

Making It Real: Gender Equity and Diversity Newsletter



December 2012

Welcome...

to the latest edition of CARE USA's Gender Equity and Diversity Newsletter! This newsletter focuses on **influencing change for gender equality in our programs and organization.**

The theme of our next issue will focus on **measuring change in gender equality and women's empowerment.** Please send your ideas by January 15, 2013 to Doris Bartel, Senior Director of the Gender and Empowerment Team in the Program Partnerships Learning and Advocacy (PPLA) division at dbartel@care.org or Allison Burden, Senior Advisor for Gender Equity and Diversity in the Global Support Services division at aburden@care.org.

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Uncertain Times for Women in the Middle East

Interview of Sherine Ibrahim, Deputy Regional Director-Program Quality, CARE MEERMU; By Allison Burden, Senior Advisor Gender Equity and Diversity, CARE USA

"The first day we met, it dawned on me, that everyone from our region is a women's rights activist in their own right. Our conversations centered on our role within society. During the uprisings and in the following months, we all participated in the demonstrations in support of greater gender justice, joined a new group of young women's rights activists, or a political party. We exchanged stories and compared notes about this new reality. We are worried, but our passion is contagious, and our commitment to the dignity of women in the Arab world is real."

The Regional Research on the Arab Spring and Women's Participation emerged from our recognition that our world had changed since the popular uprisings with new civil society actors and trends that we needed to understand. We asked ourselves about how social transformation happens, what change we would like to be part of, and how CARE can make a commitment to upholding and protecting the rights of women.

I learned many things from my participation and the research. Within our context, new social movements, informal activists and networks have emerged. Many of them do not fit into typical 'non-governmental organization' categories of previous international non-governmental partners. They fall outside organized, 'recognized' structures. They are unique, they bring together men and women in open and creative ways. They are concerned about the disconnect with 'older' state feminists and activists, many of whom they perceive as irrelevant to change, as elitist and representative of the old orders.

We are in a new reality. It is one that we cannot define, and this is unsettling, but that we recognize. There is, along with the change, an emergence of new conservative Islam. There is nothing homogenous about any of the new actors. But what we know and what alarms us is the tightening of space for women's participation. It is critical that we understand the new women's rights agenda that for some time has remained deliberately and strategically unclear. We need to think carefully about engagement with these new actors and avoid association with negative gender practices/norms. The onus is now on us to be clear about our position, of proactive engagement or our role as a counter force.

In order for CARE to play a role in the new reality, we need to:

- Recognize that meaningful change to women's participation will only be achieved by addressing power imbalance. Our role is to be a convener facilitating the linkage of actors, the strengthening of their ideas and the building of their influence;
- Strengthen emerging youth-led initiatives, understanding who the diverse and multiple actors are, and what drives them;
- Create knowledge around the issue of women's rights in the new reality. This is the first research initiative of its kind and as such has created trust and influence already. This knowledge can help link communities with advocacy and policy work;
- Influence donors to invest in the women's rights agenda and support activists for skills, capacities, and networking. Facilitating more effective and structured consultation of women's groups on gender issues linked to wider donor coordination/policy dialogue with emerging national governments.

Sherine put it very eloquently, when speaking of advocacy, "Our role is to take knowledge to spaces and start a conversation."

Learning and Acting for True Transformation

By Sofia Sprechmann, CARE International Program Director

The CARE International Gender Policy and Vision 2020 are explicit about CARE's focus on gender equality for our humanitarian and development programs and advocacy at all levels – national, regional and global. **But how does this change occur?** What are the most promising strategies from our current experiences and that of other actors? How can we work with partners from the women's movement, non-governmental organizations, government representatives, the private sector and donors to foster the desired change? What actions may work across diverse contexts and which ones may be specific to particular countries and regions?

There is certainly no definitive answer to the questions above; what is important is to continue asking them throughout our work and actions. We do know, though, that working on **empowering women, advocating for gender-egalitarian policies and working with men and boys** are key strategies for the aim of gender equality. The learning from our programs across the world has immense potential for increasing our participation in debates about the most effective approaches for women's empowerment. Gathering better evidence about our most successful work is a pending task; without such evidence it is difficult to influence broader processes and advocate for the scale-up of tested solutions.

There are other questions that arise as we work towards gender equality. One we have debated both within and outside of the organization is the issue of **gender mainstreaming versus programs that focus specifically on women's rights**. Gender mainstreaming is about ensuring that all of our programs include actions for more egalitarian relationships between women and men and was written into the Beijing Platform for Action as a strategy to integrate gender equality across all policies and programs. In practice, it is important to ensure that any approaches to gender mainstreaming are gender transformative. It is key to specifically invest in women's rights, especially the rights of the most destitute women living in poverty and oppression, such as domestic workers, women working in garment or other industries, as well as many other groups of women. Understanding their specific demands is critical for shaping our programs across the world.

Looking at CARE's programs and advocacy and analyzing the extent to which they propose and promote a true transformation is a task we need to continuously do – one we need to commit to for our reflection, learning and action.



Explanatory Note on CARE's Gender Focus

The CARE International Gender Network has finalized a short paper that clarifies key concepts and strategies to ensure that CARE has common and coherent understanding, practice and communication of gender equality across CARE. You can find it at <http://gender.care2share.wikispaces.net/home>.

Influencing Change within CARE USA

by Allison Burden, Senior Advisor Gender Equity and Diversity, CARE USA

The two year milestone for me as Gender Equity and Diversity Advisor in CARE USA gave me a moment to reflect on the work plan I wrote in 2010. We had planned to train the Executive Management Team, set up an Advisory Committee on issues of gender equality and diversity and ensure that we report with strong data and analysis regularly to leadership.

Two years on, much of this has been achieved. But the activities are one thing, what about the results? Just as in our programs, it can be challenging to measure and attribute them to specific activities. Here is what we **do** know. The Executive Management Team is now supportive to promoting gender equity and diversity. The Advisory Committee suggested that we train the Board; the Executive Management Team agreed and found time for that to happen. The Committee suggested a review of the annual placement of leaders in CARE USA; the Executive Management Team agreed and as a result, the International Programs and Operations Senior Management Team have resolved to be much more intentional in their selection and placement of senior staff internationally with a view to diversifying them. Helene Gayle has provided her support and sponsorship to groups who are promoting women's leadership in CARE – you can watch (and share with your teams) her reflections on the challenge of being a woman leader in a 15 minute video at <http://youtu.be/dtd415sMV10>.

It is also interesting to note that gender equality no longer feels like a 'nice to have'; it is part of the everyday language that leaders are using. In Asia, the Regional Leadership Team took time to think about the focus of our work – and social justice with a focus on women and girls came to the fore; two (male) Country Directors gave presentations on what they have done to promote women into leadership and attested to the changes taking place as a result. CARE India now has 50% women overall, with 50% in leadership positions and a new culture of openness.

As one bright individual noted, "Given the dominance of men in leadership in CARE USA, this newfound purpose is perhaps a lesson in successfully engaging men."

So what have we learnt: first, provide the data and analysis to leaders so that they can make informed decisions; second, allow for inclusion and voice in influencing change; third, focus on what is possible and get on with it; and fourth, ensure accountability to plans. Finally, **celebrate success!**

Facilitator and Convener: Increased Gender Based Violence Awareness in Benin

by Anne-Sophie Cardinal, Intern at CARE Benin/Togo; Daniel Djodjouhouin, Technical Manager for Impact Measurement and Learning with CARE Benin/Togo; and Rotimy Djossaya, Country Director for CARE Benin/Togo

On January 9th 2012, legislation on the “Prevention and Punishment of Violence against Women” was enacted in Benin. This bold step forward is a significant victory for everyone who takes part in the effort to minimize the prevalence of gender-based violence in Benin! Between November 2007 and April 2012, CARE Benin’s USAID-funded initiative, Enabling Mobilization and Policy Implementation for Women’s Rights (EMPOWER), coordinated and mobilized hundreds of actors towards ensuring the success and impact of different advocacy strategies. CARE Benin not only initiated the national response to gender-based violence, but also facilitated and convened all actors involved.

The issue of women’s rights was not absent from Benin’s constitution prior to this recent legislation. The ‘Code des Personnes et de la Famille’ recognizes women as equal and privileged to the same rights and prerogatives as men. Despite the addition of laws on sexual harassment and trafficking in 2006, enforcement remained a problem. First introduced in November 2009, the revised law on violence prevention and response was the result of focused and wide scale advocacy and public mobilization by CARE Benin and its partners.

CARE’s main objectives were to enhance public awareness and acknowledgement of women’s rights, increase the utilization of care providing services and support to gender based violence survivors, and to achieve overall reduction of gender-based violence cases. CARE Benin set out to bring sustainable change in public behavior and social norms relating to the issue of gender-based violence throughout the countries’ 12 provinces by involving as many civil society and public sector stakeholders as possible. CARE Benin established close partnerships with the Ministry of Family and National Solidarity, 46 Beninese non-governmental organizations, 85 Centers for Social Promotion and two main women’s rights organizations. With the aid of institutions and groups from the justice, health, cultural, security and education sectors, as well as the media, CARE Benin enlisted sufficient support and public pressure to ensure the adoption of the new law. In a targeted effort to pressure political and administrative authorities, CARE involved community-based initiatives, as well as technical and financial partners, and employed a myriad of channels and tactics; such as, open letters, peaceful protests, calls for action, television and radio events, press articles, documentary films, community awareness meetings, synergy groups, workshops and policy dialogue meetings, to name just a few.

These actions created a ripple effect! For example, after participating in a synergy group meeting in his province, an Agbangnizoun traditional and voodoo chief organized two community meetings to share information about gender-based violence cases, what legal and social measures should be involved when violence occurs and contact information survivors can utilize. This exemplifies the potential power of community members in endorsing the message of the campaign.

Our Strategic Approach to Social Change: Partnership and Advocacy

by Neil Poetschka, Health and Social Sector Program Coordinator, CARE International in Vietnam

CARE Vietnam chose to work with transgender people as part of our work to promote change for socially marginalized people in Vietnam, following the *underlying causes of poverty and vulnerability assessments* we conducted as part of the program approach. Our rationale and methodology for working with transgender people is both pragmatic and strategic. With only a small amount of money, we chose to provide a benefit for one of our sub-impact groups and also trigger public dialogue on the issues of gender, sexuality and rights. We began by conducting research with a local partner about the marginalization of transgendered people in Vietnam. Our local partner, Institute for Studies in Society Environment and Economy, has a clear mission and has cultivated a network of allies in the government and in the media who they can mobilize. CARE invested in a small research project and the outcomes were magnified when findings were shared through existing networks. They chose a strategic moment to share the findings: they timed the release of this research report to inform upcoming legislative reform about same sex marriage and family law.



Women in Benin raise public awareness and acknowledgment of women’s rights.

By facilitating and channeling the capacities of all stakeholders involved, CARE broke the culture of silence surrounding the issue of gender-based violence and facilitated the motion towards the vote and subsequent enactment of legislation. Beninese citizens throughout the nation are now more aware of gender-based violence. There is more support to survivors and some changes in how the justice system manages cases of violence brought before the courts. What now remains is the challenge of ensuring proper and consistent enforcement while familiarizing both relevant actors and the general public with the content of the new law and its benefit for all citizens of Benin.

Advocacy for Women’s Empowerment and Gender Equality: What’s it All About?

By Jay Goulden, Assistant Country Director, Programs, CARE Zambia; David Ray, Head of Policy and Advocacy, CARE USA; and Christine Munalula, Gender Equality Program Manager, CARE Zambia

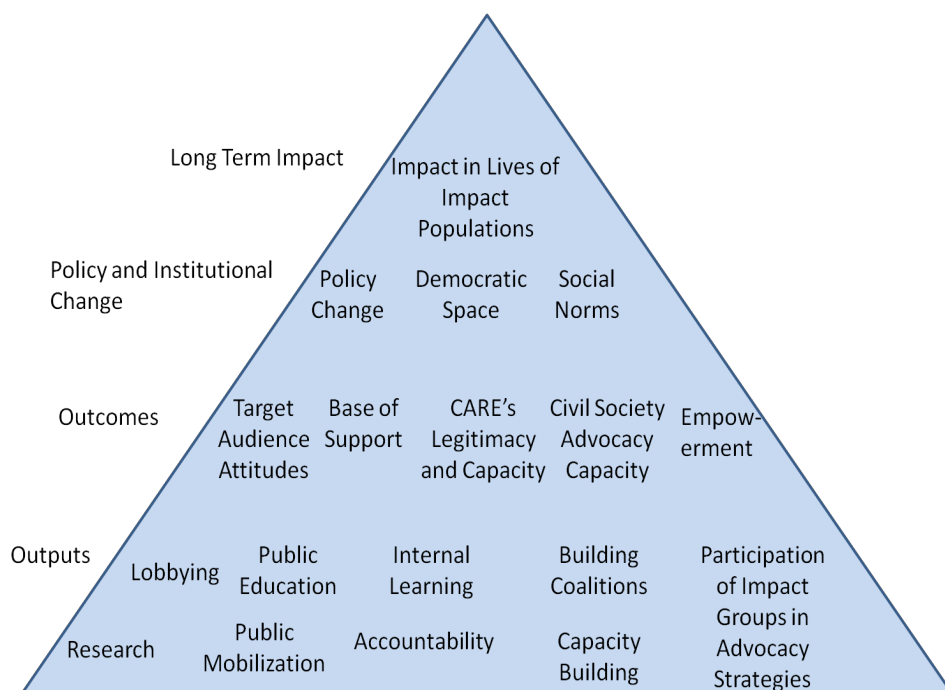
Over the past 10-15 years CARE, has been going through a fundamental redefinition of its mission from a needs-based to a more rights-based approach. We have understood that contributing to sustainable change means we have to address underlying causes — the socio-economic, cultural, and political systems and practices that restrict poor people’s access to tangible (e.g., land) and intangible (e.g., education) resources and limit the realization of their basic human rights. And so CARE has embraced advocacy as a critical strategy in the struggle against poverty and social injustice.

Making changes in government policies is fundamental to providing greater access to assets and opportunities for poor and marginalized people. But new or revised policies aren’t automatically implemented once they are passed. CARE needs also to focus on what Duncan Green at Oxfam calls **the implementation gap**, working in partnership with others (Government, civil society and the private sector) to show how these policies and laws can be put into practice, and supporting organized and empowered citizens to hold those responsible to account for such implementation. There are also practices (e.g., the acceptance of early marriage, and its sanctioning by traditional authorities) that will not be solved solely through legal or policy means. To address these issues, CARE also aims to change the social and cultural systems and practices that disadvantage people solely because of their gender, class, caste or other area of perceived “difference” to the dominant norm.

This is why the proposed Monitoring and Evaluation and Accountability Framework for CARE International’s advocacy work, developed by the CARE International Advocacy Committee, says we need to measure change across four levels:

1. **Impact level: longer-term** - changes in the lives of priority impact populations, in particular women and girls;
2. **Impact level: medium term** - changes in policies, democratic space and social norms;
3. **Outcome level** - changes in knowledge, perceptions, attitudes, commitment and behaviour - target audience attitudes, our base of support, CARE’s own organizational legitimacy and capacity, civil society advocacy capacity, and empowerment of impact populations to claim their rights and advocate for policy change;
4. **Outputs of advocacy activities** - concrete results from lobbying, research, public education and media campaigns, public mobilization, internal learning, accountability, building coalitions, capacity building of other organizations, and the participation of impact groups in advocacy strategies.

Proposed Advocacy Monitoring and Evaluation Framework



The framework recognizes that the ultimate goal of CARE’s advocacy work is **NOT** policy change. Rather, the goal is concrete improvements in the realization of the rights of poor and excluded populations that result from fully implemented policies and changes in social and cultural norms. This combination of approaches can be seen in every major social movement. They are also increasingly part of our work to address problems such as gender-based violence:

- Advocacy in partnership with other civil society organizations to promote policy change, such as the International Violence Against Women Act or the Preventing Child Marriage Act in the US, or the Anti Gender Violence Act in Zambia;
- Supporting civil society organizations to promote knowledge of laws and policies, and pressure Government to ensure their implementation;
- Innovative work to develop and show evidence of model approaches, that can be scaled up by Government or other donors, such as the Coordinated Response Centers in Zambia, a one-stop shop for legal, health, and psychosocial counseling support;
- Research with partners on key aspects of the problem, that broaden knowledge, awareness, and willingness to take action, such as CARE Bangladesh’s recent Costs of Violence Against Women study;
- Widespread public media campaigns to change attitudes around gender-based violence, that saw respondents in Zambia able to identify spouse battery as a form of gender-based violence from 37% at baseline, to 67% in 2010 and 86.5% in 2011; and
- Community mobilization strategies, such as men’s networks, boys’ networks, survivor support groups and youth groups, as well as engagement with traditional leaders to change cultural norms and practices.

Such work to change policy, ensure its implementation, while also changing social and cultural norms and attitudes all takes a long period of time, well beyond the timeframe (and budget) of a normal development project. This is why CARE’s shift from a project to program approach, coupled with flexible funding to support what cannot be fitted into a donor project is so essential.

And it is why we need a diversity of experiences and capacities in our teams: activists, experienced program and project managers, highly skilled field workers able to facilitate discussion and analysis of social change, and committed monitoring and evaluation and support services staff to enable and support such work. It is a combination of all of these, all working together, where CARE can really add value to what others are doing, towards the long-term goal of transformational change for women and girls.