STRATEGIC IMPACT INQUIRY ON WOMEN'S EMPOWERMENT

Report of Year 1

(July 2004 – June 2005 / FY 05)

Sarah Mosedale

And the CARE Impact Measurement and Learning Team

October 2005

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At first glance, the process of change in Ecuador seems overwhelming…what lies beneath?

Preface from the Impact Measurement and Learning Team

The Strategic Impact Inquiry (SII) on Women's Empowerment is CARE's multi-year commitment to assess and be publicly accountable for a key aspect of our impact on gender inequity. It is a demonstration of the values we hold – of integrity, of excellence, of respect – to harvest the lessons and implications of our efforts, and to encourage scrutiny and discussion of the value of our work by the communities, coalitions, and social movements we serve. It is also a learning process, one that seeks to foster a culture of critical inquiry among our staff and facilitates the transfer of ideas, insights, and better practices both inside and outside of CARE.

CARE International Vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

CARE International will be a global force and partner of choice within a world-wide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

What you are about to read, therefore, is just a research report...but so much more. In honestly exploring our contribution to changes in the lives of women, their families, and their communities, this evaluation seeks to tell an important piece of a larger story – the story of a journey whose destination is nothing less than a world of hope, tolerance, and social justice, a world free from poverty.

Every great journey begins...

CARE International embarked on this journey nearly ten years ago, endorsing a shared vision, values and set of programming principles. These have become guiding lights for thousands of staff across the organization who struggle daily to advance our mission, and who draw inspiration from the vision's pledge to join forces with others to end poverty, discrimination, and social injustice. It is no exaggeration to call it a heroic journey of social change.

Like all great journeys, ours is not a linear drive to the finish line, but a spiral – in which we as individuals and as an organization have encountered tests, shifted our thinking and our strategies, and gained important new insights and relationships that have guided each new step along the way. The journey has helped us open up bold new directions for our work: pursuing gender equity and diversity as fundamental goals, strengthening alliances among and beyond our CARE International members, committing to rights-based programming, and digging deeper to address the interlinked material, social, and structural forces that underlie poverty.

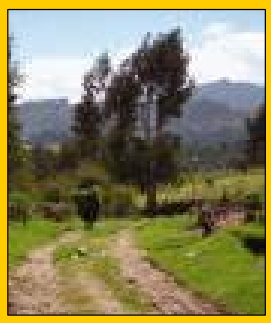
At the same time, each new step has called on us to re-examine with a critical eye some of the foundations of our identity and our ways of working. Each level of the organization has contributed to our broad understanding of the changes we need to make – through program quality audits and gender & diversity gap analyses, to regional and sectoral strategies that explicitly aim to address power and inequality, to the efforts of CARE International members to comprehensively align our organizational and programmatic work with our vision.

The journey animates our inquiry.

The Strategic Impact Inquiry (SII) seeks at its core to enact the CARE vision and principles. It has called on us to work together across barriers that divide us within CARE and from others in the wider movement, to challenge conceptual blind spots and ideological biases in ourselves and our work, and to explore ways to render the research process itself a safe and empowering one for both participants and researchers. So yes, it is just an evaluation, but it is also one of our most serious collaborative efforts yet in trying to hold our practice up for

internal and external critique, and to be accountable in real and direct ways to the community we serve.

The SII journey has taken us from the mountain's edge (al-Qarn, Mahwit, Yemen) to the valley floor (El Valle, Cuenca, Ecuador).



As the team charged with organizing this review, we in the Impact Measurement and Learning Team (IMLT) have been intimidated, challenged, and deeply rewarded by the first year's experience of the SII on Women's Empowerment. Setting out, we faced the possibility that the SII would founder against organisational resistance, fragmentation and obfuscation. Instead, it has met with enthusiasm and political will across CI, volunteerism among staff at all levels and in all divisions of CARE, idealism in pursuit of core principles derived from our vision, and willingness to absorb the findings in their unvarnished form – for better or worse. The spirit of transparency and critical thinking that has permeated the SII's maiden year is heartening evidence that CARE is, indeed, still moved by its vision, still dedicated to its principles, and still willing to be challenged, to learn, and to grow stronger as an accountable ally and advocate for the poor. Good news, indeed, as we gear up a new strategic plan to refocus and sustain the journey.

The Synthesis Report

The attached report is a high-level summary of the findings from this first year of the Women's Empowerment SII – deliberately formative in its insights about CARE's impact, but equally intentional in pointing to important patterns in our work and its outcomes. This report is analytical and synthetic – not an exhaustive catalogue of findings. It focuses on findings that are supported not just in one single place or program but, rather, those that emerge by looking across a range of mutually reinforcing inquiry methods.[1] The report does not limit itself, however, to just presenting findings: it also offers important insights meant to focus and guide our inquiry through its remaining two years. And it identifies steps that we can already take to improve our impact on women's empowerment.

The Synthesis Report pulls no punches. Some reviewers of the document suggested that the tone is overly critical; others suggested that it does not give CARE enough credit for the impacts its programs do seem to be having on women's lives. Others suggested that the report does not adequately acknowledge the actual difficulty of doing empowerment work. While the latter comment is undoubtedly true, we in IMLT do not believe the tone is overly critical, nor that it ignores CARE successes. The report is not journalism; it is not an attempt to present all sides of a story. It is a research report and we stand quite firmly behind the data that we have at this point.

The synthesis report also illustrates what we can learn when we ask an informed outsider to observe and communicate our inquiry – giving her privileged access to all aspects of the inquiry, and to the people and processes that animate this organization. Sarah Mosedale participated in the earliest discussions as we shaped the conceptual framework for the inquiry, in the SII team's meetings to launch, and then to synthesize the first phase of the research, in fieldwork with the research team in Ecuador, and in a dense weave of communication between the four field research sites, IMLT, and the global team. Having

[1] In-depth reports are available from the four research sites (Bangladesh, India, Ecuador and Yemen) and from a meta-evaluation of gender-related evaluations, a review of current project proposals, and the FY05 C-Pin database.

worked with Sarah at every step of the way, IMLT is confident and pleased to endorse the validity of her findings, and to accept them into our organisational conversation about the research and its implications.

As a doctoral candidate writing her thesis on the development industry's approach to women's empowerment, Sarah brought to her engagement and to the task of writing the synthesis report a keen awareness of the theoretical (and political) tensions that this topic raises, and a deep empathy for the practitioner's struggle to understand and respond effectively to the dynamics of power and discrimination on the ground. It is telling that in writing the report, Sarah uses the second person narrative voice – "we" – and that at times, that "we" refers to the SII team in which she very much became a member, at times to the wider movement of advocates for women's rights and gender equality, and at times to the very human community struggling to deal with biases and hierarchies in ourselves, our workplaces, and our societies. Each reader of this report will, we hope, think about that "we" – assess critically what it means to take each of these perspectives, and contribute through reflection, action, or debate to shaping the collective knowledge, and our ensuing challenge of putting it to use.

The Continuing Journey

Our first year of the SII has demonstrated the value of this kind of rigorous programmatic inquiry, encouraged us about the possibilities for using the research process in itself as a way of attacking the hierarchies that drive poverty, and signalled very clearly some of the fundamental strengths and gaps in CARE's approach to work on gender and power relations.

However, it has also made it all the more important that we deepen our understanding, and gather compelling evidence with which to sharpen our focus internally and advocate externally for fundamental shifts in the way that the development enterprise addresses gendered structures of power and poverty. We know that we need to better understand:

- The personal, organizational and programmatic forces that drive us to focus so well on individual, and so little on structural and relational dimensions of empowerment
- How different sectoral or thematic approaches are equipped to influence the multiple dimensions of empowerment
- What it really means to achieve "impact on empowerment" – and if there are elements which are more sustainable than others.
- The aspects of empowerment that are best shaped or understood at a "meso" level - between the intimate setting of a community and the de-contextualized setting of global action.

The SII on Women's Empowerment was always understood to be too important and too complex to be achieved in one year. Therefore, in the coming fiscal year, the SII will link over 20 sites across regions, sectors, and organisational and external stakeholders to deepen the inquiry. These sites are experimenting with cost-efficient and effective ways to deepen our inquiry, and fostering an ongoing culture of critical thinking that we hope will increasingly define CARE. Further, where these early findings resonate with the experiences and intuitions of staff, we will collaborate to ensure that CARE does begin to address them in the ways we approach our programming and organisational work. We look forward to advancing the SII in a spirit of shared ownership, collective learning, and critical inquiry on this poverty issue that touches all our work and lives.

- ***Impact Measurement and Learning Team***

Executive summary

This report presents the findings from the first year of CARE's Strategic Impact Inquiry (SII) into Women's Empowerment, an inquiry which is expected to continue for at least another two years and is coordinated by CARE's Impact Measurement and Learning Team (IMLT). This SII is an important departure for CARE in two ways. It is the first attempt to uncover what the organisation is achieving (and failing to achieve) in tackling not poverty itself but what it has identified as one of poverty's underlying causes – the subordination of women. It is also a pioneering attempt to discover what impact CARE is having on a global scale. As an innovative and experimental strategy, this SII is also expected to advance organisational learning about carrying out strategic level impact assessment which will benefit future such investigations.

The SII revealed, as expected, that some of CARE's work is indeed having a positive impact on various aspects of poor women's lives in developing countries. Indeed we can point to CARE having helped women achieve many things – greater self-esteem and social networks, increased income and agricultural production, more rights over land and products, a greater say in household and community decision making, more girls attending primary school, more equitable access to resources, training which has led to businesses being developed, and savings increased.

These are valuable achievements in their own right and CARE staff have a right to feel proud of the part they have played. But here we are asking an important question - does this add up to an impact on women's empowerment? Is CARE affecting the underlying causes of women's oppression? Or, to put it another way, is CARE struggling to keep partially refilling the cup rather than finding out why it empties with such alarming regularity?

The first year findings are necessarily early insights, based on a large yet by no means complete sample of both primary and secondary data, of women's empowerment work both inside and outside of CARE. This included a broad literature review, four sites of in-depth primary research, and analysis of 31 evaluations, 404 projects in CPIN, and 32 new project proposals. Indeed, the main reason the SII was organized as a multi-year effort was to build our knowledge gradually over time in order to raise hypotheses, craft tentative findings, then research them anew in a cycle of ongoing critical reflection.

But one striking and robust result is the general lack of attention we found within CARE to defining what it means by 'women's empowerment'. This has of course become a very widely cited gap throughout the development industry. But our research demonstrates a widespread tendency in CARE to call "empowerment" (or "gender equity") any activity which is intended to benefit women.

After consulting both academic and practitioner literature IMLT constructed a Global Framework for Women's Empowerment. This identified 23 'dimensions' of women's empowerment and grouped them into three categories – agency, structural and relational – while recognising that this division was somewhat crude. Broadly speaking, *agency* relates to action and choice and the resources that individuals and groups draw upon when taking action. The ten dimensions included under agency included self-esteem, skills, education, employment, mobility, group activism and bodily integrity. Under structure were broadly accepted characteristics of the wider environment, dimensions such as marriage and kinship rules and roles, citizenship, access to rights and justice, access to markets and political representation. The relational category focused on the norms that guide 'legitimate' social relations and included things like attitudes towards negotiation, alliances and coalitions, and a culture of accountability.

It is important to note that, beyond offering this framework for reference, IMLT did not attempt to prescribe what empowerment

meant in the four different sites (Bangladesh, Ecuador, India and Yemen) where primary research was undertaken as part of the SII. Each site research team consulted with local staff and programme participants to define women's empowerment itself, selecting dimensions from the global framework (and sometimes adding others) as it saw fit and choosing its own, locally relevant, indicators to measure change in each chosen dimension.

CARE's impacts on women's empowerment

When the selected projects were then investigated using these locally negotiated definitions of empowerment what was found was a great emphasis on individual agency and relatively little understanding of, and engagement with, the structural forces which constrain women. This led not only to benefits being highly reversible, as found in Ecuador, but also to women being 'empowered', in India for example, to pay for foetal screening and make dowries (and hence the very existence of girl children) even more of a social and financial burden. This focus on agency and lack of attention to structural and relational issues was confirmed by our review of project evaluations and, perhaps even more worryingly (because of its implication for the future) by our analysis of 32 project proposals.

This lack of engagement with the underlying reasons for, and mechanisms of, women's oppression leads to unhelpful assumptions, and obscures the ways in which women themselves are often complicit in perpetuating women's oppression. For example it is not true that, given access to some power, women will necessarily wield it in a 'nicer' way (more collaboratively, accountably etc) than men. We found that sometimes, when individual women attained positions of relative power, they were sucked into exactly the same sort of corrupt behaviour and abuses of power from which they had suffered themselves. And we saw this happen with both poor and better-off women. This suggests that CARE should look much more closely at the role of elites within the communities where it works, develop a better understanding of their power and privileges, be less willing to be manipulated by them and, above all, avoid simply replacing one elite with another.

Although women's solidarity can, and should, be built through consciousness raising around gender, it would be naïve to think this could ever be a complete solution since, even given all the available information, not all women become feminists. Of course CARE must support a woman's right to lead a 'traditional' life if this is freely chosen but what it cannot and must not support is attempts by women (or men) to constrain each other's human rights.

Our research suggested that CARE does not put nearly enough effort into supporting women's groups after set up. Systems need changing so as to encourage and reward this. There is too much emphasis on quantitative targets (numbers of groups formed) and a lack of monitoring systems which reveal the quality of activities and the distribution of benefits and allow carefully tailored, ongoing, collaborative, corrective action.

CARE's internal dynamics and practices

In looking at CARE's contribution to the empowerment of women in poor communities, we realise that we need to explore the gendered dynamics of power and identity that define and drive the organisation itself. Logic demands this, since CARE's norms and forms are important elements of the structural and relational landscape within which the women exercise their agency. But it is also true that CARE's own staff and stakeholders are subject to the very gender norms and values that the project seeks to change, and are as likely to be impacted upon as they are to foster impacts in the lives of others. Aligning internal practices, policies and staff support systems around gender equity – registering our own personal and institutional change as part of our global human rights and poverty eradiation vision – is essential then, both from the perspective of efficacy of our work, and coherence of our discourse.

Feminists from the South and the North have struggled to get the issue of women's subordination onto the agenda of development organisations for years – and

in large part have succeeded. But with that success has come new problems, not the least of which is that now many people (men and women) who have no history of consciousness raising around gender, nor necessarily any strong feelings on the subject, are expected to 'deliver' positive change. This is unreasonable – unfair to staff and unlikely to work.

We found that when CARE fails to address staff training needs around gender this has a bad effect on its work for women's empowerment. CARE needs to actively involve all its staff in opening up the question of gender roles and women's empowerment and to provide a safe environment in which to do so. It needs more staff with a passionate commitment to the issue and more gender sensitive and balanced management teams at all levels. It also needs to provide more help to field staff in converting training into action in the field – something we found staff had difficulties with.

Project design

In general, project designs reflected the same tendency to focus on aspects of women's agency, and a lack of rigor in conceptualizing and strategizing for impact on gender and power relations. They need to include better analysis of the underlying reasons for women's social positions, a more sophisticated understanding of gender inequities and how they are constructed and perpetuated and a properly worked out strategy to combat these. Explicit goals, indicators and interventions for women's empowerment and gender equity need to be stated in the project log frame and proposal.

CARE Bangladesh's FY05 SII research took the form of gender and power analysis, and offers an example of the sort of investigation into social relations that should be part of the planning process for any intervention aiming for women's empowerment. Importantly, the research team found some of their own biases contradicted by the findings. They also learned about how their own gender based prejudices affected their research. Investigations into power dynamics teach us things we do not know, help us overcome our prejudices and make it more likely that attempts to change power relations will succeed. Such analysis should be a routine part of designing any CARE intervention that aims to impact on women's empowerment. There should be a system for sharing such analyses and the lessons learned through doing them.

Better measurement systems and approaches are urgently needed. CARE needs to work out how to measure change in such aspects of power relations as representation, influence, inclusivity and fair treatment. Numerical targets will have to be complemented by qualitative measures, some of which may be quantifiable using indices and rating scales. Also, technical interventions, for instance in health or agriculture, need to broaden their measurement frames to include change in social position and structures.

It's likely that collective action for women's empowerment will continue to be a major programme strategy, but CARE needs to move beyond forming women's groups to carry out activities towards using collective action to raise women's voice, participation and influence in civic and political life. Groups need deeper and more enduring support in analysing gender and power, discussing their rights and determining what collective action they want to take in the face of constantly evolving challenges and setbacks.

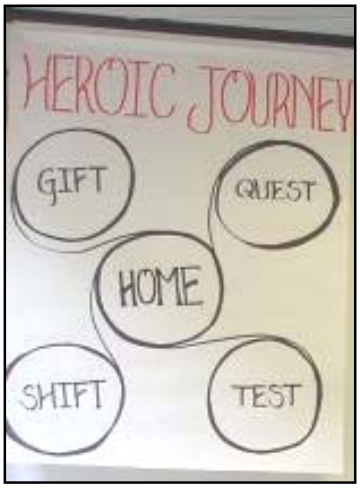
Impact assessment

Serious impact assessment such as the SII can be expected to create difficulties. Findings are never unambiguously positive – indeed if they were there would be little point in committing the resources necessary to discover them. But pressure, from donors and others in powerful positions, to gloss over difficulties and highlight positives can be overwhelming. This year's SII found failure as well as success in an Ecuadorian project which had previously been widely viewed as an unmitigated success story. And it uncovered some ugly truths about how Yemeni women leaders abused their new status and what some women in India were using their newly-acquired credit to fund. Such truths can be bitterly disappointing to all those who have invested their time, energy and money. But only by finding out where it is failing can CARE take corrective action and learn to do better in the future. CARE needs to continue to have the courage to hold itself accountable in this way.

It's important to appreciate that the research process itself necessarily impacts on respondents and to make this as positive as possible. As well as being careful not to overburden them, the process should provide the opportunity to reflect on struggles, appreciate successes, confront and challenge obstacles and find support especially when difficult times and strong emotions are relived. The results must be made available to all who took part. In Yemen the feedback meetings were very successful, generating much interest and more in-depth discussion than had been previously achieved and resulting in better substantiated findings.

Team composition, in terms of size, gender balance and whether or not members are known to respondents needs to be worked out carefully. Also, dependence on local elites can compromise such inquiries and ways need to be found to minimise such dependence. In Ecuador, including project participants in the research team challenged conventional distinctions between researchers and 'subjects of research', heightened awareness among the team of their own biases and impact on the process and was intended to further promote empowerment.

CARE programs and projects need to be doing better and more frequent reflections on their impacts on the underlying causes of poverty. The magnitude and kinds of such impacts should not be thought about only during a 'special' inquiry such as the SII, or even end-of-project evaluation. All of this year's SII methods reveal that CARE is not translating key concepts into action in ways that enable it to have evidence-based conversations about its performance. In the absence of such a culture of critical inquiry in CARE ex-post assessment of impact will find little fertile ground upon which to sow new practices. It is our hope that this SII will prove to be just a first step towards building such a new, exciting and ultimately rewarding culture.



The "heroic journey of social change" (above left) is a tool used by many in CARE to focus and sustain our efforts to enact our principles; it provided consistent motivational imagery in this year's SII. A part of the SII team enjoys the London Eye (above right) during a break from the June conference.

1. A Strategic Impact Inquiry on Women's Empowerment - why and how?

CARE's work with women – aspirations

We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations. We ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring and evaluation of our programs.

(CARE's First Programming Principle – Promote Empowerment)

In our programs and offices, we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

(CARE's Fourth Programming Principle – Address Discrimination)

As our analysis of it has evolved, we have come to believe that poverty cannot be ended unless it is attacked at its deepest levels, what we call underlying causes. These are about power relations as expressed through social, political and economic systems. People are poor not only because they lack assets and skills, but also because they suffer from exclusion, marginalization and discrimination.

(CARE USA Strategic Plan Extension for FY06-07)

CARE recognizes that in our societies and organizational cultures, biased stereotypes and social norms prevent women and men from exercising their free choice and from taking full and equal advantage of opportunities for individual development, contribution and reward.

CARE will improve the ability of men and women to work creatively and effectively in the organization and in communities in the developing world by increasing awareness of gender inequities and, by working with women and men to change the conditions that create and maintain them.

(CARE USA's Revised Gender Policy)

CARE will hold all its staff accountable for achieving measurable progress toward a situation where all people have equal opportunities, rights and access to power and resources.

(CARE's Revised Diversity Policy)

CARE's work with women – some big numbers

In the year ending June 30 2004 over 45 million people were affected by CARE activity. Of these, 53% (around 24 million) were women. About 7.8 million of them took part in programmes which tried to increase their participation in decisions that affected their own lives. About 5.7 million were affected by CARE's policy advocacy efforts. About 4 million women were involved in CARE's efforts to strengthen, reinforce or otherwise work through over 52,000 partner organisations. And more than 75,000 women leaders in partner organisations got help from CARE.

190 of the 361 CARE projects that provided data said they had a particular emphasis on gender and diversity. These projects identified 4.8 million men and 5.3 million women as primary clients.

Why are we drawing attention to these figures? Because if CARE can succeed in improving its impact on women's empowerment, an awful lot of women stand to gain.

CARE's work with women – what's the reality?

CARE has defined, as its core business, impacting on the underlying causes of poverty and, in this case, the deep dynamics that keep women in conditions of inequity, oppression and inequality. So CARE is big and it talks the talk. But what's it actually doing?

Well, it's not doing much gender analysis anyway. Of 404 projects on C-PIN (CARE's Project Information Network database) only six said they had embarked on gender analysis during FY04. At face value this is surprising but perhaps projects had already done such analysis in the past and so did not report it. We triangulated on this question, therefore, looking at evaluations of 31 projects which claimed to focus on women's empowerment or rights. Only

four showed evidence of gender analysis, only four defined empowerment, three defined gender and none seemed to have conducted any power analysis. Admittedly this is a small sample and may not be representative. Nevertheless it paints a disturbing picture.

If projects have no analysis of gender or power, nor a solid strategy for women's empowerment, how much of this enormous body of work on gender involves simply relabelling traditional project activities for women rather than a genuinely new approach arising from a commitment to women's rights and women's empowerment?

What is the Strategic Impact Inquiry?

The SII is a multi-year evolutionary process, coordinated by CARE's IMLT, which seeks answers to three basic questions:

- ***What are CARE's impacts on women's empowerment?***
  (See how this question became more detailed as we worked through the meaning of 'women's empowerment' in Section 2.)

- ***How do CARE's internal dynamics affect its impacts on women's empowerment?***

- ***What have we learned about doing global impact research?***

The SII aims to ensure accountability, improve impact and strengthen our ability to assess our impact. The process seeks to be rights-based and therefore in line with CARE's Programming Principles. It is necessarily multi-year and evolutionary because through actually carrying it out we want to develop our understanding of what accountability means when working for women's empowerment and what it means to do rights-based impact research.

We are committed to making our findings public every year for two reasons. Firstly this is the only way to hold ourselves truly accountable for our work; secondly we are keen to benefit from the critical eyes of a wide range of academics and practitioners. Indeed throughout the SII process we have made materials available to a range of such people and have invited and received contributions at planning and feedback meetings in Cairo and London.

Assessing the impact of CARE's work on what it has identified as one of the underlying causes of poverty in such a public manner is not without risk. Challenges to the organisation's internal dynamics, its transparency and its priorities may well arise. But we believe that the potential benefits to CARE's work are enormous and that it can expect support from other actors in the development industry who are also keen to 'break the silence' on this issue.

How the first year of the SII research was conducted

In FY05, the SII used seven different methodologies.

1. Original field research in four project sites.

CARE Country Offices were invited to propose projects for investigation and four - Bangladesh, Ecuador, Niger and Yemen - were selected. (India also carried out a pilot study on its own and Niger was postponed until FY06.) These were not chosen because they were particularly strong or weak on women's empowerment, nor because they represented a wider body of work in CARE. Rather, they were chosen because they were keen to work with IMLT on this subject, their Regional Management Units considered them strategic sites of region-wide learning regarding empowerment, and they were sites of relatively high interest to CARE International members other than CARE USA.

2. Global literature reviews of research on women's empowerment.

3. Proposal analysis of a randomly selected sample of 32 CI projects from fiscal years 2003 and 2004.

These randomly selected project proposals were examined and scored from zero to three in three categories – gender analysis, evidence of gender and empowerment in their design, and reflection of gender issues in their measuring systems.

4. Analysis of data from the fiscal year 2004 CARE program information network (CPIN) survey.
We analysed 404 projects' responses to three questions on C-PIN – did they specifically address gender and diversity, did they work with disadvantaged groups and how were they promoting empowerment of targeted groups?

5. Meta-evaluation of a convenience sample of 31 CARE project evaluations.
A group of 24 CARE volunteers from around the world looked at evaluations of a (non-representative) sample of 31 projects with a self-declared focus on women, gender, women's empowerment, women's rights etc. These were scored overall as Very Low, Low, Moderate or High according to whether and how women featured in their objectives, target groups and monitoring systems, whether results were disaggregated by gender, whether gender or power analysis had been done and whether structural issues were addressed.

6. A gender mapping exercise conducted in Asia region, results from which will be available in December 2005; and

7. Harvesting lessons about CARE's impacts on women's empowerment that surfaced more randomly during the year.
IMLT repeatedly asked CARE staff to submit evidence of impacts on women's empowerment and/or gender inequity more broadly. After all other FY05 analysis was completed, we reverted to this unsystematic body of knowledge to assess how it supported, challenged, or otherwise modified the larger body of more systematically planned research.

A research design workshop held in February in Cairo brought together the research teams from the countries involved, members of IMLT and other interested parties from CARE International (Denmark, Norway and the UK). Here the global framework (see Section 2) was reviewed and adopted and the individual site research designs were collaboratively developed. It was agreed that, while these broad dimensions were relevant for women across the world, the nature of power varies from place to place, over time and across populations. In the absence of agreed "transcultural, transnational, transhistorical indicators" for women's empowerment these would be agreed locally. From the beginning it was emphasised that that the most critical definitional and methodological decisions were best made not in a global research framework but at the research sites.

The meeting recognised the importance of taking into account the impact of the larger context on women's empowerment, discussed the use of control groups and recommended that women participants be involved in the data analysis process.

Investigating women's empowerment can put women at risk of violence (from those who take issue with their participation) and at risk of psychological trauma (by raising painful aspects of their past or present situation). It was emphasised that no evidence was worth putting women at risk and researchers were given written guidance on dealing with traumatised respondents.

IMLT organised a research design advisory group which helped the three sites (India did its own pilot study) to finalise their research designs after the Cairo workshop and provided support from February to June 2005. Yemen for example received help in tracking down important secondary literature and Ecuador was helped with two weeks research in May by IMLT and CARE USA External Relations staff. Regional Management Units in Latin America and Asia also provided significant support.

2. What is women's empowerment?

Nowadays, among development agencies, a commitment to 'women's empowerment' is rather like the classic US position on motherhood and apple pie. Imagine trying to run a campaign against it. What would your slogans be? Where would you look for partners?

Therefore the fact that an organisation supports women's empowerment tells us little about the organisation itself or what it is doing since, in the current climate, it is impossible to imagine it being taken seriously if it said otherwise. Sadly, the fact that women's empowerment has become a goal for such a diverse range of actors also means that any meaning it has risks being diluted to the point of insignificance.

Therefore it is very important that CARE develops a shared understanding of what it means when it says that empowering women is one of its key goals. Our investigation, the SII into Women's Empowerment, can help CARE do this by probing what CARE means by 'women's empowerment', what, if anything, it is achieving and how its own behaviour as an organisation (its principles, practices, structures, staff) affects what it achieves.

Challenging women's subordination or taking advantage of it?

Since the 1970s Southern feminists have used the term 'women's empowerment' to describe a struggle for social justice and women's equality that involves transforming economic, social and political structures (e.g. Mohanty 1991, Batliwala 1994, Agarwal 2001). Women must first understand how patriarchy affects their lives and how it is perpetuated. Then they can develop collective strategies for change. Psychological aspects of empowerment, such as self-confidence and belief that positive change is possible, are important but must be followed by action. This approach might be crudely summarised as – consciousness-raising, developing solidarity and taking collective action.

However 'women's empowerment' became a popular goal for development agencies largely for instrumental reasons. For example, it has become accepted that women's traditional care-giving role means that investments in women's education and health have many positive effects on other family members. The following example demonstrates this instrumental approach very clearly.

> *"Research from around the world has shown that gender inequality tends to slow economic growth and make the rise from poverty more difficult… Research also shows that women and girls tend to work harder than men, are more likely to invest their earnings in their children, are major producers as well as consumers, and shoulder critical, life-sustaining responsibilities without which men and boys could not survive much less enjoy high levels of productivity. Women's empowerment is particularly important for determining a country's demographic trends - trends that in turn affect its economic success and environmental sustainability. For all these reasons, the World Bank views the third Millennium Development Goal - to promote gender equality and empower women - as a central component to its overall mission to reduce poverty and stimulate economic growth. "*
>
> *Lead paragraph of the Gender and Development home page*
> *World Bank web site (6 July 05)*

Such approaches do not seek to directly challenge women's subordination. On the contrary, rather than questioning why women work harder than men or take such a high level of responsibility for men and boys they seek to capitalise on it. This is particularly dangerous when, as has been fashionable for some time, multilateral agencies apply heavy pressure to poorer countries to submit to market forces as the pre-eminent measure of development 'success'. This disinclination to acknowledge public goods, unpaid labour and indeed anything which cannot be monetised has impacted particularly heavily on women whose 'critical life-sustaining responsibilities' have expanded to try to fill the gaps created. We have seen this in Africa with the destruction of public services under structural adjustment and in Asia and Latin America where sweatshops squeeze long hours of hard labour in hazardous conditions out of 'docile' and 'nimble-fingered' young women with few other choices.

Of course it is important to understand gendered power relations better for such instrumental reasons – for example, policies and programmes have failed and men and women been harmed because programmes failed to understand how work is shared between men and women. But CARE has also committed itself to understanding why such a gendered division of labour has come about and whose ends it serves i.e. understanding gendered power relations better so that constraints which are particularly unjust can be challenged and changed.

The SII's global framework for women's empowerment

Empowerment has been defined broadly as "the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control, and hold accountable the institutions that affect their lives" (Narayan, 2001). Notable in this definition is the recognition of empowerment as a *process of building capability* (and not simply the material outcomes visible in CARE's impact frameworks to date), and of the importance of *structure* as represented by the institutions affecting people's lives. We understand institutions here to include not just organisations but also the (inevitably contested) 'rules of the game'.

This broad conception can be further grounded in a feminist theory of empowerment as *"the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them."* (Kabeer, 1999). This definition is notable for its focus on *choice*, which is defined as involving three inseparable elements: *agency, resources*, and *achievements*. And this definition of empowerment involves agency being exercised (i.e. action taken) in important (*strategic*) arenas of life where previously this was not possible.

Building on these and other readings, particularly the Giddens model of power (Giddens 1984), the IMLT team decided to focus on three aspects of women's empowerment - agency, structure and relational.

So the first question about CARE's impacts on women's empowerment became: *What evidence is there that CARE's programs*

- support the expansion of women's capabilities to identify, pursue and achieve their basic needs and rights? **(Agency)**
- promote a more responsive and equitable enabling environment, as embodied in cultural constructs, legal and policy frameworks, economic and market forces, and bureaucratic and organisational forms? **(Structure)**
- promote more interdependent and accountable relationships between women and the key people and institutions they engage with in pursuit of their needs and rights? **(Relational)**

The IMLT team identified from the literature 23 'evidence categories' for researchers to consider when assessing women's empowerment and categorised these as agency-based, structural or relational. This categorisation should not be interpreted too rigidly. Agency cannot really be separated from structure since all actions take place in a context which affects them and which they in turn can affect. Mobility, for example, classified here under agency, is strongly dependent on, among other things, structural factors such as religion and caste.

Table 1: Suggested dimensions of women's empowerment

Agency	Structure	Relations
1. Self-image; self-esteem	11. Marriage/Kinship rules and roles	19. Consciousness of self / others as interdependent
2. Legal / rights awareness	12. Inclusive & equitable notions of citizenship	20. Negotiation / accommodation habits
3. Information / skills	13. Transparent information and access to services	21. Alliance / coalition habits
4. Educational attainment	14. Enforceability of rights, access to justice	22. Pursuit / acceptance of accountability
5. Employment / control of labour	15. Market accessibility (labour/credit/goods)	23. New social forms
6. Mobility in public space	16. Political representation	
7. Decision making and influence in household finance & child-rearing	17. Share of state budgets	
8. Group membership / activism	18. Density of civil society representation	
9. Material assets owned		
10. Body health / integrity		

These evidence categories were intended purely as a resource for the site research teams to help them check they had considered a wide range of aspects of empowerment. Which categories to use and what indicators to choose to measure change was left to them to decide.

Our research gave a high priority to hearing the voices of the women that the various projects were trying to help in some way. This is perhaps most obvious in Ecuador, where four poor women were recruited onto the research team and paid for their work. The concept of empowerment was then negotiated and agreed among the whole team through a series of psycho-social 'experiential' workshops and discussions.

But swinging from one extreme (Northern 'experts' tell women what empowerment means) to the other ('experts' support women in whatever they want to do) is not the answer. Feminists started with consciousness raising precisely because understanding one's own situation is not always a simple matter. Especially when dealing with such deeply ingrained beliefs, rules and norms as those associated with gender. As we found in India some of the strategies women were currently using to defend what they understood to be their interests were actually reinforcing and perpetuating their own oppression (see Section 3).

Our understanding of action for women's empowerment involves critically assessing the current state of gendered power relations, seeking to discover what those who suffer most from them would like to change and then helping them to do it. Therefore we need to pay attention to all the ways that power is exercised within the group of people we are working with (including partners and colleagues). If issues of class, caste, age, ethnicity, religious practice, kinship, family position etc are ignored our efforts will be fatally undermined. We simply won't know enough about how power is exercised in any situation to be effective change agents.

External facilitators, if skilful and well trained, can help people look again at their own situation, re-evaluate their own assumptions and perceive new possibilities for change. But such change agents cannot do this if they have not re-examined and challenged their own assumptions and prejudices about gender roles. This is partly why the SII is also asking how CARE's internal gendered power dynamics affect its impact on women's empowerment.

Traditionally, development agencies like to position themselves as 'non-political' but if politics is about how power is distributed in society then of course this can never be true since they are themselves powerful players armed with motivation, money, capabilities and resources. And when, as here, they seek to work for women's empowerment, there is no possibility of pretence. Seeking empowerment for women is a political act and resistance can be expected from those, both men and women, who consider themselves to benefit from the status quo. While women's empowerment does have much to offer men it also threatens their power and privileges. Trying to end poverty is of course also a political act and challenges vested interests. But it is work around gender which always seems to hit closest to home. This is another reason why it is so important for CARE to have a properly worked out position.

IMLT is certainly not claiming to have all the answers – on the contrary, through this SII, we hope to enable the organisation to come to agreement on how it will conceptualise and programme for women's empowerment.

Defining women's empowerment locally in the four SII sites

The SII research teams in Bangladesh, Ecuador, India and Yemen all tried to define women's empowerment themselves, informed by the global framework with its suggested 23 dimensions and they all did it quite differently. (The issues which surfaced as important obviously reflected the different socio-economic position of women in the countries concerned.)

The **Bangladesh** research focused on analysing gender and power relations within one community in preparation for an impact assessment next year. Therefore the team did not address the definition of empowerment in depth. However what emerged was that women considered

those who make decisions and are free to travel to be empowered whereas 'society' considered them disobedient. Poorer women also considered material security and being caring towards the poor to be important.

In **Ecuador**, where the team carried out an *ex post* impact assessment i.e. an assessment of a project that had ended, much effort was put into defining empowerment. Working with the women's stories and reflections, the study team (which included four of the project participants) defined a research frame of nine critical dimensions of change to be explored. These were: self confidence; consciousness of having made an effort; access to material resources; relationships with spouse and family; feeling of deserving a better life; expressing feelings; decision making; relationships with outside institutions and organisations; and relationships within the women's own recycling corporations. This ninth dimension was not originally named by the women themselves, but by the study team at mid-point of data collection, when it became clear that the nature of relations among the women in the recycling corporation was a central (and unstable) marker of their degree of solidarity and empowerment.

In **India** the women's image of an empowered woman overwhelmingly reflected their image of CARE and partner staff– an employed woman, carrying a purse, self confident and self reliant, able to step out of her house and make her place in the world. Discussions revealed how these images also reinforced gender stereotypes. As one woman said, an empowered woman is one who is 'good at her work', 'listens to her family' and looks after them while adding to the family income. The team concluded that women's perceptions of empowerment may not necessarily challenge their traditional role.

In **Yemen** two definitions of empowerment emerged. Firstly the research team selected thirteen dimensions from the global framework which their experience suggested were particularly relevant. These were all from the agency dimension except two – marriage/kinship roles and negotiation. It's worth noting that the team picked dimensions where they felt they might be able to demonstrate an impact – by its nature therefore, their design tended to 'let CARE off the hook' of failing to impact at structural and relational levels. However, the team would argue that this was appropriate given the relatively short time CARE has been operating in the area and the relatively low level of empowerment of the women they were working with.

According to the Yemeni village women 'being a strong woman' involves being honest and able to speak one's thoughts and talk to strangers (including men). It involves being able to travel to other villages or to the bank without permission and without being accompanied by a man.

It means being educated – literacy being a first step. It means having discussions with male family members and taking more household decisions, for example, about a daughter's marriage. Having a position in the association is empowering..

A frequent challenge in Bangladesh was finding the women who had agreed to participate in the field research.

Table 2. Summary of dimensions of empowerment used in site research designs
(Colour- coding reflects common dimensions, related to those in the Global Framework; bubble text illustrate key dimensions raised by women themselves)

Bangladesh	Ecuador	India	Yemen
•Material Security •Decision-making •Discussing resource use with husband •Marriage and dowry •Mobility and participation in public sphere •Access to justice, and local practices of justice •Political participation •Gender-based violence	•Access to resources & material achievement •Decision-making •Relations with the partner and family •Relations with other institutions / org's •Self-confidence •Sense of personal worth / deserving •Expression of feelings / emotions •Awareness of efforts and sacrifices made •Relations within own organizations	•Can work and earn money for the family •Can take up any activity of her liking •Can manage family affairs effectively •Has unrestricted mobility •Bold and able to face any situation •Can lead a group of women effectively	•Material assets, •Employment •Decision-making in household •Negotiation habits •Family labour •Marriage / kinship roles •Mobility •Self-esteem/self image •Group membership/ activism •Rights awareness •Access to information •Educational attainment •Health awareness/ integrity **In village women's eyes:** •Being honest and able to speak one's thoughts •Being able to talk to strangers (including men) •Mobility •Education •Negotiation & decision-making in the family

freedom to make decisions and move around freely

woman who makes efforts, who overcomes, is strong.

woman in paid jobs, carrying purse, self-confident and self-reliant, who has the capacity to step out of her house and make her place in the

has educated children, can defend herself, speak freely, talks with men and can leave the village without permissio n and by herself."

3. What are CARE's impacts on women's empowerment?

This question was directly investigated in three sites (Ecuador, India and Yemen), and through the meta-analysis of 31 project evaluations and an investigation of 404 projects on the C-PIN database. As well as finding evidence of many positive impacts on particular dimensions or aspects of women's empowerment, important discoveries were made about the limitations of CARE's work – and how these limitations are fundamentally undermining some of its achievements. In this section we look first at what CARE is doing well and then at where it is failing and why.

A range of positive impacts on women's lives

There is no doubt that some of CARE's work is having positive impacts on women's lives. Sixteen of the 31 project evaluations we studied showed significant achievements. For example, agricultural production and income levels increased, women gained permanent rights over agricultural land and products, the household division of labour improved from women's perspective, women had a greater say in household, community and national decision making. Thousands of girls were enabled to attend primary school; women gained more equitable access to livelihood services and resources. Thousands of women were not only been trained but used their new skills to develop businesses, increase savings, put children into school, take control over their productive and reproductive lives and lobby for themselves and their peers.

Self-confidence, self-esteem, self-respect

All three pieces of site research found that the CARE projects had facilitated important changes in this area. In Ecuador these were the most significant and enduring changes. It is hard to convey just how grim the situation was there before the project

The women spoke eloquently about how they had been ashamed of their work, retrieving items from the rubbish dump or the streets of Cuenca. People called them 'rubbish women' and that was how they felt. One urban participant described how she used to cover her face so no-one she knew might recognise her at work. Now they call themselves 'recyclers' and appreciate that their work is a valuable contribution to society. Rather than seek anonymity they wear uniforms with pride and feel exasperated that the general public is slow to grasp the importance of separating their rubbish for recycling.

> *"We worked hard in the dump, we were always dirty, fighting over waste materials. We often ate food that we found in the rubbish. We even found dead babies there, and when we reported it once to the police, we were questioned. So we stopped reporting it. We made our living in an environment of death."*
>
> *Member of the recyclers' corporation established through the project*

In India, in all three villages where microfinance was provided (in two by CARE and its partners, in one by the state) women said they felt good about their financial contributions to the household and considered they had both more self-respect and more respect from others. Their confidence had increased and they were better able to express their views.

In Yemen, the process of forming an association involved more active citizenship, social participation and networking. Horizons were widened, women felt stimulated and their self-esteem and self-confidence increased. They said they felt more comfortable and less ashamed to face and deal with men in and outside the community (an important aspect of empowerment as they defined it). Those with literacy training were generally more hopeful and had higher aspirations.

Decision-making and family relations

In Ecuador the women felt that their relationships with close family had improved. They were better able to talk with their children and husbands and took a more active role in decisions about how they spent their time and money.

"Now I speak with my children, We even talk about sexuality."
"I now know there is no reason why I should accept mistreatment from my husband and from others."
"My husband and I now make decisions together after we talk them over."
Various recyclers in Ecuador

In India, domestic violence had decreased as had men's alcoholism. The women considered themselves to have more say in household decision-making – though it was usually still their husbands who had the final word. (Their decision-making role also depended on factors such as age, marital status and family type as well as what was being decided.)

Several of the Yemeni women said, similarly, that communication with male family members had improved and that they were now able to influence or even decide on issues which they had previously felt afraid to discuss. Positive changes in some men's attitudes and behaviour were also reported there.

"We showed the men that we could do it by ourselves. In one village the men were angry that the project was for women only and refused to help build the literacy class room and poultry unit. So the women joined together to defy them. As one said, "All work was done by the women, every member carried each fifteen stones on their heads to the building sites, brought water and sand and although it was very heavy, they felt very strong about this. We showed the men that we could do it by ourselves, that we didn't need them and were independent from them."
Yemen respondent

Mobility

The Ecuadorian women did not identify mobility as an issue but in both India and Yemen it was considered important and keenly desired. In Yemen association board members benefited most - they were more able to move around, both within and outside the village, in pursuit of their business. For many ordinary members being able to attend literacy classes without having to ask permission every time (from male relatives) was appreciated. In India women also reported more freedom of movement, while women in Bangladesh recognized mobility as a cause and outcome of empowerment.

Collective identity and action

In India, the women said that, because they were in a group together, they had been able to take collective action to support each other in times of crisis such as domestic violence, medical emergencies and police harassment. They had also negotiated with local government on benefits such as road construction. As one respondent put it, "Housewives have become social leaders".

In Yemen one of the most impressive examples of group action came about when the women faced general male opposition.

In Ecuador, as noted, the women's embrace of a new collective identity as 'recyclers' was very important for their self-esteem and the formation of corporations in which they struggled to work together rather than in cut-throat competition was a significant project outcome. From being virtual social outcasts the leaders at least had negotiated with bodies like the local municipality and the paper recycling mill, thus demonstrating some impact at the relational level.

Attribution

In Ecuador the women attributed all the positive changes to the various activities of the project including: being treated with respect by, and making friends with, CARE staff; workshops on self-esteem and strategic planning; new opportunities to make money and knowing more about women's rights and gender.

In India it was not possible to relate the positive impacts directly to CARE's intervention because the simultaneous investigation of the state-run microfinance programme revealed similar impacts. However in the control village, where there was no such intervention, alcohol problems and domestic violence were widespread but considered private matters and not open to others' intervention. Here, women still did not travel beyond family and social events without male escorts. They had difficulty expressing themselves and did not feel they could improve their lives. There was little awareness of local government, some of which only existed on paper anyway.

Women in the three Yemeni villages with associations seemed more dynamic and hopeful, more used to organised discussion and better able both to express themselves and listen to each other. In contrast most women in the control village said things like "we are empty cartons, very poor, there is no hope, I'm unhappy in this village."

But…

In summary it is evident that CARE projects are achieving important outcomes for women. But do they add up to an impact on women's empowerment? That is, is CARE affecting the underlying causes of women's oppression or is it focusing on "partially refilling the cup rather than finding out why it empties with such alarming regularity" (to quote one of our project evaluators)?

In addition to the positive impacts outlined above, our research identified some unintended negative impacts which can be attributed to a number of interlocking failures as follows.

Failing to support women's groups

All three site inquiries revealed that CARE does not put enough effort into supporting women's groups, and the organisation must find ways of working with women that lead to significant and consolidated change. Systems need changing if they are to encourage and reward this. There is too much emphasis on quantitative targets (numbers of groups formed) and a lack of monitoring systems that reveal the quality of activities and the distribution of benefits and allow carefully tailored, ongoing, collaborative, corrective action. Empowerment is not a state that is achieved, and then remains. There are ups and downs and even reversals, and groups are not receiving the support they need to consolidate and advance their own empowerment.

What's the evidence for this statement?

In Ecuador, for example, our research found that, two years after the end of the project, both the recyclers' corporations which had been formed were in serious difficulties. Although the project had achieved the specific structural target it had set itself – having the municipality establish a Recycling Ordinance – this had not been implemented effectively. Not enough people knew about it and not enough people were sorting their rubbish for recycling. The open rubbish dump from which rural recyclers originally subsisted had been closed and the municipality was failing to meet its commitment to deliver to the rural recycling corporation (AREF) sorted materials for further processing. AREV's income, motivation and membership levels were suffering. At the time of the research there were serious doubts about the corporation's future.

ARUC, the urban corporation, was also having major problems. The paper mill was behind with its payments so the group was struggling to pay members promptly for materials they had collected, causing some to sell to opportunistic middlemen instead. Membership was declining; non-members felt members treated them with disrespect and could see no benefit in joining. There was conflict within ARUC. "Some members are not collaborative. When there is a gain to be made, they are the first ones to be there." Also a corrupt administrator, who had been personally recommended by one of the funders, had stolen $1500, which the corporation was struggling to retrieve. This greatly added to the stress of the current President who had not even dared to inform the general membership of this loss and was trying to deal with the situation with only the support of the other paid worker. Her term of office was soon to end and there was no obvious successor. Again the future of the corporation was in doubt.

There is no doubt that the project workers put huge efforts into helping the women solve the many problems of their daily lives but it also seems that they left them to 'stand on their own two feet' too soon. This tension between doing things for people and enabling them to do things for themselves is real and difficult to negotiate. But it was painful to see the strong and impressive President of the urban recyclers' corporation weep with relief as she finally 'admitted' to the research team that her group had been robbed.

In Yemen too the most obvious problems were in association management. Lack of transparency and internal communication

led to harmful gossip and undermined the association's role. For example, one Head did not know how much money was in the bank, leading to opportunities for corruption. And in one village a single family had captured most of the benefits. Lack of understanding of the association's aims and objectives or the responsibilities of board members led to difficulties. Some associations suffered from a lack of leadership, management and administrative skills despite CARE having provided training. Some women expressed disappointment with the association and the lack of profit from its activities.

In India group leaders were emerging who demonstrated some admirable leadership qualities but were also acting as gatekeepers and prevented direct interaction of the research team with members and other villagers. It was also unclear whether it was only a few leaders who had participated in the collective action described above. Here too it seemed more care was needed to ensure that all group members benefited equally. Most women continued to do all the housework as well as the additional work created by their new activities and some were developing extreme measures to meet repayments - one was cutting down on her and her children's meals! It should also be noted that, as widely reported in the microfinance literature, the Indian self-help groups excluded the poorest and most vulnerable. The need to meet enrolment targets discouraged staff from seeking out the most remote and disadvantaged. The Indian experience suggested that CARE needs to work out how to better promote participatory and inclusive processes at community level.

Perhaps the most dramatic example of how a lack of ongoing engagement with women's groups can lead to negative impacts on women's empowerment is from India where we found evidence of loans being used for harmful practices. For example if a group member was unable to raise dowry money, the group clubbed together to 'help'. In one village women said loans were being used to access technology to determine the sex of foetuses – which, if female, were then aborted. Here we see a 'successful' outcome – group formation – leading to collective action which actually undermines women's empowerment.

Failing to look beyond agency to structure

The failure to properly support groups relates also to the fact that CARE places too much emphasis on individual agency and shows insufficient understanding of, and engagement with, the structural forces which constrain women. These forces include those which create contradictions between women advancing their strategic interests and dealing with the realities of their existing situation. This failure leads not only to benefits being highly reversible but also to women being 'empowered' to, as we found in India above, make dowries (and hence the very existence of girl children) even more of a social and financial burden.

In Ecuador we found that, two years on, both recyclers' corporations were failing to hold the relevant authorities to account and were not receiving the support they needed.

> *"We did not realise how important it was to work with groups beyond the women, and the failure to work at that level is eroding the successes. All our focus was on the issue of self-esteem. That was important but not sufficient."*
>
> *Project staff member, Ecuador*

The women of this project were among the poorest and most socially excluded people in their community and working to develop their self-esteem was certainly an essential first step. But the forces ranged against them were also very real and seem to have been underestimated.

This over-emphasis on agency and lack of attention to structure was also revealed by our meta-evaluation and C-PIN analysis. In the 31 project evaluations we found 93 strategies that related to women's agency, 42 that addressed structural causes, and 15 that addressed relationships. At agency level CARE's work concentrated on four dimensions: self image/self esteem, information/skills, group membership/activism, and material assets owned. While at the relational level the work tended to be spread evenly across the dimensions, at the structural level CARE was more likely to address the two

dimensions of information/access to basic services and market accessibility.

In C-PIN, where 143 projects claimed to have a significant focus on empowerment, the strategy identified most often - at least 57 times - was training for individuals and groups. This was followed by working through local organisations (39 mentions), individual or group economic development efforts (around 30), and NGO/CBO capacity building efforts (at least 28). All of these strategies, while potentially capable of contributing to structural and relational changes, fall within the same dimensions of agency found prevalent in the meta-evaluation.

This lack of engagement with the underlying reasons for, and mechanisms of, women's oppression can lead to unhelpful assumptions. For example it is not true that, given access to some power, women will necessarily wield it in a 'nicer' way (more collaboratively or accountably) than men. As the Yemen and Ecuador research demonstrated, some women will prefer to identify with their husbands and families to the point of excluding other women from project benefits.

Although women's solidarity can, and should, be built through consciousness raising around gender, it would be naïve to think this could ever be a complete solution since, even given all the available information, not all women become feminists. This is obvious perhaps but seems to need saying. Women's oppression is perpetuated through complex social mechanisms in which women are often complicit. If CARE's intention is to help reduce this oppression then not only does oppression's perpetuation need to better understood, but the assumption must be avoided that all women share, or will come to share, these aims. Of course CARE must support a woman's right to lead a 'traditional' life if this is freely chosen but what it cannot and must not support is attempts by women (or men) to constrain each other's human rights.

Failing to engage with the powerful

As well as working on expanding women's capabilities, work for women's empowerment must engage with those in positions of power who constrain women's agency and will themselves be affected by any changes. Programme strategies need to be informed by an awareness that such powerful actors are likely to try to preserve their power and that, even if they do not consciously do so, there is a risk that any move to more equitable power relations will be short lived as long-established practices and habits reassert themselves. Programmes need to support women in both collaborating with and confronting the powerful.

As noted in Ecuador, a failure to fully engage with those in positions of power, such as the local municipality, has eroded the success of the women's groups. There was goodwill from some municipal power brokers and less interest from others. Dustbin lorry drivers, for example, could be positively helpful or obstructive. During the project much support was provided in dealing with officials and others and the women rightly felt they made huge gains in their ability to negotiate with the powerful and in their relationships with municipal actors. The problem seems to have been in sustaining this beyond the life of the project.

In Yemen, male involvement in the association tended to disempower women. Indeed in one of the villages the association was entirely run by the Chair's husband with no role for board members. Although his input was useful he was clearly preventing women from talking responsibility. In another, where the Chair's son had taken over the poultry unit, "the chickens didn't produce eggs on Thursdays and Fridays" (i.e. he had appropriated the money for his weekend treat of good quality, expensive *qat*).

And when we talk about empowerment, we need to ask: empowerment for *what*? We found that sometimes, when individual women attained positions of relative power, they were sucked into exactly the same sort of corrupt behaviour and abuse of power from which they had suffered themselves. And we saw this happen with both poor and better-off women. CARE should look much more closely at the role of elites within the communities where it works, develop a better understanding of their power and privileges, be less willing to be manipulated by them and, above all, avoid simply replacing one elite with another.

4. How do CARE's internal dynamics affect its impact on women's empowerment?

In looking at CARE's contribution to the empowerment of women in poor communities, we realise that we need to explore the gendered dynamics of power and identity that define and drive the organisation itself. Logic demands this, since CARE's norms and forms are important elements of the structural and relational landscape within which the women exercise their agency. But it is also true that CARE's own staff and stakeholders are as likely to be impacted upon as they are to foster impacts in the lives of others – and registering and directing these changes is critical if CARE is to take its personal and institutional place in the transformations that it hopes will lead to a more just society.

As we have noted, the original impetus for women's empowerment came from feminists, of the South and the North, who had been through a challenging, personal and sometimes painful process of critically examining gender roles within their own lives and societies. Over the years we/they have struggled to get the issue of women's subordination onto the agenda of development organisations – and in large part have succeeded. But with that success comes new problems, not the least of which is that now many people (men and women) with no history of consciousness raising around gender, nor necessarily any strong feelings on the subject, are expected to 'deliver' positive change. This is unreasonable – unfair to staff and unlikely to work.

CARE knows that staff motivation can be one of its great strengths. In Ecuador for example our research uncovered a powerful consensus around the importance of working closely with the women, understanding their difficulties, connecting with them beyond the project and caring deeply about their lives and change processes.

> *"The relationship with the women transformed my life. I still see them, I consider them my friends. Working for the project was not a job, it was a passion, a deep involvement. I never felt that again in any project. Our families knew that this was more than a job, and supported us throughout. I cannot think of those years without emotion."*
>
> *Ecuador project staff member*

Among the internal factors recognised as promoting empowerment were staff's flexibility in adapting work to the pace of women's changes, the commitment within the organisation to promoting and learning about gender equity, the declared intention from the outset of the project for the women to take control of their own lives (and not simply to receive material support). These changes all foreshadowed key elements of rights-based programming, and reflected the deeply held commitment of staff and their managers to women's dignity.

However, some interviewees felt some senior project staff were inflexible and not open to criticism. This may have contributed to the high turnover of project staff which was recognised by partners as having caused difficulties. Of course the project environment (dirty, smelly, dangerous) and the initial hostility of the women probably also contributed to this.

Some of the CARE Ecuador staff not directly involved were very supportive, collecting used clothes for the women and supporting sometimes traumatised project workers. But others seemed jealous of the attention the project was getting and its success in reaching such a marginalised group.

The female staff in Yemen liked the transparency in CARE and felt they had gained skills and become more ambitious. In India staff felt that they had benefited from supportive management, particularly the project manager. A gender committee and partners' forum were operating, gender workshops had been held and guides for partners written. Nevertheless staff felt that gender was still an 'add on' issue - although initiatives were encouraged these were still disconnected from routine project processes. Even the mid-term evaluation had failed to include a gender focus in its scope of work.

Although staff were encouraged to do gender related work they were never

questioned if they chose not to – there was no accountability. Even HQ staff did not track progress around gender issues. There was no mechanism for wider learning or applying lessons from gender activities. Here we see where motivation is not enough, if positive structures and systems have no mainstream impact on core CARE activities.

Relations among CARE staff, as in any other group of people, are affected by gendered power inequalities. In Yemen, although female CARE staff felt that the male staff were increasingly open to their ideas and that they could challenge them in monthly meetings, problems remained. For example, because cars were limited and men took priority, the length of time the women could spend in villages was determined by the men. Either they were rushed or they had to wait while the men chewed *qat*, so getting home late and incurring disapproval. Also, while the men seemed to have the confidence to modify their field practice as circumstances changed, the women only felt able to do so after checking with the men. Obviously this increased the male staff's influence over the association process.

Here we see structures which reinforce gendered power inequalities within CARE staff – why do men take priority with cars? There are no doubt compelling practical reasons for this, given the cultural constraints – but how much effort has been put into circumventing them? And why should the women have no power to determine the length of visits to villages whatever the situation regarding driving? What can be done to build the female's staff confidence in their ability to improvise and are the male staff helping or hindering this process? This initial inquiry into the Yemen programming for women's empowerment raises important questions about how power structures, formal and informal, operate internally.

Does CARE train staff in gender?

Having agreed that staff motivation and effective internal structures are essential in promoting women's empowerment, we return to the question of staff knowledge of, interest in and desire to change oppressive gendered power relations. Since this cannot be assumed then CARE must, and does, engage in education and training.

However, when we looked at evaluations of 31 projects that said they focused on women's empowerment and rights, we found that 26 made no reference to work on gender within CARE. A positive link between internal CARE work on gender and the project was found in only two cases. In contrast, in about seven cases the lack of such work was considered to have hampered the projects. If this were representative then between a fifth and a quarter of CARE projects could be suffering from staff's lack of understanding of gender issues.

> *"…an in-depth understanding amongst male staff of gender relations and power structures in [this society] and how to deal with them is yet to emerge within field staff. Whenever women are prioritised, the intervention is at an individual level… and no attempt is made to take into account the wider institutional forces that exist in the village or within the household."*
>
> *A Project Evaluator*

Evaluators called for more women field staff and much stronger explicit emphasis on gender mainstreaming and training. In some cases there was a lack of in-depth understanding of gender and power relations among field staff who did not know how to make a project gender-sensitive beyond targeting women. They reported difficulty in converting their gender training into concrete activities, a difficulty which was also reported in India.

In Yemen the fact that men involve themselves with the project sometimes reinforces their status and power as managers and senior staff. The external consultant felt that, "without sufficiently changed attitudes towards empowerment and gender equity the danger exists that they might unwittingly impose and secure inequity and disempowerment in the women's projects". She recommended a participatory learning workshop to make both male and female staff more gender conscious, to discuss current attitudes and behaviours and look for remedies.

Project and programme design and monitoring

As noted in Section1, our meta-evaluation suggested that only four of the 31 projects conducted any kind of gender analysis, that only four had an explicit definition of

empowerment and only three an explicit definition of gender. None explained what it meant by 'gender inequity' or 'gender inequality'. None were recorded as having done any kind of power analysis or even defined power.

> *"The radically non-structural nature of the (implied) underlying hypothesis (zero discussion of socio-political factors and/or sexual politics within the family) leaves this reader with many more questions than answers…"*
>
> *A volunteer meta-evaluation analyst*

And we already noted that only six of the 404 projects on C-PIN claimed to be doing gender analysis…

Perhaps even more worrisome - since project proposals tell us about what CARE will be doing in the near future rather than what it has done in the past - when we examined the 32 project proposals we found that in only a few cases was their design influenced by any gender analysis. While most could point to the importance of gender issues they failed to demonstrate any deep understanding of gender inequity and its relevance to the project design. Only a small number analysed root causes of gender inequity.

The proposal analysis indicated that CARE projects still tend to focus on agency especially within the household. As the rights-based approach develops we should expect more efforts to effect structural and relational change. Rights awareness raising is a growth area but has not yet moved into helping people actually exercise their rights.

The better proposals seemed more focused on gender mainstreaming than targeting women. This calls for culturally sensitive approaches to breaking through constraints for women in their particular situation. It also involves engaging with more stakeholders (household members, community leaders, government and private sector decision-makers) to affect their opinions. Therefore these proposals should eventually generate more change in the relational dimension.

Measuring empowerment

The measurement of empowerment was very weak with even the high-scoring proposals lacking a system that would enable them to demonstrate achievement. There was more evidence of disaggregation by gender than of any carefully worked out measures and methods. There was a big discrepancy between intended outcomes and their measurement. Without measurement there can be no accountability and no way of assessing what change has occurred.

The meta-evaluation provided some good examples of the difficulties inherent in trying to measure (or even assess) some of the desirable outcomes CARE's work is achieving. Evaluators in south Asia concluded that:

> *Important changes are taking place in the way women and men perceive their respective social and economic roles. The mission has met several women….who said that they feel more confident in expressing themselves. Male members from [farmer organizations] and NGOs stated that they have more respect and understanding for the situation of women and the importance of women's participation and consequently have started to change their attitudes.*

And in another project:

> *[W]omen were powerfully benefited as laborers especially because of CARE conditionalities. [They] were also included in various community groups…that at least secured symbolic representation. For women especially this often involved representation of their interests.*

Such examples raise the obvious question: how should CARE measure such things as "symbolic representation" and "respect and understanding for the situation of women" or "changes…in the way women and men perceive their respective social and economic roles?" These are central questions if CARE is to take seriously its own vision, its commitment to rights-based analysis, its public avowal to tackle the underlying causes of poverty and its promise to be held accountable for its work.

Secondly, how should CARE as a global organization measure, count, or 'aggregate' such impacts? What should it do with, and how should it communicate to donors, partners and the poor themselves, a finding such as the following?

The ____ women talked about awareness raising within their families as to the gendered division of labour. They told their families that men and women should support each other, that men too should participate in household activities and that the practice of men eating before women should be done away with. One woman said that things have changed considerably in her household and her brother in law now sees no problem in scraping a coconut.
Excerpt from Meta-evaluation

How should CARE as a global organisation value such impacts and how can it aggregate such phenomena in order to tell a global story about the impacts – and failures – of its work? The meta-evaluation reveals an organisation struggling with such fundamental questions, questions that if left unanswered render hollow public proclamations about being rights-based and dedicated to sustainable impact on underlying causes of poverty.

Conclusions on internal factors

Gender awareness

When CARE fails to address staff training needs around gender, this negatively affects its work for women's empowerment. It is unfair to assume that everyone can just 'pick it up' on the job. It is also incorrect to assume that those in senior positions have a well-developed understanding. Senior management need training too. Furthermore, field staff want help in translating training into practical changes in the way they work. When looking at and challenging gendered power relations within CARE (as part of raising consciousness about gender among staff), outsiders' eyes can be useful.

Gender and empowerment is definitely *not* something that should be left to the 'experts' and CARE needs to ask whether this understanding is as firmly rooted amongst staff as it might be. CARE needs to actively involve all its staff in opening up the question of gender roles and women's empowerment and to provide a safe environment in which to do so. It needs more staff with a passionate commitment to the issue and more gender sensitive and balanced project management teams. And perhaps most basically CARE needs to remind itself of its own gender policy and make its implementation a point of evaluation for all staff.

We heard of staff who consider the whole idea of gender to be a bit of Northern imperialistic (or feminist-inspired) nonsense that they wouldn't personally give house room to, but at work they would, of course, observe certain proprieties. CARE needs to meet this challenge head-on if it is genuinely seeking social transformation.

Project and programme design, monitoring and evaluation

In general, project designs need to include better analysis of the underlying reasons for women's position, a more sophisticated understanding of gender inequities and a properly worked out strategy to combat them. Explicit and contextually relevant goals, indicators and interventions for women's empowerment and gender equity need to be stated in the project log frame and proposal. Some projects seem to fall into the trap of trading off excluded groups. For instance if women were previously targeted they are now replaced by another group such as the disabled or orphans. It's important that gender remains a cross cutting issue in project design.

Gendered power analysis should be a routine part of designing any CARE intervention that aims to impact on women's empowerment. This need not involve endlessly reinventing the wheel – much can be learned from previous analyses that have been carried out in the same geographical area with a similar client group. There should be a system for sharing such analyses and the lessons learned through doing them.

It's likely that collective action for women's empowerment will continue to be a major strategy but CARE needs to move beyond forming women's groups to carry out activities towards using collective action to raise women's voice and participation in civic and political life. Groups need more

"Rather than simply taking women as vulnerable groups and doing individual empowerment, there is a need to change social attitudes (and men's attitudes) and cultural stereotypes that affect women's ability to be empowered."
A project evaluator

support in analysing gender and power, discussing their rights and determining what collective action they want to take.

Better measurement systems are urgently needed. In Yemen for example field staff felt that, because of way CARE set targets, they had insufficient time to guide association board members, detect problems or collect financial information. They felt that the quantity of their inputs was prioritised over their quality. Prioritising what can be easily measured is a common failing when organisations try to monitor their work – this often leads to much more important, but less easily measurable, activities being neglected.

CARE needs to work out how to measure change in such aspects of power relations as representation, influence, inclusivity and fair treatment. Here numerical targets will have to be abandoned in favour of more qualitative measures that may perhaps be quantified by indices and rating scales. There needs to be more thought behind why some indicators need to be collected separately for men and women and why some don't. Also, technical interventions, for instance in health or agriculture, need to broaden their measurement frames to include change in social position.

Staff animatedly discuss women's empowerment in Yemen – will women's voices be heard?

5. What have we learned about doing global impact research?

This SII is an attempt to break new ground in CARE in two ways. Firstly, it tries to assess CARE's work using the rights-based lens of CARE's own programming principles - promoting empowerment, working with partners, ensuring accountability, addressing discrimination, promoting non-violence and seeking sustainable results. Secondly, it is trying to assess CARE's impact not at project or even programme level but globally. Both of these intentions raise real difficulties for the organisation.

In fact all serious impact assessment creates difficulties. Findings are never unambiguously positive – indeed if they were there would be little point in committing the resources necessary to discover them. But pressure, from donors and others in powerful positions, to gloss over difficulties and highlight positives can be overwhelming. This year's SII found failure as well as success in an Ecuadorian project that had previously been widely viewed as an unmitigated success story. And it uncovered some ugly truths about what some women in India were using their newly-acquired credit to fund. Such truths can be bitterly disappointing to all those who have invested their time, energy and money. But only by finding out where it is failing can CARE take corrective action and learn to do better in the future. CARE needs to continue to have the courage to hold itself accountable in this way.

From local to global?

Ideally impact assessment is built in from project planning stage. It includes *ex ante* assessment – looking at the likely impacts (positive and negative) of competing proposals in order to choose the 'best' one. It includes defining key concepts or goals in operational and measurable ways, setting up monitoring and evaluation systems to track progress towards stated goals and allow timely corrective action to be taken. It includes *ex post* assessment to discover impacts, including unexpected ones, after the project is over and to inform future project planning. This is 'ideal world' impact assessment at project level– it doesn't often look like this in reality. And it didn't look like this in the SII.

As already noted, our meta-evaluation indicated that few projects even defined what they meant by empowerment, let alone had a coherent strategy to achieve it or to measure what they achieved. As one evaluator commented, "[The project] lacked a clear gender strategic action plan, a system of monitoring the success of the operationalisation process, and follow up action. Because of the lack of a strong gender strategic action plan with consistent goals and success indicators, the staff did not know how to make its development program gender sensitive other than to target female beneficiaries". So we discovered real problems for impact assessment even at project level.

Consider then how much more complex the situation becomes when we try, as we are doing in the SII, to develop a sense of what CARE is achieving, and failing to achieve, on a global level. Furthermore, there is a vast "missing middle" when it comes to effectively understanding (and therefore measuring) impact on women's empowerment:

> *In operationalizing empowerment, there is theoretical interest but less empirical attention to aggregations that fall in the middle, especially at the community level where institutional and normative structures such as family systems, infrastructure, gender ideologies, regional or local market processes, etc. are most likely to affect women's empowerment. It is often precisely at these intermediary levels that normative changes occur and where programmatic or policy interventions often operate*
>
> (Malhotra et. al., 2002, 15).

Variations in how empowerment is conceptualised, and therefore in the strategies that are used to promote it, make global aggregation of CARE's impacts on women's empowerment a particular challenge. Given these realities, the women's empowerment SII deployed multiple research methods in the FY05 process, methods that could help CARE build a global 'mosaic' - as opposed to a

global 'aggregation' - of the impacts of programs on women's empowerment.

Research as an empowering process

Impact assessment should not be insulated from rights-based approaches. Impact research that relies on objective, 'expert' knowledge, uses standard social science assumptions and designs, and treats poor women as objects rather than subjects may do more harm than good. Currently, as donors become more concerned about demonstrating impact, quantitative and experimental approaches are gaining popularity (the MIT Poverty Lab approach, for example). This risks isolating the very poor we wish to empower from the analytical processes, knowledge generation, and informed decision making that good impact assessment is meant to generate and so reinforcing dependence-creating, expert-driven models of development.

At the same time it's important to appreciate that the research process itself necessarily impacts on respondents and to make this as positive as possible. As well as being careful not to overburden them, the process should provide the opportunity to reflect on struggles, appreciate successes, confront and challenge obstacles and find support especially when difficult times and strong emotions are relived. In Ecuador, including recyclers in the research team challenged conventional distinctions between researchers and 'subjects of research' and was intended to further promote empowerment.

The results must be made available to all who took part. In Yemen the feedback meetings were very successful, generating much interest and more in-depth discussion than had been previously achieved and resulting in better substantiated findings.

At the SII's planning stage IMLT developed a set of key principles for empowering, rights-based impact research as follows:

All SIIs should:

- Be framed by and critically assess CI programming principles and the unifying framework
- Address impact questions relevant to ongoing programs/projects, producing actionable recommendations for increasing sustainable impact on the underlying causes of poverty
- Deploy quantitative and qualitative methods in ways respected by wider industry communities of practice. Inquiry designs will be as simple as possible but as complex as needed.
- Probe issues of gender but, more generally, power, marginalisation and exclusion, no matter the theme
- Identify strengths and weaknesses of CARE programs
- Bring participants into the research process as more than simple informants
- Bring together internal/external expertise on SII teams
- Adopt learning process approaches that seek to build skills in CARE, partner and participant groups around impact assessment
- Be accompanied by a specific knowledge management and learning plan
- Offer mutual benefits to COs, regions, and the global organisation
- Address accountability for organisational effectiveness and organisational policy changes

Measurement – hard and getting harder

We noted in the previous section the real challenges inherent in measuring some of the changes which action for women's empowerment might hope to bring about. The meta-evaluation also revealed that the gap between the spirit of a particular dimension and the actual indicators CARE is using to measure change becomes greater as activities move from agency, to structure, to relations. For example, indicators for health are generally very specific, quantitative, measurable, and easy to aggregate. However, in the structural and relational dimensions, indicators begin to be just proxies, i.e. stand-ins, for the real changes that are desired. The use of such proxies is more than just a shortcoming in CARE's approaches. It can mean that, once again, well-meaning programmes do harm, as the following finding from the evaluation of a 'high' rated project demonstrates:

The terms in italics in the evaluation citation below – women's presence, decision-making, training – are indicators found in many CARE projects seeking to

impact on women's conditions, social positions, or enabling environments. Yet as we see, meeting such targets can have little or nothing to do with sustainable impacts on gender inequity. While the search for ever better, valid, quantitative indicators should continue, this state of affairs is a symptom of a deeper reality:

> ***Women's presence*** *does not necessarily translate into women's participation, however. In some cases, the* ***decision to seek election*** *to [local government] or local project society is directed by a husband or other male relative rather than a woman's desire for public service. Despite their* ***exposure to training****, many women on local elected bodies…do not share equally in the activities of these bodies, particularly in the project implementation committees that manage local development activities. During the evaluation team's visits, many female members of local elected bodies, stakeholder groups, and local project societies showed little understanding of their roles and functions….When asked, women committee chairs were sometimes not even aware of their own committees' budget and job responsibilities. Some said they were afraid to ask questions because men might become angry with them.*

Much of what CARE would hope to change when it comes to women's empowerment involves deep, slow, gradual, and non-linear qualitative phenomena. These kinds of changes require sustained, qualitative investigation and it is doubtful if any simple, quantitative indicators can help.

The SII desk studies

The triangulation of findings by using different methodologies was an important part of the SII. In particular the meta-evaluation method - finding CARE volunteer analysts - was a very useful way of making use of existing organisational resources and performing a significant analysis extremely cheaply. However it used about six weeks of core staff time. This is a very large commitment and needs thoughtful discussion about whether it was worth it.

The findings from the proposal analysis, as well as backing up discoveries made elsewhere, have a particular weight in that, whereas all other methodologies focused on the past, these suggest what will happen in the future. They strongly support our assertion that projects need to be much more explicit in defining what they mean by women's empowerment and in devising both strategies to promote it and systems to assess what they achieve.

We found that C-PIN data is not currently capable of telling us much about CARE's impacts on complex underlying causes of poverty such as gender inequity. As a global CARE International programme information database, C-PIN should receive a significant rethink by the organisation in the light of its shift to rights-based approaches and a focus on underlying causes - rather than symptoms - of poverty.

The importance of gender and power analysis

The Bangladesh research offers an example of the sort of investigation into gender and power relations that should be (but was seldom found to be) part of the planning process for any intervention aiming for women's empowerment. Importantly, the research team found some of their own biases contradicted by the findings – for example they did not expect to find a woman involved in dispute arbitration without NGO support. They did not expect to find that one of their key supporters was heavily involved in corruption yet retained his good reputation locally. The point here is that investigations into power dynamics teach us things we do not know, help us overcome our prejudices and make it more likely that attempts to change power relations will succeed.

The Bangladesh team also learned about how their own gender based prejudices affected their research. For example they chose to interview elderly men about the village's history. It was only when an elderly woman working nearby continually interjected that they realised that women might have a different perspective which they also needed to explore.

Team composition

It is essential for the research team to consider the power dynamics created as the team is constituted – and to be aware that the nature of interactions with respondents and the interpretation of findings will depend heavily on who is asking the questions.

Given the strict sex segregation in the Yemeni villages, an all female team was deliberately chosen. They felt they were old enough to be able to also communicate with the men but in practice this was difficult since many men were away from the village working and cultural norms prevented one-to-one communication with those remaining. They were able to join in men's gatherings, particularly *qat* chewing sessions, but only one of them actually felt comfortable doing so. The team would recommend including a man in the future.

Should researchers be known to respondents or strangers? Each has advantages and disadvantages. The Yemen team were strangers. Although they felt this encouraged openness it meant they had little prior knowledge to draw on, so were less able to spot evasive or misleading answers. They would have liked more time for preparatory joint visits with the project workers. In Bangladesh the researchers were known but wondered whether strangers might have been more effective. Similarly the Ecuador team felt it was difficult for respondents to evaluate CARE in their presence. But using CARE staff as researchers helps them develop valuable evaluation skills which should improve their future performance.

The Ecuador team included four corporation leaders, selected by their own organisations and properly contracted and paid for their input. Their major contribution was in defining empowerment and planning, but they were also trained in basic research methods and carried out a handful of peer interviews (which they found difficult). Their involvement raised issues about how they could best contribute: for example, it was not appropriate for them to interview group drop-outs. This heightened awareness among the team of their own biases and impact on the process.

When considering team size care is needed not to impose a burden on villagers' hospitality. The Yemeni team had planned simultaneous visits to two villages but found they needed to visit *en masse* to control the interview and small group environment. This meant they did not feel able to accept invitations to eat (the project workers having advised them not to bring food in order to avoid raising future expectations) and therefore missed out on informal conversation and trust-building opportunities.

Dealing with elites

Site research teams were very dependent on group leaders to organise contact with individual women, particularly in Yemen where they were unknown to the village and where strict cultural norms of hospitality had to be observed, but also in Ecuador and India. Meeting non-members of groups was particularly difficult. CARE needs to devise more practical measures to avoiding being compromised by dependence on elites when carrying out such inquiries.

Time constraints

The FY05 SII timetable covered eight months:

> ***December-January***: Development of initial research design:
>
> ***February 2-4***: Cairo global SII workshop, developing research designs
>
> ***February:*** Revisions of research designs with feedback from global advisory panel, finalising designs for Ecuador and Yemen (due to capacity issues Bangladesh did not complete theirs until early May)
>
> ***March-May:*** Field research, generally restricted to 14 days by budgetary constraints
>
> ***May:*** Data analysis
>
> ***June 10***: Initial presentation of findings
>
> ***June 11-July 31:*** Final report production.

Site research teams found this timetable demanding. However no research will ever be free of time constraints. In retrospect the time given to design seems long compared to that allocated to field research and analysis. Will future years of the SII be able to benefit from the extensive consideration given to design this year, possibly freeing more time and resources for field work and analysis?

7. Where does the SII go from here?

With this year's research, conducted over a mere eight months, we have barely dipped our toes in the water, gauged its depth and temperature and got a better idea of how far we still have to swim. Next year the SII needs to work on better ways to assess impact at both structural and relational levels – levels where CARE is not performing well. Doing this will require us to overcome our natural inclination to focus on success.

We also need to find ways to bring together an improved understanding of structural changes at regional or sub-regional level. Given our emphasis on local definitions of empowerment this is not straightforward. Nevertheless, because CARE programmes by geographic region, many important benefits can flow from a more collective effort to examine and achieve impact on women's empowerment, including the sharing of lessons and motivation along the way. Also it would be useful if common factors and indicators, probably for particular groups of women, could be established at this level.

Another useful research strategy could be to focus on a particular theme and so be able to talk more specifically about what works and doesn't work, for whom, when, and in what context. Nearly any development sector intervention (health, water, agriculture, environment, savings and credit) can and should, in CARE, have positive affects on women's empowerment. This year in the SII, we simply found 'open doors' and 'paths of least resistance' in field research sites that actively wanted to work with us, even though there was no strong thematic link between them.

It is also essential to link the evidence from the SII with other existing assessments of organisational alignment with CARE's vision – be these the GAP analysis, the LAC organisational performance framework, the climate survey, or the lessons on organisational drivers and blockers of rights-based analysis coming from reflective practices around the world. Unless CARE can bring together these critical analyses, it will never find the necessary political muscle to make the desired changes happen. Could CARE develop a measurement framework that explicitly traces out how human resources and cultural change strategies affect its impact on gender equity and women's empowerment?

CARE programs and projects need to be doing better and more frequent reflections on their impacts on the underlying causes of poverty. The magnitude and kinds of such impacts should not be thought about only during a 'special' inquiry such as the SII, or even end-of-project evaluation. All of this year's SII methods reveal that CARE is not translating key concepts into action in ways that enable it to have evidence-based conversations about its performance. And CARE needs to more rigorously bring poor people themselves in such processes of planning, implementation, decision-making and assessment –essential if CARE is to deliver on its commitment to accountability.

In the absence of such a culture of critical inquiry in CARE ex-post assessment of impact will find little fertile ground upon which to sow new practices. It is our hope that this SII will strengthen steps already being taken towards building such a new, exciting and ultimately rewarding culture.

The June synthesis meeting in London. Building a strong global team was one of the rewards of this SII.

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Annexe 1: Summary of Site Methodologies

Bangladesh

The research team involved two external consultants and 12 CARE staff from the Bangladesh Social Development Unit. Previous studies had shown that constraints on women's behaviour varied according to where they lived, their social class and the power of local elites. But little attention had been paid to women's own views on power and the strategies they used to pursue their own interests. It was also suspected that CARE might be underestimating, or not doing enough to help build, women's ability to organise themselves. Therefore the two research questions considered here are: What are women's and men's own views on empowerment and gender relations? What are women's current strategies to negotiate their subordination?

One community was chosen for a case study. A *context analysis* focused on how the community related to the larger power structure, the relations between local elites and powerful actors, the socio-economic differentiation within the community, how women earn money, the networks they are involved in and their mobility.

A *gender and socialisation* exercise explored differences in how girls and boys were brought up, the consequences of inequalities and how things might be changing. Women's control over resources, their decision making and how they influence men's decisions were investigated. A *household conflict workshop* brought together twelve poor women to consider situations which provoke conflict, to discuss what happens and why, and to investigate how women try to avoid violence.

Data collection methods included wealth ranking, well being analysis, kinship charts, time lines of the hamlet's history, network analysis of women's relationships, interviews with men, women and elites, focus groups and the household conflict workshop which involved women acting out a number of scenarios.

Ecuador

The SII focused on a technical programme of water, sanitation, livelihood promotion and health which CARE had started in 1996 with two groups of women – one who lived in, and from, the municipal rubbish dump and one who surreptitiously sorted through rubbish on the streets of Cuenca. This CARE project lasted six years and was then taken over by a local NGO. During this time two recycling corporations, ARUC (urban) and AREV (rural), were formed.

Five research questions covered how the women's lives had changed and how they felt about the changes, CARE's contribution to their empowerment and other contributory factors, the personal beliefs and practices of staff and partners which had promoted or blocked empowerment and how CARE's principles and programming relates to advancing women's empowerment and gender equity.

The team consisted of two lead consultants from Waaponi, a local research NGO, a researcher from Fundacion Alianza, the local NGO which had taken over the project, CARE staff and four women project participants. Through some 40 interviews with women from the corporations, others who had left or never joined, municipal officials, donors, staff and other involved organisations, the core profile was developed around these arenas that the women named as central to what it means to be empowered – "a woman who makes efforts, who overcomes." These interviews were supported by document reviews, experiential workshops, life histories, and focus groups. This qualitative data was then processed to explore causal relations - by both the study team and, through participatory analysis workshops, by the recycling women themselves.

India

Improving women's status and social position is one of CARE India's main missions. The microfinance project CASHE aims to increase women's empowerment through providing financial services to women's self help groups and building sustainable, community-controlled organisations.

The research probed women's perceptions about the most significant changes in their lives, how these relate to empowerment and the extent to which they could be attributed to CASHE. There was a particular emphasis on women's decision-making and influence within the family, their workload, the gendered household division of labour and collective actions taken to influence wider socio-political issues within the community. The research also aimed to discover the factors at CARE, partner and client level that supported or hindered the process.

Four villages in West Bengal were chosen, two where CASHE had operated since 1996 and 2000 respectively, one with only the state microfinance scheme and one, as a control, without any such intervention. Focus group discussions were held and a wide range of stakeholders interviewed by small research teams of CARE staff over a one week period.

Yemen

CARE's activities in Yemen started relatively recently - in 1993. Women's participation has been limited since, especially in rural areas, women are discouraged even from being seen in public. However, with CARE's help, rural women have begun to get involved in local women's associations where they can discuss the constraints they face and develop action plans. The SII research asked whether association formation is an effective strategy for women's empowerment and if so in what ways? How does women's empowerment manifest itself and how is it expressed and felt by association members? To what do they attribute any changes? Why do they join associations (or not) and why do they remain in them or leave? To what extent has change occurred beyond the individual and how? Has association formation had any negative effects?

Four mountain top villages in the northern highlands were selected – three with a women's association and one control village without an association. Thirteen evidence categories were selected from the global framework, all from the agency dimension except two – marriage/kinship roles and negotiation. The CARE Mahwit team (four women and six men) and the five women of the research team then took part in a three-day workshop to establish indicators and discuss data collection. Data were collected through informal and semi-structured interviews, small group meetings and focus group discussions, using various PRA techniques, like mind maps, time lines, photographs, poetry, etc. Feedback visits were used to verify the initial findings, clarify inconsistencies and give participants an overview of the data and the team's first impressionistic analysis. Subsequently 35 indicators of empowerment were used to classify data.

Annexe 2: Summary of site research – Bangladesh

CARE Bangladesh began working for women's development in the 1980s with its Women's Development Programme. By 1977 the emphasis on gender equity was institutionalised in the Long Range Strategic Plan (LRSP) and all projects incorporated a gender dimension in their activities. In 1998 a Gender Committee was formed. By 2000 two senior Gender Advisors had been appointed and a guide to programme design written that emphasised gender analysis and the integration of gender equity and women's empowerment in all aspects of programme development. The 2001 LRSP adopted gender as one of five strategic directions and since then studies have focused on the underlying causes of women's condition which some projects are now trying to address.

The research approach

CARE Bangladesh decided to look at three projects in rural northwest Bangladesh – one addressing violence against women, one providing poor women vendors with secure access to spaces in markets and one (Nijera) working with poor men and women to help them articulate and pursue their own vision of development. Since the team decided to do preparatory work this year and address the projects' impact next year further details of the projects are not given here.

This preparatory work included secondary and primary research. The former involved a reconstruction of each project through literature and discussions with senior staff. It outlines how each project involved and the approaches that were adopted. Not available at the time of writing, it will be available separately.

Here we focus on the primary research, a field based inquiry to:

- explore women's and men's own views of power and powerlessness and women's strategies to negotiate various forms of subordination; and
- develop methodologies that assist projects and programmes, including the Strategic Impact Inquiry, within CARE Bangladesh to gain a better understanding of the micro-politics of gender dynamics and how to explore what empowerment means to men and women from different social and economic backgrounds.

Discoveries made during this research will influence how the impact of the projects is assessed in FY06.

Methods and findings

The research team involved 12 CARE staff from the Bangladesh Social Development Unit including front-line workers, mid-level staff and the coordinator. One community was chosen for a case study and a variety of methods used.

Context analysis

This focused on three questions.

1. How does the community relate to the larger power structure and what kinds of relations exist between local elites and powerful actors?

This involved considering the union level power structure, local dispute arbitration (salish) and how elected women members operate in key decision making bodies especially salish. (The union is the lowest administrative unit of elected government.) The union infrastructure and key actors were mapped and a wide range of people interviewed about elites' behaviour, voting practices and women's participation in key committees and salish. Elites and non-elites were asked about the relationship between union-level elites and elites in their own electoral ward.

Understanding power dynamics required individual interviews or work with very small groups in compounds rather than public space. Staff's familiarity with elites and the forms of respect they expect helped build rapport. Interestingly staff were confronted with their own biases

towards elites and found the findings contradicted their views. Field facilitators were somewhat disheartened by the level of corruption they discovered. One leader who had been supportive of CARE's work turned out to be heavily involved in vote buying for over 20 years – despite this his local reputation was good. The team was surprised that a woman was involved in dispute arbitration and that this had been achieved without NGO input.

Findings: The political process is highly corrupt with a large and increasing number of poor people's votes being bought with money distributed by local elites. This makes campaigning expensive so those elected are keen to recover their costs through dispute arbitration and selling pensions and rations which are supposed to be free. Those who buy them (who are not usually those in greatest need) consider this to be a fair return for having their votes bought. Elites sometimes use violence through 'musclemen' to achieve their goals. The ward in which the research was done has always supported the winning candidate for chairman – except in the last election. This led to them not receiving the usual relief in lean times.

Elected women members of the union parishad are marginalized and excluded from key committees but cannot be completely ignored as key documents require their signatures. These women told researchers that they do this for payment. Their husbands are key in helping them assert their 'rights' as elected representatives. In one case a woman's husband helped her and another woman to complain about their marginalization to a higher authority. This resulted in the chairman being told to comply with the rules and provide the women with resources for distribution. However he gave more to one than the other creating conflict between them which undermined their ability to work together.

One of these two women, Anowara, has become accepted as a leader. She started to act as a salishkar (dispute arbitrator) in place of her husband with his support and now participates in two or three salish a month (out of six or seven). She is trying to get other women involved but without success so far.

2. What is the socio-economic differentiation within the community and how do women earn money?

An Objective Wealth Ranking had already been done. This involved a focus group discussion (FGD) in which a card was filled out for each household recording land owned and operated, the profession of key income earners (men and women), NGO membership and access to state funded entitlements. Also, a previous FGD had established a local definition of well being and grouped community members accordingly.

An FGD was held with elderly men to identify and record kinship relations on the wealth ranking cards. This enabled a kinship chart to be drawn up on which well being information and NGO membership were later superimposed. In this way it could be seen how class and kinship intersect and how NGO membership is distributed. Kinship is important in patriarchal Bangladesh since male heads of kin groups strongly influence gender norms of female seclusion (*purdah*) especially through their role as dispute arbitrators. To better understand the community's history a time line was constructed with elderly men and used to see how key events had affected different groups in the community.

Wealth ranking and well being analysis encourages participants to consider their own criteria This information is collected at the beginning of all projects and it helped here to identify people for further questioning. Revisiting the data caused staff to recognise their own prejudices – they had failed to collect the names and professions of household heads' wives. This was then done. Since wealthier kin groups are more likely to restrict women's mobility, understanding the relationship between kin and class helped staff to identify which women were less likely to be able to earn money or participate in meetings. When constructing the time line an elderly woman working nearby frequently interjected to highlight key changes for women. Staff realised they should do separate time lines with women.

Findings: Of 96 households only 12 have food security all year. The 29 poor households own only their homesteads and tend to be rickshaw van pullers and agricultural labourers. A few sharecrop land from neighbouring hamlets. The nine poorest households are headed by women and live hand to mouth. They have no access to land and suffer from extreme food

shortages in the lean period before the harvest. The better off women do not sell their labour power. There are five kin groups which are do not differ much by class. Four NGOs are operating and membership is fairly evenly distributed among the kin groups with 80% of all households being involved.

3. What kind of networks are women involved in and how mobile are they?
A network analysis was constructed with individual women from four of the five subjective well being groupings (excluding the middle one due to lack of time). First her and her husband's immediate kinship tree was constructed and her interactions with these people discussed and quantified. Then interactions with male and female non-kin, including service providers, within and outside the hamlet were identified. These might include day-to-day support of various kinds, provision of interest-free loans, friendship etc. The frequency of the interaction, which party travels, and whether it involves giving or receiving was also established. A network matrix was then created and, once computerised, used to generate a diagram that showed all this information visually and also highlighted how much women travel to provide or gain support.

Respondents commented that the process enabled them to systematically analyse their social relations in a way they had never previously done. It was very time consuming but yielded considerable insights.

Findings: In all wealth categories men have much power over women's mobility. Women leaving the hamlet without their husband's permission is a real source of conflict. Wealthier women have very little contact with non-kin within the hamlet and seldom if ever travel outside it. They and lower middle class women are *purdah* conscious, especially the older generation. Younger women in these better-off groups appear be more mobile, due to changing access to educational facilities.

Poor women, in contrast, have lots of contact with extended kin and non-kin both within the hamlet and beyond it and interact with external service providers. They often go to the nearby market, which is a male dominated public space. It would be more socially acceptable to go to the more anonymous sub-district market but only better-off women could afford to travel there.

Many of the women interviewed were in favour of women having the freedom to travel for everyday needs and social events. They welcomed the fact that their and their daughters' mobility is increasing but some men felt that this risks losing the 'grace of Allah'. One respondent pointed to the increased physical danger for girls.

Gender and socialisation exercise
This explored differences in the ways parents brought up girls and boys, the consequences of inequalities and how things might be changing. Three women and three men, all from middle or poor households, were interviewed.

CARE staff felt they learned a lot from this exercise about embedded perceptions of gender and power. But responses should be seen as a starting point for discussion since respondents sometimes report on the 'ideal' rather than what they actually do.

Findings: Across wealth groups and gender the responses were consistent – there is a clear resource bias towards boys and more limited opportunities for girls to develop their capabilities. Rules of socialisation are set by the kin group elders and enforced by the *samaj*, variously translated as 'society' or 'local brotherhood'. If girls break the rules they are considered to have gone bad, gossip results and the family risks being ostracised.

Boy children are preferred by both sexes and get more and better food which they are sometimes encouraged to share with their sisters. (In lean times a woman will cut back on her own food without necessarily telling her husband. This is considered normal.) Boys help their father with agriculture or business while girls help with housework. Boys can go where they like on their own while girls are not allowed out alone outside the hamlet. Boys' education is prioritised; girls need to be able to read and write, cook, keep house and be prepared for

marriage. One respondent said husbands were harder to find for educated girls. Sons will inherit property but everyone said they would consider giving one third of farm land to daughters as prescribed under Islamic law. Everyone recognised that sons got more resources than daughters. The women reasoned that their sons would therefore stand by them and look after them in later life.

Control over resources and decision making

How do women control resources? What decisions do they make and how do they influence men's decisions? Eleven women and eleven men of various ages from a spread of wealth groupings were interviewed on these topics. The interview was piloted first and changes made and a mock interview was observed as part of preparation.

Again field staff found this useful as they had previously found it hard to know how to work on gender issues. Respondents were also positive about the interview experience. Interviews were preferred to focus groups due to the very personal nature of the enquiry. However it might have been useful to discuss issues that arose in groups. Time constraints meant staff were only minimally prepared; as a result direct questions on power would have benefited from more practice. Project field staff did the research – might it have been better done by people the women did not know? The team felt that discussing results was essential for increasing reliability and learning.

Findings: Poorer women are more likely to earn money and usually control this income. Better-off women may have various ways of accumulating and saving money. They may set aside rice to sell or open bank accounts without their husbands knowledge. (Poor women don't tend to have these opportunities.) One woman took out a loan for her husband which was bigger than she told him. With the extra money she bought cows which she kept secretly at her father's house. Both women and men save towards their daughters' dowries.

Older women in all wealth groups make domestic decisions. Younger women may consult them or let them decide. Poorer women, widows and divorcees take more autonomous decisions and report feeling more in control of their lives; better-off women's decision making seems to depend on their particular relationships. The most important decisions that women considered themselves to have taken involved increasing household resources (by tree planting), deciding to marry for love, influencing the decision as to who their daughter should marry and successfully contesting what a loan (in her name) should be used for.

Men's self image as the household decision maker was important to them though some said they consulted women and took mutual decisions. All the women interviewed said their ideal situation would be one of mutual respect with discussion on the use of resources and joint decision making. It should be noted that women may be reluctant to say publicly that they make or influence key decisions lest their husbands be perceived as *boupagla* (henpecked). Of the three men interviewed, two said they made decisions based on consensus while one said that a wife should obey her husband. Women are excluded from more formal family meetings on important issues such as girls' marriages but participate in such decisions informally.

Marriage and dowry

The study confirmed the literature on this - dowry, though illegal, is widespread and accepted. It is based on the idea that women are unproductive and dependent on men and involves money being paid to the husband's family by the girl's parents at the time of her marriage. It provides an incentive for girls to be married younger and to be less educated since this means less dowry is needed. It contributes to girl children being less valued and causes financial problems for households with many daughters and few sons. Indeed it is driving many households into poverty. When it is not paid in full it causes many problems for the bride. NGO loans are often used for dowries – women said that three quarters of all loans are used for this. Presumably this is partly why dowries are becoming larger.

Education

Mothers are given Tk100 a month for each daughter who attends secondary school or college. The money goes directly to the mother and women often travel to the bank together

to collect it. When girls go to college they meet boys and are more likely to want 'love marriages' which can challenge their parents' wishes for arranged marriages. However most women wanted their daughters to be educated.

Household conflict workshop

Twelve women from poor households were brought together to consider situations which provoke conflict and violence in the household, to discuss what happens and why and how women try to avoid violence. Four scenarios were played out and then discussed:

- **Food** - the husband arrives home and the food is not ready because the wife is late back from an NGO meeting
- **Mobility** - a woman goes out to visit other women and her husband comes home to find her absent
- **Dowry** - the dowry which was agreed is not paid in full. The husband wants to send his wife back to her father until the full amount is paid. She tries to persuade him not to do this.
- **NGO loan** – the woman's loan has been used to buy a rickshaw van which her husband operates. Repayment time arrives and she has to get the money from him.

The scenarios helped to depersonalise sensitive issues although the women were increasingly open about their own experience as the workshop progressed, reflecting not only their relationship with the researchers but also the extent to which violence is part of their lives. It was important to begin and end with less distressing topics. The participants adapted scenarios and added issues. Cause and representations of violence need to be checked in case they are being over-dramatised for effect.

Findings: Women said there was more violence now than when they were children particularly because of dowry-related issues. Other causes of violence included repaying loans to NGOs, food, mobility and raising children. Violence is worse when material resources are scarce but also happens in better-off households behind closed doors. Some of this violence is about land and property. In lower middle class households women expect to be provided for and this may increase violence – women realised that men face pressure to work hard and earn money. In some homes men never lift a finger against their wives but some violence happens in the vast majority of poor households. Opinions varied however as to how frequent violence is. When husband and wife discuss resource use and understand each other's viewpoint violence is considered less likely.

A key strategy to deal with an angry husband is not to answer back but to make your point later if at all. It was felt that older women, being more practised, were better at this, suggesting that younger women experienced more violence. If kin group leaders are not too conservative they are approached for help. They will talk over the issues with those involved, both to solve the immediate problem and to advise husbands not to be violent.

Women from the extended family often intervene to stop violence, dragging the man away physically, defusing the situation by talking with him and even pouring water over him. But there are few collective strategies to address violence perhaps because there is not enough solidarity across different classes. One woman from the hamlet did however travel to a nearby hamlet to intervene when a husband wanted to divorce his wife. Household violence does not usually get resolved beyond the hamlet. However most cases taken to *salish* are land or gender-related conflicts so women's access to justice is an important issue.

Further Work

The results from this part of the Bangladesh research, both in terms of the key dimensions identified and insights into methodologies, particularly the need for careful sampling and disaggregation by class, income, age, religion and household structure, will inform the next stage i.e. assessing the impact of the three projects. This will be taken forward from August 2005.

Annexe 3: Summary of site research – Ecuador

(Summarised from the Spanish language report by Elisa Martinez of IMLT)

Background

In 1996, armed with a solid technical program in water, sanitation, livelihood promotion and health, CARE's program team in Cuenca prepared to work with a community that lived in, and from, the garbage and solid waste generated by the city. The extremity of poverty and disempowerment among the women who eked out their living in the municipal dump at El Valle, or by surreptitiously sorting through garbage on the streets of Cuenca, is best captured in their own words:

> *"We worked hard for our immediate survival – we were ashamed and each time someone went by we looked away."*
> *"We made our living in an environment of death."*

Over the course of six years, the CARE team in Cuenca worked with these women, supporting the evolution of two recycling associations – one in El Valle (AREV) and one for the urban recyclers of Cuenca (ARUC) – and a municipal policy framework that recognized and supported recycling as a valuable contribution to the city of Cuenca. Along the way, staff broke with many of the patterns that guided CARE's work to that time, as they befriended, cajoled, and fought with the women against psychological, political, social and economic assaults to their dignity.

Research approach and methods

The transformation in the women of ARUC and AREV has been noted and celebrated by municipal authorities, donors, development workers and citizens of Cuenca. But important questions about that change process lingered – what empowerment had the women really achieved, and what would sustain in the face of constant turmoil in the wider context? What exactly was it that helped these women shift from conditions of extreme vulnerability, discrimination and social exclusion? What were CARE staff's own personal and organizational contributions to those changes, if any?

Answering these questions together with the recycling women themselves was essential to support the social learning process that allows the empowerment of one group of women to be made explicit, understood and nurtured – by and for the women themselves, for other human beings living in inhuman conditions, and for the development organizations who serve them. In its impact research, then, CARE Ecuador pursued five key objectives:

- To explore the changes in women's lives, and understand how these changes were perceived, felt, and lived by the women
- To identify contributions that CARE Ecuador made to the empowerment of women working in recycling in Cuenca
- To assess which other factors contributed to women's empowerment
- To explore what personal beliefs and practices that staff and partners brought into the interaction with poor women promoted and/or blocked empowerment
- To surface the relationships between CARE's principles and our programming in advancing the empowerment of women and gender equity.

The research team was composed of lead consultants from *Waaponi*, a researcher from Fundación Alianza (the local NGO supporting the women since CARE's withdrawal in 2001), CARE staff, and four members of the recycling community themselves. Including women who had been project participants on the study team was a key part of the approach, which was driven by the premise that not only the original project, but also the research study had to continue promoting women's empowerment. To this end, the research methods were tailored in ways that balanced a commitment to express the voice, support the healing and learning,

and respect the time of women who were study participants with methods for triangulation and cross-checking that raised the study's level of rigor.

Working with the women's stories and reflections, the study team defined a research frame of nine critical dimensions of change to be explored. These were: self confidence, consciousness of having made an effort, access to material resources, relationships with spouse and family, feeling of deserving a better life, expressing feelings, decisionmaking, relationships with outside institutions/organizations, relationships within the recycling associations. Note, this ninth dimension was not originally named by the women themselves, but by the study team at mid-point of data collection, when it became clear that the nature of relations among the women in the corporation was a central (and unstable) marker of their degree of solidarity and empowerment.

Through some 40 interviews with women from the corporations, others who had left or never joined them, municipal officials, donors, staff and other organizations tied to the recycling process, the core profile was developed around these arenas that the women named as central to what it means to be empowered – "a woman who makes efforts, who overcomes." These interviews were supported by document reviews, experiential workshops, life histories, and focus groups. For the analysis, this qualitative data was processed to explore causal relations - by both the study team and, through participatory analysis workshops, by the recycling women themselves.

"Before people called us *basureras*. Now we are *recicladoras*."

Findings and insights

The study suggests that the most visible, significant and enduring changes were wrought at the level of self-image and confidence among the recycling women. In exploring the causal factors, however, the inter-relation between material, social, and psychological dimensions of empowerment becomes clear, as the women name factors as diverse as feeling befriended by CARE staff, learning about their rights and dignity in workshops, wearing a uniform and earning an income, and learning how to work together. It also reveals the critical interdependence between the feeling of empowerment that the women reflect in their own lives, and those factors that reside in wider social structures – including the attitudes of citizenry, the policy and legal environment, and the instability of the national economy and currency. While empowerment was identified and measured "in the bodies" and lives of the women, which respond in diverse ways to the same external stimuli, it must be consolidated in the arenas of relationships and structures in order to be sustained over time.

The study also throws an important light on the costs that women bear as they pursue empowerment – on the efforts and sacrifices made, on the risks and conflicts generated with husbands, other women, institutions, and on their own increasing sense of responsibility for their well-being and that of their families. While consciousness of this effort is a source of pride and self-confidence for the women, it also calls the development agency to help the woman be thoughtful and choiceful about the path she follows, to prepare herself for the costs, and ensure a supportive program strategy that minimizes her extra burdens and builds dialogue with important stakeholders in her life, in order to reduce the risk of conflict. Empowerment is not a state that is achieved, and then remains. There are ups and downs, and even reversals. Women from ARUC and AREV experienced precisely that; new situations posed new challenges and tested their empowerment processes. It is a life-long search and challenge.

Empowerment processes may also result in power struggles within the marginalised and discriminated against group with whom we work. Leaders from ARUC and AREV, especially those that gained strength and self-confidence quicker than others, used their newly-acquired strength against other, weaker women.

With respect to the critical questions as to what it was about CARE's staff and intervention principles and strategies that contributed, if at all, to women's empowerment, a powerful consensus emerges around the importance of working closely with the women, understanding their difficulties, connecting with them beyond the project and caring deeply about their lives and change processes. Among the CARE Ecuador forces recognized as promoting

empowerment were the flexibility of staff to adapt work to the pace of women's changes, the commitment within the organization to promoting and learning about gender equity, the declared intention from the outset of the project for the women to take control of their own lives (and not simply to receive material support).. These changes all foreshadowed key elements of rights-based programming, and reflected the deeply held commitment of staff and their managers to women's dignity.

> *"The relationship with the women transformed my life. I still see them, I consider them my friends. Working for the project was not a job, it was a passion, a deep involvement. I never felt that again in any project. Our families knew that this was more than a job, and supported us throughout. I cannot think of those years without emotion."*

However, some interviewees felt some senior project staff were inflexible and not open to criticism. This may have contributed to the high turnover of project staff which was also considered by partners to have caused difficulties. Of course the project environment (dirty, smelly, dangerous) and the initial hostility of the women may well have also contributed to this turnover.

Some of the CARE Ecuador staff not directly involved were very supportive, collecting used clothes for the women and supporting sometimes traumatised project workers. But others seemed jealous of the attention the project was getting and its success in reaching such a marginalised group. There was also little understanding in CARE of the importance of building the leadership capacities of women in the corporations, and of consolidating change at the policy and inter-institutional level.

> *"We did not realize how important it was to work with groups beyond the women, and the failure to work at that level is eroding the successes. All our focus was on the issue of self-esteem. That was important, but not sufficient."*

Methodological insights

- It is important to recognize the research process as a social process – one that can be empowering or disempowering, healing or harmful – and to ensure that it offers participants the opportunity to consider their own struggles, appreciate their successes, confront and challenge obstacles, and find support in their suffering.
- The decision to incorporate community women in the research team has some drawbacks. It is very difficult not to get emotionally involved, and essential to be aware, and to take steps to maintain awareness and correct for biases that may emerge. Also, it is important to better define how the different members of the team, including project participants, can best contribute, and to match methods/tools to their capabilities. Many of the same observations hold for the decision to include CARE staff, where the advantages of capacity-building and reflection for self-knowledge must be balanced against the bias introduced in their interaction with women.
- The research team made a conscious effort to apply the CARE International Programming Principles to the research process itself, and reflected at closing on how well the process did, indeed promote empowerment, work with partners, ensure accountability, address discrimination, promote non-violence, seek sustainable results. This is a valuable exercise to include in any research effort CARE undertakes, as we seek to enact these principles *in all that we do.*

Summary of impacts across nine dimensions of empowerment identified by research team

Dimension of empowerment	***What has changed? How is that change manifested?***	***To what is the change attributed?***
Self-confidence	"Now I can sit down, look people at the face and eyes, talk feeling confident about myself." "Now I don't hide when collecting materials in the streets of Cuenca. I know I am making a valuable contribution to the city." "Now I talk and participate in meetings. Before I never would have had." "I know that I can support my children. There is no need to emigrate to the USA – solutions can be	▪ Workshops on developing self-esteem and strategic planning. ▪ Using special clothes for recycling; feeling this is a profession, a job. ▪ Conversations with project staff. ▪ Finding new income opportunities (recycled paper). ▪ Feeling that organizations and

	found in Cuenca."	institutions (municipality, CARE) provided support to them.
Consciousness of having made an effort	"I often had to leave my children alone in order to participate in AREV meetings." "I work hours and hours and hours. It never stops. Carrying the cardboard is tough work."	▪ The process lived helped them realize the extent of their effort and all that they gave up. This consciousness of their efforts gives them strength to continue.
Access to material resources	"I earned more than my husband, I hid my income from him." "I always put aside some income for me, for buying something for myself." "Improving my income allowed me to better plan. I purchased rice for the entire month."	▪ Discovering that recycling had income potential. ▪ Improving price of recycled material when they joined in an association (instead of competing against each other). ▪ Obtaining equipment to make their work easier (carts for materials).
Relationships with spouse and family	"Now I speak with my children. We even talk about sexuality." "I now know that there is no reason why I should accept mistreatment from my husband and from others." "Before, my husband did not participate in recycling. Now he is my companion on the streets."	▪ Advice and information from project staff. ▪ Workshops on self-esteem and on women's and reproductive rights.
Feeling of deserving a better life	"I would like to learn to read and write." "I spent money on clothing that I like." "I have learned to love myself and treat me well. I know I count."	▪ Increase in self-esteem through workshops. ▪ Increase in income through the sale of recycling materials.
Expressing feelings	"I want to be treated with respect." "I would like my husband to treat me with love." "I would like my family to help me with household chores."	▪ Workshops on human rights. ▪ Income through recycling activities.
Decision-making	"My husband and I now make decisions together after we talk them over." "I now decide about how I spend my time, and it is up to me to decide how often to participate in ARUC meetings."	▪ Consciousness of effort and time invested. ▪ Income earned through recycling activities. ▪ Knowledge about women's rights and equality of gender.
Relationships with institutions, organizations.	"I am not afraid to go to the municipality and speak with staff." "We now have contracts with the municipality." "CARE provided a lot of support, and I feel that the staff from CARE are my friends."	▪ Mayor of Cuenca, a strong supporter ▪ Door-to-door campaign about the importance of recycling; connecting with residents. ▪ Cartopel's participation in the campaign. ▪ Training in micro enterprise management.
Relationships within the recycling associations	"Only the directors know details of the sale of materials." "Some women make a problem out of everything. But at least we can talk." "There are just too many internal conflicts in ARUC. That is why I don't go to meetings anymore." "There are power relations in ARUC based on family ties." "We have learned to treat us well."	▪ Years of conflict that are not easy to overcome. ▪ Gossiping as a form of social control. ▪ Rules of the corporation are not widely known among members. ▪ Deeper issues are not addressed. ▪ Members bring their personal problems to the meetings of the corporations.

Annexe 4: Summary of site research – India

Improving the status and social position of women is one of CARE India's main missions. SII research was not originally planned for India but, inspired by the SII planning workshop in Cairo, it was decided to carry out a small pilot study and the microfinance programme CASHE was selected for investigation.

CASHE (Credit and Savings for Household Enterprise) is funded by DFID and aims to significantly enhance the incomes and economic security of poor, predominantly rural women and their households, through access to a wide range of microfinance services. The project operates in three states in India and has over 2.8 million women clients in more than 20,000 self-help groups. It supports the development of community-based and -owned women's microfinance organisations, enables access to capacity-building services, helps identify and incubate microfinance innovations and helps to build a pro-poor institutional framework through influencing policy and regulation at both state and national level.

The research design

Four questions were explored:

- What are the women's perceptions about the most significant changes in their lives in the last five years and how it relates to indicators of empowerment?
- What has been the impact on women's decision-making and influence within family?
- What has been the impact on women's workload/ gender equity in division of labour within the household?
- What types of collective actions have women taken to influence wider social/ political issues within the community?

The inquiry was also expected to help answer some broader questions:

- What has been the extent of change in empowerment of women and what has possibly caused the changes? To what extent were these changes caused and/or supported by project interventions?
- What are the factors at CARE, partner and client level that supported or hindered the process of advancing women's status and position as suggested by the agreed upon indicators?
- What, if any, are the lessons learned and recommendations for community-based or owned microfinance progress to advance women's status and position in their families and communities?

Four villages in West Bengal were chosen, two where CASHE had operated since 1996 and 2000 respectively, one with only the state microfinance scheme and one, as a control, without any such intervention. Focus group discussions were held and a wide range of stakeholders interviewed by small research teams of CARE staff over a one week period.

Women's empowerment and significant changes

Overwhelmingly women's image of an empowered woman reflected the image of the group leader, NGO or CARE staff– an employed woman, carrying a purse, self confident and self reliant, able to step out of her house and make her place in the world. Most of these images articulated by the women challenge gender stereotypes -- mobility, economic independence, self reliance are images that are rarely associated with women traditionally. But some discussions revealed how these images also reinforced gender stereotypes. As one woman said, an empowered woman is also the one who is 'good at her work', 'listens to her family' and looks after them while adding to the family income. It seems that women's perceptions of empowerment may not necessarily challenge their traditional role.

In all three villages where microfinance was provided women reported a number of significant changes. Domestic violence had decreased as had men's alcoholism. Women had more freedom of movement, felt good about their financial contributions to the household and

considered they had both more self-respect and more respect from others. Their confidence had increased and they were better able to express their views.

In contrast, in the control village, women still did not travel beyond family and social events without male escorts. They had difficulty expressing themselves and did not feel they could improve their lives.

It does seem clear that participating in self help groups has some impact on women's agency. (There is less evidence of change at the relational level and nothing significant in terms of structure.) However the research was not able to attribute this directly to CASHE since similar positive impacts were also found in the state-run scheme.

Decision making

The women considered themselves to have more say in household decision making (though it was usually still their husbands who had the final word). Their participation in decision making also depended on factors such as age, marital status and family type and on the kind of decision being made.

Household labour

Most women continued to perform all the household chores as well as the additional work created as a result of their new activities. However one or two women said that their husbands were now helping with housework so that women could attend meetings and other group activities. Men were more open to helping women in nuclear families when there are no their women to share the workload. Some women were amused and delighted that their husbands were beginning to enter the kitchen.

Collective action

The women said that, because they were in a group together, they had been able to take collective action to support each other in times of crisis such as domestic violence, medical emergencies, police harassment - and shortfalls in promised dowries! They had also negotiated with local government on benefits such as road construction. However it was unclear whether many women had participated in such collective action or whether this applied only to a few leaders. There was an increased awareness of and participation in local governance processes but it was not clear how effective this was.

In the control village, alcohol problems and domestic violence were widespread but women reported that such issues are private and others cannot intervene. There was little awareness of local government, some of which only existed on paper anyway.

But…

As widely reported in other microfinance initiatives, self-help groups excluded the poorest and most vulnerable and the need to meet enrolment targets discouraged staff from seeking out the most remote and disadvantaged. Also, the burden of repayment rested on women, and they were developing sometimes extreme measures to pay back. One woman was actually cutting down on meals for herself and her children to save money.

There was evidence of loans being used for harmful practices. For example if a group member is unable to raise the money required to pay for her daughter's dowry, the group clubs together to meet the demand. In one village women said loans were being used to access the technology to determine the sex of foetuses – which, if female, are then aborted. If programs do not challenge oppressive gender norms more explicitly then how much will they really help women improve their position?

Group leaders were emerging who demonstrated some admirable leadership qualities but were also acting as gatekeepers for the group and preventing direct interaction of the research team with members and other villagers. It seems that more care is needed to ensure that all group members benefit equally. How can CARE promote participatory and inclusive processes at community level?

Is CARE really holding itself accountable for its women's empowerment and gender equity goals?

Staff felt that they had benefited from supportive management, particularly the project manager. A gender committee and partners forum are operating, gender workshops held and guides for partners written. Nevertheless staff felt that gender was still treated as an 'add on' issue and although initiatives are encouraged these are still disconnected from routine project processes. Even the mid-term evaluation did not include a gender focus in its scope of work. Work on staff sensitisation and capacity building did not lead to establishing ways to actually use these capacities in the community. Although staff were encouraged to do gender related work they were never questioned if they chose not to – there was no accountability. Even HQ staff did not track progress around gender issues. There was no mechanism for wider learning or applying lessons from gender activities.

Some conclusions

The research suggests that increasing income generation and building women's personal and collective capacity results in positive changes in women's self-confidence and sense of agency but is not sufficient to transform unequal gender relations and women's subordinate status. Women were seldom coming together to challenge gender norms or pushing for social change to advance women's rights. Indeed sometimes their actions were reinforcing oppressive structures.

Explicit goals, indicators and interventions for women's empowerment and gender equity need to be stated in the project log frame and proposal. Power and gender analysis should be part of all programme design. Women's groups should be encouraged to question discrimination of all forms against women. We need to use more qualitative methods to learn who is getting excluded from project benefits, how communities are responding to our interventions, what shifts in power are beginning to happen, and whether these power shifts have any negative impacts. We need more staff with a passionate commitment to the issue and a more gender sensitive and balanced project management team.

Annexe 5: Summary of site research – Yemen

Background

CARE's activities in Yemen started relatively recently - in 1993. Women's participation in CARE projects has been limited since, especially in rural areas, women are discouraged even from being seen in public. Apart from collecting water and firewood, working in the fields and attending weddings and funerals they are barred from leaving the house. They neither go to the market nor handle money. The main reason for this is to avoid them having contact with unrelated men.

However, with CARE's help, rural women have begun to get involved in local women's associations where they can discuss the constraints they face and develop action plans. CARE Yemen has used group formation as a practical way to engage women; now it is asking:

is association formation an effective strategy for women's empowerment and if so in what ways? If not, why not?

- How does women's empowerment manifest itself? How is it expressed and felt by women who have been involved in association formation? What has changed for them and what are the major leaps of change? To what do they attribute this change?
- Why do women join or not join associations and why do they remain in them or leave?
- To what extent has change occurred beyond the individual and how?
- Has association formation had any negative effects?

Defining empowerment, designing the research

Four mountain top villages in the northern highlands were selected – three with a women's association, one without. Thirteen evidence categories were selected from the global framework, all from the agency dimension except two – marriage/kinship roles and negotiation. The CARE Mahwit team (four women and six men) and the five women of the research team then took part in a three-day workshop to establish indicators and discuss data collection. Data were collected through informal and semi-structured interviews, small group meetings and focus group discussions, using various PRA techniques, like mind maps, time lines, photographs, poetry, etc. Feedback visits were used to verify the initial findings, clarify inconsistencies and give participants an overview of the data and the team's first impressionistic analysis. Subsequently 35 indicators of empowerment were used to classify data.

Findings

What is empowerment?

According to the village women 'being a strong woman' involves being honest and able to speak one's thoughts and to talk to strangers (including men). It involves being able to travel to other villages or to the bank without permission and without being accompanied by a man. It means being educated – literacy being a first step. It means having discussions with male family members and taking more household decisions, for example, about a daughter's marriage. Having a position in the association is empowering.

Benefits of associations

Women in the villages with associations seemed more dynamic and hopeful, were more used to organised discussion and better able both to express themselves and listen to each other. In contrast most women in the control village said things like "we are empty cartons, very poor, there is no hope, I'm unhappy in this village."

The women in all four villages said they wanted to be literate to gain respect and to participate more in family decision-making. Those with literacy training were generally more hopeful and

had higher aspirations. Being educated and employed also seems to be related to later marriage. Even the older women wanted their daughters to join literacy classes. Indeed the literacy class was women's main (often only) reason for joining the association. The process of forming an association involved more active citizenship, social participation and networking. Horizons were widened, women felt stimulated and their self-esteem and self-confidence increased.

We showed the men that we could do it by ourselves
In one village the men were angry that the project was for women only and refused to help build the literacy class room and poultry unit. So the women joined together to defy them. As one said, "All work was done by the women, every member carried each fifteen stones on their heads to the building sites, brought water and sand and although it was very heavy, they felt very strong about this. We showed the men that we could do it by ourselves that we didn't need them and were independent from them."

Associations provide some opportunities to work and earn money and can mean more food for the household. But board members benefit most. For example, they, and those responsible for a particular activity such as the poultry unit, had been able to move around more, both within and outside the village while members could go to literacy class without having to ask permission. Women reported that, because of the association, they felt more comfortable and less ashamed to face and deal with men in and outside the community (an important aspect of empowerment for them). Several said that communication with male family members had improved and they were now able to influence or even take decisions on issues which previously they felt afraid to discuss. Some positive changes in men's attitudes and behaviour were also reported. But there was little evidence of change beyond the individual level.

Problems of associations

But… lack of transparency and internal communication within an association can lead to harmful gossip and undermine the association's role. For example, one association Head did not know how much money it had in the bank, leading to opportunities for corruption. In one village a single family had managed to capture most of the benefits. Sometimes lack of understanding of the association's aims and objectives or the responsibilities of board members led to difficulties. Some associations suffered from a lack of leadership, management and administrative skills despite CARE having provided training. Some women expressed disappointment with the association and the lack of profit from its activities. Male involvement in the association tended to disempower women… but genuinely supportive men could be useful.

Other factors affecting empowerment

Marital status and husbands' involvement or approval hugely influenced which women benefited from the associations. Unmarried women or those with absent husbands were more likely to be members. In one village the four most powerful board members were closely related so all association assets were controlled by one extended family. In all three villages the Chair's male relatives directly benefited financially. Is this why the women's involvement is tolerated?

Summary of impacts across 13 dimensions of empowerment identified by research team

Dimension of empowerment	*What has changed? How is that change manifested?*	*To what is the change attributed?*
Self-image, self-esteem	"I have become a model to the village girls and I want to educate them." "I feel much stronger than before and I'm ready now to continue with other women and make them strong. In the past I was afraid." "I feel like a business woman and important."	Attending literacy classes Membership of association Establishing and running association
Legal, civil, tribal rights awareness	No change - very little awareness	No evidence that associations had any impact
Access to	"She watches more TV because she can now	Very limited or no impact of

information	read the written text." Literacy has brought little change since hardly any written material (except Koran) available in villages	associations
Educational attainment	"Education is like a weapon in your hand." "Her mother and father paid for the contribution… her father encouraged her and her sister to go for the literacy course." "She insisted and argued and then she attended the course." "If I would be able to buy glasses I will go to literacy class myself" (60 year old woman). "I learned many things about keeping chickens from CARE staff coming to the village."	Attending literacy classes CARE training on financial and administrative skills Informal guidance from CARE staff
Employment and economic independence	The literacy teacher's "respect is increased and she has more power… members of her family start to listen to her and take her opinion into account. They have more meat." But one association worker's salary is controlled by her husband. "Women's work is without money, so they feel it as having less value."	Positive impacts limited to very few association members and board members.
Family labour	Attending literacy classes temporarily reduces workload as other family members help out. Afterwards helping children with homework is extra work (but welcomed).	No significant impact of association
Mobility	"These days she can go to the agriculture office and CARE office without permission." "She said that her work with the association had empowered her more than her teaching job. Because she had to deal and talk with men, had to go to different places and establish relationships with many people in different functions." "In the beginning of the association she went twice to the bank with the other two board members and her husband. Afterwards her husband refuses her to go to the bank."	Being an association board member or employed worker. But in one village initial increased mobility of chair woman not maintained as husband took over all her responsibilities.
Household decision making	"In the past she could not take any decisions about herself and could not discuss anything with her male relatives. Now she can and she takes a lot of decisions: she is able to control her family and if she wants to change anything in the house they agree." "Now she has a decision on who to marry and that is both because of her education as well as her membership on the board and teaching." "She can discuss better with her husband than before. Topics they discuss are the importance of education, the future of the children, that her son could be a doctor or her daughter a teacher." "She discusses with him saving money for the children and she argues with him about his spending of money on qat and cigarettes."	Being a board member. Attending literacy classes.
Group membership / activism	Some women showed pride in membership and volunteered details about how they had raised the money for their contributions. Others were disappointed in the association and its lack of profits. Positive impact in third village where men refused to help with building work: "All work was done by the women, every member carried each fifteen stones on their heads to the building sites, brought water and sand and although it was very heavy, they felt very	Pride in membership greatest for board members and those attending literacy classes (or having close relative attending classes). But lack of profit (and lack of financial transparency) disappointed others. Activism also spurred by male

	strong about this. We showed the men that we could do it by ourselves that we didn't need them and were independent from them." In this same village the poultry unit was losing money and women came together to discuss other possible ways to make money: The members "talk a lot about these ideas but they can't do anything now. They first need to get more money and want to do this by increasing the number of women in the association."	opposition and failure of poultry unit to make a profit.
Material assets owned	Very difficult to evaluate changes as women are secretive about their assets and keen to appear poor to anyone connected with projects	Impact of association (if any) not determined.
Health awareness / bodily integrity	"She said it was also important the women would learn more about health although through the association their health awareness was increasing." "Yaser said he would start to think about family planning when he had 13 children."	Some information coming through literacy classes but no marked differences compared to control village.
Marriage and kinship, rules and roles	Marital status and the involvement or approval of husbands hugely influenced which women benefited from the associations. In one village those in the four most powerful board positions were closely related so all association assets were controlled by one extended family. In all three villages the Chair's male relatives directly benefit financially. Unmarried women or those whose husbands are absent are over represented as association members. Limited impact on majority of married women.	Where husbands and fathers have taken control of association assets and resources there may have been a reinforcement of men's power.
Negotiation habits	"When some of the literacy students dropped out of the class she went to the men in the family and persuaded them that the women should re-attend. She also learned to deal with the problems between female members and their husbands especially on paying contributions." "Cooperation with her neighbours has improved, in case there are problems she knows better what is good and what is wrong."	Association has influenced this shift from non-verbal methods (breaking pots, beating animals, faking illness, making children cry} towards verbal arguments.

Reflections on how CARE's internal dynamics affected its impact

Interestingly this was not one of the original research questions. Nevertheless the external consultant reflected on what she observed.

The female staff liked the transparency in CARE and felt they had gained skills and become more ambitious. However, because of the targets CARE sets they have insufficient time to guide board members, detect problems or collect financial information. They felt that the quantity of their inputs was prioritised over quality.

Although male staff are increasingly open to their ideas and they can challenge them in monthly meetings problems remain. For example, because cars are limited and men take priority, the length of time the women can spend in villages is determined by the men. Either they are rushed or they have to hang around while the men chew qat, so getting home late and incurring disapproval. Also, while the men have the confidence to modify their field practice as circumstances change the women only do so after checking with the men first. Obviously this increases the male staff's influence over the association process.

Men involve themselves with the project and sometimes this reinforces their status and power as managers and senior staff. Without sufficiently changed attitudes towards empowerment and gender equity, the danger exists that they might unwittingly impose and secure inequity

and disempowerment in the women's projects. A participatory learning workshop is recommended to make both male and female staff more gender conscious, to discuss current attitudes and behaviours and look for remedies.

Reflections on the research process

The team was deliberately all-female to ensure access to women but this caused difficulties in reaching men. Many men had migrated to earn money, cultural norms did not allow individual meetings and only one of the researchers really felt comfortable in men's gatherings. A male researcher would have been useful.

The smaller the team the better to reduce hospitality costs for the villagers and allow for the occasional acceptance of lunch to build relationships. But two researchers were not enough because other women constantly interrupted interviews or group discussions. With the full team one or two larger groups could be entertained while a couple of researchers slipped away to sit with one or two women.

The frequency of visits was reduced when it became clear that they were becoming a burden. Interviewing non-members was difficult because of lack of cooperation from the hosts (board members). The team wondered how much they were compromised by their dependence on local elites and how could this be overcome in the future.

There were problems using participatory methods. The women, who were mostly illiterate, refused to draw and groups were too large and chaotic for flip charts on floors. Such methods worked better with groups of men where children were not present. Most data was therefore gathered through interviews and small group discussion. Feedback meetings, on the other hand, were very successful, generating a lot of interest and involvement.

The team would have benefited from more time to review data between visits, to identify gaps or inconsistencies. It would also have been useful to have had the time to accompany the Mahwit project team first to benefit more fully from their local knowledge and to better familiarise themselves with the village situation.