

Gender Sensitive Citizen Charter Project Baseline Study and Gender Gap Analysis



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By:

Al-Moltaqa for Training and Consultancies



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List of Abbreviations

<i>CAPMAS</i>	<i>Central Agency for Public Mobilization and Statistics</i>
<i>CC</i>	<i>Citizen Charter</i>
<i>CDA</i>	<i>Community Development Association</i>
<i>CSO</i>	<i>Civil Society Organization</i>
<i>FGDs</i>	<i>Focus Group Discussions</i>
<i>GCC</i>	<i>Gender Sensitive Citizen Charter</i>
<i>GGA</i>	<i>Gender Gap Analysis</i>
<i>NGO</i>	<i>Non-Governmental Organization</i>

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I. Executive summary

The Citizen Charter approach adopted by the project “Gender Sensitive Citizen Charters” follows the approach that citizens and civil society also have important roles to play in improving and delivering public services and achieving social outcomes... Too often citizens do not know what their basic entitlements and responsibilities are, or what performance they can expect of service providers. This lack of information prevents people accessing services, allows for under-performance of services and makes it easier for local officials and service providers to divert public resources for illicit gain. Many countries have established Service Charters, backed by information campaigns which make clear what services and benefits people are entitled to receive, the performance standards they should expect, and the grievance redress channels they can use when things go wrong.

The project “Gender Sensitive Citizen Charters” adopts a gender approach for the citizen’s charter in order to respond to many challenges faced at the community levels in Egypt. One of these main challenges is the poverty level. The Central Agency for Public Mobilization and Statistics (CAPMAS) reports that Egypt’s poverty line has soared to a whopping 27.8 percent in 2015, compared to 25.2 percent back in 2011. Poverty is usually linked to distribution of resources but also to “who” can access them and “how”. Therefore, implementing a gender approach is essential as it helps in analyzing the power structures and the proper interventions to change them.

This study aims at introducing a baseline study and a gender gap analysis. It depended on qualitative data collection through focus group discussions (FGDs) with women and men in both governorates where the project is implemented: Beni-Suef and Qena. It also collected data through key informant interviews with head of NGOs or CDAs in the villages and districts where the FGDs were conducted.

The Gender Gap Analysis utilized CARE Gender Analysis Framework that focuses on Agency, Transform Structures and Change Relations. The gender analysis was used to measure the constraints facing citizens; especially women to access good quality services – using the three pillars above. It highlighted which personal reasons prevent citizens; especially women from accessing services (agency), who contributes to or prevents citizens; especially women’s access to these service (relations), and which norms, policies, or infrastructural issues hinder or assist their access (structure).

The baseline study introduces a community evaluation of services provided in both health and education: sectors. The research team found that villagers and participants in the study who live in districts repeatedly confirmed the lack of adequate health services in the health units at the village and general hospitals at district levels. The same negative evaluation applied to the education facilities, infrastructure and teaching system in schools especially at villages’ level.

The study focuses on testing Outcome (1) of the project: “Empowering citizens to voice out their feedback with respect to the select public services” and its indicators when collecting data from the field. In each of the below sections, more sex-disaggregated data is provided.

It is important to highlight that since this study is a qualitative one then all analysis including percentages gives indications from the FGDs conducted as well as the in-depth interviews. These insights could not be marked as fully representing the communities of study.

The baseline also focus on the communication skills of citizens; especially women. The baseline percentage of women who report confidence in communication and negotiation with community (including family and CSOs) and government is 2 out of 10 (20%) in all FGDs conducted in Beni-Suef or Qena either at district or village levels. While the baseline percentage of men who report confidence in communication and negotiation with community (including family and CSOs) and government is 5 out of 10 (50%) in all FGDs conducted.

The second aspect that the study focuses on was the relationship with the community including family inside the household, neighbors and the local NGOs and CDAs; the baseline for the ability of women to engage in collective actions at community level is 2 out of 10 (20%). The next aspect was online Communication to expresses Opinion which was noticed that it varies between the two governorates and between men and women.

The baseline study and the gender gap analysis conducted on the levels of districts and villages in both Beni-Suef and Qena reveals that there are certain elements that hinder both men and women to fully participate in decision making. One main element is tradition and culture which affect their agency. The agency is tied to societal and economic position of the family. Agency also changes between both governorates in terms of access to online communities created on Facebook for example as pages under the name of certain villages or governorates and how to explain ideas or which critique to provide. Young women met in Beni-Suef in the two FGDs conducted in districts of Al Fashn and Nasser referred to a famous page on Facebook were most habitants of the governorate are members in, it is called “El Suefgiya”.

The Gender Gap Analysis also reveals that there are certain elements that hinder citizens; especially women’s agency to fully participate which is freedom of mobility except to attend schools or universities. Taking into consideration that the location of schools and universities determine the family decision making for their daughters to pursue their studies.

The second pillar of CARE Gender Analysis Framework is Transforming Structures. The discussions in FGDS with educated young men and women (5 out of 12 in both governorates, ether at village’s level or at district’s level) revealed that customs and traditions play a limiting role on women’s mobility and their ability to express themselves or negotiate their rights. Although Beni-Suef governorate is close to Cairo the capital city but it is still a closed community where young women gain access to mobility to attend schools or university classes. Tradition and culture norms in Qena help women to access public spaces and practice negotiation skills provided that these women belong to the influential families in the villages or the districts.

As for the third pillar, Changing Relations, *it was found that* community members including family and neighbors do not encourage citizens; especially women to access public spaces nor to initiate discussions around quality of services unless this is taken individually. Thus, the opportunity to initiate collective work as discussed above is rare in the case of women and young men. The society emphasizes the role of elder men either as spokesperson in the name of the community or as leaders of local initiatives taking the forms of NGOs or CDAs.

In summary, those leaders through the current structures emphasizes the traditional role of women inside their NGOs and CDAs as taking charge of women's affairs only and focusing on small initiatives of income generation as raising animals or receiving sewing machines. Such roles deprive women from accessing spaces where other stakeholders in the community hold meetings and limit women's opportunities to access or build social networks that can support them. On contrary, such spaces welcome the engagement of men especially those who received higher education or have certain social status as owning lands or being governmental employees.

It is important to perceive the project as not simply a technical response to the needs of the community members, but also a transformative response, engaging different actors and supporting CSOs. Facilitating dialogue on building consciousness of inequalities and building skills for collective action to challenge the inequalities. This is critical to achieving greater impact. Fulfilling basic Rights like health and education, influence the individual's ability to enter public spaces and access the services he/she requires.

II. Introduction

Good quality public services are critical to the lives of citizens, and ensuring their provision is an essential function of government. But governments are not alone in this; experience and evidence built up over several decades has shown that citizens and civil society also have important roles to play in improving and delivering public services and achieving social outcomes. Open government reforms have the potential to improve existing services, and unlock the ideas, knowledge and capacity for new solutions to societal challenges. There are multiple approaches to the public service reforms drawn from many countries. These approaches include: Citizen Charters, Community Scorecards, Service performance transparency; Social audits; Participatory budgeting and many other forms.¹

The Citizen Charter approach adopted by the project “Gender Sensitive Citizen Charters” follows this path. Too often citizens do not know what their basic entitlements and responsibilities are, or what performance they can expect of service providers. This lack of information prevents people accessing services, allows for under-performance of services and makes it easier for local officials and service providers to divert public resources for illicit gain. Many countries have established Service Charters, backed by information campaigns which make clear what services and benefits people are entitled to receive, the performance standards they should expect, and the grievance redress channels they can use when things go wrong.

A Charter therefore let people know about the services and programs available to them and arms them with information that they can use to hold providers accountable for delivering those services. Citizens can use information to have better-informed direct interactions with individual providers, such as doctors, and with provider organizations, such as village education committees, and they can have better-informed indirect interactions with policy makers, including through voting²

The project “Gender Sensitive Citizen Charters” adopts a gender approach for the citizen’s charter in order to respond to many challenges faced at the community levels in Egypt. One of these main challenges is the poverty level. The Central Agency for Public Mobilization and Statistics (CAPMAS) reports that Egypt’s poverty line has soared to a whopping 27.8 percent in 2015, compared to 25.2 percent back in 2011. The current poverty line in Egypt is 482 EGP per month. For a family of five to live right above poverty conditions, they must have an income of 2,372 EGP per month. Poverty is usually linked to distribution of resources but also to “who” can access them and “how”. Therefore, implementing a gender approach is essential as it is essential in analyzing the power structures and the proper interventions to change them.

¹ Improving Public Services: Guidance for developing OGP commitments. Available at: https://www.opengovpartnership.org/sites/default/files/OGP_public-service-guidance.pdf

² Ibid

The project

The project aims at enhancing public services from a gender sensitive lens. The project enhances gender equality, effectiveness and responsiveness of service delivery in select services, merging Gender with Social Accountability tools.

Based on poverty map, in-depth analysis on the correlation between gender and poverty and CARE International in Egypt's experience in working on Women's Rights and governance-related projects, two main societal services were approached and that are crucial to the human development, namely: Education and Health.

The project employs the Citizens' Charter social accountability tool as an intervention to enhance the select specific public service that is crucial for citizens; especially women.

III. Purpose of the Study

The purpose of the study is to assess community members (either men or women) and CSOs capacity in communicating their needs and opinions on provided services in health and education, as well as their personal assessment of the service in two governorates in Egypt: Beni-Suef and Qena. The baseline study should also assess the capacities of both men and women in the two target areas in the two governorates work collectively with others in the community to achieve a common goal. Finally, the baseline study should introduce a gender gap analysis of targeted communities.

Additionally, an assessment of provided services will be conducted while using structural, relational, and individual determinants that impact community members especially women's access and utilization of educational and health surveys. This analysis will be useful for future activities that will employ the framework when implementing the citizen's charter.

Hence the baseline analysis aims to introduce the following:

- A measurement of the preparedness of local communities in holding public service provider (in the health and education sectors) accountable and their capacity to participate in decision making processes.
- Serve as a guiding document to all M&E activities for the rest of the project and will be a reference document as to which any further analyses will be compared.
- Provision of a gender equity gap analysis. This analysis employed CARE International's Gender Equity Framework which focuses on women agency, shifting gender relations and power structures.

Research Questions

- This study should address the following questions (RQs), all disaggregated by gender. Some of these questions were listed in the TOR of the assignment while others are put forward by the team conducting the assignment to address all dimensions of gender analysis.

The questions are:

RQ 1: How confident do citizens, especially women, feel about their negotiation and Communication skills?

RQ 2: How the development of the charters will be a process to enhance the agency of citizens; especially women?

RQ 3: How certain are citizens, especially women, that they can work collectively with others in the community to achieve a common goal?

RQ 4: How influential are citizens, especially women, in formal decision-making processes? How do citizens perceive their influence? How do decision makers perceive their influence?

RQ5: Do village/district-level decision makers engage citizens; especially women in decision making? In what way do they engage them?

RQ 6: What are the opportunities and obstacles for citizens; especially women' to access good quality services?

RQ 7: What is the capacity of citizens; especially women that need to be developed to develop social accountability tools as citizen charter?

RQ 8: How the participation of women in social accountability mechanisms as citizen charters contribute to changing relations in the society and the structures?

IV. Methodology, Sampling and Limitations

The study uses a participatory methodology that includes the target groups of citizens; especially women at the villages and district levels. The methodology depended on qualitative data collection tools. This included a desk review of documents that were developed under the previous project and the available documents of the new project in addition to reviewing nationally produced reports. The review also introduced national statistics and figures from the two target governorates: Beni-Suef and Qena.

Thus, it is important to highlight that since this study is a qualitative one then all analysis including percentages gives indications from the Focus Groups Discussions (FGDs) conducted as well as the in-depth interviews. Therefore, the analysis including percentages gives indications and insights which could not be marked as fully representing the communities of study.

Sampling

The sample for the study was drawn from the two target governorates where the project would be implemented on village and district levels as described in the sampling section below. *(Photo: FGD of university educated young women, not-married, Beni-Suef, El Fash District)*



The sampling granted: 1) Sex-disaggregation representation, 2) Village and district representation.

The research team assigned a community mobilizer (field coordinator) in each governorate who live in the governorate to invite participants. At village level, there was a collaboration with local NGOs or CDAs through renting their venues or using their networks to invite participants to attend the FGDs. *(Photo: FGD of young educated women in El Marashda village)*

Type of Activities		Beni-Suef	Qena
Women FGDs- Villages	6	6	6
Women FGD- Districts	1	1	1
Men FGDs- Villages	4	4	4
Men FGDs- Districts	1	1	1
Total		12	12

Table (1): Summary of Field work conducted

The districts were previously selected by CARE team, but the research team identified the following selection criteria of the villages were:

- Diversity between the population sizes in the villages
- Availability of active CDAs or NGOs in the village
- Active women leaders in the villages

The research team distributed the sample as follows:



- 1) Total FGDs held were 12 in each governorate:
 - 10 on village levels in each governorate (6 groups all women and 4 groups all men)

- Two groups at district level (one female and one male)
 - At village level, 4 out of the 6 groups of women were of married, educated below secondary school level. The other two groups consisted were of young unmarried women, educated with secondary school diploma or at university level. Same criteria were applied on men.
 - At district levels, FGDs were held with young unmarried women (all women groups) and one with married men (one all men group).
- 2) Three interviews were held with heads of CSOs in each governorate, total of (6) interviews.

In Table (2), the villages where the FGDs were held are listed and the NGOs or CDAs

Table (2): Villages where FGDs implemented and NGOs or CDAs in them

Village Name/District	NGOs or CDAs active in the village
Qena	
El Marashda village, El Waqf district	1- El Salam Association 2- Ana Masry Association 3- El Gamyia El Shariya 4- El Kheir Association
El Hella. Quous	Community Development Association in El Hella
El Tod, Nagada	1- Masr El Kheir 2- Resesala 3- Al Ourman Association
Beni-Suef	
Ali Hamouda village, Naser District	1- Life Makers 2- Nibni Masr Association
El Tylt. El Fashn District	TahyaMisr
El Sultan, Biba District	Life Makers

Literature Review (Profiling the districts)

This section gives an overview of the two governorates where the project will be implemented, the districts and suggestions of villages for the project to work in.

Overview of the Governorates where the project will be implemented

A) Beni-Suef

The governorate is located to the south of the Capital of Egypt, the total area of it is 10911 Km² and is populated by 3154100³. In the urban areas of Beni-Suef, the total number of males in urban is 323438 (10.25%) and female is 311487 (9.88%) while the number of males in rural areas is 1303139 (41.3%) and female is 1216036 (38.55%).⁴ The percentage of illiterate females is 31.3% while the percentage of illiterate females in the rural areas is 27%⁵

As the projects focuses on three districts in this governorate, El Fashn, Nasser and Biba, the following information about the three is introduced:

- 1- **El Fashn** is populated by 482204, the number of male populations in urban areas is 51469(10.67%) while the number of female populations is 50459(10.46%). In same district, the number of male populations is 197181(40.89%) and female population is rural areas in the 183095(37.79%)⁶
 - El Fashn has 33 villages and 6 administrative districts
- 2- **Nasser**, district is populated by 383564, the number of male populations in urban areas is 63322(16.51%) and the number of female populations is s 59753(15.58%) In rural areas the number of male populations is 134707(35.12%) while the number of female populations is 125782(23.79%).
 - The district has 20 villages and 5 administrative districts.
- 3- **Biba** is populated by 480409, the number of male populations in urban areas is 43769(9.11%) and the number of female populations is 41635(10.46%). The number of male populations in rural areas is 204466(42.56%) and number of females in rural areas is 190539(39.66%).⁷
 - Biba has 46 villages and 6 administrative districts

The total number of villages is 99 villages in the three districts.

³ CAPMAS, The Annual Statistical Book 2017

⁴The Online portal of Beni-Suef http://www.Beni-Suef.gov.eg/New_Portal/Statistics/stats.aspx

⁵ Calculated from CAPMAS, The Annual Statistical Book 2017

⁶ Ibid

⁷ Ibid

A summary of population in the three districts in Beni-Suef, sex disaggregated between rural and urban areas are available in Table (3).

Table (3): Population (Sex- Disaggregated) between rural and urban areas in the three districts in Beni-Suef

District	Male		Female	
	Rural	Urban	Rural	Urban
EL-Fashn	197181	51469	183095	50459
Nasser	134707	63322	125782	59753
Biba	204466	43769	190539	41635

According to CAPMAS statistics of 2017, an average of 2-3 primary schools and 1-2 preparatory schools are open in villages as per table (3). The same table shows that the secondary schools are available only in main villages affiliated to each district.

Table (4): Number of schools in the three districts in Beni-suef⁸

Schools / District	El-fashn	Nasser	Biba
PRE-PRIMARY EDUCATION	39	51	54
PRIMARY EDUCATION	88	67	92
PREPARATORY EDUCATION	56	45	57
SECONDARY EDUCATION (general & technical)	21	14	17

In Beni-Suef, table (4) shows that number of registered students decrease by 50% at least between the different education stages (primary, preparatory and secondary) where the gap between male and female students is small in terms of number. At the secondary level the number of female students exceeds that of male students.

Table (5): The total number of teachers and student in Beni-Suef⁹

⁸ http://search.emis.gov.eg/search_schgov.aspx

⁹ http://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5104&YearID=23316&Year=16573

Schools	Teachers		Students	
	Female	Male	Female	Male
IN PRE-PRIMARY EDUCATION	1578		16589	18810
PRIMARY EDUCATION	6034	5875	169981	187563
PREPARATORY EDUCATION	3154	3896	72013	75545
SECONDARY EDUCATION (general & technical)	909	1746	21386	19739

As for health services there is a general hospital at district level and one health unit but not in all villages of the districts. While table (6) shows the low number of doctors working in public services in the whole governorate.

Table (6): Numbers of health units in the three districts¹⁰

Health centers / Distract	EL-Fashn	Nasser	Biba
Central hospital	1	1	1
Health units	25	14	25
Health bureau	1	0	1

Table (7): Number of doctors and health units of the whole government ¹¹

Doctors	Heath units
160	183

- **Suggested Villages:**

- 1- El Tylt in El Fashn District: According to the public census in Egypt of 2018, the village population is 15214, males 7813(51.35%) and females 7401(48.65%).¹²
- 2- El Sultan in Biba District, according to census in Egypt of 2018, the village population is 5180, males2665 (51.45%), females 2515 (48.55%).
- 3- Ali Hamouda Village in Nasser District according to FGDs attendants the village population approximately 5000.

B) Qena

¹⁰ http://www.benisuef.gov.eg/New_Portal/Statistics/stats.aspx

¹¹ https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5104&YearID=23143

¹² https://capmas.gov.eg/Pages/StaticPages.aspx?page_id=7188

The total area of the governorate is 9565 Km² but the populated area is 1356 Km². The total number of populations in the governorate is 316428. In the urban areas of the governorate, the total number of males is 305033 (9.64%), and female is 289453 (9.15%), while the number of males in rural areas is 1318320 (41.66%) and female is 1251475 (39.55%).

The project covers three districts in the governorate¹³

- 1- **El Waqf**, it has 3 main villages. It is populated by a total of 33152 in urban areas and 50556 in rural areas. The male population in urban areas is 17582 while the female population in the same area is 15570. The female population in rural areas is 24419 while the males in the same area is 26237
- 2- **Quos**, this district has 5 main villages and 19 dependent villages. The total population in rural areas is 398472, where the number of male is 203744 and female is 194728. The total population in urban areas is 80559, where male population is 41184 and female population is 39375.
- 3- **Naqada**, it has two main villages and 4 dependent villages. The total population in rural areas is 150865 where the number of male populations is 76028 and female population is 76837. In the urban areas, the total population is 25561, where the male population is 12805 and female population is 12756.¹⁴

In table (8), a summary of number of populations sex-disaggregated between rural and urban areas in the three districts is introduced.

Table (8): Population (Sex- Disaggregated) between rural and urban areas in the three districts in Beni-Suef

District	Male		Female	
	Rural	Urban	Rural	Urban
EL-Waqf	26237	17582	24419	15570
Quos	203744	41184	194728	39375
Nagada	76028	12805	76837	12756

¹³ The electronic portal of Qena governorate <http://www.qena.gov.eg/areas/DispInfo.aspx?ID=17>

¹⁴ CAPMAS, 2018

Between the three districts Quous is more populated and has (5) main villages affiliated to it. Thus, it has the higher number of schools in all education stages.

Table (9): Number of schools in Qena in the three districts¹⁵

Schools / District	EL-Waqf	Quos	Nagada
IN PRE-PRIMARY EDUCATION	22	67	40
PRIMARY EDUCATION	26	97	47
PREPARATORY EDUCATION	13	67	32
SECONDARY EDUCATION (general & technical)	11	22	14

In Qena, it is noted as in Beni Suef, the close number of enrolled male and female students in primary and preparatory where number of male students exceeds females while the contrary happens in the secondary stage, as shown in table (9).

Table (10): total number of teachers and student in Qena (Sex-Disaggregated)¹⁶

Schools	Teachers		Students	
	Female	Male	Female	Male
IN PRE-PRIMARY EDUCATION	1250	0	24367	27821
PRIMARY EDUCATION	9678	9880	179292	167470
PREPARATORY EDUCATION	4665	5274	77812	85417
SECONDARY EDUCATION (general & technical)	803	2269	21244	17862

As for health services, there was a scarce of information available and those found reveals that number of registered doctors in the public services are only 223 doctors.

Table (11): numbers of doctors and health unit of the whole government ¹⁷

Doctors	Heath unit
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¹⁵ http://search.emis.gov.eg/search_schgov.aspx

¹⁶ http://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5104&YearID=23316&Year=16573

¹⁷ https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5104&YearID=23143

- **Suggested Villages:**

- 1- The suggested village to target in El Waqf district is El Marashda, is populated by 26711 which has 14088 (52.74%) male and females 12623 (47.26). Most of the working force in the village works in cultivating lands (agriculture sector). The village includes 14 small entities (Nag'a). It has two elementary schools and one health unit.
- 2- The suggested village to target in Negada is El Tod la which is classified between the poorest villages in Egypt. The village population is 8876 (50.3 %) male and females 8750. It has one elementary school and one health unit.
- 3- The suggested village to target in Quous is El Hella which has 1715 (50%) male and females 1718 (. According to the FGDs attendees, the villages classified between the poorest villages in Egypt. It has one elementary school and one health unit.

Finally, it is worth noting that the percentage of illiterate females in Beni-Suef at the rural areas is (27%) while the percentage of illiterate females in the urban areas is (4%), The percentage of illiterate females in Qena in rural areas (25%), while the percentage of illiterate females in the urban areas is (2.8 %) ¹⁸

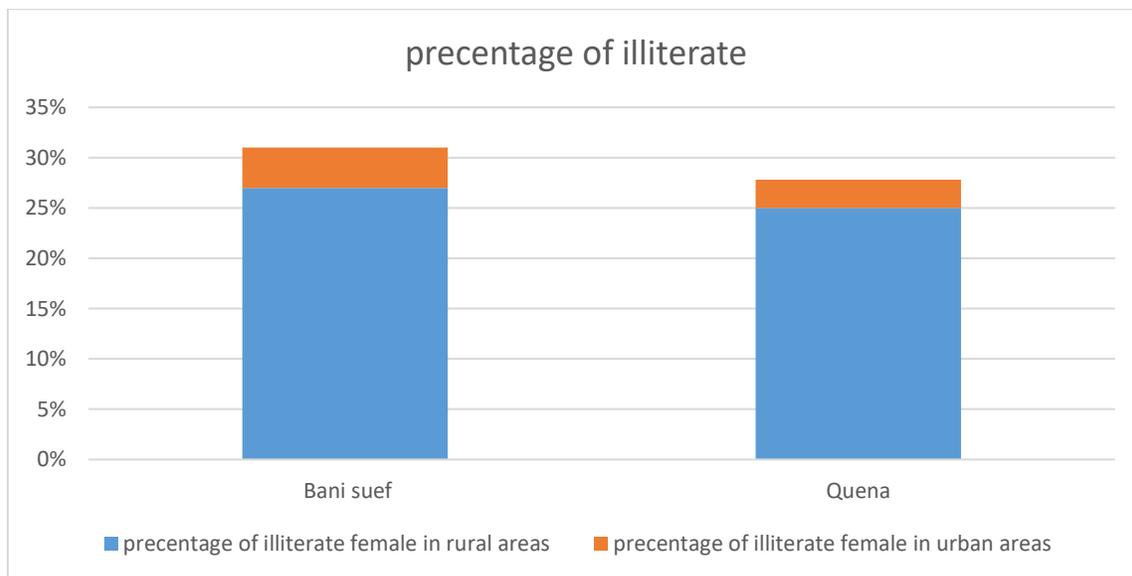


Figure (1): Percentage of illiterate females between Beni-Suef and Qena

¹⁸ CAPMAS the annual statistical book 2018

Limitations and ways to address them

There were some limitations for developing this study and analysis that were mitigated through extensive discussions with CARE International in Egypt team:

- 1- One limitation for developing this baseline study was identifying the categories of citizens; especially women targeted. Identifying age and education level would help in collecting data and providing solid analysis. At the inception period, this was clarified following piloting the qualitative tools.
 - I. Initially, qualitative and quantitative data collection was planned to follow the approval for quantitative data collection from CAPMAS. Due to the limited timeframe of data collection and delay in the paper process to acquire the necessarily approval, the research team in discussion with the project team developed a second scenario of data collection using qualitative approach where the number of the FGDs were increased to a total of 24 groups (12 groups in each governorates) and more questions were added to the interviews with head of NGOs and CDAs in the villages.

V. Data Analysis

The following steps were followed for the analysis of data collected in the Focus groups and Interviews:

- After receiving permissions from participants, interviews and discussions were audio recorded. Photos were taken as well after signing CARE's approval form.
- Records were transcribed.
- Records of interviews were coded and analyzed thematically, and stored in this form in a MS office file in a tally-sheet format

In the coding step, the data were categorized into small units. The researcher attached a descriptor, or code, to each of the units. Then, during the second stage (i.e., axial coding), these codes were grouped into categories. Finally, in the third and final stage (i.e., selective coding), the researcher developed one or more themes that express the content of each of the groups.

Analysis Plan

Both the baseline study and the gender gap analysis use qualitative data to set a baseline against indicators. The indicators that was measured for the outcome indicators as follows:

Outcome: Empowering citizens to voice out their feedback with respect to the select public services

Indicator 1: % of individuals, especially target women, who report confidence in their own negotiation and communication skills

In the focus group, the following questions were tallied and quantified to address this indicator:

- 1- Do you think you can play a role in solving problems in the health and education fields?
- 2- Have you been to the local administration representative before and had your problems solved? How?

Indicator 2: % of individuals, especially target women, reporting high certainty that they could work collectively with others in the community to achieve a common goal

In the focus groups organized in both governorates and in the interviews with the head of CDAs/NGOs at villages' levels, the following questions were tallied and quantified to address this indicator:

The FGDs:

- 1- Do you know of local CSOs/NGOs/CDAs? What are they? Do you visit them? Why?

- 2- Do you think these CSOs can help you? How? (Probes: Do your family accept this involvement? How you explain it to them? If they do not accept, what are the reasons?)

The Interview:

- How many men and women are active in your association as decision makers?
- From your observation, do women voice their concerns when there are problems in the community related to health or education? How do they do this?
- If there would be a problem related to either health or education in the community, who discuss it with you? Women or Men?
- How do you think we can engage more community members especially women in the discussion about quality of education and health services in this area?

Indicator 3: % of participants (citizens/CSOs' staff), especially target women, who evaluated the commitment of service providers towards the CC

Baseline is: "0", this should be measured after implementing the project's activities

Indicator 4: # of participants (citizens/CSOs' staff), especially target women, reporting increased influence in formal decision-making processes

In all the FGDs held in both governorates either Beni-Suef or Qena at districts or village levels and in the interviews with CSOs leaders, the following questions were asked, and in the analysis was tallied and quantified:

In FGDs:

- How many decision makers you communicate with? How? Why? What changed in the problems at local level due to these communications?

In Interviews:

- How do you think we can engage more community members especially women in the discussion about quality of education and health services in this area?
- If there would be meetings or gatherings to write a document that specifies the citizen's expectations from the governmental service providers, would women attend? Why? How we can encourage them to attend if they do not?
- How many decision makers your organization communicate with? How? Why? What changed in the problems at local level due to these communications?

This final report reflects the different weight for each theme and presents the interlinkage between the different subjects.

Gender Analysis

The process of developing the citizen charter and its outcome covered three dimensions—agency, structure, and relationships. These dimensions are the pillars of CARE International Gender Strategy and were the focus of the Gender Gap Analysis. The dimensions are:

- 1) **Building Agency** of citizens; especially Women—through building confidence, self-esteem and aspirations (non-formal sphere) and knowledge, skills capabilities. The analysis will investigate the opportunities and obstacles to build this agency. The analysis examined how the process of developing the charters would contribute to building the agency of citizens; especially women in the two target governorates. *(Photo: Interview with Head of NGO in EL Hella)*



- 2) **Transform Structure:**

The Gender Analysis would identify discriminatory social norms, customs, values and exclusionary practices (non-formal sphere) and laws, policies, procedures and services in both target governorates. It will look at the current established structures and the opportunities to change them to respond to different needs based on gender differences.

- 3) **Change Relations:**

Developing the charters can contribute to changing the power relations and dynamics in the communities where it is taking place, specifically gender power relations. It would examine these relations inside house lives and in social networks either formal or informal. It will also analyze the opportunities and constraints to change such relations.

The gender analysis would be used to measure the constraints facing citizens; especially women to access good quality services – using the three pillars above. It should introduce which personal reasons prevent citizens; especially women from accessing services (agency), who contributes to or prevents citizens; especially women’s access to these service (relations), and which norms, policies, or infrastructural issues hinder or assist their access (structure)?

Thus, the team used qualitative data collection to decide on the factors that can help or prevent citizens; especially women from accessing the services and influencing them.

VI. Findings

The baseline focuses on Outcome (1): Empowering citizens to voice out their feedback with respect to the select public services and its indicators when collecting data from the field. In each of the below sections more sex-disaggregated data would be provided.

This section starts with providing a community evaluation of services precisely education and health. Both fields are of direct interest to Egyptian families and consume the biggest percentage of the income of families.¹⁹ Education is seen as a social opportunity to acquire better career options which could guarantee better income for the family. Thus, families especially in rural areas aspire to have good quality of services as good infrastructure in the schools and experienced teachers. At the same time, the cost of getting quality services in the health field is increasing and citizens want to have good service providers in their communities that respond to their health needs.

It is important to highlight that each village where the data collected for this baseline (6 in total) there is an elementary school and a primary school. Each village also has a health unit while the four districts where FGDs were held each has a public hospital. The participants in the FGDs and the in-depth interviews in both Beni-Suef and Qena were asked about the services in both sectors and the findings are aggregated as follows:

1- Evaluation of Education and Health Services by Community Members

This section presents the findings of the rapid evaluation done during the FGDs focusing on the education and health sectors and their services:

1-1 General Evaluation

Attendees in the FGDs repeatedly confirmed the lack of adequate health services in the health units at the village level, in all (16) FGDs of women and the (8) of men; either at village or district levels. All attendees established a link between the infrastructure of schools and health units and the availability of service providers as teachers in the case of schools and doctors in the case of health units. In the (8) FGDs in Beni-Suef at village's level, women either married or unmarried indicated that the children in their families (either sons or daughters, siblings or cousins) receive private lessons as the level of education at schools do not qualify them to pass the end of year exam. In the same groups, participants highlighted that they tried several times to use the health clinic services, but they were never able to meet the doctor and they usually end up that the attendant doctor write them a form to go to the hospital at the district. Similar subjects were raised during the FGDs with women in Qena, but they highlighted that they are usually sent to the Public Hospital in Luxor as it is better equipped with doctors. As will be elaborated below, health

¹⁹ A study conducted in 2015 indicated that Egyptian families spend 41.2% of their income on private lessons. Source: <https://www.elwatannews.com/news/details/799108>

units are equipped with new devices but lack the doctors who can treat patients. It was also highlighted that most of the schools are built more than eight years ago so they are all in bad conditions.

1-2 Education Services: Infrastructure and Service Providers

The participants complained of non-maintained class rooms in (11) FGDs in Qena (El Tod in Naqada district, El Marashda in El Waqf and in El Hella in Quous district): The classes and the toilets are not cleaned regularly as there is one worker serving the whole school. In El Hella the female participants in the FGD explained that the primary school is in good condition, but the preparatory school is in a deteriorating condition. They explained that it is due to the fact that the primary school is new built in 2011 while the other school is old and host two rounds of classes; one in the morning and the other in the afternoon, so it is in a bad condition and is not maintained. The same complaints were raised in the groups in Beni-Suef especially in El Tylt and in Ali Hamouda villages.

In the FGDs either with married or unmarried women or men FGDs at districts and village levels all participants either men or women complained that some of the teachers do not explain at the class which forces the families to give their children private lessons.

Some schools lack adequate number of teachers, as explained in the FGD of women in EL Tylt village who indicated that one teacher delivers lessons to all classes in the preparatory school in one subject.

The large number of students in the school was a main complaint in the 24 groups which decrease the capabilities of students to understand the teacher's explanation; this was raised in FGDs conducted either with men or women in Qena or in Beni-Suef. Beside crowded classes other elements exist that hinder the education process for the girls and boys for example in Ali Hammouda village, the attendees either men or women explained that their children face extra problems at exams time. They elaborated that some of their children must conduct the exams in schools in the Nasser district which means they have to pass the Nile to the other sides in unsafe boats. Most of the families refuse to send their children for fear on their safety which deprive them from acquiring their certificates. The participants explained it that any other type of transportation is very expensive for the families as it could exceed LE 10 per trip.

The lack of suitable number of teachers and the overloaded teachers are factors that cause low level of education in the village schools. In the FGD in El Tylt, a female participant said:

"My son is in 5th grade but he cannot read or write"

1-3 Health Services Infrastructure and Service Providers

As indicated by 80% participants in all FGDs (around 190 participants), there is a health unit in the (6) villages and a public hospital in the (4) districts. A total of 20% (around 40 participants) did not know that such unit exist as their families usually go directly to the hospital in the district or the

general hospital in the governorate. The (10) participants who did not contribute to this discussion indicated that they prefer private doctors, so they do not use any public services.

In all women and men FGDs conducted either in villages or in districts in both governorates, it was confirmed that the health units and the hospitals lack punctual doctors. The health units were all well-equipped but have no staff to operate or maintain the machines and lack supplies. They highlighted that Health units close early though they are supposed to open for 24 hours and finally the health units focus on delivering vaccinations for children or contraceptives for women neglecting other types of treatments needed by the citizens in the communities.

In (4) out of the (10) FGDs conducted in the three villages in Qena, the villagers explained that health units lack adequate services as regular doctors. The units are well equipped, but the lack of health attendants makes it difficult to provide suitable services. Only in El Marashda in Qena and Ali Hamoud in Beni-Suef the participants in the FGDs (both women and men) complained that the health units in their villages lack even medical supplies as cotton and bandages.

Villagers in Qena (10 FGDs) who attended the discussions confirmed that they are referred to bigger hospitals either in Qena or Luxor which add to their financial burdens as transportation is expensive.

“My mother had to do Heart X-Ray and we went to the public hospital in Al Waqf, but we were told the machine was broken so we had to travel to the hospital in Qena”, a female participant in the FGD in El Marashda village

In El Marashda village in El Waqf, women in the two FGDs complained that the health unit usually closes at 4:00 or 5:00pm leaving only a male nurse or a worker to operate it. They said that if anything happens to anyone they must travel to Luxor or Qena hospitals. The women also indicated that they may go to private clinics or to clinics opened by local NGOs but explained that the cost of the visit is expensive as it is LE 30.

In (10) FGDs conducted in Beni-Suef, similar issues were raised as lack of experienced doctors, early closing of health units and the referral of patients to hospitals in districts. In the two FGDs conducted of at the district of EL Fashn and Nasser districts, participants explained that even hospitals in their districts are not adequately equipped and preference is given to private doctors.

2- Findings under Outcome (1):

Citizens in both governorates usually direct their complaints to the governmental employees who work in public offices in their districts or village. It is usually hard to by-pass them for many reasons including the limitation on mobility of citizens; especially women. There is also another concern is that some of these employees could be a family member either direct or non-direct so filling a complaint could cause troubles inside the family. The latest was mostly the case in Qena.

For Outcome (1), this section presents the findings under the first two indicators:

Indicator 1: % of individuals especially target women, who report confidence in their own negotiation and communication skills

Communicating and Negotiation Skills: with governmental bodies, community and CSOs

In the FGDs in Qena 59 women out of 80 women confirmed that they have never thought of filing complaints as they know that they would not be addressed by officials and problems would not be solved. While in Beni-Suef, the number of women who confirmed the same position was 72 out of 80, but the female participants explained that they present their complaints online through a certain Facebook group that contain a big number of the governorate inhabitants.

In El Tod, several communications were sent to the Ministry of Education and to the Prime Minister Office to build a secondary school especially that the villagers managed to allocate a piece of land to build the school on.

In El Tod, several meetings were held with the health department at the district level, but the services are still inadequate. The same applies to El Marashda village where complaints are sent to health districts in EL Waqf, but villagers received no responses.

A young female participant confided that for the complaints to be addressed there must be continuous pressure:

“Change needs active people but as you can see here in the association the box of complaints is always empty, no one wants to explain their opinion especially women”, 25 years old female participant in El Marashda FGD “

In one of the men FGD in El Marashda, participants explained that problems in the schools are usually solved internally due to the family relationships in the village where everyone is related usually by blood and teachers at schools are from the village itself.

In one of the men group in El Marashda, half of the participants confirmed that the problems are at the central level. A participant explained:

“I am the head of the board of trustees in the elementary school Ali Hussein, problems are sourced in the ministry in Cairo, channeled to the local districts and then to the schools in villages which are usually requested to solve”.

In El Hela village, the participant in the women FGD (unmarried with high university degrees) explained that they filed many complaints about the health services at the health department in the district and to the village committee, but no response was received.

In both FGDs conducted with women in EL Tylt village, 18 out of 20 in total participants confirmed that raising complaints to officials are not useful. A female participant in one FGD in El Tylt explained

“We do not have the knowledge of rights and duties, if anything happens to our children, we won’t know who to address”

In the FGD with men in the same village, the 10 participants indicated that they do not find it useful to communicate nor negotiate with governmental bodies. A male participant of 57 years who is very influential in the village said:

“I know my rights, I know who is responsible for it, but it is not easy to get”

Summary:

Baseline percentage of women who report confidence in communication and negotiation with community (including family and CSOs) and government is 2 out of 10 (20%) in all FGDs conducted.

Baseline percentage of men who report confidence in communication and negotiation with community (including family and CSOs) and government is 5 out of 10 (50%) in all FGDs conducted.

Indicator 2: % of individuals, especially target women, reporting high certainty that they could work collectively with others in the community to achieve a common goal

The collective work was introduced to the participants in all FGDs as the ability to work together to influence decision making process of to change a situation that is causing dissatisfaction. The findings from the FGDs were as follows:

Relationship with the community, local NGOs and CDAs

The level of education of citizens; especially women affected their willingness and ability to shape the relationship with the community either inside the house or outside. In 6 out of 8 all women FGD in Beni-Suef and 5 out of 8 in Qena, young women who completed high schools or university could influence the family members and their communities outside the house through a long process of negotiations. A female participant in one FGD in Beni-Suef explained that she succeeds sometimes of persuading her father to allow her to take community initiatives but in most of the times she fails. While another example in El Marashda village in Qena was introduced, where a family that has six daughters (two of them attended the FGD) encourages their daughters to engage in community initiatives and establish their development projects in collaboration with local NGOs.

Very few women in Beni-Suef are active in leading community initiatives, for example in each FGD conducted only 1-2 women expressed her willingness to be active in public. This varied in Qena according to the level of education where highly educated women (university levels) play active roles in the local NGOs and CDAs in El Hella and El Marashda village. (Photo: FGD with young men in El Hella, Qena)



In the all women (6) FGDs on village level in Beni-Suef, women knew the names and activities of many NGOs but as these organizations depend on service delivery as delivering illiteracy classes, they felt that they do not have a role inside them. To the contrary in Qena, in (6) all women FGDs at village level, women expressed their interest and current involvement in NGOs activities.

Summary:

Baseline percentage for women to engage with community initiatives (including local NGOs and CDAs) is 2 out of 10 (20%)

Baseline percentage for men to engage with community initiatives (including local NGOs and CDAs) is 5 out of 10 (50%)

Online Communication to expresses Opinion

Although this theme is not between the focus of the project, but it was raised several times in many FGDs especially those that were attended by young men and women. Social media especially the Facebook platform is considered a main tool to know the community problems and post about them using text and photos.

In (4 out of 12, attended by young men or women) FGDs conducted in Beni-Suef, it was found that both young men and women are active online expressing themselves. Active use of social media to address problems in different fields especially education and health. The use is higher between women in Beni-Suef versus women in Qena. In the second the traditions and family relations play a major role in limiting opinion expressions.

In (5 out of 12 FGDs attended by either young men or women) FGDs conducted in Qena, social media activities to express opinion is considered a source of trouble due to the familial ties especially at districts and village levels. The governmental employee could be the uncle or cousin of the person who publish a criticism of certain services.

Potential Influence on Formal Decision Making

Indicator 4: # of participants (citizens/CSOs' staff), especially target women, reporting increased influence in formal decision-making processes

It was important to explain to participants that the formal decision making is meant direct communication with decision makers either in forms of filing complaints and following on them or through face-to-face meetings to discuss issues and reach a middle ground. The findings were as follows:

Women in in all (6) villages and the (4) districts especially those of young age (18-25) are interested to play active public role. They explained that they have acquired high school degrees, mostly technical schools and they want to participate in the process of making their villages/districts better. In the 8 FGDs out of 8 conducted with women they explained that they have enough time on hand to practice public activities especially this would help the education and health services get better. Till moment those women still have no established channels for influence.

As for men, in the (4) FGDs in Beni-Suef and 4 in Qena, all participants (total of 80) explained that they take active roles in different formats either through the local NGOs (this was in El Marashda and El Tod in Qena) or through direct contacts with officials in public offices, this was particularly explained by participants who live in districts as El Fashn in Beni-Suef and EL Waqf in Qena. Despite this active role and readiness to influence, the male participants measure their influence as ineffective. They explained that the government officials receive their complaints but do not take any actions, either for lack of resources or for lack of accountability.

Summary:

Baseline percentage of current influence on formal decision making 0% for both men and women

VII. Gender Gap Analysis

Egypt ranks 134 on the World Economic Forum's Gender Gap Index²⁰ out of 144 countries in the report issued in November 2017. While on the social Institutions and Gender Index (SIGI)²¹ value Egypt is measured at 0.428 which is considered very high²². Both measures and values indicate the low rank Egypt occupy between the countries in relation to gender inspects and societal power analysis. This is then reflected on different aspects related to women and men lives as their mobility and access to services.

As indicated earlier, this section looks at the gender gap using CARE's analytical framework focusing on agency, transforming structures and changing relations in a community. The project's interventions would assist citizens; especially women to acquire more agencies but also could contribute to aspired changes in structures and relations. The aim of this framework is to build agency of people of all genders and life stages, change relations between them and transform structures so they can realize their full potential in their public and private lives and be able to contribute equally, and benefit equally from, social, political and economic development.²³

The Gender Gap Analysis focuses on access to public spaces and services and the ability to claim rights and meaningful participation in decision making.

Agency

The issue of agency and mobility is at the core of discussing access to public services. Access to public services means that all individuals in a community should have the mobility to access public spaces safely. Further, services including justice, administration, financial services, education,

²⁰The World Economic Forum's Gender Gap Index calculates the relative gaps between women and men in health, education, economy and politics across more than 140 countries, and shows the widest gap is in economic participation and opportunity.

²¹The Organization for Economic Cooperation and Development's Social Institutions and Gender Index measures discrimination against women in social institutions (formal and informal laws, social norms, and practices) across 160 countries. Discriminatory social institutions perpetuate gender gaps across all development areas and impede progress towards social change that benefits all.

²²Countries having very high levels of gender discrimination in social institutions (0.35 > SIGI) these countries are characterized by very high levels of discrimination in legal frameworks and customary practices across most sub-indices and by very poor implementation measures. The family code greatly discriminates against women: almost one third of girls younger than 19 are married and women face severe discrimination in their parental authority and inheritance rights. Women's rights to own and control land and other resources and to access public space are extremely limited. There are serious infringements on their physical integrity matched by high levels of acceptance and prevalence of domestic violence: 44% of women have been victims of domestic violence, and 59% accept that it is justified under certain circumstances.
<https://www.genderindex.org/country/egypt/>

²³ CARE. Gender Equality and Women's Voice. 2016

health and other social development sectors— should not only be accessible, but also accountable to all members of the community that they serve. To ensure that program initiatives are inclusive and accountable, it is critical to understand barriers and opportunities in relation to mobility as well as access to services. One part of this is to understand what risks women and men take when entering public spaces and accessing services. What are barriers they face in accessing quality services that are accountable, transparent and responsive to their needs and interests? And how can individuals ensure services are accountable to their needs and interests?²⁴

Thus, agency is tied to societal structures that affect women mobility, in an FGD in Beni-Suef at village level, a male participant indicted that he won't send his daughter to secondary school as it is far away from their village and he thinks this is dangerous. He stated:

“Our girls do not get educated beyond preparatory school”

It is important to highlight that geographical location and economic situation both play a major role in hindering mobility of both men and women. In Beni-Suef, Ali Hamouds village is located to the east of the Nile River while the whole the governorate itself and most of other villages are located on the west. The inhabitants must use boats to move to and from the village. As a, man explained in the FGD:

“We are a marginalized village, very far from everything surrounded by mountains, cemeteries and the Nile. We are totally marginalized”.

Transforming Structures

Beyond accessing services and spaces, it is important that people know their rights and exercise them. This is critical for individuals and groups to be able to claim their rights effectively. As equal members within a community, it is Important that groups and individuals have the pace and standing to be able to participate meaningfully in public decision-making. These spaces may include village committees, government administration and political offices, village savings and loans groups in addition to other public groups and forums. The ability to participate meaningfully in public spaces and claim one's rights goes beyond token representation and quotas for under-represented groups within a forum or association. Meaningful participation involves environments where individuals may actively contribute to decisions, where their ideas are heard and considered, and how they can take part in leadership or decision.²⁵

The discussions in the FGDs either at village's level or at district's level in both governorates revealed that customs and traditions play a limiting role on women's mobility and their ability to express themselves or negotiate their rights. Although Beni-Suef governorate is close to Cairo the capital city but it is still a closed community where young women gain access to mobility to attend schools or university classes. Tradition and culture norms in Qena help women to access public

²⁴ CARE International. Good Practices Framework: Gender Analysis. 2012

²⁵ Ibid

spaces and practice negotiation skills provided that these women belong to the influential families in the villages or the districts.

When the subject of collective work was raised as a theme in the FGDs of women, it was obvious that in all groups (8 all women in Beni-Suef and 8 all women in Qena) that the subject is not discussed within the community. Most actions taken to negotiate with the head of health units or schools are taken individually by women or in best scenarios by 2-3 women who gather to submit an oral complaint. The only case that met where a female participant indicated that (33 years old, has a technical school degree) took the lead to organize other women was in El Tylt village in Beni-Suef but due to family members pressure on her husband and herself she had to stop. She added that her community members used to tell her husband “your wife is acting as a man”. She had to choose between getting divorce and stopping public work. She chose the second especially she has three children and cannot afford raising them by her.

In the interviews with the head of local NGOs and CDAs in villages in Beni-Suef and Qena (6 interviews), all were men except for one woman who stopped the activities of her NGO due to societal pressure and lack of resources. The interviewed five male heads of NGOs and CDAs confirmed that women play limited roles in decision making in their associations. In El Hela village in Qena, the board consists of 6 male members and one female. In El Tod village, women are called only if discussions are about projects related to women activities as purchasing a sewing machine. In all NGOs the membership of women is lower than that of men.

In the key informant interview with the head of the CDA in El Hela village, he clarified that women visit the CDA as it provides them with many services as small loans or help them in working in the projects run by the CDA. He added acquiring economic resources and extra income are the main reason for a woman to be active within a CDA or an NGO as a member. Contrary to this opinion, a young woman in an FGD in Quous district highlighted that marriage hindered her from discovering her full potential in initiating her own CDA or NGO.

In turn, as indicated in the FGDs of women conducted at villages level (8 FGDs) cannot access these spaces individually they have to move together accompanied by older women from their families. There is no support system as women groups and access to persons in high positions and other stakeholders are limited.

Changing Relations

Men and women are affected in different ways by policies, interventions and changing environments, based on their unique experiences, priorities, social norms and their relationships with others. Relations between men and women and between both and the society is affected by different factors including inherited social norms and culture in addition to access and control over resources. The effects are interchangeable and change over time and place. Re-arranging the relations lines inside a certain societal structure needs strategic intervention and needs active participation from community members themselves.

Currently, community members including family and neighbors do not encourage citizens; especially women to access public spaces nor to initiate discussions around quality of services unless this is taken individually women and young men. The society emphasizes the role of elder men either as spokesperson in the name of the community or as leaders of local initiatives taking the forms of NGOs or CDAs.

In turn, those leaders through the current structures emphasizes the traditional role of women inside their NGOs and CDAs as taking charge of women's affairs only and focusing on small initiatives of income generation as raising animals or receiving sewing machines. Such roles deprive women from accessing spaces where other stakeholders in the community hold meetings and limit women's opportunities to access or build social networks that can support them. It is important to indicate that young women with university education especially in Qena. Thus, the opportunity to initiate collective work as discussed above is rare in the case of

Looks at different options to build such support networks through the current structures of NGOs as in El Marashda and El Hella. They initiate independent initiatives where they seek technical and local support from national sponsors. As indicated by a young woman in El Marshada: "My initiative is just starting and I aim at serving women in my community but we live far away from the capital city, Cairo where all the networks to engage with exist So till I find a sponsor to the work of my initiative, I have to work with what I have and it is little".

Young men are also challenged by these dynamics leaving them with limited access to decision making to the extent that they can hardly express their opinions. Some young men can use online social networks as Facebook to express their refusal to the deteriorating services in their villages or districts especially in education and health which is usually met by high resentment of the society. As a group of young men in El Marashda village in Qena indicated: "We cannot bypass the tradition of respecting the elders, this means even online criticism of things we do not like in the community will backfire on us as our families will get angry".

When addressing, it is important to realize that "women" are not a hegemonic group. It is worth observing that women especially of young age who belongs to the well-endowed families (either financially or socially or both) usually have better access to resources and to public spaces more than the less privileged women. The first group usually play an active role within local NGOs as volunteers or within active online groups on social media that tackles societal problems. The active online role is usually played by educated women in Beni-Suef versus an active role in local NGOs played by young women in Qena. As indicated by a young female participant in an FGD in El Hella village: "I am active in the local CDA, but I have just established my own NGO after long registration process. Now, I am looking for support or fund to grow its activities".

The below table summarizes the discussions in the FGDs and the interviews in relation to access to public spaces and services.

Table (12): Summary of the discussions in the FGDs and the interviews in relation to access to public spaces and services.

AGENCY	Structures	Relations
<ul style="list-style-type: none"> Navigation of public spaces <p>Men: freely navigate in all villages and districts in both governorates except Ali Hamouda village in Beni-Suef due to its location.</p> <p>Women: Face restricted mobility in both governorates except to access education services (schools) till certain level which is mainly preparatory schools. Restrictions also applies on married women who are expected to confide to their traditional roles inside the house.</p> <ul style="list-style-type: none"> Reasons for limited navigation <p>Men: in Ali Hamouda village are restricted due to the location of the village which is far from the city and any mobility is costly financially.</p> <p>Women: Cultural norms hinder their mobility except to attend schools and universities in few cases.</p> <ul style="list-style-type: none"> Strategies to gain access to services and rights/with whom? <p>Men: do not usually need negotiation with family in Beni-Suef but in Qena they are</p>	<ul style="list-style-type: none"> Autonomy of Mobility beyond the community <p>Men: Have autonomy in movement except in Ali Hamouda village, which is in the east side of the Nile while the whole governorate and its villages are on the west side, moving from their villages is expensive using available transportation or unsafe using the boats.</p> <p>Women: Face very limited autonomy due to societal restrictions on their mobility.</p> <ul style="list-style-type: none"> Community judgment of women seen in public spaces: <p>The community judge negatively women seen in public and shame them unless they are accompanied by other women.</p> <p>Negative consequences for reputation as the women would be shamed for breaking sex-segregation rules in their communities.</p> <p>Traditional Norms shape women's access to and role in the public sphere</p> <ul style="list-style-type: none"> Adequate services equally accessible to women, men 	<ul style="list-style-type: none"> Community Support <p>Men: Supported organically as their public role is accepted socially if it does not conflict with familial or tribal status especially in Qena.</p> <p>Women: Community members or neighbors do not encourage or support women's networks as they are not seen necessarily.</p> <p>Tribal and familial relationships control women's ability to move within and beyond the Community</p> <p>Women to be accompanied by other female from the family or a male relative.</p> <ul style="list-style-type: none"> Community expectations from Women <p>Women should confide to their traditional roles inside the house of raising the children and attending to house duties as cooking and cleaning especially if she is married. If women confide to such roles, then current unequal relations will continue.</p> <ul style="list-style-type: none"> Access to services especially education and health

challenged by traditions that restrict them to criticize family members publicly especially if these members work for public offices. In terms of gaining access outside home, men usually negotiate with officials.

Women: use negotiation with family members especially fathers and husband, both men and women should use family relations to be able to access services especially in Qena.

- Collective Work

Men: Are usually active in NGOs, and within the community.

Women: Limited activities in NGOs and CDAs due to restrictions on mobility.

Men and Women:

Both know the place of the health units at the village level or the public hospital at the district level, places are usually accessible, but services are not provided due to the fact of absence of service providers mainly doctors.

Mena and Women:

Health and Education services are negatively judged by both men and women in both governorates and their districts and villages.

Both men and women could access both services at local level, but they face challenges as cost of transportation to move to districts or governorate to access health services.

Both men and women have access to education till certain level, access to health is provided equally

- Power dynamics in the household or community prevent space for women to access services/rights

No socially supported networks for women while these networks are available for men.

No connections with other key-stakeholders/institutions (private enterprise, government, religious

Institutions, etc.) While they are available for men through their public activities or work places.

The below table summarizes the discussions in the FGDs and the interviews in relation to access to participation in decision making

Table (13) Summary of the discussions in the FGDs and the interviews in relation to access to participation in decision making

Agency	Structures	Relations
<ul style="list-style-type: none"> Negotiations and Communication skills <p>Women: Negotiation skills, communication skills are weak and need enhancement. These skills are weak due to low self-esteem and conviction that they cannot influence decision making.</p> <p>Men: Communication and Negotiation skills are moderate and need enhancement since limited channels of practicing these skills are limited and the citizens do not usually trust them to convey their complaints.</p> <ul style="list-style-type: none"> Public Roles in decision making <p>Women: have limited roles in various village, district levels in both governorates:</p> <ul style="list-style-type: none"> Decision-making in institutions (both formal and nonformal) while men play bigger role due to their membership in different public spaces as agriculture cooperatives in the villages. Leadership 	<ul style="list-style-type: none"> Public Viability <p>Women: Have limited visibility in public due to restrictions from the community.</p> <p>Men-usually enjoy public visibility especially if they are in public offices or lead local active initiatives as NGOs.</p> <p>Women interests are not presented as they are not in leadership positions nor have support system.</p> <p>Men interests are presented due to domination of leadership positions and the support networks of community members.</p>	<ul style="list-style-type: none"> Family members or neighbors or society encourages or supports participation <p>Women- are offered very limited support.</p> <p>Men- are offered encouragement and access as their public roles are considered natural behavior.</p> <ul style="list-style-type: none"> Do husbands support wives? Do parents support daughters? <p>No, they do not due to negative judgement by the society which will shame them for leaving their house duties and the care of their children to do men’s jobs</p> <ul style="list-style-type: none"> How do power dynamics in the household or community prevent or facilitate meaningful participation in community Forums? <p>Women: Power dynamics highly affect women they are expected to cover all work inside the house leaving them limited time for any public work.</p> <p>Power dynamics are usually in favor of men especially at village level as they are expected to</p>

Women are not in leadership positions in any of the local NGOs and CDAs.

Men lead local NGOs and CDAs and are active members in local communities and village cooperatives.

- Support Networks

No women groups to support women and girls to participate in the public sphere

While different networks especially those supported by well-endowed families support men in public sphere.

engage in public to gain more access to resources.

To summarize, in both governorates there are a set of constraints and challenges detailed in this analysis and summarized in the below table:

Table (14): Summary of Constraints highlighted by the GGA and recommendations to countermeasure

Level of Intervention	Gender Constraints	Recommended Methods of Countermeasure by the Projects
Mobility at villages and districts levels	<p>In Ali Hamouda village in Nasser District in Beni-Suef, a major constraint exists which is its location to the East of the Nile, the villagers must use certain ferries to cross the Nile which is usually not punctual and unsafe. In the other two villages in Beni-Suef and the three villages in Qena, the access to transportation to districts or the main governorate was not a major issue.</p> <p>This affects any expected role of women that could lead to claiming their agency at the same time affect men who are challenged by the cost of moving to and from their village</p>	<p>Arrange meetings in the villages or in accessible places in districts.</p> <p>Discuss alternatives with village leaders and active CDAs in the villages or districts to decide on different methods and channels that citizens especially women can use to communicate and negotiate with community and with governmental bodies.</p> <p>Encourage establishing women committees either in villages of in districts.</p>
Conservative Societal Values at Villages and Districts Levels	<p>In both Beni-Suef either on village or district level conservative values played a vital role in limiting women mobility. Young women are expected to travel and move only to pursue their studies, except in few cases where young women come from well-endowed families</p> <p>Tradition plays a different role in Qena districts and villages as it emphasizes the role played by privileged women and girls especially those with access to high education versus women</p>	<p>Encourage the establishment of women committees to support the process of developing the GCCs. The women committees will ensure that women work collectively to change relationships in their communities.</p>

<p>Access to communication methods in villages and districts</p>	<p>from poor and less endowed families who do not have access to resources. Access to Internet This varies between villages and districts where citizens especially women in the first have less opportunities to enjoy such access versus those living in districts.</p>	<p>The project can replace the direct access to the internet with frequent meetings where the GCC is discussed so they receive regular updates and can contribute to different discussions.</p>
<p>Confidence of citizens; especially women in influencing decision-makers at villages and district level.</p>	<p>Citizens lack such confidence due to the unsuccessful attempts to file complaints or irresponsive system or both.</p>	<p>The project through the training sessions could equip the targeted citizens; especially women with such confidence and through follow up activities.</p>

VIII. Conclusion

The baseline study and the gender gap analysis conducted on the levels of districts and villages in both Beni-Suef and Qena reveals that there are certain elements that hinder citizens, especially women from participating in decision making. The baseline focused on the Outcome: “Empowering citizens to voice out their feedback with respect to the select public services” and its indicators. Sex-disaggregated data was provided in analyzing the findings under each indicator.

Also, the baseline study introduced a community evaluation of services provided specifically education and health. The assessment revealed high dissatisfaction of both services in the villages and districts where the study was conducted either for lack of service providers (as doctors in health units) or the deteriorating infrastructure of schools.

Under **Indicator 1: % of individuals especially target women, who report confidence in their own negotiation and communication skills.** It was found that the percentage of women who have such confidence is low as 20% of participants in all FGDs compared to higher percentage of men reaching 4 out of 10 in the all men groups in both governorates (50%). Main factors for this are the freedom of mobility which allow men to access and control public spaces and influence decision making.

It is important to mention that the main element is tradition and culture which affect their agency. The agency is tied to societal and economic position of the family. Agency also changes between both governorate in terms of access to online communities and how to explain ideas or which critique to provide.

For **Indicator 2: % of individuals, especially target women, reporting high certainty that they could work collectively with others in the community to achieve a common goal,** it was revealed similar low percentage of women who report certainty in their ability to work collectively 2 out of 10 (20%) compared to a 50% in men groups. This is primarily due to the lack of freedom of mobility and lack of access to places where they can meet and discuss,

As for **Indicator 4: % of participants (citizens/CSOs’ staff), especially target women, reporting increased influence in formal decision-making process** it is important to highlight that citizens, especially women lack such confidence for many reasons including limited mobility, weak negotiation skills and more lack of collective work. Thus, the baseline for both men and women is (0) for this indicator.

The Gender Gap Analysis also revealed that there are certain elements that put obstacles in women’s way to fully participate which is freedom of mobility except to attend schools or universities. The location of schools and universities determine the family decision making for their daughter to pursue their studies.

The CSOs either as NGOs or CDAs play limited role in equipping women with needed skills to negotiate their rights. These entities usually focus on providing them with services. While for men, these NGOs or CDAs serve as a space where they can practice their leadership skills.

The baseline study and the Gender Gap Analysis also revealed the growing importance of online platforms as a medium to express opinions. The importance varies according to level of education but also is controlled by family and tribal affiliations.

To conclude, transformative change means addressing the structural causes as well as the symptoms of gender inequality, with the aim of achieving lasting change in the power and choices which citizens, especially women may have over their own lives, rather than just a temporary increase in opportunities. As explained mobility is an important core element to enhance agency and achieve transformative change but limited resources and deeply-rooted cultural norms could hinder it. In addition, for both men and women limited financial resources could have negative effects on mobility.

IX. Recommendations

The Gender Sensitive Citizen Charter is an important tool to build agency for both women and men, transform structures and change relationships in the communities where the project will work. As it is an important medium to assist the communities in regulating and monitoring the services they receive.

Accordingly, the project should not simply be a technical response, but also a transformative response, engaging different actors and supporting CSOs. Facilitating dialogue on building consciousness of inequalities and building skills for collective action to challenge the inequalities. This is critical to achieving greater impact. Fulfilling basic rights like health and education, all hinge on an individual's ability to enter public spaces and access the services he/she requires.

In order to maximize its effects of this tool, it is recommended to consider the following:

- 1- It is recommended to have trainings on building leadership for women focusing on their self-esteem and discussing opportunities they can reach for.
 - The capacity building sessions with community members, CSOs staff and governmental employees should provide examples of the positive effects of collective work in enhancing services.
- 2- The project could serve as an important opportunity to strengthen online communication to challenge limited mobility of both men and women. The online platforms could be a useful medium to communicate between citizens across governorates and serve as a learning tool
- 3- The project should target to balance the representation of citizens especially women of different affiliation and backgrounds giving opportunities to less privileged men and women to gain access to trainings and meetings held by the project.
- 4- Th CSOs that would be involved in the project should be encouraged to organize their work to act as aggregator for the community member's needs and concerns. The GCC could be an important tool to organize channels of communicating the negative evaluation of services and enhance the ability of both men and women to communication with governmental bodies.

X. References

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XI. Annex 1: Qualitative Data Collection Tools

Focus groups discussion protocol

- 1- Can you tell me, what are the problems you have in your community in health and education?
- 2- Having such problems, where do you go to discuss them or find solutions?
- 3- Do you think you can play a role in solving them?
- 4- If there is a clear guideline of what and administration do, would that be better? Why?
- 5- How the process can made clear for you, meaning the process of providing services?
- 6- Do you know the duties of service providers in local administration as education district or health district?
- 7- Have you been to the local administration representative before and had your problems solved? How?
- 8- How many decision makers you communicate with? How? Why? What changed in the problems at local level due to these communications?
- 9- Do you know of local CSOs/NGOs/CDAs? What are they? Do you visit them? Why?
- 10- Do you think these CSOs can help you? How?
 - a. Probes:
 - b. If not, what other ways you follow? Do you work with other members in the community?
 - c. Do you share your opinions, ideas, actions or other steps with your husband/wife/other family members?

Semi-Structured Interview Guide for NGO/CDA Heads in villages or districts:

Profile:

Name:

Position:

Questions:

- 1- How many men and women are active in your association as decision makers?
- 2- How many men and women do your association serve? What is their social status: Married, Widowed, Divorced, single?
- 3- How do you serve them?
- 4- From your observation, do women voice their concerns when there are problems in the community related to health or education? How do they do this?
- 5- If there would be a problem related to either health or education in the community, who discuss it with you? Women or Men?
- 6- How do you think we can engage more community members especially women in the discussion about quality of education and health services in this area?
- 7- If there would be meetings or gatherings to write a document that specifies the citizen's expectations from the governmental service providers, would women attend? Why? How we can encourage them to attend if they do not?
- 8- How do did your organization collaborate with the community to solve their problems? Or just they work on their own and report back to the community?