

A ROADMAP FOR CHANGE

Impactful Women's Empowerment and Gender Equality Initiatives



SUMMARY

Over time, CARE has strengthened its focus on ensuring long-term positive changes for marginalized groups, particularly women and girls, by addressing the underlying causes of injustice, discrimination and exclusion. Additionally, CARE is also committed to ensuring that humanitarian preparedness and response address the different needs of women, men, girls and boys.

The CARE 2020 Program Strategy defines CARE's core approach of strengthening gender equality and women's voice, promoting inclusive governance and increasing resilience across all our work. The promotion of gender equality and women's voice is therefore an integral part of CARE's *modus operandi* in all countries and across all program areas.

As the spotlight is increasingly turning on capturing, storing and sharing organizational knowledge (CARE 2020 Strategy), CARE presents a compendium of some of the most impactful CARE programs and projects in the field of women's empowerment and gender equality.

The impact of such initiatives is viewed through the prism of **CARE's Theory of Gender Equality and Women's Voice**. These are the key domains of change that CARE seeks to influence:

- **Build Agency** an individual's confidence, self-esteem and aspirations (non formal sphere) and knowledge, skills and capabilities (formal sphere);
- *Transform Structures* discriminatory social norms, customs, values and exclusionary practices (non formal sphere) and laws, policies, procedures and services (formal sphere); and
- Change Relations more equitable relationships through which people live their lives through intimate relations and social networks (non formal sphere) and group membership, and citizen and market negotiations (formal sphere).

Albeit not exhaustive, this compendium gives a good indication of *what works best* to promote social justice and empowerment for women and girls, as well as for men and boys. Specifically, it serves as a roadmap for tracking selected gender equality outcomes in CARE operations since the early nineties.

The intention is to build this compendium over time, including from Latin America and Caribbean (LAC).

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Cost of Violence Against Women (COVAW), Bangladesh

OVERVIEW The COVAW project sought to prevent violence against women by contributing to changes in gender norms, attitudes and practices associated with marriage (early marriage, dowry, polygamy) in 3 districts in Bangladesh. Funded by USAID (\$1.3 million), the project targeted survivors of Violence Against Women (VAW) and their families. Project life span: 2008-2011.

KEY FINDING

The total cost of domestic violence for families, communities and state equated to over USD 1.8 billion, amounting to 2.05% GDP. This information contributed to the passage of domestic violence legislation.

KEY ACTIVITIES — 1) Reflective sessions on gender and VAW; 2) Research to assess the economic and social cost of VAW; 3) Raising awareness and advocating the benefits of preventing domestic violence; 4) Participatory, community-based monitoring and evaluation; 5) Campaign with male role models to influence others to change behaviour related to intimate parrtner violence.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — The project applied an innovative approach to ending VAW, particularly intimate partner violence, combining participatory reflection tools with cost-analysis tools to help communities understand the cost and consequences of VAW at individual, family, community and national levels. It engaged with men and boys to bring them into the discussions on VAW. This strategy is grounded in the understanding that there is an intimate connection between social constructions of masculinity and men's use of violence. Through this engagement, CARE sought to promote a new discourse on the cost and consequences of VAW and new values, norms and practices amongst men and boys with the end goal of ending VAW.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: Both women and men showed an increased knowledge of VAW, its causes, consequences and links to social inequalities. This led to increased acceptance that VAW has consequences for everyone in the community and triggered action to reduce physical violence and early marriage, along with increased female mobility and support for girls' education. Gender sensitisation in the village court system (*Salish*) led to increased reporting of VAW and increased women's status and negotiating power within and beyond their families.

Transform structures: Women's increased participation in the Union Parishad (the unit of rural local government in Bangladesh), and specifically in local arbitration and dispute management (*Salish*) has contributed to not only behavioural changes but also to changes in social norms in favour of women. At the national level, CARE's work contributed to making convincing arguments for the passage of domestic violence legislation.

Change relations: Through collective action, women have expanded their sense of self, their confidence and their decision making power in the home and community, and crucially, enhanced their understanding of ways in which VAW constrains their choices and development. As part of a group, they have also found the courage to question cultural norms around age of marriage, dowry practices and violence against women. They have gained wider access to spaces, networks and affiliations that go beyond family and kin.

CONTRIBUTION TO THE KEY FINDING — Through a unique combination of bottom-up and top down approaches, the project managed to capture the broad cost of VAW for Bangladesh. It did so by investigating the realities of VAW survivors and their families (household survey), while collecting data on expenditures of government and non-government organizations in combating VAW. The Cost to the Nation Study found that 2.05% of GDP is wasted due to domestic violence, equivalent to the national health and nutrition budget. In addition to using this data for national-level advocacy, the household survey was the entry point for implementation of an intensive three year, community level GBV program.

Shouhardo Program, Bangladesh

OVERVIEW Standing for "Friendship" in Bangla, the word Shouhardo represents the Strengthening Household Ability to Respond to Development Opportunities program implemented by CARE Bangladesh in partnership with the Government of Bangladesh between 2004 and 2010. Funded by USAID, this \$126 million program aimed at sustainably reducing chronic and transitory food insecurity. The strategies adopted included the creation of sustainable solutions through strengthening problem-solving capacity of groups and institutions; community-led empowerment, focusing on women's empowerment and linkage-building; formal institutions made up of poor and extremely poor people to represent their collective interests.

KEY FINDINGS—Across life of program there were: 1) Large reductions in child "stunting", a measure of malnutrition. The annual stunting reduction of 4.5% dwarfed the national average during the same period (0.1%) and was nearly double the average USAID project of its kind (2.4%); 2) 46% increase in proportion of women who participated in decisions about use of loans and savings; 3) Households eating three meals a day climbed from 32% to 72%.

KEY ACTIVITIES — 1) Maternal and child health; 2) Nutrition; 3) Sanitation; 4) Homestead food production; 5) Income generation; 6) Village savings and loans associations (VSLAs); 7) Institutional strengthening; and 8) Disaster risk reduction and climate change adaptation.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — The key focus of empowerment within Shouhardo was the formation of EKATA groups. EKATA stands for Empowerment, Knowledge and Transformative Action and means "unity" in Bangla. These groups of 20 women and 10 teenage girls met to discuss their own circumstances and generated solutions to the problems they faced such as violence against women, early marriage and lack of education.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: Shouhardo women improved their knowledge, skills and confidence; challenged gender violence; expanded their economic options which, in turn, allowed for strategic forms of investment (land, livestock, crops, personal savings); gained ability to mobilise and control resources through increased decision making power; and increased their mobility and access to services including market linkages (which are traditionally male-dominated in Bangladesh).

Transform structures: Membership of groups such as EKATA and the VSLAs was associated with higher levels of social and political participation as well as commanding greater respect within the community. Women said they earned more than just money; they earned freedom from patriarchal beliefs, increased decision-making power and the respect of their husbands, neighbours and village community.

Change relations: Through collective action, women's sense of self, confidence and decision making power within the house and community was improved. As part of a group, they also found the courage to question cultural norms around age at marriage, dowry practices and violence against women. They gained access to spaces, networks and affiliations beyond family and kin. In some villages, EKATA groups sought legal action when men beat their wives sending a strong signal in the community that violence had to stop. They were even able to reduce the number of young brides in their villages.

CONTRIBUTION TO THE KEY FINDINGS — 1) The dynamic interplay between gaining individual agency and overcoming external economic, social, and political obstacles, which represents the core of Shouhardo's women's empowerment component, was the single biggest contributor to the reduction in child stunting. Not all implementation areas had EKATA groups, and it is noteworthy that those with such groups had greater reductions in child stunting than those that provided direct food handouts. 2) Through 2,320 VSLAs, several women started small businesses. For the first time, they had their own income and were making family budgeting decisions.

Udaan Program, India

OVERVIEW Udaan —which literally means 'soar' in Hindi— is part of CARE India's efforts to ensure education for girls (aged 10 -14) of marginalised groups. 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/tribe teens from communities where female literacy is especially low. It also informed national/state government for the programming of out of school children as defined in the Right to Education Act-09*.

KEY FINDINGS— Since 2000, the Udaan program has educated more than 2,500 marginalized girls in Uttar Pradesh, Bihar, Odisha and Haryana. KGBV schools supported by CARE reached 101,365 girls directly and 105,283 indirectly.

KEY ACTIVITIES — 1) Accelerated primary education in less than one year; 2) Preparation for sitting the examination to enter upper primary school (grade 6-8); 3) Participation in camp government, sports, drama and other activities that boost confidence and leadership.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — CARE achieves the program goal by setting up residential camps (Udaan camps), which run an accelerated learning program. This model includes a bridging semester and innovative curriculum elements that build girls' skills and capabilities while boosting their leadership and self-worth.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: 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. 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.

Transform structures: Enrolment and retention of marginalised girls often leads to a change in parents' attitude towards girls' education. It also has a positive spill over effect on their communities, which starts viewing them as role models of what girls can achieve if given the opportunity to pursue an education. At the national level, the successful implementation of residential camps and other innovative education strategies for marginalized girls has enabled CARE India to shape national educational policy, contributing to the adoption of residential bridge courses as part of a national scheme to get more girls into school. CARE has collaborated in the design and roll out of the government's Kasturba Gandhi Balika Vidyalaya (KGBV) schools, a residential school scheme at the upper primary level for girls from minority and educationally disadvantaged communities. As well, CARE has provided its technical inputs to ensure quality and equity to more than 100 KGBVs in the states of Bihar, Gujarat, Odisha and Uttar Pradesh. This includes the adoption of an Udaan-like accelerated learning phase to allow girls to catch up, as well as the integration of a social learning curriculum to promote critical thinking, leadership and social responsibility.

Change relations: 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 for their own lives.

CONTRIBUTION TO THE KEY FINDINGS — CARE's Udaan model leads to reduced drop-out rates, decreased gender gap in learning between girls and boys and measurable skills attainment. It has brought desirable changes in the cultural practices and mind set of the parents and community towards importance of girls' education.

* The Right of Children to Free and Compulsory Education Act or Right to Education Act (RTE), is an Act of the Parliament of India enacted on 4 August 2009, which describes the modalities of the importance of free and compulsory education for children between 6 and 14 in India under Article 21A of the Indian Constitution. India became one of 135 countries to make education a fundamental right of every child when the act came into force on 1 April 2010.

Safe Workplaces, Safe Communities Project (SWSC), Cambodia

OVERVIEW As part of the Socially Marginalized Urban Women Program implemented by CARE Cambodia and local institutional and non-institutional partners, this project strives to reduce gender based violence (GBV) and sexual harassment (SH) among women workers in garment factories, hospitality and tourism (H&T) in workplaces and surrounding communities. Funded by UN Trust Fund to End Violence Against Women from 2013-2016.

KEY FINDINGS −1) Through training and peer networks, women in the H&T sector have been empowered to understand their rights and confidentally speak up against harassment; 2) **Garment factories have worked with CARE to** devise a workplace sexual harassment policy which they are now implementing; 3) Subdecree 194 has been endorsed which includes an article stating that no individual can commit violence or sexual assault on entertainment workers; 4) Men/boys have been targeted through high profile campaigns. Additionally, **CARE** continues to work with police and Ministry partners (both at national and sub-national levels) to equip duty bearers with knowledge and skills to address GBV and work towards coordinating a multi-sectoral approach.

KEY ACTIVITIES — 1)Training and peer education: (life skills training for women H&T workers; peer education for men and boys to change perceptions about women; gender and SH training to garment factory HR managers; workshops and training for police and commune leaders on appropriate GBV and SH responses); 2) Raising awareness about GBV and SH in workplaces and communities through campaigns/ events/ products; 3) Supporting local partners SABC and PHD; 4) Supporting private sectors partners to develop SH policies and reporting mechanisms; 5) Providing technical support to Ministry of Women's Affairs (MoWA) and other Ministries when required; 6) Coordinating ministerial interaction.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — Multi-sector approach to addressing gender-based violence by: 1) empowering women to protect themselves, 2) changing attitudes in their communities, and 3) engaging with government and private sector partners to advocate for improved policies and procedures which protect women.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: Progress at this level is noticeable in H&T workers, including beer promoters, waitresses, and more recently karaoke workers. Through education and awareness raising activities, women say they have acquired an increased sense of self-respect. They report having learnt critical life and social skills, collaborative and conflict resolution abilities, and awareness of their rights that helps them maintain dignity and professionalism at work and in their personal lives.

Transform structures: CARE promotes the effective implementation of existing laws. In addition, where there are gaps in laws or implementation, CARE promotes other mechanisms to protect women. CARE builds and maintains relationships with Ministry partners and makes sure that action is aligned with Government priorities as expressed in the 2nd National Action Plan To End Violence Against Women (NAPVAW). CARE contributed to drafting NAPVAW, and CARE's key inputs were included such as expanding awareness of GBV beyond domestic situations to the workplace and community. CARE continues to play a role in monitoring NAPVAW.

Change relations: A key feature of this program is peer education, not only for women, but also men and boys. CARE supports SABC peer educators to conduct education sessions with H&T workers. CARE's experience working with H&T workers has shown the positive benefits of creating an environment where women are supportive of each other. Thanks to CARE and SABC's support, both peers and recipients say they have learnt to share, cooperate, comfort and empathise with others.

CONTRIBUTION TO THE KEY FINDINGS — Success on this project lies on the multi-sector approach (see APPROACH) adopted throughout the project cycle.

The Great Lakes Advocacy Initiative (GLAI)

OVERVIEW Initiated in 2009 with funding from the Norwegian government, the project was implemented by CARE's Burundi, Rwanda, Uganda and Democratic Republic of the Congo (DRC) with the goal of contributing to the increased protection of women and girls against gender based violence (GBV). The project ended in 2013.

KEY FINDING — GLAI demonstrated the effectiveness of linking the grassroots to policy makers at various levels using international agreements as an advocacy strategy.

KEY ACTIVITIES — Capacity building and advocacy from grassroots to national, regional and International level.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — GLAI is a model for evidence-based advocacy using international instruments, such as the United Nations Security Council Resolution (UNSCR) 1325 and 1820 to increase protection for women and girls against GBV. At the heart of the GLAI model is the linking of grassroots to sub-national, national, regional and global levels. The premise is that greater participation of women in decision-making will strengthen civil society, and promote gender equality and women's and girls' rights, and at the same time, help address underlying causes of GBV. The entry point was the selection of grassroots activists from Village Savings and Loans Associations (VSLAs).

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: With support from GLAI activists, women involved in VSLAs gained greater understanding of their rights as well as increased decision making power in their households. The number of survivors willing to come forward and report GBV cases increased significantly, with the actual incidence of GBV declining in some areas. Women's standards of living and that of their family showed improvements. An increased number of children (both girls and boys) went to school and marriages registered an increase in legalisation. Greater peace and security within and beyond the households was reported by the majority of stakeholders.

Transform structures: GLAI activism led to more responsive institutions and more effective mechanisms to combat GBV. Successes included the strengthening of civil society organisations, a higher level of commitment from governments to act on GBV issues and more women willing to report GBV cases. Engaging men strategies to start dialogues on GBV, model gender-equitable behaviours, and support from religious leaders proved effective in transforming male attitudes and perceptions in communities. The project engaged actively with regional and international networks advocating on the issue of GBV and the implementation of UNSCR 1325 and 1820. This approach focused especially on systems and structures including the regional Protocol on the prevention and suppression of GBV, the Goma Declaration (June 2008) of the International Conference on the Great Lakes Region (ICGLR) as well as the Kampala Declaration on SGBV (Dec. 2011), the Kinshasa Communiqué (July 2012) and the national action plans to implement the ICGLR process. CARE, through its presence internationally, facilitated the creation of linkages and lifting grassroots voices to the international level, e.g. to the relevant UN bodies and meetings, such as the Security Council Annual Open Debate on SCR1325.

Change relations: Through grassroots activism, women found strength in numbers and gained confidence in their ability to change local practices and policies. Subsequently, they felt sufficiently empowered to tackle challenges at a wider regional or national level.

CONTRIBUTION TO THE KEY FINDING — GLAI's advocacy activities were effective because they were part of a broader effort involving civil society actors. The pooling of resources was pivotal to more effective capacity building. Cross-learning between Civil Society Organizations (CSOs) led to more partners planning to collect data on GBV, engagement in new programming initiatives on GBV issues and joint advocacy efforts.

Mata Masu Dubara (MMD) PROGRAM, Niger

OVERVIEW CARE's MMD* program was a women's time-bound accumulating savings and credit association (ASCA) program in rural Niger with the goal of empowering women economically, culturally, socially and politically. Started in 1991 by CARE Niger and civil society organizations, the program ran until late 2015 with the generous support of the Government of Norway and private donors.

KEY FINDINGS —Recent data shows that MMD has led to the creation of more than 14,364 active, stand-alone groups, serving more than 370,426 women in rural, urban and peri urban Niger. After about a decade into the MDD program, it became clear that MMD groups had the potential to become a springboard not only for members' economic development but also for their own personal, social and political advancement. Women's growing confidence, stronger leadership and mutual support has led them to take on new roles within family, community and even, in many cases, local and regional politics.

KEY ACTIVITIES — Savings and loan schemes with relevant training activities (including literacy programs, and Linkage to Microfinancial Insitutions), networking, local gender analysis and action planning, etc. to enable MMD groups to become independent.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — The MDD methodology is aimed at promoting time-bound ASCAs (a form of village-based savings and loans associations, also known as VSLAs). MMD gathers women into groups of 15 or 25. Each group learns to use only its members' own weekly savings to build a fund. Women borrow from it to invest in income-generating activities, and repay their loans, with interest, into the fund. The groups are owned and controlled entirely by the members themselves. Since this methodology offered opportunities and benefits far beyond its original intent, CARE modified its MMD programming by overtly striving to change structural barriers to women's participation in their communities and national spaces. CARE now explicitly positions women's empowerment, alongside women's financial gains, as an objective of the methodology.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: Women have improved their knowledge, skills and confidence; increased their assets (including access to land); and gained capacity to manage and mobilise resources. They have also became more likely to negotiate within their households, and to participate in the life of the community and commune.

Transform structures: A visible movement of MMD women and groups has emerged in Niger, and their voices are heard in public. As one CARE staff said "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 to able to stop."

Change relations: Bringing women together for collective action represents a 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 (e.g. literacy classes), services (e.g. health care) and financial opportunities (e.g. larger loans from formal banks).

CONTRIBUTION TO THE KEY FINDINGS — The very nature of the MMD methodology set in motion a dynamic process that effect changes at the personal, structural and relational level and have a multiplying effect on applying the VSLA model to other countries.

^{*}In Hausa, "ingenious women or women on the move".

Towards Economic and Sexual Reproductive Health Outcomes (TESFA), Ethiopia

OVERVIEW TESFA, in Amaharic, "hope", refers to a 3 year-project (2010-2013) implemented by CARE Ethiopia and funded by the Nike Foundation. Its overall goal was to mitigate the effects of child marriage among girls aged 10-19 in the Amhara region in Ethiopia. This project serves as a good example for anyone wanting to learn more about social norms change measurement.

KEY FINDINGS— 1) Large gains in communication between the young wives and their husbands; 2) Decreased levels of gender-based violence; 3) Improved mental health among participating girls; 4)Increased investment in productive economic assets, such as small businesses and agricultural supplies; 5) Improved knowledge and use of sexual and reproductive health services, including family planning.

KEY ACTIVITIES — 1) Savings and loan schemes with relevant training activities, including life skills and ledership building; 2) Economic Empowerment (EE) and Sexual and Reproductive Health training; 3) Social Action and Analysis (SAA) related activities.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — TESFA built on CARE's well-established Village Savings and Loan Association (VSLA) model, where girls were organized into groups and program content was delivered primarily through peer educators. The program divided participants into four groups that represented the type of education they received: Economic Empowerment (EE), Sexual and Reproductive Health (SRH), Combined (EE + SRH programming), Comparison (delayed version of the Combined curriculum and served as a comparison group). Community members, including village elders, religious leaders and health workers, were recruited as a part of the SAA groups — they were known as *gatekeepers*. These adults received training in areas related to the main project goals through a peer-education system. They also acted as liaisons between the program and the community and were tasked with providing support to the girls' groups.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: Through various measures of empowerment, the evaluation documented an exceptional shift in girls' decision-making and communication around sexual and reproductive health issues. More of them discussed family planning with their husbands. More of them felt that their opinions were taken into consideration. The majority reported greater mental health. As well, an increased number of girls invested their savings in productive economic assets, such as small businesses and agricultural supplies. A few of them negotiated their way back to education, typically out of reach for many child brides.

Transform structures: Husbands took on responsibilities traditionally reserved for wives, including childcare and cooking. Some girls returned to school to continue their education. Community members (including parents) prevented 180 child marriages from taking place. And most notably, the majority of girls felt they were more "visible" in their own communities and more respected by fellow members.

Change relations: The program evaluation found that what excited girls most about the program was the chance to meet girls their own age. Meeting with peers is indeed a rare opportunity for child brides, most of whom are burdened daily with household chores, raising children and taking care of their husband. These girls also felt increasingly supported by their community, which was a source of strength and solidarity. Outcomes such as friendship and solidarity may be difficult to measure, but they may have a tremendous impact on girls' lives as they contribute to a greater sense of self and higher drive to better one's life.

CONTRIBUTION TO THE KEY FINDINGS — The holistic nature of the TESFA approach aims at engaging and developing the whole person, at different levels (physical, emotional, mental, social, cultural, economic, etc.).

The Women and Land Initiative, Niger

OVERVIEW Initiated in 2010 with the financial support of the Government of Denmark, this project addressed the emerging trend of excluding women from agricultural land in Southern Niger. Direct beneficiaries: vulnerable women in 30 communities within six municipalities in southern Maradi. The project ended in 2013.

KEY FINDINGS — 1) In the current context of the Sahel, marked by increasing insecurity and Islamic fundamentalism, the use of the Koran can and does promote women's access to land;
2) Through communication and dialogue, a common understanding of the importance of keeping land in community's hands was created. Hence, the struggle has been redefined from a focus on women's versus men's access to land to a common fight to preserve control over productive assets.

KEY ACTIVITIES — 1) Raising awareness of the benefits of women's land ownership and 2) Securing support from local leaders, including traditional, religious and state authorities.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — In line with the principles of a human rights-based approach to poverty reduction, this initiative 1) supported the inclusion of vulnerable women, 2) enabled the participation of marginalised women in community discussions and decision-making processes (land management and land rights), and 3) fostered gender equality and equity in the access and control over resources (credit, land and markets). Women's access to land was facilitated by linking women to existing savings and loans associations, such as the Mata Masu Dubara (MMD). Through promoting women's access to land, this initiative addressed the linked problems of food security, nutrition and climate change.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: Participation in savings and loans program has an overall positive impact on various indicators of women's individual welfare, including self-perception, access to and control over assets, development of incomegenerating activities, literacy levels, access to health services, and nutritional levels. Women gain independence and as part of a group are able to respond to economic opportunities as well as unforeseen shocks that may typically drive them into a cycle of uncontrollable debt.

Transform structures: Savings and loans associations have evolved into a movement for women's empowerment. The associations have succeeded in organising and representing women in the villages, municipalities and even at national level. An increased number of women have gained access to land and services, such as credit from financial services; and a change has been reported in the way the community perceives women's worth, roles and responsibilities in the household and public arena.

Change relations: Savings and loans associations are often a first step from isolation in the home towards community participation, collective action and affiliations to 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.

CONTRIBUTION TO THE KEY FINDINGS — 1) The Koran states that a woman is entitled to inherit half the share of a man. In a land where women's rights have been progressively eroded by religious practices, this is still a good entry point for efforts aimed at a raising awareness about women's rights to land and other productive resources; 2) At the onset of the project, using the financial strength of women's association to buy up or lease land was viewed with considerable skepticism. However, as the price of land increased and less people in the community were able to purchase it, women's new spending power was welcomed and even relied upon.

Early Marriage, GBV, Hygiene Promotion—Information Volunteer (IV) Program, Turkey

OVERVIEW The goal of this project is to raise awareness of Syrian urban refugees in Turkey about hygiene promotion and key protection issues, including the physical and social impacts of early marriage. The project started in January 2015 and is ongoing so this provides initial analysis only. Beneficiaries: Kobane urban refugee population living in Sanliurfa province, South-East Turkey

KEY FINDING —1) Messages on the harmful impact of early marriage are beginning to have an effect on decision-making; 2) The relationships developed between community members have contributed to a stronger sense of community belonging, while providing a much needed support network.

KEY ACTIVITIES — 1) Awareness promotion about the potentially fatal health impacts of child marriage; 2) Interactive experiential learning; 3) Promoting referral pathways for gender-based violence and psychological first aid.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — The IV program uses a participatory and empowering approach that builds on positive community role models and draws on the health belief model by promoting awareness about the potentially-fatal health impacts of culturally-difficult subjects, like early marriage, to ensure immediate results and changes in behaviour.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: Although the program is still in its infancy, the results are encouraging. Through peer education, parents have become more aware of their daughters' rights and have started changing the way they view early marriage, not anymore as a protective measure, but rather a rights violation that has serious health and psychosocial consequences for the young girls. Both girls and boys have opportunities to connect with their peers and support each other. The anxiety associated with an uncertain, choice-less future is replaced by cautious hope. Those refugees who have volunteered to become peer educators have reported feeling a renewed sense of purpose that results from the opportunity to be of help to others. They have also experienced more optimism about the future on account of the skills they have been acquiring in providing psychological first aid and identifying and referring cases of child protection and gender-based violence. Peer educators can take back this skills to Kobane when the time comes to return.

Transform structures: Families and communities are given the opportunity to discuss and question social and cultural norms, which are harmful to their girl children. The result has so far been positive: child marriage has registered a noticeable decrease.

Change relations: Girls and women, but also boys and men have the opportunity to connect to their peers and feel supported. Girls who avoid being married off at a young age continue enjoying the support of their families of origin.

CONTRIBUTION TO THE KEY FINDINGS — The rise in child marriage amongst the displaced Kobane community appears to be linked to the increased risk of sexual violence in conflict and emergency situations. The great amount of shame associated with a woman or a girl losing her virginity prompts families to marry girls off earlier than they normally would.

Young Men Initiative (YMI), The Balkans

OVERVIEW Implemented by CARE International North West Balkans between 2006-2014, the YMI sought to engage youth (aged 15-19) in the adoption of a lifestyle that prioritizes good health, nonviolence, and gender equality through a combination of educational workshops and community campaigns. Countries of implementation: Serbia, Bosnia Herzegovina and Croatia. Major donor: Norwegian Ministry of Foreign Affairs.

KEY FINDINGS —The final evaluation showed meaningful program effects in increasing gender -equitable attitudes, non-violent intentions, and Sexual and Reproductive Health (SRH) knowledge.

KEY ACTIVITIES —1) Social marketing; 2) Group educational workshops both as compulsory part of the curricula in participating schools and voluntary off-site retreats; (3) Regional Young Men Forum.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT COMPONENT

APPROACH — YMI's approach is based on a gender-transformative curriculum adapted from Instituto Promundo, a Brazil-based organization focusing on engaging youth in achieving gender equity and designed to elicit critical reflection on the gender norms that drive violence and other unhealthy behaviours. At the heart of the YMI's success is its communication strategy: social and educational messages are delivered through popular forms of entertainment, such as TV, radio dramas, theatre, music, and interactive computer applications. Young women and men are involved in all stages of the social development campaign.

KEY RESULTS – CARE GENDER EQUALITY FRAMEWORK

Build agency: 1) Boys had more equitable attitudes towards women: they were from 5-15 percentage points less likely to think that a woman's primary role was to stay at home and cook. 2) Boys were less homophobic: they were 3-17 percentage points less likely to think it was acceptable to beat a gay person. 3) Boys were less likely to think violence is acceptable—both violence against women and as a general solution to their problems. 4) Boys had more open ideas about what it meant to be a man: there was a 27 percentage point improvement in the number of boys thinking that physical strength was the most important characteristic for a man. 5) Boys were more likely to stop violence: 76% of retreat participants indicated they had intervened to stop a fight by the end of the program, compared to 41% at the start of the academic year.

Transform structures: The initiative supported a series of national conferences in Zagreb, Sarajevo and Belgrade attended by government ministers. The conferences raised awareness of the importance of directly targeting men in violence prevention efforts and achieved significant media attention. As a result, the Croatian ministry of Interior sought to enlist the collaboration of Status M, the youth partner organization, which orchestrated part of YMIs media campaign in Croatia, to design a traning module in violence prevention to be delivered to the police. The police was then expected to disseminate its content in schools throughout the country. At the time of the final evaluation, the module was awaiting approval from the Ministry of Sports, Education and Science to become a core part of the school curriculum in the country.

Change relations: Participants reported a strong admiration for their facilitators, whom many of the interviewees explicitly described as positive role models. This coupled with supportive social networks, and an encouraging school environment led to actual changes in the way boys thought and behaved.

CONTRIBUTION TO THE KEY FINDING — See Approach.

Bibliography

Cost of Violence Against Women (COVAW), Bangladesh

CARE. (...). Challenging Gender-based Violence Worldwide: CARE's Program Evidence. Strate gies, Results and Impacts of Evaluations 2011-2013. Retrieved from http://www.care.org/sites/default/files/documents/ Challenging-GBV-Worldwide-CARE s-program-evidence.pdf

CARE. (...). *Experience of working with me to prevent gender-based violence*. Retrieved from website: http://www.carebangladesh.org/publication/Publication/Publication3263874.pdf

Siddique, K. (2011). *Domestic Violence Against Women. Cost to the nation*. Retrieved from CARE Bangladesh website: http://www.carebangladesh.org/publication/Publication 9287219.pdf

Shouhardo Program, Bangladesh

CARE. (2012). Reaching New Heights: The Case for Measuring Women's Empowerment. Retrieved from CARE USA website: http://www.care.org/sites/default/files/documents/CARE IWD 2012.pdf

Udaan Program, Girls education, India

CARE. (2010). *Education Plus. A Policy Agenda to Unlock the Power of Girls*. Retrieved from CARE Australia website: https://www.care.org.au/wp-content/uploads/2014/12/CARE-Education-Plus-Report.pdf

CARE. (2010). Strong Women, Strong Communities. CARE's holistic approach to empowering women and girls in the fight against poverty. Retrieved from CARE USA website: http://www.care.org/sites/default/files/documents/PSJ-2010-Womens-Empowerment-Report.pdf

Safe Workplaces, Safe Communities Project (SWSC), Cambodia

CARE. (2014). Safe Communities, Safe Workplaces: CARE's work with marginalised women in Cambodia to reduce gender-based violence. Retrieved from CARE USA website: http://www.care.org/sites/default/files/documents/gen/ GBV multi sector report2014 final.pdf

The Great Lakes Advocacy Initiative (GLAI), Burundi, Rwanda and Uganda

WayFair Associates. (2013). *The Great Lakes Advocacy Initiative (GLAI). Final evaluation*. Submitted to CARE Norway. Retrieved from CARE Norway website: http://www.care.no/Documents/GLAI%20Final%20Evaluation%20Report.pdf

CARE. (2014). *Strengthening Women's Voice*. Retrieved from CARE Australia's website: https://www.care.org.au/wp-content/uploads/2014/12/Rwanda-Strengthening-Womens-Voices.pdf

Mata Masu Dubara (MMD) PROGRAM, Niger

Hamadziripi, A. (2008). *Village Savings and Loans Associations in Niger: Mata Masu Dubara Model of Remote Outreach.* Antigonish: Coady International Institute. Retrieved from http://www.coady.stfx.ca/tinroom/assets/file/ford/docs/Coady_Niger_Final.pdf

CARE. (2010). Strong Women, Strong Communities. CARE's holistic approach to empowering women and girls in the fight against poverty. Retrieved from CARE USA website: http://www.care.org/sites/default/files/documents/ PSJ-2010-Womens-Empowerment-Report.pdf

Towards Economic and Sexual Reproductive Health Outcomes (TESFA), Ethiopia

ICRW. (...). Improving the Lives of Married Adolescent Girls in Amhara, Ethiopia. Retrieved from the ICRW website: http://www.icrw.org/sites/default/files/publications/140406 ICRW ChildMarriage RptRev pages4 lo.pdf

CARE. (...). Towards Improved Economic and Sexual/Reproductive Health Outcomes for Adolescent Girls (TESFA), CARE Ethiopia. Retrieved from http://www.care.org/sites/default/files/documents/TESFA%202%20page.pdf

The Women and Land Initiative, Niger

CARE. (2012). Women's Fight for Land. Lessons learned from CARE Denmark's women and land initiative in Niger. Retrieved from CARE Denmark website: http://www.care.dk/wp-content/uploads/2012/11/ IFETE Rapport FINAL low.pdf

Early Marriage, GBV, Hygiene Promotion—Volunteer Information (IV) Program, Turkey

Spencer, D. (2015). To Protect Her Honour. Child marriages in emergencies - The fatal confusion between protecting girls and sexual violence. London: CARE International UK. Retrieved from CARE International website: http://insights.careinternational.org.uk/publications/to-protect-her-honour-child-marriage-in-emergencies-the-fatal-confusion-between-protecting-girls-and-sexual-violence

International Medical Corps & CARE. (2014). Rapid Gender and Protection Assessment Report: Kobane Refugee Population, Suruç, Turkey. Retrieved from CARE USA website: http://www.care.org/sites/default/files/documents/Report-Kobane-Refugees-Rapid-Gender-Protection-Assessment.pdf

Young Men Initiative (YMI), The Balkans

Young Men Initiative. (2015). Using Social Media and the Arts to Transform Gender Norms: Case Study from the Young Men Initiative. Retrieved from Child Protection Hub website: http://childhub.org//promising-child-protection-practices/using-social-media-and-arts-transform-gender-norms-case-study?listlang
=***CURRENT LANGUAGE***&language=

ICRW. (2013). Be a Man, Change the Rules! Findings and Lessons from Seven Years of CARE International Balkans' Young Men Initiative. Retrieved from ICRW website: http://www.icrw.org/files/publications/ YMI ExecutiveSummary 2013-WEB-PREVIEW.pdf



LATIN AMERICA AND THE CARIBBEAN: COMING SOON!

Credits

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