

Making It Real: Gender Equity and Diversity Newsletter



March 2013

Welcome...

to the latest edition of CARE USA's Gender Equity and Diversity Newsletter! This newsletter focuses on **measuring change for gender equality and women's empowerment**.

The theme of our next issue will focus on **gender and people under the age of 18**. Please send your ideas by **April 5, 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, Director Talent Development and Gender Equity and Diversity at allison.burden@armu.care.org.

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CARE Mali's Research on Masculinity and Gender: Main findings

By Maimouna Toliver, Regional Gender Program Advisor CARE International in West Africa

In 2012, CARE Mali studied masculinity using the International Men and Gender Equality Survey developed by Promundo and the International Center on Research for Women. The study was carried out in Bamako, Mopti and Ségou among 1,000 men and 500 women.

Main Conclusions

Malian masculinity=dominance over women. The data suggest men's dominance over women as the cornerstone of masculinity in Mali; this dominance was widely considered by both sexes as "natural".

High level of support by both sexes for gender inequitable norms and harmful practices. Most respondents agreed with statements supporting gender inequity (i.e. men are the decision makers or violence against women is sometimes justified). Genital excision (cutting), early marriage, and dowry were largely supported by both sexes.

Younger men and women (less than 35 years old), in urban areas and with more education demonstrated more gender equitable attitudes. Living in urban areas where women have alternative employment and educational opportunities and where men encounter more women in the workplace, may contribute to gender-equitable attitudes.



Women's earning capacity linked to Intimate Partner Violence. Women with no income experienced Intimate Partner Violence less often than women with an income.

Polygamy is a determining factor for men's use of physical Intimate Partner Violence. Women in polygamous marriages reported higher rates of all forms of Intimate Partner Violence compared to women in monogamous marriages. Some of the men suggested Intimate Partner Violence was a consequence of the added economic stress of having to provide for a large household.

Exposure to violence during childhood was the single strongest risk for women's victimization and men's use of violence. 41% of women reported ever having experienced physical violence from a male partner, and 35% of men reported ever having used physical violence against a female partner.

Men's participation in domestic chores and care giving is limited. 16.5% of men reported being involved in children's daily care; men with more education and in monogamous relationships reported a greater involvement in childcare compared to men in polygamous relationships. According to the data, men are more responsible for final decision-making, while women are expected to 'execute' household duties.

These findings offer valuable insights into gender dynamics and constructs in Mali, and are significant in terms of informing CARE Mali's current and future programs. The study report will be widely circulated in February 2013 and will be used to generate dialogue with government and civil society groups on strategies for working with men and boys to promote gender equity Mali.

For more information, please contact Maimouna Toliver (maimouna.toliver@warmu.care.org) or Jane Iredale (jane.iredale@co.care.org).



Pilot Focus Group Discussion with men in Bamako

Introducing CARE USA's New Gender and Empowerment Impact Measurement Senior Advisor, Nidal Karim!

About Me



Hello! As a new member of the CARE world I wanted to introduce myself and share some of the exciting activities I will be facilitating in this role.

I come to CARE with experience in research, monitoring and evaluation related to women's empowerment and gender-based violence utilizing both quantitative and qualitative methodologies. On a personal note, I grew up in Bangladesh, speak Bangla, Hindi, Spanish and very basic K'iche and am a proud mother of a 4-year-old.

If you would like to receive updates or join the Impact Measurement for Gender and Empowerment Workgroup, please email me: nkarim@care.org.

What can you expect to learn from the WEIMI guidance?

- the WEIMI country office experiences with process and outputs for each phase
- the dos and don'ts
- often encountered challenges or tensions
- what tools and resources are available
- how to plan the process more efficiently

My Role as a Facilitator

Impact Measurement for Gender and Empowerment Workgroup (IMGWE):

This is a virtual group of CARE colleagues from across CARE International interested in exchanging information and sharing and discussing good practices or innovative approaches to monitoring, evaluation, and impact measurement for Gender and Empowerment. I have recently taken this over from Sarah Ralston who was extremely generous with her time in getting this virtual group galvanized last summer. As part of this discussion forum staff from anywhere in CARE will have an opportunity to share their work - gender evaluations, findings, and tools - via short virtual presentations (via web-ex), on a regular basis. If you want to see past archived presentations by colleagues, check out the [gender wiki](http://gender.care2share.wikispaces.net/Impact+Measurement+for+Gender+and+Women%27s+Empowerment): <http://gender.care2share.wikispaces.net/Impact+Measurement+for+Gender+and+Women%27s+Empowerment>.

Women's Empowerment Impact Measurement Initiative (WEIMI):

From 2010-2012, six countries (Bangladesh, Burundi, Egypt, Mali, Niger, and Tanzania) engaged in a process to systematically develop their theories of change and impact measurement system for women's and girls'-oriented long term programs. This included planning coherent systems which link project-level monitoring and evaluation indicators to broader impact measurement systems.

The guidance materials from these experiences are now being finalized and incorporated into the

Gender Toolkit:

<http://pqdl.care.org/gendertoolkit/default.aspx>.

- stay tuned for updates on that.

Who will find the WEIMI Guidance Tool useful?



WEIMI Guidance Tool



Measuring the Cost of Violence in Bangladesh

By Humaira Aziz, Director of the Women and Girls Empowerment Program

It is inherently challenging to demonstrate and articulate the collective costs of not addressing social issues. The Cost of Violence Against Women Initiative in Bangladesh attempted to broaden society's understanding of the costs of violence against women. At community level, the Cost of Violence Against Women Initiative developed simple tools to help people understand the economic costs of domestic violence. Simultaneously, at a national level the Cost of Violence Against Women Initiative assessed the national costs of domestic violence. This article focuses on the national study.

Assessing national costs entailed two separate studies at local and national level. At local level, a household survey developed a framework to quantify the cost of domestic violence and gathered primary data to quantify the economic cost of domestic violence at individual and family levels. The second study helped to quantify the expenditure of government and non-government actors on domestic violence at

the national level. The household survey helped to identify direct and indirect costs associated with domestic violence at the survivor's level. Direct costs related to relocation, medical treatment for survivors and their family members, and local arbitration/seeking legal justice. Indirect costs included loss of income due to injuries and time spent in seeking justice. At the perpetrator's level costs include going into hiding, organizing local arbitration/legal cases, and penalty and loss of income.

According to the study, families who experience domestic violence in Bangladesh spent Taka 11,180 (USD 138) and Taka 5,966 (USD 73) on direct and indirect cost respectively, whereas an average income of an extreme poor household ranges from Taka 2875 (USD 35) to Taka 3,680 (USD 45). The total cost of domestic violence against women in Bangladesh was then extrapolated by adding the costs identified in the household survey and the study on the

expenditure of the government and non-state actors at national level. The assessment concludes that around 2.10 percent of the gross domestic product is wasted due to domestic violence, which is almost equal to the government expenditure on health and nutrition sector in Bangladesh.

As an advocate, one often feels constrained when discussions related to violence become limited to particular incidences and die down after a few days. Developing methodologies to systematically build knowledge on the costs and consequences of violence against women strengthens and increases awareness regarding the collective costs to society when issues are left unaddressed. Most importantly, the Cost of Violence Against Women Initiative helped to bring previously unexplored areas under public scrutiny. It also shows that facts and figures can effectively trigger reflection and action in communities to prevent violence against women.

Change that Counts

By Salem Hailemichael, Program Coordinator CARE Norway

In 2009, CARE Norway started a new framework agreement with the Norwegian Agency for Development Cooperation, which offered an opportunity to implement women empowerment programs focusing on strategically selected thematic areas to challenge and address underlying causes of discrimination. A new approach to measuring change was introduced where sets of indicators were selected to be monitored across different thematic areas and geographic settings. These programs benefitted from extensive baseline studies in 2009, and in 2012, a mid-term review was carried out.



The findings of these studies showed: Improving the financial situation of women serves as the springboard from which poor and marginalized women were able to access different opportunities that were not previously available to them. Most reported being able to own and control resources; they had improved self-image; and it paved the way for them to have a more active role in their households and communities.

Economic empowerment also secured ground for women to negotiate issues affecting their lives. Nonetheless, the novelty of these programs probably lies in the conscious decision to go beyond economic empowerment by seeking engagement with men as allies for women's empowerment. The programs also used explicit strategies to support women's ability to organize and protect their individual and collective interest. The group mobilization component enabled women to be connected and for allies to see them through life's different circumstances, ranging from offering labor to jointly working their farms, acting as community police and confronting gender-based violence, to serving as the electorate in local politics.

In most settings, men started contributing more to domestic tasks, creating more time for women to engage in activities outside the home. Through organized claims, women successfully received prompt responses from duty bearers. Examples of this were seen in the prompt persecution of perpetrators of gender-based violence in Uganda, in the inclusion of the most marginalized groups in government support programs in Rwanda, and the modification of discriminatory laws in Mali. The multi-country mid-term review uncovered successes and weaknesses, but above all, it once again enabled us to affirm that gender equality does not come as a byproduct of individual wellbeing or economic empowerment alone but through deliberate and multi-dimensional engagement to achieve women's human rights at different levels.

For more information, you can access the Women's Empowerment Program: Global mid-term review seminar and the Mid-term review synthesis report that were cited in this article on the [gender wiki](http://gender.care2share.wikispaces.net/Impact+Measurement+for+Gender+and+Women%27s+Empowerment): <http://gender.care2share.wikispaces.net/Impact+Measurement+for+Gender+and+Women%27s+Empowerment>.

Gender Equity and Diversity Audit: CARE International in Timor-Leste

By Elizabeth Cowan, Monitoring and Evaluation and Gender Officer (Australian Volunteer)

CARE International in Timor-Leste recently conducted a Gender Equity and Diversity Audit to identify and respond to gender and diversity issues in our programming. Undertaken in September and October by Fortunato Amaral (Gender and Protection Focal Point) and myself, the Audit provided an understanding of staff members' awareness of gender and diversity and their experiences and feelings as CARE employees. A key component of the Audit was a Gender Equity and Diversity Survey. We developed organizational culture questions for all staff and additional questions about gender and diversity in our project work for Senior and Project staff.

Two approaches to survey implementation were used – SurveyMonkey (online) and paper surveys. Most surveys were completed on paper with responses entered into SurveyMonkey for analysis. We traveled to CARE district offices to implement the paper-based survey with staff to ensure maximum participation. The Audit also included focus group discussions to explore key findings from initial analysis and a gender analysis of human resource policies.

Out of 211 staff, 74% participated. 70% of participants were male and 30% were female, reflecting CARE International in Timor-Leste's gender make-up. 32 men and 21 women participated in focus group discussions.

The GED Audit found that a good proportion of staff understand the concept of gender and why it is important. However, the low level of employment of women and diverse people and a lack of clarity about our projects' impacts on gender and power norms were identified as areas for improvement. Furthermore, 73% of women and 56% of men believe equality between men and women is important at work but unrealistic at home, suggesting that CARE International in Timor-Leste staff are not role-modeling the gender roles we aim to promote in our work. Overall, the findings suggest that CARE International in Timor-Leste staff are willing to incorporate gender and diversity in their work.

Three of the 10 recommendations from the final report include:

- Develop a Gender Equity and Diversity Strategy for CARE International in Timor-Leste;
- Develop strategies to ensure equal access to employment in CARE International in Timor-Leste; and
- Establish a Gender Working Group and Terms of Reference.

The GED Audit's findings will inform our future gender and diversity work; recommendations will be integrated into the Action Plan of our Gender Equity and Diversity Strategy, which we will develop in 2013.



For more information please contact Fortunato Amaral at fortunato.amaral@careint.org.

WE-MEASR: A new tool to measure key dimensions of women's empowerment

By Christina Wegs, Senior Technical Advisor for Sexual, Reproductive and Maternal Health, CARE USA

The Health Equity Unit has prioritized strengthening our measurement of women's empowerment in the context of enabling women and their families realizing their right to good health.

For a year, we invested in developing and validating a new quantitative tool to measure women's empowerment. The tool- **WE-MEASR** – was designed to measure women's empowerment across several key domains (See Box 1). **WE-MEASR's** multidimensional nature will help us understand what aspects of empowerment are most critical to health and how different dimensions of empowerment intersect and interact, provide insight into the complex process of empowerment for women of reproductive age. To use **WE-MEASR**, programs select a set of scales from the tool that measure the different dimensions of empowerment that they aim to influence.

Want to learn more?

During development, we built on and adapted validated scales, including the Gender Equitable Men scale, the Sexual Relationship Power Scale, the Demographic Health Study Women's Empowerment Modules, and the World Bank Social Capital Assessment Tool. Since many of CARE's programs focus on enabling collectivization and collective action, we prioritized scales to measure social capital, including social support, collective efficacy and participation in collective action. We also developed new measures where we found gaps, including self-efficacy scales that explore how women's confidence to enact health-promoting behaviors (e.g. use of family planning or participation in community meetings) is influenced by gender dynamics in the household.

During the spring of 2013, we will be sharing WE-MEASR tool through a global WEB-EX in late April-early March. Please also contact us directly for more information:

- Christina Wegs (cwegs@care.org)
- Christine Galavotti (cgalavotti@care.org)
- Ben Schwartz (bschwartz@care.org)

In partnership with CARE Malawi, we completed a field test of the measures with 640 women in early summer 2012. We then analyzed data from our field-test to validate, refine and simplify our measures.

We have created a reliable tool that will help us strengthen and standardize our measurement of women's empowerment – thus helping us be more effective in generating evidence and demonstrating results. We are excited to add WE-MEASR to CARE's "shared toolkit" and look forward to further collaboration across CARE in strengthening how we measure change.

Box 1: **WE-MEASR** (Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital and Relations)

KEY DOMAINS OF CHANGE

Agency:

- Self-efficacy
- Internalized beliefs about gender- including acceptance of gender-based violence
- Ownership and control of productive resources

Relations:

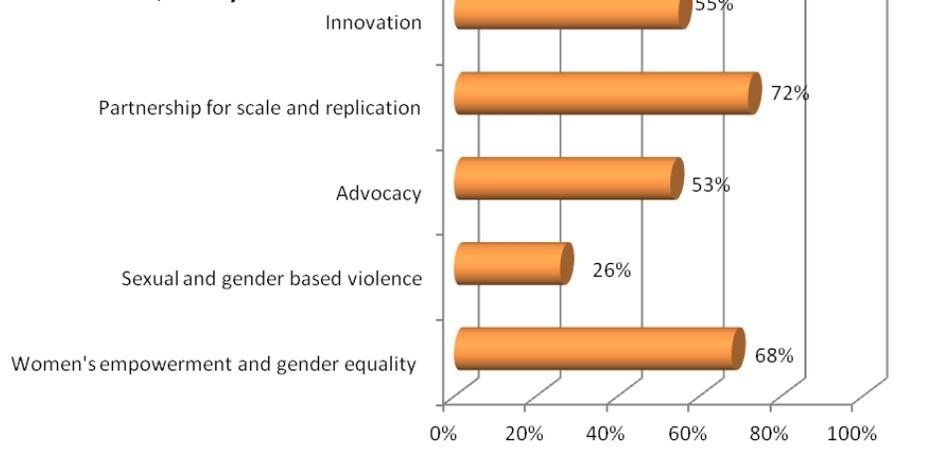
- Communication with spouse/partner
- Participation in household decision-making
- Power, control and domination in intimate partnerships
- Women's mobility

Social Capital:

- Cognitive social capital (sense of belonging, trust in others, perceived fairness, collective efficacy)
- Structural social capital: (social and material support from the community; membership/participation in groups, participation in collective action)

CARE International Project/Program Information and Impact Reporting System team reports CARE International-wide data for fiscal year 2012

Percentage of CARE International-wide projects that included key strategic elements, fiscal year 2012



CARE International has just released information on the scope of CARE's work during the fiscal year 2012 (July 1, 2011 to June 30, 2012) based on data provided by CARE Country Offices, with support of CARE International Members and the CARE International Secretariat. The data collection process was facilitated by the team working on the new Project/Program Information and Impact Reporting System.

You will see from the graph that 68% of CARE's projects in fiscal year 2012 reported addressing women's empowerment and gender equality, facilitating transformative change in gender roles and empowering women and girls and 26% of CARE's projects in fiscal year 2012 addressed sexual and gender-based violence.

For more information please contact Ximena Echeverria at Ximena.Echeverria@bo.care.org.