we believe that human rights are women’s rights and women’s rights are human rights, then we cannot accept the ongoing marginalisation of half the world’s population. We cannot accept it morally, politically, socially or economically.”¹¹
- In 2009 President Obama launched the **Global Health Initiative** a six-year, \$USD 63 billion effort to help partner countries improve and expand access to health services. Programs are designed to address the particular vulnerabilities faced by women and girls, especially those who are impacted by gender-based violence¹². In addition, as a \$USD 48 billion initiative for 2009-2013, the US President’s Emergency Plan for AIDS Relief (**PEPFAR**) program is implementing women-centred care for HIV/AIDS, tuberculosis and malaria and is ensuring that its services are gender equitable. Both the Global Health

¹² Gender-based violence includes, but is not limited to, domestic violence, sexual violence in conflict and war, human trafficking, harassment, harmful traditions such as female genital cutting, and child marriage.

Initiative and PEPFAR are focused on improving overall health outcomes for women and girls.

- The UK **Department for International Development** (DFID) is committed to empowering women and has been an advocate with other donors and agencies to increase the focus on women's rights. DFID joined others in lending its support for the idea of creating a consolidated UN agency dealing solely with women's concerns. The resulting entity, 'UN Women', was announced in early July and will commence operations in 2011. DFID is also working to improve data gathering so that at least 20 per cent of indicators in its new programs are gender-sensitive or disaggregated by sex. DFID takes the position that "poverty will not come to an end until women have equal rights with men".

Empowerment is a Long-term, Complex Proposition

CARE's research and experience show that simply including women in development projects does not lead to women's empowerment, nor to lasting impacts on poverty. Providing women with a few skills, then expecting them to conquer age-old injustices, is not effective.

CARE's *Umwizero* program in Burundi from the beginning of this chapter illustrates this point. CARE works directly with women like Marie Gorette Nyabenda to build their income-generating skills, their savings, their knowledge and their sense of control over their own lives. But it would be wrong to stop there and call this "empowerment". Rather, it is necessary to look at the entire system – the larger community in which women live. Modest income gains, a market stall or a goat won't translate to sustained change if a woman's family, community and whole society continue to impose limits on her.



GENDER, EQUALITY AND EMPOWERMENT: *A NOTE ON TERMINOLOGY*

For CARE, *gender* means the socio-cultural constructs, differing somewhat from culture to culture, that dictate much of the life course of males and females. All people absorb their culture's expectations of how women and men should act, think, relate to others, and what they can aspire to in life. Because gender is created by human societies, it can be changed by human societies.

CARE's global gender policy defines *gender equality* as the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. CARE believes that any person's enjoyment of rights must not be governed by their birth as female or male, and that gender equality is an explicit, internationally recognised human right.

Women's empowerment is an essential component of gender equality – the latter cannot be achieved without the former – and it too implies a desired goal (an 'empowered woman'). CARE's framework for understanding is that multiple factors make up disempowerment and inequality, and therefore multi-dimensional solutions are required to address them. CARE's framework for women's empowerment, described in this document, is not a static prescription but a guide to analysis and action towards a desired end.



A Tested Theory and Framework for Women's Empowerment

CARE'S THEORY OF EMPOWERMENT

Empowerment is the **sum total of changes** needed for a woman to realise her full human rights: the **combined effect of changes** in her own **aspirations and capabilities**, the **environment that influences or dictates her choices**, and the **interactions she engages in** each day.

CARE's theory of empowerment is a synthesis of many experiences and ideas. It incorporates countless stories of women living in poverty battling to achieve their rights. It draws from anthropology and sociology, incorporating the thinking of social scientists as well as the foundations and work of many partner and peer organisations. Most importantly, it draws upon CARE's decades of development practice, and all we have learnt about what works in efforts to overcome poverty and discrimination in countries around the world.¹²

How It Began

CARE's theory and framework grew from a systematic effort to better understand women's disempowerment as an underlying cause of poverty. The Strategic Impact Inquiry was a four-year research effort, beginning in 2005, through which CARE produced a theory of women's empowerment.

The initiative sought to answer three key questions:

1. **Are CARE's programs, in fact, empowering women? In what ways?**
2. **What works, or doesn't work, to empower women?**
3. **What are the implications for CARE and the larger international community of making such a long-term commitment?**

CARE found that our programs were empowering women in some cases, but many efforts were coming up short. Many programs were failing to achieve the desired long-term impact. The study led CARE to make significant organisational changes, refine its programmatic approach, and to alter its perspective about how international development initiatives should be conceived and structured.



CARE'S INQUIRY INTO WOMEN'S EMPOWERMENT – A TRANSFORMATIVE INVESTIGATION

CARE's Strategic Impact Inquiry into empowerment was a comprehensive look at what was working – and not working – in CARE's programs.

- **Research both deep and broad:** The research study encompassed original research in 24 countries: Bangladesh, Bolivia, Burundi, Cambodia, Ecuador, Egypt, El Salvador, Eritrea, Ethiopia, Guatemala, Honduras, India, Jordan, Lesotho, Malawi, Mali, Nicaragua, Niger, Peru, Somalia, Tanzania, Uganda, West Bank/Gaza and Yemen. Results of these deep inquiries were reconciled with pertinent data culled and analysed from CARE's global program databank and evaluations of project documentation.
- **Numerous program sectors:** The SII study examined the impact of village savings and loan group membership, HIV and AIDS prevention efforts, emergency response, food and livelihood security, elimination of violence against women, eradication of child labour and sexual exploitation, promotion of indigenous women's rights, and girls' education.
- **A blend of research methods:** Research methods included quantitative surveys, focus group discussions, and in-depth interviews. CARE's global research principles included using empowering methods to research empowerment.

CARE used its own funds to finance the SII. In the fourth year, the Ford Foundation made a grant specifically for the inquiry into HIV and AIDS programs. Through the SII, and recent analysis of its empowerment initiatives, CARE has developed an evidence-based framework to guide its programs and ongoing research.

Key Dimensions of Empowerment

In each country where CARE works, we seek to refine and deepen our understanding of empowerment, and to translate its theory and research into action. The three key dimensions of empowerment that CARE seeks to influence are the following:

| | |
|---------------------------------|--|
| Individual^{III} | Women themselves: their skills, knowledge, confidence and aspirations. |
| Structures | The societal and social structures within which women live, including but not limited to cultures, traditions, faiths and hierarchies based on social class, caste, ethnicity and gender. |
| Relations | The relationships through which women negotiate their lives, including those with husbands, children, siblings, parents, neighbours, and religious, government and other types of authority. |

Individual *Her own aspirations and capabilities*

CARE views every woman as able to act on her own behalf, based on her skills, knowledge, hopes and resources. She is able to analyse, decide and make choices. She has a sense of self as one who can influence at least some facets of her own life: these are an inherent, human trait. A woman can expand her ability to act by increasing her knowledge, skills, awareness and confidence.

CARE and other development organisations help women and girls to develop their "agency" and ability to exercise choices through diverse approaches. These include grassroots activism, advocacy, education and health, conflict resolution, agricultural production and clean water supply. Through these programs, women learn to effectively negotiate, speak in public, manage groups, organise information and facilitate decision making. For girls and young women, this is centred on obtaining

^{III} Social scientists refer to this trait as 'agency'. CARE refers to empowerment at the individual level to represent the concept of agency

THE INDIVIDUAL REALM IS WHERE PROGRAMS FOR GIRLS DIFFER MOST FROM THOSE FOR WOMEN. What a girl can choose for herself is necessarily curtailed, for her own protection, by her parents and society. Nonetheless, empowerment programming for girls can make tremendous contributions to their development as individuals: building skills, knowledge, awareness; fostering leadership and confidence; and expanding their aspirations for the future.

an education, expanding self-perceptions and gaining leadership skills. Ultimately, we aim to help women and girls learn of their human rights, their responsibilities and how to exercise them.

Umwizero program in Burundi invests in building women's financial skills and business acumen. Members also learn life skills, such as literacy and leadership, and are quick to apply them to their own and their families' lives. Spéciose Ndahigeze says, "Before, I saw no point in education. What would it change? Now, with all I have learnt and the training I have received, I know it is important. All three of my children started first grade this year."

Each group selects a member with aptitude to become a trainer. With CARE's support, they teach women to form additional savings and loan groups, thereby extending *Umwizero* even further. "Completely to my surprise, the women ... chose me to be the community trainer," recalls Marguerite Nahimana. "This was a big responsibility. My self-confidence grew and I swore that I would never consider myself a person inferior to others."

Structures

The environment that influences or dictates her choices

"Structures" define the environment that influences or dictates women's choices. This refers to the conventions, routines, patterns of relationships

and interactions that govern behaviour between individuals and groups within a society that are often taken for granted.

- Structures may be overt or hidden, formal or informal.
- Structures are composed of behavioural patterns, but also the ideologies that underpin the social acceptability of certain behaviours or thoughts.
- Tangible, formal structures include governments, economic markets, religions, education systems and kinship.
- Less tangible, less formal structures include social hierarchies and identities (such as race, caste, class) and the distribution of resources.

Few human-made structures are more profoundly influential than gender. Beyond the chromosomes that make people females or males, these are the economic, social and cultural attributes and opportunities that human societies attach to being a girl or boy, woman or man.

Gender defines the distribution of social opportunities and resources – and therefore is inextricably tied to poverty.

In addition to helping *individuals* change their capacities and skills, CARE is putting increasing emphasis on guiding people to examine, question and alter the *structures* that surround them and influence their life choices.

- In Guatemala, CARE supported parents as they reassessed their notions of appropriate life courses for daughters versus sons. Parents then demanded and supported high-quality, primary education for all children.
- In Sierra Leone, CARE facilitated discussions in war-traumatised communities about the

power inequalities that underpin conflict and poverty – then supported them as they worked for change.

- In Zambia, CARE helped youth uncover the gender structures that normalised rape and other forms of assault – then worked with them to define new forms of power between boys and girls.
- When the US government prepared to authorise a second phase of PEPFAR^{IV} funding, CARE successfully advocated for attention to structural vulnerabilities that underlie women’s risk of HIV – including violence, economic insecurity and subordinate social position.
- *Umwizero* supports women as they identify and address structural barriers to their empowerment. One group of women confronted a chief who demanded sexual favours from his constituents. “That no longer exists ... thanks to women’s participation,” they reported to CARE staff. To consistently confront and dismantle gender barriers, CARE also manages a program in which men and couples who were quietly challenging male/female roles on their own are bringing their discussions into the public sphere.

Relations

The interactions she engages in each day

Relations are a person’s human ties with friends, spouses, siblings, neighbours and authorities.^V These individuals influence a woman’s life directly and profoundly.

As CARE drew upon literature, its own practice and emerging trends in the development field to formulate its theory of women’s empowerment, it

IV US President’s Emergency Plan for AIDS Relief, 2003-2008 and 2009-2013; a significant US program for AIDS, tuberculosis and malaria prevention and treatment in Africa and Asia.

V A woman lives within *structures* of kinship, family, marriage and others. She has *relationships* with specific individuals: her mother-in-law, her husband, her sister.

A RECENT LITERATURE REVIEW OF GIRLS LEADERSHIP REINFORCED CARE’S FIELD PERSPECTIVE, which is that girls leadership and empowerment develop in parallel, where girls who show leadership are more empowered, and greater empowerment enables girls to express their leadership. CARE’s women’s empowerment framework can be adapted to programming for girls leadership by looking at opportunities to promote individual change through competency development and positive self-perception (individual change); providing safe spaces (structural change); and cultivating mentors and champions (relations change).

became evident that the realm of relationships was of particular importance for women. It is through other people that an individual learns her place in the world, and it is often through other people that she influences her surroundings and changes her circumstances. CARE’s research confirmed that many women felt their relationships could serve as vehicles for their empowerment.

CARE’s attention to relationships *among* individuals is newer than its work *directly with* individuals. In many instances, in fact, the former evolved from the latter. It was by bringing women together to further their individual aims – most notably in village savings and loan groups – that CARE saw just how profoundly women’s relationships with each other could change their lives. Members not only improved their income – they thrived on the exchange of ideas and collective strength that membership brought. Similarly, the setting for CARE’s work with girls tends to be the school or other learning environments, where all-girl activities promote confidence, trust, assertiveness and leadership skills. Women and girls gain a social network through which they collectively champion their rights and development.

For Marie Gorette Nyabenda, whose husband had long confined her to home and farm, “the solidarity between women in my group helps us get through problems in many ways.” Her friend, Purchérie



THE DANGER OF PARTIAL EMPOWERMENT EFFORTS

CARE's experience shows that women's empowerment initiatives that do not take into account the totality of women's lives and needs, or which lead to only partial or partial results, can lead to:

- Gains that are easily reversed;
- Increased burdens on women and girls; and/or
- Violent backlash from those who see empowerment as threatening or a zero-sum game between men and women.

In **Peru**, women participating in a nutritional security project reported that their skills and decision-making abilities had improved greatly. They also confirmed that, while they had changed, their husbands had not. Said one woman, "When it comes to selling food and getting loans, we women should do that because the men go drinking if they get money. But we still need to consult with them first – because if we don't they will massacre us."

In **Afghanistan**, progress in protecting and promoting women's human rights has stalled, and earlier gains are crumbling. Laws, policies and social norms that discriminate against women, often overtly and abusively, are largely unchanged. Donor funding for NGO programs is disproportionately earmarked for short-term projects designed to train women to learn more, do more and earn more. The government and international community alike encourage women to participate in public life, yet many of those who do meet with abuse, rape, imprisonment and even death for entering the public eye.

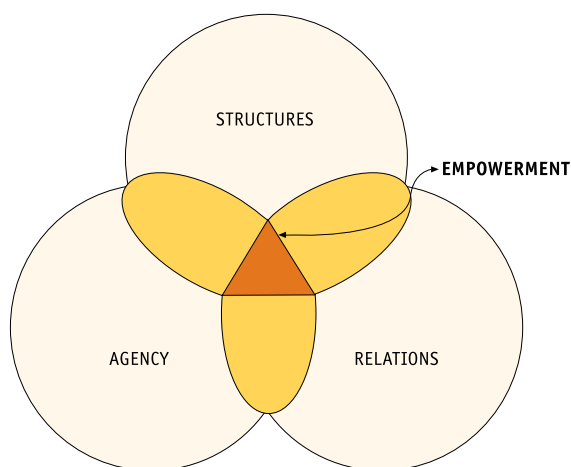
In **Niger**, a woman joined a savings and loan group as part of a CARE program. She learnt many new things, she took and repaid small loans, she improved her income-generating activities and increased her income. One day, however, she borrowed from the group to fund a dowry for her 13-year old daughter to become the third wife of a village elder. She felt this was important because the marriage would elevate the entire family's social standing.

Mbonimpa, links her new relationships to new ideas and behaviours: “I learnt to share with others, and I learnt about their strategies to tackle problems that I was facing. Other women told me how they deal with sexual relations, for example.” Faustin Ntiranyibagira, meanwhile, speaks of how his attitude toward his wife has changed. “I realised that my violence towards her was useless and did not make her respect me or my position as a man. That was the moment when I realised ... that a woman is not a child, that she is intelligent and capable of making good decisions.”

The sum total
The combined effect of changes

CARE and others have recognised that change in a *single* realm rarely leads to lasting improvement in women’s lives. Advances in any of the three realms may result in benefits such as access to family planning, enrolment in school, or fewer child marriages. But a single step forward is often tenuous and can be easily reversed. It doesn’t change the whole system in which women live and act.

When women advance in all three realms, lasting change becomes possible. As the CARE Strategic Impact Inquiry concluded, the coherent way to understand empowerment is “a constant interaction across all three realms”.¹³



| | |
|--|---|
| | Changes here only are easily reversed and/or have unintended consequences. |
| | Changes are stronger but incomplete. |
| | Changes here are most likely to lead to durable empowerment. |

How Does CARE Apply Our Theory?

Women’s empowerment is not solely about women, nor can it be achieved only by women. Women’s empowerment also requires changes to the relationships and social structures that shape the lives of women.

EMPOWERMENT ENCOMPASSES MORE THAN GIVING A WOMAN TRAINING OR A LOAN, EXPECTING HER TO DO MORE OR TO DO THINGS DIFFERENTLY. Empowerment also requires changes to the relationships and social structures that shape the lives women can hope to live. In short, empowerment is not only about changes in women, but about changes in the world that surrounds them.

CARE’s framework provides shared concepts and tools to understand cultural contexts, local realities and to assess the quality and impact of activities. The framework serves two important purposes:

- **Understanding:** Investigate and analyse the complex dynamics of poverty and the relationships between the many aspects that influence women’s lives.
- **Roadmap for Action:** Create programs that empower women and address other underlying causes of poverty.



WOMEN'S EMPOWERMENT – NOT JUST FOR WOMEN

When CARE discusses its women's empowerment framework, and the centrality of women's empowerment to ending poverty, the question is often raised. *What about men – why are they excluded?*

In fact, CARE's women's empowerment work in no way excludes men. CARE's SII research concluded, in part, that "...the theory of empowerment presupposes that good analysis of power and gender are crucial rather than optional, and that a programmatic focus only on women – rather than more expansively on gender and, therefore, men and women together – will not lead to sustainable gains."^{*}

Women alone are not responsible for women's empowerment, any more than, say, black South Africans were solely responsible for ending apartheid or the 'untouchables' of South Asia are responsible for dismantling the caste system. Rather, overcoming the social injustices that keep women disempowered is everyone's challenge and responsibility. In the same vein, the benefits of women's empowerment are not limited to women. Global evidence suggests that female *and* male citizens of more equitable societies are, on average, wealthier, healthier and better educated than in countries where women are most marginalised.



3 What Does Empowerment Look Like?

How Do We Know Women Are Being Empowered?

CARE routinely monitors and evaluates its work, yet standard program monitoring has not always captured the complexities of empowerment. In the words of one CARE researcher: “What we can count may not count for women”.¹⁴ At the same time, what may seem like a barely perceptible step forward could seem like a leap to an individual woman. Measuring empowerment is an area that is receiving increasing attention within CARE and other organisations.

WOMEN IN THE **SAGBAGHITA** PROJECT IN NEPAL WORK TOGETHER TO PROMOTE PEACE, BUT ALSO LEARN THE ART OF SPEAKING. One participant, Bimala, needed to approach her father-in-law regarding her property rights but had an enduring fear of him. Nonetheless, she was encouraged by the group facilitator to face her fear and approach him. One day she gathered all her courage and went to see him. “I sat on a chair right in front of him, made complete eye contact, and then said I need to talk to you.” Bimala told him that she needed her share of property to support her children’s education. She described the experience as surreal. “I did what his sons would do with him.” Her sister-in-law was so impressed that she spread the news of Bimala’s courage, and Bimala soon became

Drawing on women’s perspectives, academic literature and its own research, CARE has identified five key areas that serve as evidence of women’s empowerment. Each of these involves changes in more than one sphere.

- 1. Women make important decisions within the household, alone or with other adults.**
- 2. Women participate meaningfully and visibly in the public sphere.**
- 3. Women make decisions and take action regarding their own bodies, their own sexual and reproductive health.**
- 4. Women confidently control productive assets such as capital, farmland or microenterprises.**
- 5. Men cease to commit violence against women.**

What do these changes look like in practice? Examples selected for this report were drawn both from our research described in the previous chapter and a more recent review of ongoing successful CARE projects. The recent cases showcase promising practices and results, but have not been subjected to a systematic analysis. Rigorous monitoring and evaluation will be needed to confirm outcomes and long-term trends. Nonetheless, the cases highlighted are relevant because they:

- Cover three key phases in a woman's life cycle: late childhood/early adolescence; reproductive age/motherhood; and later adulthood.
- Address primarily three key development sectors for women – health, education and income.
- Encompass a long span of time, including several long-running programs, some as long as a decade.

1. Women make important decisions within the household, alone or with other adults.

In many places, women must defer to husbands, their in-laws or others when making decisions about their home and family. They are excluded from decision-making on key matters, such as health, education and division of labour, and their concerns are not heard. A woman may need her husband's permission to join a group, to work or even simply to leave the house on occasion. She also may not have control over any new income she earns.

When a woman challenges her subordinate role, she is likely to face resistance from her family and community. This can be difficult, but is an important first step in her path to empowerment.

In **Nepal**, rural women are typically married young, and pass from the rule of their fathers to that of their husbands and fathers-in-law. Women who participated in mothers' groups and advocated in "pressure" groups known as *Dabi* gained knowledge and the confidence and ability to seek better health care for their children. They also increased their income through savings and loan activities. As a result, the women reported, they participated more fully in decision-making at home, and other family members' attitudes toward them had improved. One member noted, "Now, we don't need to look to our husbands for money, and we don't have to endure their anger and frustration. We make our own decisions now."

Nearly three-quarters of participants in the *Umwizero* program in **Burundi** reported greater participation in household decision-making, one CARE evaluation found. This included better relationships with their husbands. Women attributed this change to their husbands' appreciation of their greater ability to pay for food, their children's schooling, clothing and farm supplies. Similar results are found in other savings and loan projects. In another program evaluated in this study in **Tanzania** an early evaluation of the Magu District Livelihood Security Project (now called WAGE), revealed that all participants cited increased self-esteem and a sense of empowerment. Also, nearly half of the married women in the group said they were able to sell household assets without permission, versus three per cent of non-members.

Empowerment at the household level is particularly vital for girls. Girls who attend CARE's residential *Udaan* camps and CARE-supported Kasturba Gandhi Balika Vidyalaya (KGBV) boarding schools in **India** enter the traditional school system without any prior schooling. They also learn that caste, economic status and gender need not perennially relegate them to subordinate status. Many students report that their greater self-confidence changes their behaviour at home, including their ability to negotiate within the family and even to influence community norms. One 16-year old graduate of a KGBV school, Sushila, recounted her decision to stop wearing traditional dress in favour of more comfortable modern attire. Initially women in her village objected, but she maintained her right to wear what she wanted and many young girls are following her example. Sushila also encouraged other parents in her community to send their daughters to school.

The New Schools Program (NSP) was a school-based reform program aimed at increasing school access and enrolment of girls in underserved communities in **Egypt** through education and community mobilisation. While the model is different than those in India, the impact on girls' self-perceptions was similar. A project assessment found that girls in the NSP:



IN INDIA, ADOLESCENT EDUCATION AND EMPOWERMENT

Since 1995, CARE has promoted girls' education in India, where an estimated 40 to 60 million children – almost 75 per cent of them girls – are out of school. CARE India has been especially successful in engaging out-of-school adolescent girls. The early teen years are a crucial time of life. Girls face major life and reproductive choices, and education can determine their future possibilities.

CARE's *Udaan* residential camps are for girls aged 10-14 who have never been to school. Each year, the camp educates about 100 girls, who live in a tight-knit community with their CARE-trained instructors. *Udaan* – the word means 'to soar' – engages girls in an intensive, relevant curriculum. Most learn to read and write and, remarkably, complete an entire accelerated primary education in less than one year. The girls also participate in camp government, sports, drama and other activities that boost confidence and leadership skills. *Udaan* helps graduates prepare for and take the examination to enter secondary school.

IN TEN YEARS CARE'S UDAAN CAMP HAS EDUCATED MORE THAN 1,000 GIRLS. A growing number of KGBV schools supported by CARE India (currently 76) reach about 38,000 students in Uttar Pradesh, Gujarat, and Bihar states.

The extraordinary success of *Udaan* led the government of India to seek CARE's input on the Kasturba Gandhi Balika Vidyalaya (KGBV) program, which offers boarding school education for minority and/or scheduled-caste teens from communities where female literacy is especially low. CARE operates one camp in Gujarat and supports NGOs operating three similar camps.

CARE's contributions include: a bridging semester that prepares incoming girls to succeed academically and socially; and innovative curriculum elements – tested in *Udaan* camps – that build skills and challenge girls to re-imagine themselves and their position in society. Classroom topics include globalisation, democracy, family work distribution, the caste system, gender and equality, livelihoods, computer skills, and money management.

Udaan camps and KGBV schools are extremely successful. The introduction of the KGBV model leads to reduced drop-out rates, decreased gender gaps in learning between girls and boys and measurable skills attainment. A survey of students at the KGBV schools in Uttar Pradesh (including those supported by CARE India) scored increasingly

better at the end of their KGBV experience, with class cohorts demonstrating substantial improvements as a group each year from baseline data taken at the outset of the program (see chart, below). The skills targeted are those girls need to pass their board exams and then enter and succeed in the formal educational system.

Perhaps more difficult to measure, the *Udaan* Camp and KGBV schools also enhance girls' awareness of their opportunities to live fulfilling lives. *Udaan* and KGBV girls emerge with an expanded vision of their future, the options available to them, and their right to make choices about their relationships, livelihoods and reproductive health.

FOR FAR TOO MANY INDIAN GIRLS, POVERTY, ISOLATION, CULTURE, FAMILY AND OTHER FORCES ARE BARRIERS TO SCHOOL, and they have accepted that they do not need or deserve an education. CARE's work shows that most adolescent girls can succeed in school. Of the 102 girls graduating from the most recent *Udaan* camp session, 101 passed their board exams – 32 with top honours.



- **Individual:** Girls learn traditional academics, entering the formal education at grade level even without any prior education. This in itself is extraordinary, but girls in these programs also learn they do not need to accept poverty and discrimination. They develop the skills to negotiate choices within home and community. Many become aware for the first time that they can participate in their community and pursue positive life choices.
- **Relations:** The residential nature of *Udaan* and KGBV schools fosters important bonds between teachers and girls, and this gives girls a new set of champions for their rights. Girls expand and deepen their friendships – especially important given their isolation prior to enrolling in *Udaan* or KGBV schools. Finally, *Udaan* and KGBV graduates become role models in their communities of what it means to be an educated girl.
- **Structures:** Enrolling and retaining these marginalised girls in school began to reshape their families' views on girls' rights, and the importance of education. CARE's work with schools and the Indian government has led to more proactive support for girls' learning needs; for sensitising teachers, school and ministry staff to these needs; and even to rethinking budgeting

Nearly 76 KGBV schools reach about 38,000 students in four states of India. Following is a representative sample of results in one state in Uttar Pradesh.

Improvements of KGBV School Class Cohorts from Year of Entry to 2009 (Five Districts, Uttar Pradesh^{VI})

| Year | LANGUAGE SKILLS | | | | | MATH SKILLS | | | | |
|------|------------------|---------------------------|-----------------------|----------------------|-------------|------------------------------------|------------------------------|--------------------------|-----------------------|----------------------------|
| | Identify letters | Read words without vowels | Read simple sentences | Write simple letters | Write words | Identify depicted objects in words | Identify numbers up to 20/50 | Count objects in picture | Add without carryover | Subtract without carryover |
| 2006 | 45% | 27% | 8% | 13% | 10% | 10% | 48% | 20% | 21% | 11% |
| 2009 | 84% | 71% | 29% | 77% | 65% | 52% | 63% | 56% | 52% | 45% |

VI Sample of 72,000 includes 4,800 students supported by CARE India. Results are broadly representative of the overall number of students.

- Effectively expressed their opinions.
- Participated in family decisions and tried to engage parents, brothers and elders on matters concerning them, such as education, marriage and employment.
- Actively worked to enrol other girls in school.
- Felt they expressed themselves better and had become more comfortable with the school environment.
- Said they were more determined than other girls to complete their education and delay marriage until after graduation.
- Increasing their participation in community life and earning the respect of others.
- Influencing or joining political structures and, in some cases, bringing about tangible change.
- Learning the value of their own contributions and claiming their legitimate place in public life.

The Egyptian girls' experience also contributed to parents' openness to education. Mothers expressed more support for their daughters' education than fathers; however, fathers agreed with the statement that education helps girls fulfil their roles in their communities. They were less inclined than other fathers to consider removing their daughters from school for financial reasons.

2. Women participate meaningfully and visibly in the public sphere.

In some societies, women and girls are routinely isolated within the home. In some cases, girls and women may be physically present in the fields or markets but their interactions with non-family members are still tightly controlled. While women may have some influence in the home, they are forbidden to exercise power or negotiate for resources in the public arena.

A woman who cannot participate in the public sphere cannot represent her interests when it comes to water, schools, road, security and safety, sanitation and healthcare, government representation, dispute resolution and thousands of other matters. Women who are able to take an active role in the public sphere – such as those who are featured in the examples below – can make new inroads by:

Throughout **Niger**, members of savings and loan collectives used their groups as a springboard for participation in the public sphere. One evaluation found that these women held elected positions in almost one-third of the local organisations in which they participated. Two-thirds of grain bank members – also important positions of public trust – were women.

Dabi group members in **Nepal** learnt advocacy and negotiation skills – often overcoming a lifetime of marginalisation to use these skills. Women, including those of the lowest caste, resolved many of their grievances with the health system. For example, promised services were made available, and people living in poverty were treated regardless of their ability to pay (in line with government policy). This led to improved use of health services for thousands of people. Another sign of the project's success was that numerous communities initiated their own *dabi* groups without any external support – a result that is desired for development programs, but often difficult to attain. The program resulted in 68 groups, 43 of which were self-generated.

In **Peru**, CARE worked to improve the health of the poor and marginalised by developing systems to monitor hospitals, health centres and smaller health posts. For example, a group of Quechua and Aymara women, called *vigilantes*, were trained in human rights, institutional responsibilities and the existing Peruvian legal framework – which supports health rights and citizen participation. The *vigilantes* produced reports based on their own observations and conversation with female patients in their native languages. These reports were shared with a regional ombudsman and ultimately reported to the health care facility managers and health team.

IN NEPAL, PRESSURE FOR HEALTH AND SOCIAL CHANGE

CARE's long-running *Bal Bachau* began as a child health project in western Nepal. *Bal Bachau* initially strove to increase disadvantaged people's access to, and demand for, health services, and to increase the practice of certain health-related behaviours. Mothers of young children in highly marginalised areas were the focus of CARE's work.

CARE's focus was evolving from a needs-based to a rights-based approach to poverty alleviation during *Bal Bachau*'s lifetime. Discrimination was a key concern in Nepal, where women and *Dalits* (lowest caste) were far less likely to have access to the services, information and skills that would improve their own and their children's health. During the first phase of the project, CARE found that filling those service delivery gaps – improving access to information and providing outreach – was not sufficient to sustainably improve health. The underlying discrimination against women and *dalits* prevented them from demanding the quality of health care that they deserved.

CARE's vehicle for empowerment was the *Dabi* ('pressure') group, in which women, including *Dalit* women, came together in unprecedented ways. With CARE's guidance, group members met regularly to analyse problems and develop and implement action plans for organised advocacy through interaction, rallies, press meetings and dialogue with different authorities.

Via *Dabi* groups, *Bal Bachau* yielded improved community health delivery structures, better services and improved health conditions for children (at right). At the same time, it increased marginalised people's civic participation on a much larger scale than CARE originally envisioned. By the end of the project, 68 *Dabi* groups were active – 25 trained by CARE and 43 that arose spontaneously.

As their skills grew, *Dabi* groups publicly tackled other social problems of concern to women, such as violence against women, excessive alcoholism, and the social convention of *Chaupadi* that relegates women to huts during menstruation and child birth. New alcohol regulations were passed, violence toward women decreased and, at the end of the project, approximately 70 per cent of the households in the program stopped the *Chaupadi* practice and 200 huts were dismantled. *Bal Bachau* led to changes across the three empowerment realms:

- **Individual:** Women came to understand their rights and gained the confidence to address their health needs and their rights as individuals to have dignity free from violence. They learnt to assert themselves in the community and the household.
- **Structures:** The *Dabi* movement began to create more inclusive and responsive institutions (public, private, civic, social). Successes included greater representation, less caste and gender discrimination, and effective advocacy for pro-poor policies.
- **Relations:** *Dabi* gathered diverse individuals whose common interest was reduced social discrimination against women, *Dalits* and others. New groups provided not only a place to learn and bond but a forum for social mobilisation and a foundation for political activism.

FUNDED BY USAID UNDER ITS CHILD SURVIVAL GRANT MECHANISM, *Bal Bachau*'s first phase (1998-2002) began in Kanchanpur district, then expanded to Doti, Dadeldhura and Bajhang districts in its final phase (2003-07). In all, *Bal Bachau* reached about 200,000 women of reproductive age, and 153,000 children under five.

CARE'S *BAL BACHAU* LED TO MANY POSITIVE HEALTH CHANGES AMONG WOMEN AND CHILDREN. The percentage of women vaccinated against tetanus during their last pregnancy, for example, rose from 13 (pre-program) to 97, while the percentage who sought expert care when their children exhibited signs of pneumonia reached 97, up from 40. The health improvements gained through *Bal Bachau* were catalysed by successful advocacy, improved health service accountability, quality and delivery – and ultimately by women claiming their human and legal rights.

The result was tangible improvements in health care, including identification of practices that deterred women from using services, and better treatment of women who did use health services.

In **Tanzania**, CARE chose a long-running program to build on women's savings and loan groups as a means of empowering women: the *Magu District Livelihood Security Program* (now named *WAGE – for Women and Girls Empowerment*). A particularly interesting finding of one of the early program evaluations was that some women (especially widows, who suffered extreme social marginalisation) valued their participation in savings and loan groups as much for their enhanced profile in the community as they did for the additional income resulting from their membership.

Over time, MDLSP/WAGE has successfully used traditional savings and loan methodologies to help women increase their incomes, but has also incorporated activities that elevated groups into higher-profile activities such as advocating for community services and policies of importance to women. Participants were able to improve their relations with local authorities and secure greater resources for women's activities, especially in water and sanitation. Group members addressed gender issues with local leaders in the design of district plans and budgets, and women negotiated greater access to firewood and other materials needed for women's economic enterprises – reducing the demands on women and girls to walk long distances to gather firewood. Women also advocated for greater learning opportunities, resulting in the creation of adult learning centres. WAGE is continuing to refine its methods, however, because evaluations show that there is still a great deal of work to be done to change community gender norms and in other areas.

CARE's *Reducing Vulnerability through Climate Change* (RVCC) program in **Bangladesh** was an early and successful effort to test community-led ways to cope with climate change. The ambitious RVCC blended an array of direct interventions and advocacy activities; its public outreach efforts affected more than one million people. Many of RVCC's pioneering activities



to reduce vulnerability and increase adaptive capabilities became the basis for learning and replication among Bangladeshi and international development agencies. CARE's careful vulnerability assessment and gender analysis identified women's concerns, and made these concerns central to an advocacy campaign. The work benefited the entire region. Even in a society where women are barred from much of public life (and in some cases from leaving the house at all), the project mobilised women to bring their concerns to the highest level of government. The technical assistance provided by government to reduce water salinity and improve local agriculture directly benefited women and their families. Participation in a shared public initiative led many women to see themselves differently – as change agents and as people with a legitimate role in public life.



3. Women make decisions and take action regarding their own bodies, their own sexual and reproductive health.

Reproductive and sexual health rights are essential to a person's integrity, dignity and well-being, yet are denied to millions of women and girls. They are unable to access contraceptives or decide when or how many children they will bear. If a woman is to claim her inherent right to control her own body, those around her and society as a whole must recognise her right to do so.

Tradition in **Burundi** holds that intimate relations cannot be discussed, especially by women, and that men alone dictate the terms of sexual relations. CARE's research revealed that some women are courageously changing this. In the words of one woman, "With the training from [*Umwizero*], I learnt to communicate, to break the taboo to be afraid of your husband and not talk to him. I learnt to tackle even the question of sexuality. He began to talk with me before having sexual relations, whereas before he jumped on me without asking. Participating in the project increased the trust between us. My husband appreciates me and he tells me so." Yet many other

women hewed to tradition: "...one cannot say no to her husband when he wants to have sex. He alone decides and the wife must obey the orders of her husband. She has no reason to refuse because that is why she came [to the marriage]." CARE is carefully addressing this topic in its ongoing *Umwizero* work.

The sex worker participants in CARE's *Saksham* project in **India** now take better care of their own health and protect themselves from disease – changes they attribute to their greater self-confidence, knowledge, and access to services – in fact, 100 per cent of the participants had sought health services, according to one study (see further project results in box). The thousands of women involved in the program are now far more likely to demand that clients use condoms, and even to refuse sex with certain clients. At the same time however, sex workers report much lower condom use with intimate partners. For many, not using a condom is a sign of love, and an intimate relationship makes it *harder* for them to negotiate their interests.

IN INDIA, REDUCING VULNERABILITY

OPERATING IN ANDRA PRADESH FROM 2004 TO 2010, SAKSHAM WAS PART OF AVAHAN – the India HIV and AIDS initiative of the Bill & Melinda Gates Foundation.

Saksham reached several hundred women per year in its early years and 1,700 women annually in its final year of operation.

In India, CARE's *Saksham* ('self-reliant') project originally aimed to help female sex workers protect themselves from HIV infection. CARE soon found that technical interventions (such as educating the women and ensuring their access to condoms and testing facilities) skimmed the surface of the problem. *Saksham* now guides the women to join forces, to challenge the structures that reinforce their vulnerability, and to overcome violence and stigma.

Saksham is among CARE's most comprehensive and ambitious empowerment projects. Sex workers have created self-led organisations, through which they obtain health information and services, build strength through joint action, and bring about sustained changes in how they interact with the powerful people and institutions that shape their lives – such as clients, pimps/madams and the police.

Among the mechanisms that CARE uses in *Saksham* are peer education (women learn to spread accurate and helpful information within the community of sex workers on topics such as risk reduction and service availability), drop-in centres (where women meet and seek services that range from health care to literacy classes), and community outreach (including crisis intervention teams to respond effectively and sensitively to cases of violence and trafficking).

Saksham has achieved great success in reducing highly marginalised women's vulnerability, not only to HIV but to the abuse routinely dealt them by police, madams and clients. The women who participated measurably increased their individual and collective self-efficacy. *Saksham* participants expressed confidence in their ability to manage clients, police and other authorities; those not involved indicated a sense of helplessness in changing their circumstances and environment. Organised sex workers were two to three times more likely to report positive changes in police behaviour as a result of their negotiations and collective representation. Beyond these changes in individuals, *Saksham* has altered the terms and relationships among and between sex workers and the people and institutions that most powerfully influence their lives.

- **Individual:** *Saksham* participants report increased self-confidence and self-respect; greater knowledge of their rights; and greater knowledge of HIV and AIDS. They report greater courage to deal with authority figures, and increased interest and ability in caring for their own health and protecting themselves from disease.
- **Relations:** *Saksham* emphasises alliances between sex workers based on common interests, in lieu of rivalry, suspicion and isolation.
- **Structures:** Sex workers organise and confront power holders. Police confirm changes in their treatment of, and attitudes toward, sex workers.



ONE CARE STUDY FOUND THAT SEX WORKERS INVOLVED WITH SAKSHAM COMMUNITY-BASED ORGANISATIONS (CBOs) were more likely than others to obtain services for HIV and other sexually transmitted infections. For example, among women associated with a CBO, 100 per cent reported seeking health services and treatment, compared to 60 per cent of women not associated with a CBO. More than 80 per cent of those surveyed associated with CBOs for more than six months reported getting tested for HIV, compared to only 40 per cent of those associated for less than six months or not at all. 97 per cent reported always using a condom with clients, and almost all respondents reported "being able to refuse sex" and "being able to decide on the number of clients each day".

IN NIGER, INCOME AND SOLIDARITY LAUNCH EMPOWERMENT

CARE'S MMD PROGRAM IN NIGER HAS ENCOMPASSED A SERIES OF SEPARATE PROJECTS, all using and building on the same methodology. The Government of Norway has been MMD's valuable and staunch supporter from 1991 through the present day. Numerous private donors have also contributed to MMD.

CARE introduced the simple but powerful model called *MMD – Mata Masu Dubara* ('women on the move') in Niger in 1991, after extensive discussions with rural women about their needs and interests. A village-based savings and loan methodology, MMD gathers women into groups of 15 or 20. Each group learns to use only its members' own weekly savings (typically about US 10¢ per person) to build a fund. Women borrow from it to invest in income-generating activities, and repay their loans, with interest, into the fund. *This is the very methodology that, years later and miles from its point of origin, helped Marie Goretti Nyabenda change her life, as described*

in the preface and throughout this document.

CARE's intent in 1991, and for some years afterward, was that MMD could be a safe way for Nigerian women to gain access to a stable source of capital (through their own savings), be self-sustaining (that is, groups graduate to self-government and sustainability after a short period of CARE guidance), and be easily, cost-effectively replicable in numerous villages nationwide.¹⁵

CARE and the women participating in MMD soon found that the methodology offered opportunities and benefits far beyond its original intent. Groups became incubators of new ideas and information, even after the early phase in which CARE staff educated women on gender, human rights, Nigerian law and other topics. The groups proved to be springboards, not only for members' economic betterment but for their personal, social and political advancement. Women's growing confidence and mutual support led them to take on new roles within family, community and even, in many cases, local and regional politics. CARE's strategic impact inquiry found that "[w]hat comes through most strongly...is that MMD enhances women's livelihood security, and that is a necessary precondition to gaining respect from the communities in which they live. This pathway to empowerment ... starts with economic gains, which garner respect from others, which leads to the greater self-esteem and self-confidence that enables MMD women to tackle the more risky and public structural issues."¹⁶

IN 2002, THE LAST TIME THAT A *COMPREHENSIVE* NUMERICAL STUDY WAS CARRIED OUT FOR MMD IN NIGER, some 162,000 women living in poverty in 5,500 groups throughout Niger had accumulated \$USD 3 million of their own money in savings. (Numerically, this would represent an average of at least one in 20 Nigerian households.) Ninety per cent of that money was on loan to members, and repayments were nearly 100 per cent.

Over time, CARE modified its MMD programming. Continuing with the vital financial core, and the very real changes it brought about in women's lives, CARE overtly strove to orient MMD members' personal and relational gains toward structural change. CARE now explicitly positions women's empowerment, alongside women's financial gains, as an objective of the methodology. In the nearly two decades since CARE launched MMD in Niger, it carried the model and its evolving focus on empowerment to 16 more countries in Africa. MMD laid the foundation for the Village Savings and Loan Associations (VSLA) methodology of CARE's Access Africa program, which will reach up to 30 million people in 39 sub-Saharan African countries in the next decade.

- **Individual:** Women improve their knowledge, skills and confidence; increase their assets; and gain capacity to manage and mobilise resources. They become more likely to negotiate within their households, and to participate in the life of the community.
- **Structures:** A visible movement of MMD women and groups has emerged in Niger, and their voices are heard in public. Said one CARE staffer: "Through its women's groups and networks, especially those of elected female officials, MMD has left its imprint on the women's movement – a force that nothing seems able to stop."
- **Relations:** Bringing women together for collective action represents tremendous change in a society where women, relegated to household and farm, have few sanctioned opportunities to gather. As groups, women go on to negotiate access to information (such as literacy classes), services (such as health care) and financial opportunities (such as larger loans from formal banks).



4. Women confidently control productive assets such as capital, farmland or microenterprises.

In many societies, traditional and even modern law dictates that only men can own and control assets and that widows cannot inherit their husbands' farmland, tools or animals. This often leaves widows destitute while the assets pass to their brothers-in-law. If a woman begins to control assets, relationships often change and structures are challenged.

The women who participate in *Saksham* in **India** have taken charge of the self-managed organisations that CARE helped them start. They run drop-in centres, manage referral networks for health and other social services, and field crisis teams to offer urgent assistance in cases of violence and trafficking. Women consistently assert that the bond of their groups, as well as the resources now at their disposal, gives them strength and confidence in dealing with authority figures. As one participant put it: "There have been major changes in our lives. In order to deal with violence, either from a goon or gangster or police, we realised that we sex workers

have to become united. Earlier we were scattered around and nobody listened to us. Now we have come together as sisters and things have changed."

The original goal of the Matu Masu Dubara (MMD) savings and loan program in **Niger** was that women gain and manage resources and assets, beginning with their collected savings. CARE's research (and many other evaluations) in Niger confirmed that women subsequently carry these skills into the private and public spheres. At home, they become more likely and able to negotiate over assets with husbands, in-laws and other members of the extended family. For example, within a tradition that excludes women from household decision-making, 83 per cent of members in one evaluation said that their assets were sold only with their permission; 86 per cent said they retained the proceeds from asset sales. In public, their diverse income-generation schemes generally prosper (most members manage several economic activities; from livestock-raising to grain or household goods trading). Many mature groups eventually seek and secure larger loans from formal banks – and successfully pay them back.

IN BURUNDI, A JOURNEY OF EMPOWERMENT

Burundi is one of the many countries where the transplanted MMD savings and loan methodology has taken firm root, as the *Umwizero* story attests throughout this report.

The proverb *umukobwa ni akarago k'abaraye* clarifies the position and purpose of Burundian women in society: it means *girls and women were created for men's pleasure*. Beyond providing sexual services on demand, this includes endless domestic and farm labour with little or no pay, and silence and submission (often to violence) in home and community.

Into this context, CARE introduced the *Umwizero* project in mid-2006. Borrowing from Niger's flagship MMD, CARE introduced the savings and loan group methodology. And – again learning from Niger and the many ways that MMDs evolved – CARE deliberately chose not only to promote women's financial gain, but to foster their personal advancement and leadership.

Umwizero was set in motion just as CARE's framework for, and commitment to, women's empowerment were reaching maturity. The program design incorporates the organisation's best thinking on what it takes to empower women – and includes constant discussion with participants on what is most effective. Moreover, women and CARE quickly recognised the group methodology as a powerful vehicle in the Burundi context: "CARE was struck by the deep influence women's groups and access to credit could have on a woman's life. Women expressed deep change in their behaviours and self-esteem, rooted in the fact that they no longer had to rely on husbands for money and equally from the social support and networks they gained from working with one another. As a result of these findings, CARE integrated [MMD] into all projects working with women" in Burundi.¹⁷

- **Individual:** Participants are unequivocal: their confidence, self-esteem, and sense of *dignity and usefulness* has risen. Most report greater ability to move about their communities without permission from husbands. Women participate more in household decision-making, especially regarding money and assets. (Unfortunately, discussion of sex and reproduction remains a taboo.)
- **Structures:** Women challenge local authorities, which in turn become more accountable to citizens. *Umwizero* has begun to address such problems as gender-based violence, male infidelity and polygamy.
- **Relations:** Members develop bonds of trust and new ways of expressing themselves, and many transfer these to their households. Unexpectedly, women report that their social status rose as a result of participation, increased income and visibility in communities. This is especially true for *Twa*, a minority ethnic group that is severely marginalised and brutalised.

UMWIZERO (2006-2013) IS FUNDED BY THE GOVERNMENT OF NORWAY. CARE's goal: 168,000 women members of savings and loan groups are economically, socially and politically empowered. CARE works with women, their communities and Burundian partner organisations towards three objectives: women and girls (i) have increased economic security and life skills; (ii) have improved organisational capacity and reinforced social networks; and (iii) women's and girls' rights are promoted and defended by men, women and local leaders.



5. Men cease to commit violence against women.

Millions of women and girls are affected by gender-based violence. Many societies still implicitly or explicitly condone such violence, treating it as legitimate means of exercising power in relationships. This area is a good indicator of empowerment because changes to men's attitudes towards violence against women require – and typically indicate – important shifts in individual behaviours and attitudes, relationships and the structures that normalise male domination over females. Increasingly, there is evidence that gender inequality and the disempowerment of women lie at the root of other social vulnerabilities, such as women's exposure and risk of contracting HIV. Although ending violence is important in its own right, evidence of these underlying risks may have the benefit of strengthening political will and support for promoting women's empowerment. CARE and other development organisations are now seeking ways to blend program activities so that they address both the risk of violence against women and girls, as well as its harmful and even deadly results.

As a result of the *Saksham* project, police in **India** report greater willingness to respect the basic rights of sex workers and to hold others accountable for doing so. "We used to treat [them] with contempt," reports one investigator. "[Now] there is increased awareness of their rights and they have become strong by forming a society". CARE's interviews with police confirm that fundamental changes are occurring, not only in their treatment of, but underlying attitudes toward, sex workers. Women, in turn, report a major decrease in gender-based violence from clients, police and others. Further, the sex workers readily link their personal growth (self-esteem, self-confidence and self-respect; greater knowledge of their rights; greater awareness of HIV and AIDS) to their growing courage to deal with police and other authority figures. In the words of one participant, "Once upon a time if police came to us we used to run away – they beat us whenever



PRELIMINARY CARE INDICATORS OF EMPOWERMENT

Like other organisations, CARE is seeking systematic ways of measuring empowerment at the individual project and program level. CARE is now evaluating the five factors discussed in this chapter – along with several others – as candidates to incorporate into more standard measures of program progress for its programs globally.

In one year, CARE expects to refine this list further:

- Men and women reporting women's meaningful participation in household decision-making in a domain previously reserved for men.
- Men and women reporting women's meaningful participation in the public sphere.
- Men and women with changed attitudes toward gender-based violence. Couples making informed, joint decisions regarding sexual and reproductive health.
- Men and women reporting women's ability to effectively control productive assets.
- Women reporting an improvement in their psychosocial well-being.
- Average number of hours per day, and proportion of working day, spent on housework, disaggregated by sex.

they saw us. Now that beating has stopped. This has happened as we came together. We have managed to do that. We have solved it ourselves.”

Through their *Dabi* groups, CARE participants in *Bal Bachau* in **Nepal** tackled various forms of physical and psychological violence against women. As *Dabi* members negotiated better health care, they applied their growing skills to other problems. One of these was alcoholism as a contributor to domestic violence. Women advocated for greater enforcement of anti-alcohol regulations, and reported that the decline of illegal liquor production corresponded to a decline in gender-based violence. *Dabi* women also tackled the practice of *Chaupadi*, in which women were banished to the family cowshed during menstruation or childbirth lest their ‘impurity’ taint others. As a direct result of *Dabi* groups’ activism, 70 per cent of households in Kanchanpur district reported stopping the practice of *Chaupadi*. Nationally, *Dabi* made significant progress in advocating that laws against *Chaupadi* be enforced. One small, but highly symbolic incident recounted in a project evaluation illustrates the shift of social norms: A *Dalit* (lowest-caste) woman was assaulted by an upper-caste male neighbor for fetching water from a public tap. The *Dalit* community filed a case against the offender, who soon came before the entire community to apologise and vowed never to repeat such misconduct against the *Dalit*. This exemplifies an extraordinary shift in public community attitudes.

In **Burundi**, the VSLA methodology has been a way to introduce women’s empowerment, just as it has in the MDLSP/WAGE program in **Tanzania**. Burundi, however, is emerging from more than a decade of civil conflict that reached deep into the country, touching every family with violence and loss. Violence against, and repression of, women there are deeply engrained, and Burundian women are severely marginalised. Encouragingly, *Umwizero* has not only generated unprecedented dialogue about gender within communities, but also helped to elevate the status of participants and created a forum to discuss violence against women, among other topics.

What Helps Women Become Empowered?

CARE has developed a perspective about what factors tend to facilitate progress and increase the prospects of success. Five critical underlying factors that appear to drive empowerment in a positive direction are:

1. **A long program timeframe and donor flexibility.**
2. **Incorporation of women’s/girls’ empowerment as an explicit program goal – women are engaged in analysis, program design, monitoring and evaluation.**
3. **Changes in men’s attitudes occur.**
4. **Women/girls have a safe, legitimate space in which to collaborate and share ideas.**
5. **An advocacy component is included that engages women.**

1. Long program time-frame and donor flexibility.

Durable change in social and economic structures is difficult to achieve. CARE has seen that women’s empowerment typically begins with individual changes, and then changes in relationships. These changes often set the stage for more sustained structural transformations.

Short-term funding cycles of one, two or even five years often fail to address deep-rooted issues of marginalisation, inequality and discrimination. Shorter projects are best at building women’s skills and expanding women’s knowledge. These are the kind of single-realm activities that CARE’s framework indicates are positive and necessary, but by no means sufficient to lead to lasting change.

Changes based on learning, information, or short-term transfer of resources can occur relatively quickly. Deep, lasting change takes far more time – both to allow human processes and systems to evolve and to allow for experimentation, short-term

failures or adaptive behaviour changes.

The best programming allows time for reflection and learning to feed back into program implementation. Moreover, successful social change processes are rarely imposed from above, but rather arise from and respond to the evolving knowledge, awareness and aspirations of the women and girls – and men and boys – who participate. Flexibility is paramount. Donors who set rigid goals and are unwilling to adapt during program implementation risk missing these opportunities.

- Of the eight programs featured in this chapter, the VSLA program in **Niger** is the longest running, having been active since 1991. The program constantly incorporates its learning into more effective work and continues to evolve to benefit women in new ways. Women across Niger have gained new skills and aspirations; formed new relationships and coalitions; and have carried these changes back to their households and into the public sphere. The government of Norway has been the loyal and flexible donor that has facilitated the success and progress of MMD. The methodology developed in this program almost 20 years ago has been expanded and adapted in dozens of

CARE'S STRATEGIC IMPACT INQUIRY DEMONSTRATED THAT WOMEN'S EMPOWERMENT IS COMPLEX – NON-LINEAR, stop-and-start, and involves progression and regression across many dimensions of women's lives. It therefore challenges the development sector's classic [pattern of] narrowly focused projects that promise concrete results in short-term timeframes. To achieve meaningful impact entails a new [pattern] – one that starts with a solid hypothesis about what will bring about holistic empowerment, but can adapt as it is tested, through monitored interventions and real-time learning within a dynamic process of social change.

CARE's Women's Empowerment Framework

African countries and now reaches millions of women.

- The *Bal Bachau* project in **Nepal** was an experiment in incorporating a so-called rights-based approach into a more traditional community health mobilisation initiative. Program managers worried that traditional health programming was failing to achieve the desired results because the population was too marginalised to demand better community services. The *Dabi* community action model was developed and applied creatively during the second phase of the project, building on the foundation established during the first project phase, but taking it in an entirely new direction and leading to successes and self-generation of the *Dabi* groups among many more Nepali women. Such innovation – and success – would not have been possible without a long-term time frame.

Attitudinal changes powerful enough to translate into actions that can break down community norms (e.g. allowing girls to postpone marriage for education) usually take a great deal of time and reinforcement before they take hold.

- The *New Schools Program* to promote high-quality education in **Egypt** was an eight-year initiative to shift educational approaches, promote community mobilisation and establish new school infrastructure. Some of the most interesting results of this program were the changes in the attitudes of girls and their families. Yet, these changes took a long time to cultivate, and even after eight years, the attitudes of the students' fathers were best described as neutral to mildly positive – rather than strongly supportive – of their daughters' need for education.



2. Incorporating women's empowerment as an explicit programming goal – women are engaged in analysis, program design, monitoring and evaluation.

Women have a vital role to play in guiding programming. Gathering gender-disaggregated data is a good practice for almost any program to ensure that men and women are being reached, and that there are no unintended consequences. This data also is helpful because women can contribute valuable perspectives on the risks, opportunities and approaches to empowerment that are likely to succeed, as well as a “reality check” about what may be possible in their communities.

Moreover, consulting women may stimulate their own thinking and send a message about the importance of their opinions, serving in itself as a catalyst to individual empowerment. While this may sound simple, consulting women – who shoulder the domestic burdens – requires approaching them on their own terms, and within timeframes that will not overburden them or ignite family frictions.

Empowering women also should be pursued as an objective in its own right, or the impact of any efforts

will be limited. There is a difference in seeking to benefit and empower women through increasing their incomes versus an income-generation program that also seeks to empower women – and which will measure its success by both results independently. If you explicitly set out to empower women, you're more likely to consult women in program monitoring and to respond to their concerns and needs.

- In the RVCC project in **Bangladesh**, program designers had the foresight not only to consult women about their concerns related to the environment and climate adaptation, but to discern their level of interest and willingness to help advocate for change. In the end, an entire advocacy campaign was framed to respond to their concerns about the profound damage being caused to local agriculture by water salinity. The campaign engaged women and also designed materials to reach them in domestic settings. The campaign caught the attention of the prime minister, who quickly deployed technical support. Despite their limited mobility and other social restrictions, women mobilised powerfully behind a cause, reaching over one million people and achieving positive results for their lives and those of others.

- The long-running savings and loan program in **Tanzania** (MDLSP/ WAGE) is an example of evolving programming that has sought to do more than simply provide skills and knowledge to women. While the project helped women earn greater incomes in the early years, CARE Tanzania recognised that much more was possible if women were supported in changing relationships and structures around them. As the program evolved, it changed its name to Women and Girls Empowerment (WAGE) with a new objective to “contribute to learning and action on women’s empowerment and gender equality at local and national levels”. The refocused program has helped women successfully advocate for policy change at the local level and to engage local authorities.

3. Changes in men’s attitudes.

Men have a key role to play in empowering women. Unfortunately, evaluations suggest that CARE and other organisations have been unsuccessful in some cases in engaging men. Men are often cast alternately as “the authorities”, whose permission is needed for women to engage in program activities, the “partner” whose support is needed in order for women to pursue livelihoods, or “the oppressor” whose abuses must end in order for women to be free. Each of these roles obscures men’s own inner lives and struggles, and oversimplifies men, their relations to women, and the institutional forces that shape them. Such frameworks also set women and men apart, in opposing camps, competing for visibility, support, and authority.¹⁸

CARE’s research shows that women and men both seek “interdependent, mutually supportive relations”¹⁹ Women and men alike need to see that empowerment can be a “win-win” proposition, rather than a zero-sum game. To achieve this requires explicitly addressing the attitudes of men. In some cases, such outreach is necessary to create room for women to take new steps or to mitigate risks, such as violence or backlash within the household or workplace. However, men may also appreciate contributing to

women’s empowerment. They may feel enlightened by seeing women in a new light and fulfilled by their improved relationships with women.

- In the MDLSP/WAGE program in **Tanzania**, men were largely supportive of their wives’ new activities in savings and loan (MMD) groups. Women in the project attributed this to the family’s extra income. Beyond this, some men also expressed support for their wives’ new roles. One husband said,



“After she joined the women’s group, I saw a lot of changes in her. I am so happy with these changes in my wife, and when she tells me she is going to meetings I do not object. Sometimes when she does not have money to contribute to her group, I help her ... We can now sit together and discuss our finances, which was unheard of in our family before.”

In the *Nijera* project in **Bangladesh**, “natural leaders” in communities played a key role in spearheading sanitation initiatives. New groups, many led by women, were also formed. Women banded together to negotiate higher wages at harvest time – and even enlisted men in their efforts. A group of women also successfully pressured the local health service provider to improve its delivery of care after the death of a child – an unprecedented advocacy action. Groups of men and women also dealt with road repair issues, livestock concerns, sanitation work, wages and other concerns. Many of those interviewed for CARE’s research accepted change.

Men living in poverty said that in the project, they felt a greater ability to influence power structures. Like women, men learnt that it was more effective to approach authorities as a group rather than as individuals.

They also attributed reductions in gender-based violence to the project. The male “natural leaders” in *Nijera*, in particular, developed a willingness to work alongside women. As one leader put it, “Everywhere, on TV, or radio we hear about equal rights for women and men. As we work together, we understand these things.”

4. Women and girls have a safe space in which to collaborate and share ideas.

Solidarity groups are an effective way to provide women a safe, legitimate space to build relationships and receive support. Changes to norms, policies, and relationships outside the home can rarely be achieved by women acting in an individual capacity. In countries around the world, solidarity groups are often a woman’s first step from isolation in the home or the field to group participation, collective action and mobilisation for social change.

- In *Saksham* in **India**, women used solidarity groups in a variety of ways. Sex-worker collectives operated drop-in centres – multipurpose safe spaces for women to rest, seek assistance and build relationships. In these safe places, women could share experiences, solve problems, and pursue opportunities for self-enrichment – such as learning about their health and developing literacy and other skills. The knowledge and trust women developed at drop-in centres helped sex workers develop successful initiatives, such as establishing clinics to provide health services and help sex workers deal with the high degree of violence and exploitation in their lives. Sex workers organised into formal groups dedicated to protecting themselves. Twelve community-based organisations were formed by the project, each of which fosters community leadership, identifies shared concerns and advocates for solutions. The formal registration of these groups enabled women to become more effective with their advocacy, engage authorities and manage crises. The groups also distributed free condoms.
- The MMD savings and loan methodology is an entry point to help women form solidarity groups. While primarily a tool to generate income, CARE and other organisations have realised that the group drives fundamental change – which is perhaps even more important than the income gains and greater economic security experienced by women who participate. CARE is currently in a stage of innovation, testing the ways that these groups can empower women.

5. Engaging women in advocacy

Advocacy can be informal and local – such as the efforts of the Dabi groups in Nepal to change alcohol laws or the local custom of *Chaupadi*. It also can be linked to formal laws and structures, such as teaching sex workers their rights under Indian law and how to lodge complaints against police

abuse, or through watchdog groups such as CARE's *vigilantes* in Peru. Or it can be organised advocacy designed to reach national policy makers, such as the water salinity advocacy initiative in Bangladesh that caused the prime minister to take notice. In each case, women not only defined the issues at hand but developed the strategies and directly advocated on their own behalf.

Advocacy can also take place at the international level, where women's voices can inform policies and legislation. For example, CARE advocated for UN Resolution 1820, which "recognises rape and other forms of sexual violence can constitute a war crime, a crime against humanity, or a constitutive act with respect to genocide". After the resolution passed in 2008, CARE's work did not stop, but instead turned to urging US diplomatic support for the full implementation of the resolution. To strengthen our advocacy, we undertook research in a number of countries to uncover field-based evidence that would inform policymakers on the implementation. As part of Resolution 1820 provisions, the UN Secretary General had to prepare, by mid-2009, a report outlining the nature of sexual violence in war and other conflicts and ways to effectively address it. CARE used this provision as an opportunity to bring our decades of experience to address sexual violence. Based on our research, we developed policy recommendations for a comprehensive response to the needs of survivors.

An additional example from El Salvador demonstrates how engaging the community in advocacy can empower girls.

- In **El Salvador**, CARE works with the Ministry of Education and women's and parents' organisations to make schools safe for girls. More than a third of Salvadoran parents believe, with good reason, that public schools are unsafe. The ministry reports an average of eight cases of violence, sexual harassment or abuse of students – mostly girls – in public schools every month. Most cases are not reported and perpetrators go unpunished. In 2008, the government passed new laws and



procedures to prevent abuse and discrimination in schools. CARE's *Teach Me with Equity* is a project of advocacy, networking and skills-building. It works from the top down and the bottom up to ensure that the new laws and procedures are understood and implemented in El Salvador. CARE and the ministry work with numerous groups, including teachers, school administrators and even journalists to publicise the issue. Among the most important, however, are parents' groups. In 80 impoverished, high-crime areas, CARE helps mothers and fathers design and organise violence-prevention initiatives; take actions to resolve conflict; and monitor the safety and quality of schools for their daughters and sons.



4 What Next? Implications for the Future

The global development community^{VII} increasingly understands that women and girls must be empowered if persistent poverty is to be overcome. CARE – with our 65 years of experience, investment in research and commitment to empowering women and girls – urges all those concerned to commit to actions that will accelerate this movement.

The previous chapter sought to demonstrate how CARE has worked alongside women and girls in different contexts and countries. In most cases, the changes that women brought about were shifts not only in individual attitudes and behaviours, but in their networks of relations and the structures surrounding them. It also examined elements that drove the programs' successes.

The remainder of this chapter explores the implications of the report at the level of international policy and global development organisations, as well as more specifically for CARE.

- Implications for the global development community: What are the best practices for empowering women and girls?
- Implications for CARE: What is the organisation doing to act on its commitment to empowering women and girls?

VII The “global development community” in this context encompasses any individual or group acting for poverty alleviation, including academics, donors, governments, activists, institutions and practitioners.

Implications for the Global Development Community

Many of the following recommendations focus on the actions of national governments, particularly their international assistance donor agencies. They are also pertinent to CARE, our peer organisations and other key players such as United Nations agencies, private donors and experts on empowering women and girls.

1. Base policies on a comprehensive interpretation of women's empowerment.

Empowering women and girls is fundamental to improving their lives and – as CARE and many others believe – to ending poverty. As we've noted, empowerment includes *but must go beyond* providing women with skills, information and access to resources. It must aim to alter the relationships and structures that surround women and shape the choices available to them throughout their lives. The best programs help women and men uncover, challenge, and change traditions, policies, norms and attitudes that limit the lives of women (and men) during childhood and adolescence, child-bearing years and the rest of their lives.

For example, CARE's *Saksham* program in **India** helped marginalised sex workers understand and reduce their risk of HIV and increase their access to health services – and helped them mobilise for change. Working together, the women were able to advocate for change, alter the attitudes of police

and other authorities and reduce their vulnerability to exploitation and violence.

The best programs take into account women's complex and dynamic environments and personal circumstances. Failing to address these can lead to unintentional consequences, including reversible gains and outright harm. Without relational and structural change, it is nearly impossible to empower women and girls.

In **Afghanistan**, CARE has seen a halt – even a reversal in some spheres – in progress for women and girls. Harmful national laws, such as those on divorce and child marriage, still exist. Police and the judiciary are unable or unwilling to support and protect women. A weakening government is increasingly relying on conservative forces to extend its reach. The impact on women is devastating: women are harassed and abused in public, even by authorities. Women who have been raped are jailed as criminals and denied justice by the courts. Ten women in public positions – teachers, lawyers, journalists, politicians – were assassinated in 2008, apparently because they were female. In this context, donor funding focuses disproportionately on developing women's skills or knowledge (in income-generating activities, for example), while little progress is being made toward addressing the larger social and legal norms and laws that leave women in a precarious position. Of course, there are no easy solutions to the problems in Afghanistan, but CARE's experts on the ground recommend a number of steps to improve the effectiveness of aid to women and girls. They include: providing gender mainstreaming experts in Kabul and in the field; improved monitoring and evaluation; and a consistent emphasis on gender woven throughout assistance to the country.

2. Make long-term commitments to empowering women and girls.

CARE's evidence shows that progress in empowering women and girls typically begins with individual changes, often supported by relational changes.

These changes can then support sustained structural transformations, which require longer commitment horizons than (historically) short program cycles. Changes to people's knowledge or material lives can occur relatively quickly, but durable changes to structures require more time. In fact, the strategic impact inquiry led CARE to initiate a shift toward longer timeframes for *all* of our programming.

In **Niger**, CARE found that CARE's savings and loan program "enhances women's livelihood security, and that is a necessary pre-condition to gaining respect from the communities in which they live. This pathway to empowerment ... starts with economic gains, which garner respect from others which leads to the greater self-esteem and self-confidence that enables the women to tackle more risky and public structural issues."²⁰ Sustained commitment is also important to support girls as they go through life so that their leadership skills and other empowerment gains are not lost during life transitions.

Of course, long-term commitments require long-term, flexible funding. Short funding cycles – one, two, or even five-year projects – rarely succeed in uprooting underlying causes of poverty, including social injustice, marginalisation and discrimination. Short projects may build women's skills and encourage their participation, but are unlikely to achieve sustainable change. Donors must be willing to sustain their investment over time, and to welcome flexibility, learning and innovation as women explore their own possibilities.

CARE has worked with women for more than a decade in **Tanzania's** Magu district, thanks to a long-term commitment and flexibility on the part of the donor, the Government of Norway. Women in the WAGE program build their self-confidence and status within their communities before seeking public changes they define as important.

3. Reinforce commitments to women's empowerment with strong and well-articulated organisational policies.

Political commitment must be supported by strong national or organisational policies. The US Government's Millennium Challenge Corporation was formed by Congress in 2004 as an independent agency to deliver 'smart' foreign assistance by focusing on good policies, country ownership and results. It has developed its own comprehensive gender policy that guides the development, implementation and evaluation of its grants to developing countries. A 2008-09 review of the policy's implementation found evidence of strengthened gender integration in programs funded by the corporation, including progress in identifying and addressing gender-related constraints and barriers to women's empowerment in the grantee countries.

Similarly, CARE's own global gender policy cements the centrality of women and girls within the organisation's policies and programming, including a directive to "address discrimination in all its forms". The policy holds all of CARE to a common standard of excellence and accountability, both outward in its programs and inward in its organisational structure. This policy has been one effective building block toward integrating women's and girls' empowerment throughout CARE's global portfolio – and will be helpful as a means of advancing and refining the policy based on new evidence and research.

4. Create supportive laws and policies, and ensure their implementation.

Laws on paper are meaningful only when they are implemented and their results are monitored. For example, laws favouring women may be partially implemented, or may be irrelevant because of local customs. Women must learn about their rights and how to exercise them. Laws and policies can't be solely top-down, and they need a process for holding policy makers and other authorities accountable. CARE's *Teach Me with Equity* program in **El Salvador** is a good example. The national government recently passed a package of laws and

policies that forbid sexual abuse and harassment of schoolgirls and boys – a widespread problem that leads many parents to keep their children out of school. CARE and partners (including parents' and children's groups) are promoting children's full rights to high-quality education in a safe and non-discriminatory environment. This includes disseminating information on the new education laws, and establishing mechanisms in schools and communities to monitor teachers' behaviour and register complaints.

5. Incorporate gender analysed and explicit women's empowerment objectives into initiatives and programs.

Encouragingly, many actors in global development are now conducting gender analysis to better identify inequalities based on gender and understand the key issues. The next step is to apply these findings, and to continuously seek women's and men's perspectives throughout program design, implementation and monitoring.

In **Bangladesh**, a CARE climate-change initiative began with a gender analysis and inquiry. CARE identified women's specific concerns – and socially mandated restrictions – at the outset. CARE took into account the limitations women faced in political participation and guided them in an advocacy campaign to take action on water salinity that was harming local agriculture. Despite their limited mobility, women's involvement and feedback was central not only to the design but to the implementation and the ultimate success of this initiative.

6. Invest in developing staff capabilities.

CARE has found that staff attitudes are central to success. Each person among the organisation's 12,000 or so staff worldwide is embedded in cultural and social norms that shape her or his attitudes and behaviours, and inevitably influence her or his work. Thus, the first step to address norms and underlying

assumptions may not be with program participants but with development agency staff themselves.

In **India** and **Vietnam**, CARE's *Inner Spaces, Outer Faces* Initiative^{VIII} was designed to help communities understand and tackle the gender barriers to reproductive health. But before discussing these sensitive topics with program participants, CARE held a series of workshops in which staff examined their own personal beliefs and attitudes (inner spaces) and how they aligned, or not, with their professional duties (outer faces). *Inner Spaces, Outer Faces* was designed so that personal change in staff would lead to organisational change, and ultimately improve the quality of CARE's work with communities. The staff who participated in the workshops reported that their newfound knowledge affected their personal *and* professional lives, and they were more confident that their work effectively addressed underlying causes of poor health.

7. Engage men, boys and influential women to challenge attitudes and norms.^{IX}

Empowering women and girls is not a zero-sum game – it does not demand that men and boys take a step down. Rather, it requires new ways of relating between women and men, and girls and boys, that expand the opportunities and capabilities of both. As we have seen, isolated steps to empower women and girls can cause harm. CARE's research has shown that programs focusing on change in the relations between men and women were more effective than those striving for change in *women alone*.

Men's involvement was essential in CARE's *Nijera* ("We for Ourselves")^X program in **Bangladesh**, in which greater decision-making and leadership roles for women fostered new ways of relating with

men. The program cultivated "natural leaders" – men and women of every social stratum who, with training, led their neighbours to analyse and solve community problems. Women were seen as legitimate participants in policy discussions and events.

8. Support vibrant social networks among women.

Savings and loan groups, girls education programs and other initiatives provide women and girls a legitimate space to build relationships and support. They are often a first step from isolation in the home towards community participation, collective action and participation in wider movements for social change. When women and girls form networks, and link to other community-based organisations, they can gain access to those in power.

In **India**, the *Udaan* camp and KGBV schools unite girls, not only in a renewed commitment to education, but also in the social and economic possibilities of a life beyond the home. The opportunity to bond with teachers and each other is a crucial ingredient that enables girls to emerge with an improved self-perception, greater leadership skills and more ambitious goals.

CARE's *Bal Bachau* program in **Nepal** was particularly effective in engaging the most marginalised members of the society: women living in poverty and *Dalit*, via a powerful new entity: the *Dabi* group. *Dabi* proved a safe and effective forum in which they learnt and exchanged information, claimed their rights, increased their level of civic participation and, ultimately, changed community practices.

VIII Funded by the Ford Foundation; CARE partnered with the International Centre for Research on Women in this initiative.

IX In many cultures, some women can ascend to powerful positions over other women: mothers-in-law, for example, may wield tremendous influence for harm or for good, or elder women may play a lead role in harmful practices such

X Funded by USAID, *Nijera* improved water and sanitation in seven districts, and used empowering methods to achieve these improvements.

9. Formulate, test and use measurement methods to capture effects on women's lives.

Measuring empowerment is complex, but vital. The challenge is to develop measures that are: simple enough to use effectively; capable of capturing important aspects of change and progress; and useful in differentiating the needs and progress of women throughout their lives. Given the breadth of social change needed to help empower women and girls, this can seem an overwhelming task. As noted in Chapter 2, CARE has identified five major change areas where shifts are both important and measurable, and has translated these into indicators that it is currently testing across its global portfolio.

CARE's *Udaan* camps and contributions to KGBV schools in **India** prepare girls for a brighter future. A standard set of indicators measures the girls' progress in reading and math, and their advancement from one grade to the next.

Yet the more significant changes for girls may be their greater self-esteem and confidence, a broader world view, greater ambitions, and a sense that they can participate in such decisions as when to marry and have children. CARE and others are learning how to measure these deeper changes in women's and girls' lives

1. Making longer-term commitments.
2. Focusing on specific populations and groups of women and girls.
3. Continuing to advocate with and for women at all levels where CARE engages in policy advocacy – locally, regionally, and nationally.

CARE is shifting from a short-term, project-based approach to a more holistic, long-term program approach. Beyond these large-scale initiatives, CARE is also focusing the work of its country offices more on specific groups of people for sustained periods, and increasingly emphasising longer-term programming.

CARE also aims to ensure that it is accountable and its work is effective. CARE's advocacy is grounded in our overseas field activities and informed by CARE's own experiences. CARE will continue our advocacy in countries around the globe and will increasingly highlight the needs, rights and ideas of women and girls.



Implications for CARE

CARE's commitment to women and girls has led to important changes in our day-to-day work. Several of these key external and internal shifts include:

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Credits

Our gratitude goes to the millions of brave women and girls with whom we are working throughout the developing world.

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With contributions from:

CARE colleagues in Afghanistan, Bangladesh, Burundi, Ecuador, India, Nepal, Niger, Peru, Tanzania and across the CARE world



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