



# Women Empowerment Programme 2009-2013

Cooperation Agreement with NORAD  
Final report, May 2014

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## List of acronyms

CO	Country office
CSW	Commission on the Status of Women
CSO	Civil society organisation
CSC	Community scorecards
FGM	Female Genital Mutilation
GBV	Gender-based violence
IDP	Internally displaced person
IGA	Income generating activities
JOT	Journey of transformation
MMWW	Making Markets Work for Women
MCH	Maternal and child health
MFI	Micro-finance institution
NWF	National Women's Forum of Burundi
NGO	Non-governmental organisation
NORAD	The Norwegian Agency for Development Cooperation
SAA	Social Analysis and Action
SACCO	Saving and Credit Community cooperatives
SEEP	Small Enterprise Education and Promotion Network
SRHR	Sexual and reproductive health and rights
VSLA	Village Saving and Loan Association
UCPV	Underlying causes of poverty and vulnerability analysis
UNSCR	United Nation Security Council Resolution
WEP	Women Empowerment Programme

## Executive summary

CARE Norway, collaborating CARE country offices (COs), and partners have from 2009 through 2013 run the “Women Empowerment Programme” (WEP). With funding from NORAD, it has been implemented in Mali, Niger, Uganda, Tanzania, Rwanda, Burundi, Myanmar and DRC (from 2013).

The results presented in this report derive from CARE’s monitoring systems, thematic assessments and research done over the 5 years. This final report is intended to give NORAD an overview of key results within the program’s four thematic focus areas: 1) Women’s Economic Empowerment, 2) Women’s Participation in Decision Making, 3) Women’s Sexual and Reproductive Health and Rights, and 4) Prevention and Mitigation of Gender-based violence. In agreement with NORAD, the end-line evaluation of the WEP is due in May 2015.

Globally, gender inequality remains a critical gap in the advancement of equitable economic growth and prosperous development for all (WEF, 2013). While health and education inequality is decreasing globally, inequalities in income and political influence remain (UNDP, 2013).

Through the WEP, CARE Norway has aimed to address this, focusing on women’s economic empowerment and political participation. Taking a *gender transformative approach*, the WEP has gone beyond improving women’s access to resources, and helped communities understand and challenge the social norms and practices that produce and uphold gendered inequalities. The informal practices and norms targeted through the WEP are key to the legal and formal structures that hinder women and girls from leading lives free from violence, realizing their full capacities, gaining access to resources and participate at the same level as men and boys. We are proud to see the results yielded, in particular at times when national and regional trends in gender equality are negative.

With the WEP, CARE and partners have significantly contributed to strengthening **women’s economic empowerment**. Through the establishment of village savings- and loans associations (VSLAs) the WEP has reached 501,123 individuals, of which 417,212, (78.5%) are women. 17,607 new VSLAs were established. These results are expected to be sustainable: More than 90% of VSLAs functions independently after 5 years. Results are also expected to be self-replicable. In Uganda, for each VSLA established by CARE two additional groups were established through replication processes.

From 2009 to 2013 VSL members in the 8 participating programme countries have mobilized a total of 16 million USD in savings, and loaned 7,7 million USD. Loans are used for multiple purposes, but the majority (77%) are invested in income generating activities (IGAs). In Mali, Niger, Rwanda, Tanzania and Uganda a total of 1,892 VSL groups and 220 networks (VSLAs) are linked to Micro Finance Institutions (MFIs). The strong focus on IGAs and linkage to MFIs has proven key to increasing resilience of livelihoods and to challenge the social, relational and structural norms that limit a woman’s potential. Overall, it is evident that access to land and production means contribute to strengthening women’s productive base.

Results in the area of **strengthening women’s civil society organizations** over the years demonstrate a significant growth in the number of VSLAs that have joined existing VSLA networks as well as in the number of new networks established. Core to the networks’ purpose is that they increase women’s organizational capacity and ability to mobilize around common interests, claim rights, demand justice, and influence the political agenda. The networks increasingly link with other civil society organisations and actors in the communities to achieve shared objectives. Mobilisation by VSL networks has through the programme period been instrumental in achieving many of the policy changes described in several sections of this report. CARE also observes that women are increasingly aware of their rights as guaranteed by national laws. As a result, women’s claims to government are growing in force. The networks contribution to the strengthening of civil

society and sustainability of positive results in the WEP countries is therefore crucial to reading CAREs results.

CARE observes that there is slow but steady progress in the area of **SRHR**, and an increase in the use of SRH services among women supported by the programme. The results are most significant in remote areas where public SRH services are weak or unavailable. In partnership with Governments and local authorities, CARE and partners have supported the development of public health infrastructure and human resources, and linked users to existing services where possible. The WEP has also financed training of community health workers and mid-wives in the public health service, and recruited large networks of volunteers that link health workers to individuals. As a result, in Niger contraceptive use among women in the intervention area exceeds national targets with 25%, compared to the national average of 13.9% (Niger DHS 2012).

**GBV** is one of the most widespread, but least recognized, human rights abuses in the world. The term includes physical, sexual and psychological abuse, harmful practices such as child marriage, sexual violence, and exploitation during and after conflict. Women and girls are particularly vulnerable to GBV because of their subordinate status in many societies. Targeting GBV requires holistic, multi-stakeholder approach. Therefore, under the WEP, CARE and partners work against GBV has happened in close collaboration with stakeholders at all levels, including governments, NGOs and INGOs as well as the UN. As a result referral systems are reinforced and different grassroots structures (peer educators, case managers, local activists, community health workers, and community conciliators), the police, health centers, and consortiums of NGOs are brought together to play different roles in handling GBV incidents. In Burundi, Rwanda and Uganda, advocacy networks consisting of CSO coalitions, cultural and religious leaders and women parliamentarians have been formed to specifically influence GBV related policies, procedures and laws, in adherence with UNSCR 1325.

**Engaging men** has been crucial to achieving WEP goals, including prevention and mitigation of GBV, increasing women's access to income generating activities, sharing unpaid household work, improving access to SRH services and increasing women's meaningful participation in decision making. Engaging men has been particularly instrumental to dealing with backlashes and resistance. With strong technical support from CARE Norway and in recognition of men and boys' own interest in gender equality, CARE International is increasingly working to engage men and boys as equal partners with women and girls to challenge social norms, practices and structures that limit the equal and full enjoyment of rights and opportunities for all.

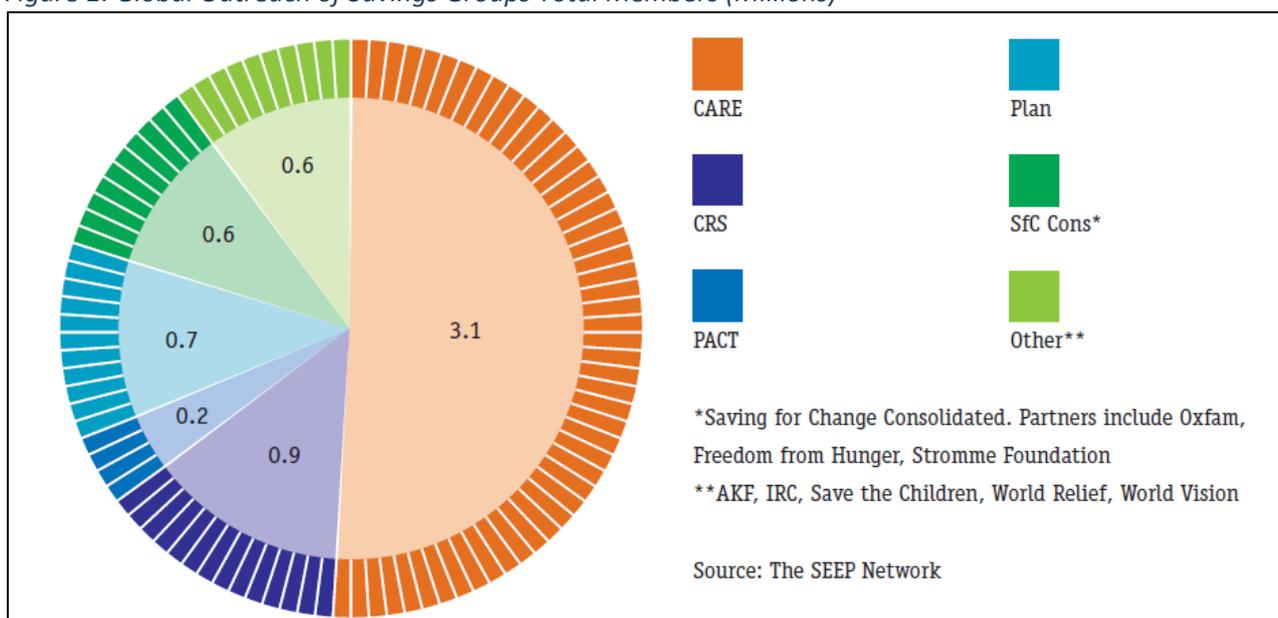
## Women economic empowerment

CARE understands women’s economic empowerment in its broadest terms, including the expansion of economic opportunities for women, equal legal status and rights, and the participation of women in economic decision-making. In consequence, CARE’s Women Empowerment Program (WEP) has produced results at various levels. At the *agency* level, CARE has enhanced women’s business and entrepreneurial skills in order to increase their economic choices and improve their access to markets. At the *relational* level, CARE has assisted members of Village Savings and Loans Associations (VSLA) attain access and rights to land and inputs, access to resource governing bodies, as well as access to micro-financial institutions (MFI) for formal financial services. Finally, at the *structural* level, CARE has worked to ensure decent work environments, conditions and legal rights.

An important pillar of CARE’s work in the area of women’s economic empowerment has been to establish and support VSLAs. Rigorous research and impact evaluations conducted by CARE and others show that VSLAs are effective for asset accumulation, consumption smoothing, investment in income generating activities, management of finances, savings, lump-sum creation and solidarity (SEEP, 2013, p.19). However, the direct effects of VSLAs/micro-credit on women empowerment are relatively small (REF). A woman’s increased ability to save money may not directly translate into increased control over household resources, but experiences indicate that it is a key part of broader efforts towards economic empowerment. Programming experience suggests that holistic and comprehensive efforts, such as the WEP, are necessary to truly achieve gender transformative results. This is why the VSLA approach is complemented with work on women’s political participation, GBV prevention and SRHR. It is also worth noting that some researchers argue the low effects demonstrated by studies may be because of weak research design, insufficient data and short time horizons (REFERENCE).

Globally, CARE continues to demonstrate leadership in the area of VSLA. In 2011 CARE reached 3.1 million people through VSLAs (please see Figure 1 which compares global outreach on VSLA among facilitating agencies). CARE constantly seeks to innovate and refine its approaches, focusing not only on access to financial services, but also on women more general economic empowerment. The WEP has contributed to CARE’s global leadership role.

Figure 1: Global Outreach of Savings Groups Total Members (Millions)



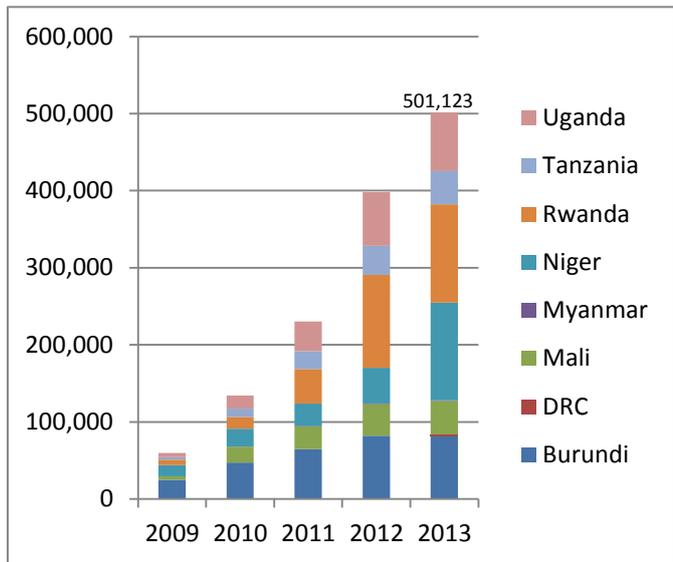
**Main achievements and selected results**

**Access to financial services**

CARE observes that the WEP has significantly contributed to closing the financial services access gap. The WEP has reached **501,123 individuals, of which 417,212, (78.5%) are women** (please see Fig. 2 and Table 1 and 2). **17,607 new VSLAs** were established (see Table 3). In districts supported by the WEP, access to VSLA's is nearly universal and CARE's support to establishing new VSLAs has in many places been successfully phased out.

The results from the WEP are part of the larger CARE Village Savings and Loan Association (VSLA) movement. In its first 17 years, since its beginning in rural Niger, the movement reached around one million households across Africa. Since the scaling up in 2008, CARE has reached an additional two million households (CARE, 2011).

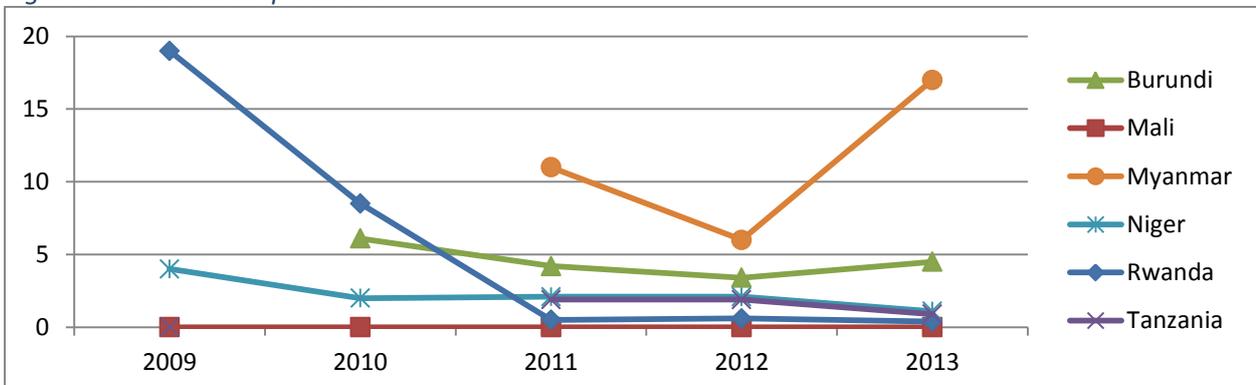
*Figure 2: Accumulated number of new VSLA members reached through WEP 2009-2013*



Results are expected to be sustainable. VSLA build on a ubiquitous tradition of savings clubs, burial societies, and rotating savings and credit associations (ROSCAs) known by such terms as “merry-go-rounds,” “susus,” and “tontines.” The approach is based on principles and attributes of VSLAs as self-managed, autonomous, highly participatory, community-based, and democratic. Once established, groups rarely dissolve. A 1998 evaluation in Niger showed that 96% of the VSLA groups created since 1991 were still operating 7 years later (Ritchie, 2007). Globally, over 90% of VSLA groups continue to operate more than five years after receiving training (SEEP, 2013)

Groups also seem to increasingly meet the expectation and needs of members, indicated by declining drop-out rates as programmes mature (please see Fig 3.)

*Figure 3: Trends in drop-out rate*



Data show that drop-out rates decline as programmes mature. Exceptions include an increase Myanmar from 2012 to 2013, caused by an increase in outreach in 2013. Data from DRC and Uganda not available.

Results are also expected to be self-replicable. Nearby villages tend to contact experienced VSLA members that have received training to ask for support in establishing new VSLA in their own village. This service is sometimes offered for a small fee. The replication process takes place without any interference by CARE or partners. The rate of replication can vary from 0.25 to 2.5. A recent study from Uganda showed that the replication rate for the WEP was 2.0, meaning that for each VSLA established by CARE two additional groups were established through replication processes (Datu, 2013). In Niger, 970 replicated groups are estimated to have been established between 2009 and 2013.

#### *What is a Village Savings and Loan Association (VSLA)?*

VSLA provide members with an opportunity to save money on a regular basis, to access credit, and to save in a social fund that serves as insurance in case of emergencies. The typical group gathers 20-25 members on a weekly basis, has a board with a president, a secretary, a treasurer, a controller and elected councillors. The group establishes its own internal rules, including decisions on financial terms such as interest rate. All transactions (paying shares, taking loans, reimbursements) take place in plenary, ensuring transparency and participation. Typically, a group is established and goes through a training program in three phases provided by CARE and partners. The groups typically graduate by the end of 12 months. At the end of a cycle, the group distributes savings and dividends before they start a new saving cycle. CARE and partners do not provide any financial support to the groups' saving or loaning activities.

**Table 1: New VSLA members by country and year**

	2009	2010	2011	2012	2013	Total
<b>Burundi</b>	24,903	22,577	17,085	17,685	0	82,250
<b>DRC</b>	0	0	0	0	1,354	1,354
<b>Mali</b>	4,566	15,970	9,176	11,118	2,639	43,469
<b>Myanmar</b>	0		472	230	385	1,087
<b>Niger</b>	14,555	8,780	5,724	17,514	80,000	126,573
<b>Rwanda</b>	7,076	8,054	29,919	75,556	6,877	127,482
<b>Tanzania</b>	3,353	7,634	11,970	14,650	5,440	43,047
<b>Uganda</b>	5,400	11,505	21,643	31,167	6,146	75,861
<b>Total</b>						<b>501,123</b>

**Table 2: Share of women VSLA members**

	Women members	Percentage women	Male members
<b>Burundi</b>	68,235	83.0	14,015
<b>DRC</b>	1,078	79.6	276
<b>Mali</b>	39,264	90.3	4,205
<b>Myanmar</b>	886	81.5	201
<b>Niger</b>	117,713	93.0	8,860
<b>Rwanda</b>	102,436	80.4	25,046
<b>Tanzania</b>	30,132	70.0	12,915
<b>Uganda</b>	57,468	75.8	18,393
<b>Total</b>	<b>417,212</b>	<b>78.5</b>	<b>114,096</b>

**Table 3: Total number of new VSLA established 2009-2013**

	Target	Achieved	
<b>Burundi</b>	3000	3,078	✓
<b>DRC</b>	50	51	✓
<b>Mali</b>	1,500	1,511	✓
<b>Myanmar</b>	49	52	✓
<b>Niger</b>	3690	4,875	✓
<b>Rwanda</b>	4,000	4,306	✓
<b>Tanzania</b>	2,044	2,097	✓
<b>Uganda</b>	1,800	1,637	x
<b>Total</b>	<b>12,443</b>	<b>17,607</b>	✓

### *How is the performance of VSLA's measured?*

The Savings-led Working Group of the Small Enterprise Education and Promotion (SEEP) network, including CARE, have developed a management information system (MIS) that allows tracking of key VSLA-appropriate performance ratios for the monitoring of group-level financial and operating performance. Through the development of the performance information system, it is possible to compare VSLA programs on indicators related to savings, loans, and gender. For more information, please see <http://www.seepnetwork.org/>

### Reaching the most vulnerable

Though the average VSLA member tends to be wealthier and more socially and financially active than non-members, meta-studies show that VSLA programs facilitated by various agencies also reach the very poor (SEEP, 2013). CARE makes special efforts to reach the most vulnerable. During programme planning, CARE conducts analyses of Underlying Causes of Poverty and Vulnerability (UCPV) to define impact groups and appropriate approaches to inclusion. These analyses also look at how women experience different forms of poverty and vulnerability, and take into account groups of women who are considered particularly vulnerable (e.g. widows, IDPs, people infected with HIV/AIDS, people with disabilities etc.).

An example of how vulnerable people have been specifically targeted is the disability mainstreaming efforts in Mali. CARE Mali invited representatives from various associations for disabled persons to participate in workshops during the design of its programme and to contribute to the definition of the impact group. The programme provided persons living with disabilities the possibility to gain a livelihood through participation in VSLAs. As an example, the below table show the number of handicapped persons included by district in one province.

*Table 4: Number of handicapped persons in Ségou*

District	Number of handicapped women	Number of handicapped men	Total
Bandiagara	16	14	30
Bankass	12	0	12
Koro	7	7	7
Baye	16	4	20
Segou	85	2	87
Diabaly	40	30	70
Macina	166	36	202
Tombouctou	5	5	5
<b>Total</b>	<b>347</b>	<b>98</b>	<b>433</b>

Similarly in Niger, various forms of disability were considered as an vulnerability criteria in the UCPV. Disabled persons were targeted in humanitarian responses related to food crises, and prioritized as recipients in e.g. cash transfers. They were also integrated in VSLAs as part of longer-term interventions (creating synergies between humanitarian response and long-term development activities). CARE Niger used the government's policy on social welfare/protection (2013), in which people with disabilities are explicitly targeted. In 2010 and 2011, CARE Niger initiated discussions in the villages with existing VSLAs that led to a stronger integration of women with disabilities in the groups. The country office also collaborated with Handicap International Federation.

## Building financial capital

From 2009 to 2013, VSLA members from the eight participating programme countries have mobilized a total of **16 million USD** in savings (see Fig 4 and Table 5). Research indicates that VSLA members are able to save significantly more than non-VSLA members, and that VSLA do not replace other saving mechanisms (IPA, 2011, p. 23).

*Figure 4: Accumulated savings in USD among new VSLA groups*

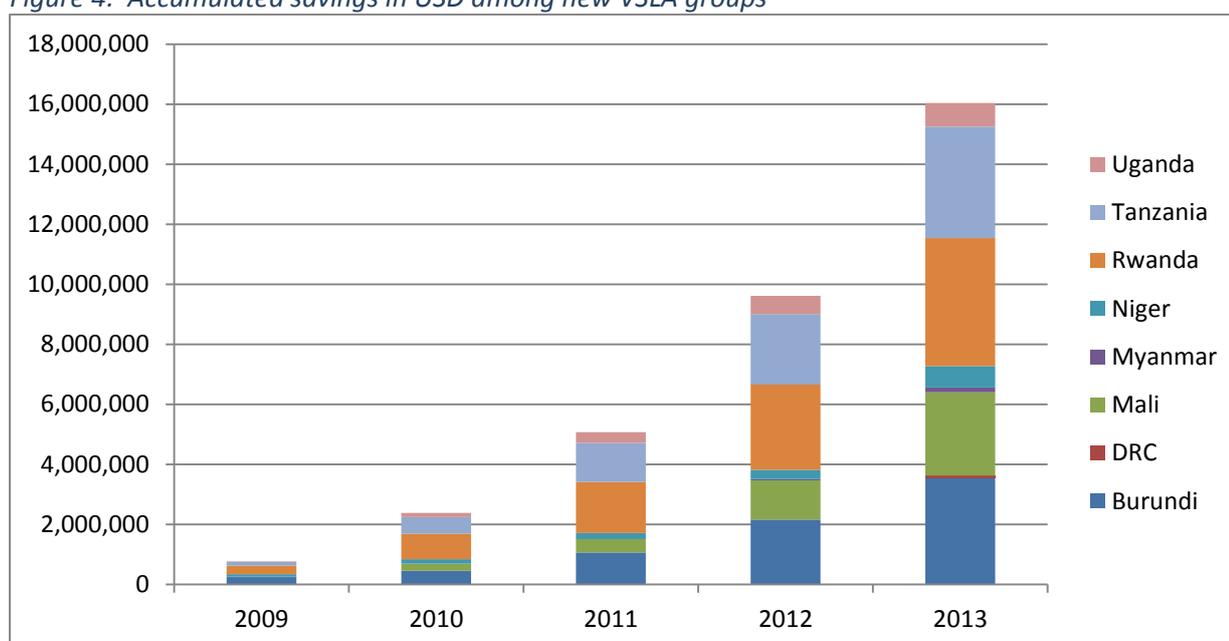


Table 5: Accumulated savings in USD among new VSLA groups

	2009	2010	2011	2012	2013	Total
<b>Burundi</b>	243,442	211,495	603,593	1,098,060	1,379,876	<b>3,536,466</b>
<b>DRC</b>					91,106	<b>91,106</b>
<b>Mali</b>	12,733	219,788	214,366	863,585	1,466,010	<b>2,776,482</b>
<b>Myanmar</b>			3,986	38,812	112,222	<b>155,020</b>
<b>Niger</b>	85,104	69,896	43,968	107,524	407,273	<b>713,764</b>
<b>Rwanda</b>	284,395	568,790	853,185	1,137,580	1,421,975	<b>4,265,925</b>
<b>Tanzania</b>	120,943	431,274*	741,605*	1,051,936*	1,362,267	<b>3,708,025</b>
<b>Uganda</b>	18,003	120,035	226,067	239,779	186,589	<b>790,473</b>
<b>Total</b>	<b>764,620</b>	<b>1,621,278</b>	<b>2,686,769</b>	<b>4,537,276</b>	<b>6,427,318</b>	<b>16,037,261</b>

\* estimates

Annual aggregated saving amounts have increased steadily over the years of the programme (see Table 5 annual totals). This is a result of both more VSLAs being established, but also of the increased saving capacity of more mature groups. As an example of the latter, average savings per member per year increased during the programme period from 13 USD in 2009 to 62 USD in 2013 (please see Fig. 5).

As a result of the increased capacity to save, VSLAs have also seen an increased capacity to lend. The total amount lent over the period was 7.7 mill USD

(see Fig. 6 and Table 6). A total of 849,964 loans were provided. While loans are used for a variety of purposes, including emergencies, school fees, household expenses, health services and construction while the largest portion of loans go to income generating activities (77%). Loan repayment rates are generally high (see Table 7), and programme countries where they have disaggregated repayment rates by gender report that women are more likely than men to be able to repay loans.

Figure 5: Average amount saved annually per VSLA member (USD)

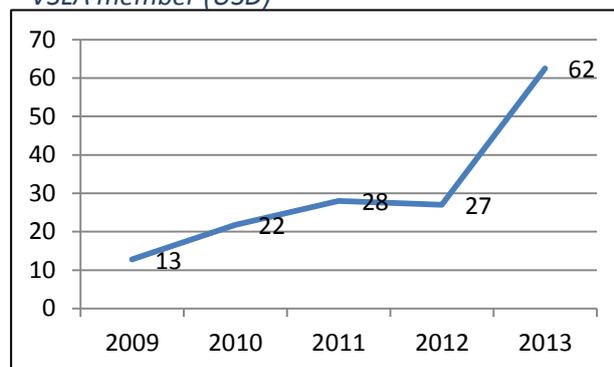


Figure 6: Accumulated loans (USD)

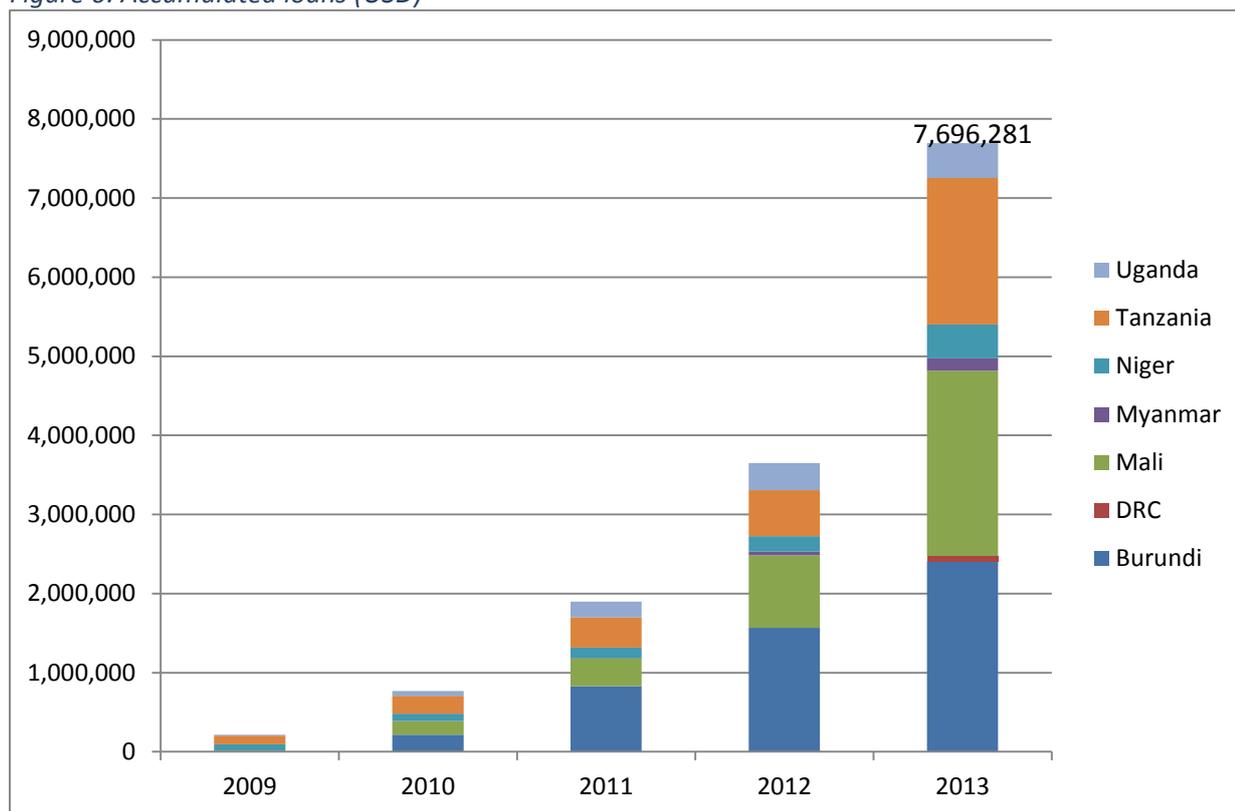


Table 6: Loans in USD

	2009	2010	2011	2012	2013	Total
<b>Burundi</b>	9,299	205,933	614,638	737,251	841,764	2,408,885
<b>DRC</b>					68,947	68,947
<b>Mali</b>	7,559	166,776	179,101	564,494	1,422,425	2,340,355
<b>Myanmar</b>			1,512	47,348	106,053	154,913
<b>Niger</b>	79,622	14,487	38,712	58,367	237,797	428,985
<b>Tanzania</b>	107,564	118,140	157,776	197,411	1,272,068	1,852,959
<b>Uganda</b>	10,715	49,470	137,710	144,784	98,558	441,238
<b>Total</b>						<b>7,696,281</b>

Table 7: Loan repayment rate (all loans)

	%
<b>Burundi</b>	99.4
<b>DRC</b>	96.0
<b>Mali</b>	100.0
<b>Myanmar</b>	100.0
<b>Niger</b>	99.0
<b>Rwanda</b>	99.5
<b>Tanzania</b>	80.0
<b>Uganda</b>	92.9

## Increasing resilience and adaptation to climate change

Since the concept of resilience gained prominence in the relief and development world, several definitions and frameworks have been put forth to explain the complex mix of factors and processes that influence vulnerability and resilience. However, despite slight differences in orientation, almost all definitions refer to: The capacity of families, communities and systems to absorb, adapt to, and recover from shocks and stresses (e.g. drought, high food prices, land degradation, climate change, population growth, conflict) in ways that support economic and social development and growth.

CARE defines resilience at the individual, household and community levels, because this is where the impact of resilience (or lack thereof) is felt. However to build resilience requires working at many (principally higher) levels with national and regional governments, civil society and other power holders. Because of the disproportionate vulnerability of women and girls, CARE pays specific attention to strategies to empower them and fight gender injustice as a contribution to women's resilience and through them, that of their families and beyond (CARE West Africa Regional Management Unit, 2013).

VSLA has proven to be a robust approach towards strengthening household's abilities to withstand shocks by contributing to implementing approaches of innovation and adaptation in building- and reinforcing resilience (CARE Niger, HIMMA, AREN 2013). Research demonstrates that VSLAs tend to increase members' ability to smoothen consumption as well as strengthen the solidarity between members. Monitoring indicates that these expected effects have materialised in programme countries supported by WEP. Group members use a combination of resources and techniques to face food insecurity. From the VSLA group fund these are; savings, loans, emergency cash from VSLA social fund and final the share-out at the end of the cycle. The cycle is usually planned in relation to the agricultural cycle so that members will have access to resources when they most need them.

Besides the access to cash, the VSLA resources often include cereal banks and other group managed activities like counter season gardening and cash crop cultivation. The combination of these strategies allows women to contribute to the food security of the household. During the 2011 mid-term evaluation both men and women recognized that membership in VSLAs contributed to mitigating the effects of food and nutrition security in their households.

In situations of particular stress, like in periods of extended drought or other environmental shocks, the groups are able to adapt their VSLA strategies to maintain activities in the group, by reducing the frequency of meetings, prolonging the loan period or waiving interest on loans, and reducing fees and fines, and finally, - by distributing the savings (CARE Mali & GCoZA, 2013).

However, with increased levels and frequency of shocks, the VSLAs are not capable of withstanding negative impact. Thus in Niger the percentage of marginalized women and men with capacity to cope with economic shocks decreased from 78% in 2009 till 68% in 2011, but members still claim that being part of VSLAs increase their chances of withstanding the shock, or postponing the impact. However, when the situation becomes critical and humanitarian assistance is needed, (food aid, or cash transfer) members of VSLA can more equipped to make sustainable use of the assistance and can "provide support at critical moments and promote the optimal use of cash transfers" (Bailey, 2008).

Increasing resilience in the face of climate change has become increasingly important in the WEP and synergy has been sought with other programmes that work more specifically on adaptive techniques, early warning and disaster risk reduction mechanisms. In fact, both for the purpose of increasing resilience to shocks and adaptive capacity to climate change, CARE is working on bridging the gap between humanitarian response and long-term development.

Women in VSLAs in Niger for instance have been linked to and contribute to the work of community risk analysis and early warning mechanisms that are key initiatives in CARE Niger’s programmes on climate change adaptation and food and nutrition security. This contributed to a formal framework in which to engage with the communal level and in 2012 this resulted in the construction of 8 rainwater resistant cereal banks, one borehole for drinking water to prevent waterborne diseases, and increased competency on prevention and response to waterborne diseases.

Other initiatives in synergy with parallel programs seeking to enhance adaptation are some aiming to provide sustainable energy and environmental protection, for instance in Rwanda, Burundi and Tanzania through among other improved cooking stoves and solar lamps. In Uganda farmers were trained in climate change adaptation techniques and post-harvest handling and introduced to the concept of disaster risk reduction.

### **Key results –Increasing resilience**

<b>Burundi</b>	- Less migration by VSLA women than non-VSLA members during recurring drought: VSLA members organised food collections to support community members.
<b>Mali</b>	- 85% of women who are members of VSLA reported that they could deal with shocks against 76% of non-members. - VSLA members mobilised USD 44 418 towards social funds and established 200 cereal banks. - 281 children with moderate acute malnutrition received care. - 55 communes developed local emergency preparedness plans. - 2700 IDPs were assisted by VSLAs in Mopti and Segou.
<b>Niger</b>	- VSLA women contributed to funding basic community infrastructure (e.g. women in Mokko paid 50% of the costs of electrification of the maternity and drilling water wells). - VSLA groups engaged to a larger degree with local health schemes (mutuelles de santé).
<b>Rwanda</b>	- Increased enrolment of VSLA members and their families in the government’s health insurance scheme (mutuelle de santé). Savings enabled VSLA members to pay the 10% contribution required.
<b>Tanzania</b>	- Increased availability of social funds within each VSL group and stronger social networks.
<b>Uganda</b>	- Enhanced agricultural productivity: Trained beneficiaries (mostly women) registered higher than average yields for key food security crops. - Acreage of land under cultivation increased from ½ to 3 acres on average per household. - Increased numbers of beneficiaries report having three square meals a day. In 2009 most people were dependent on food aid and in 2011 most people were only able to produce and consume one meal a day. - The initial provision of goats contributed by the programme has multiplied from 12,551 to 39,592 within 3 years, a value increase of USD 1.45 Million.

## Developing entrepreneurial skills

CARE has assisted VSL members to start new income generating activities (IGA) or improve the viability of existing activities. This includes improving members' entrepreneurial skills and boost members' ability to assess the profitability and sustainability of different agricultural and non-agricultural goods for production, distribution and sale. Resulting expansion of businesses, increase in income and growing financial maturity and knowledge of financial mechanisms has placed both individual VSLA groups and networks at a stage where they are ready to be linked to microfinance institutions (MFIs). With the support of CARE, this allows members and groups access to increased credit under safe and understood conditions and regulations.

The program countries have had a consistent emphasis on integrating IGAs into the VSLA approach throughout the implementation period. A total of **736,577 loans were taken for the purpose of IGA, of which 85.3% by women**. This is a significant and steady increase since the inception of the programme (see Fig 7 and Table 8). The growth is a result of both the growth in number of VSLA members during the programme period, as well as increased training and support. In Mali, for example, the number of VSLA members running IGAs rose from 52% in 2009 to 81% in 2011<sup>1</sup>. VSL members learn about planning and management of small businesses and start using the dividends and micro-loans to invest in different IGAs such as small scale trading, poultry keeping, fattening livestock, tailoring, handicrafts or gardening. Some of the countries also worked specifically with adolescent girls, improving their skills in various social and professional activities such as food processing, dyeing, tailoring, sewing, hairdressing, beadworks and production of sanitary pads<sup>2</sup>. In Mali, this led to creation of 199 micro businesses by more than 350 girls aged 15-19 years old.

To maximize group members' revenue, targeted trainings on specific skills and products that have high market demand have been conducted in several countries. In Tanzania (Kinondoni and Micheweni districts) the capacity of women to produce market driven products was developed through specific "salesmanship trainings" with adhering value chain analysis and focus on production, branding, placement and sales. These trainings, a replica of the supermarket REMA 1000's own training of salesmen, have been conducted in Tanzania by REMA 1000 staff. They emphasised the transfer of knowledge to the groups, CARE staff and local partners for sustainability and further replication<sup>3</sup>. This had an immediate impact on the women's marketing activities, and reportedly increased incomes from their IGAs significantly.

Throughout the program countries, there is evidence that the members have used their acquired entrepreneurial skills and produced returns on their investments.

In Mali, the programme has built management and entrepreneurship capacities of 1633 female entrepreneurs. From the accumulation of activities in these enterprises (trade, market gardening, livestock fattening and breeding) a woman earns approximately 1244 USD (or 600 000 FCFA) annually, which is 53% more than the average annual income, or 159% of the minimum salary provided by the state.

In Niger, the percentage of women reporting to have improved their IGAs increased from 12% in 2009 to 47% at the end of program period, and the percentage of VSLA members who claim to undertake viable economic opportunities increased from 57.56% in 2009 to 78% only two years later<sup>4</sup>.

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<sup>1</sup>Data from the baseline study conducted in 2009 and the special quantitative survey performed in mali for the 2011 midterm review, as presented in the periodic report to norad of 2012.

<sup>2</sup> Mali and Uganda.

<sup>3</sup> For more on CARE's collaboration with REMA 1000, see section below on Cooperation with other donors.

<sup>4</sup> 2011 data

Figure 7: Trends in annual number of loans used on IGA

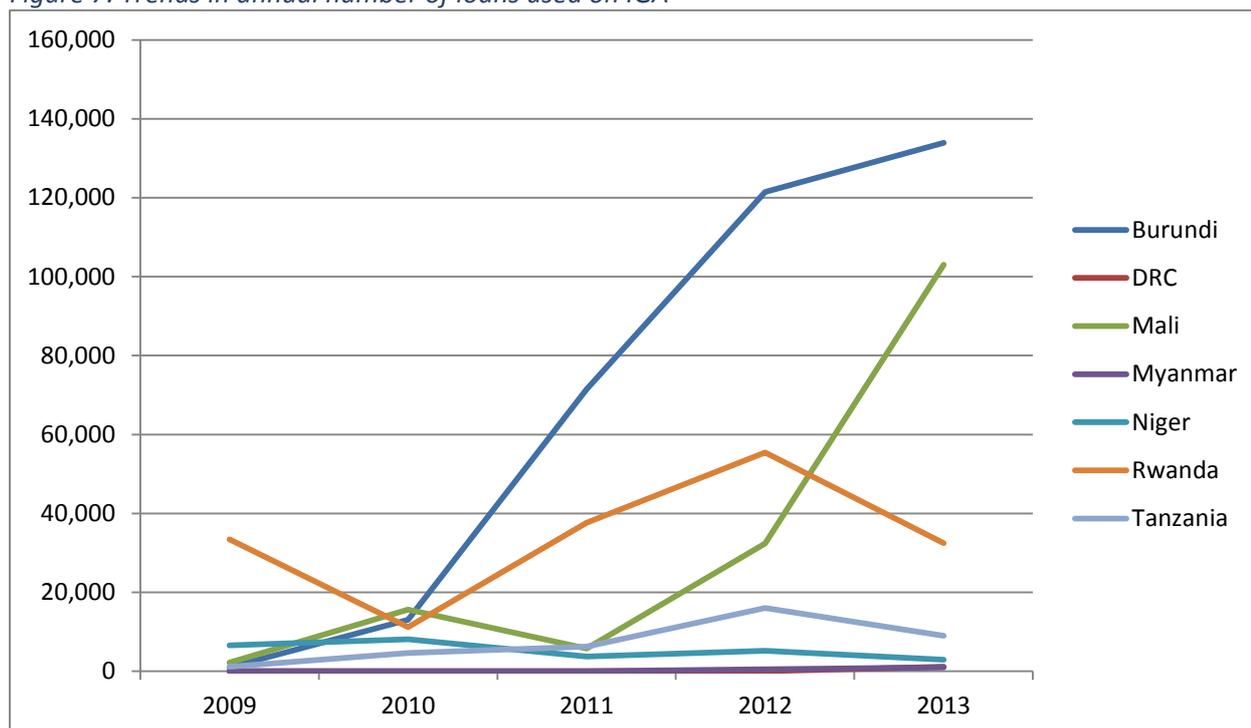


Table 8: Annual number of loans used on IGA, by year and country

	2009	2010	2011	2012	2013	Total
<b>Burundi</b>	1,025	13,085	71,424	121,486	133,950	340,970
<b>DRC</b>	0	0	0	0	1,140	1,140
<b>Mali</b>	2,192	15,631	5,795	32,351	103,047	159,016
<b>Myanmar</b>	0	0	11	516	1,001	1,528
<b>Niger</b>	6,579	8,085	3,728	5,188	2,934	26,514
<b>Rwanda</b>	33,450	11,214	37,664	55,459	32,439	170,226
<b>Tanzania</b>	1,166	4,682	6,273	16,079	8,983	37,183
<b>Total</b>	<b>46,421</b>	<b>54,707</b>	<b>126,906</b>	<b>233,091</b>	<b>285,507</b>	<b>736,577</b>

### Scaling up income generating activities

In some countries, among them Tanzania, Mali and Niger, VSLA women have organised themselves around specific activities and developed production clusters or micro businesses at a larger scale. These are typically activities like cash crop cultivation, storage and marketing, peanut oil production, soap production or tailoring workshops. Some of these activities require investment in machinery and tools, thus requiring larger sums of capital than the VSLAs themselves can mobilise. This makes links to MFIs particularly interesting. Some of these group businesses also employ youth, for example to operate machines and to transport goods to the market and thus contribute to job creation.

**A total of 1892 VSLA groups and 220 networks are linked to micro-finance institutions (MFI) in Mali, Niger, Rwanda, Tanzania and Uganda (see Table 9).** The demand for assistance to ensure such linking and opportunity to loan from MFIs was high across the countries, as groups want to see their businesses grow.

During the program period in Mali, for example, 282 groups and networks had access to \$ 507,113 in loans from MFIs to meet members' increasing needs for credit, or to invest in realising economic activities and general agricultural businesses for storing and marketing cereals. The women used 25% of the MFI loans for economic activities and 38% for purchase of agricultural inputs. Linking to MFI only takes place when groups are ready and able to handle additional credit.

The strong focus on IGAs and linkages to MFIs have proven to be a key element in ensuring more resilient livelihoods, but more importantly it has strongly contributed to challenging socially constructed gender norms about what a women could and should do. Many of the IGAs that women have taken active part in are traditionally implemented by men, such as tiles and bricks manufacturing and house construction. Also, financial capital have allowed women to access valuable assets previously owned primarily by men, such as land plots, livestock and farming products. In Mali, 56% of VSLA women owned land in 2011 as compared to 30% in 2009, and 24% of women had access to the means of production such as hoes, ploughs and carts in 2011 compared to only 6% in 2009<sup>5</sup>.

In Burundi, 3584 women VSLA women have bought land, and 13 645 are renting land. More than 3000 of these have built solid houses or sales counters on these properties. The 2013 monitoring in Niger showed that women now hold productive assets that until recently were held exclusively by men, such as large ruminants, carts, plots in addition to farm lands and constructed houses. Overall in all program countries, it is evident that access to plots of land and production materials contributes to strengthening women's productive base and their orientation towards promising production chains. It is reportedly one of the key elements of transforming gender roles in the settings where we operate.

*Table 9: Number of linkages to MFI*

	<b>Number of VSLAs that have established linkages to MFIs</b>	<b>Number of networks that have established linkages to MFIs</b>
<b>Burundi</b>	0	0
<b>DRC</b>	0	0
<b>Mali</b>	58	73
<b>Myanmar</b>	n/a	n/a
<b>Niger</b>	1,093	140
<b>Rwanda</b>	475	0
<b>Tanzania</b>	231	5
<b>Uganda</b>	35	2
<b>Total</b>	1,892	220

<sup>5</sup> Recall that Mali as the only country conducted a quantitative analysis in 2011, as presented in the periodic report to Norad in 2012

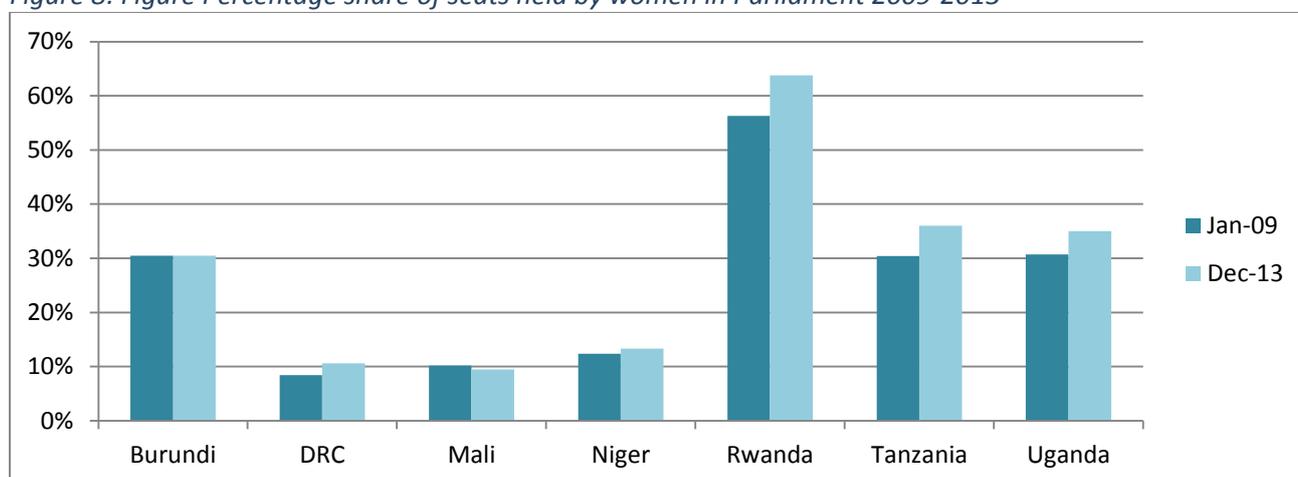
### **Key results –Income generating activities**

<b>DRC</b>	<ul style="list-style-type: none"> <li>- 1 140 VSLA members (88% women) have started Income Generating Activities with loans contracted during 2013.</li> <li>- Youth members of VSLAs have received specific vocational training enabling them to develop IGA.</li> </ul>
<b>Burundi</b>	<ul style="list-style-type: none"> <li>- A total of 296,921 income generating activities were managed by women</li> <li>- 3,584 women bought land and 13,645 women rented land</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>- VSLA women members that own land increased from 30% in 2009 to 56% in 2011. VSLA women members that have access to the means of production increased from 6% in 2009 to 24 % in 2011.</li> <li>- 622 micro businesses were set up by 3.152 women. 199 of these were managed by 359 girls (age 15-19). The average yield for a micro business registered an income between USD428 and USD2160.</li> <li>- The percentage of women that have hired labour increased from the near zero in 2009 to 11% in 2011.</li> <li>- 200 VSL networks negotiated USD 360,942 in public investments, allowing women to buy 205 hectares of land.</li> </ul>
<b>Niger</b>	<ul style="list-style-type: none"> <li>- VSLA women members that report an improved income from business increased from 12% in 2009 to 47% in 2011.</li> <li>- VSLA members that report that they have viable economic opportunities increased from 57.56% in 2009 to 78% in 2011.</li> <li>- Women with control over assets in household increased from 47,6% in 2009 to 51,9% in 2011.</li> <li>- Women are also increasingly owners of productive assets which earlier were exclusively owned by men: such as large ruminants, carts, plots, farm lands and constructed houses.</li> </ul>
<b>Rwanda</b>	<ul style="list-style-type: none"> <li>- Increased income and investments by VSLA women members, allowing them to access valuable assets previously owned by men (field reports).</li> </ul>
<b>Tanzania</b>	<ul style="list-style-type: none"> <li>- Women that have acquired land, built houses, purchased cows or goats, acquired vehicle (bicycles, motorcycles, cars) and/or purchased equipment has increased.</li> <li>- 515 women were trained in entrepreneurship, and 31,556 VSLA members have access to local markets. Some women entrepreneurs are now able to access markets in other regions of Tanzania, as well as neighbouring countries.</li> </ul>
<b>Uganda</b>	<ul style="list-style-type: none"> <li>- 80% of VSLA members have developed viable Income Generating Activities (IGAs) with an average daily income of USD 4 that have lasted for at least 2 years.</li> <li>- Increased performance by VSLA groups in managing loans, demonstrated by fewer loan write offs. Progressive VSLAs have continued to attract and retain members.</li> <li>- Increased access to markets enterprise selection, production decisions and collective marketing as a results of regular dissemination of market information to farmer groups (including 42 Information boards)</li> <li>- Development of vital linkages with private sector players and acquisition of new knowledge and technological innovations as a result of exposure of farmer groups at trade-shows.</li> <li>- Adoption of higher value horticulture crops as a result of demonstration gardens and training through the establishment of 14 Farmer Field Schools FFS).</li> </ul>

## Women's participation in decision-making

Overall, CARE observes slow progress for women's participation in decision-making. During the WEP 2009-2013, women's representation in legislative bodies has increased, but only modestly (see Fig 8). Exceptions include Burundi, where the trend is stagnant with 30.5% of seats in Parliament held by women in 2009 and in 2013 (30% being the quota set by law); Mali, where the participation of women has declined from 10.2% in 2009 to 9.5% in 2013 and Rwanda, where participation has increased significantly from 56.3% in 2009 to 63.8% after the elections in 2013 (Interparliamentary Union, 2014). While increased representation is encouraging, women's share of seats in national parliaments reveals little with regard to how fully women participate or how much power they really have. Quotas set by law further complicate the picture. Also, women's representation in parliaments is a poor proxy of how much women participate in decision-making at other levels of society, such as in communities, villages and families.

Figure 8: Figure Percentage share of seats held by women in Parliament 2009-2013



Source: ipu.org. Please note: Burundi, Rwanda, Tanzania and Uganda have quotas that reserve 30% of seats in Parliament to women; Niger reserves 10%; DRC have legislated candidate quotas and Mali has voluntary quotas adopted by parties. Only the lower house is represented. Data for Myanmar is not available.

The WEP employs an integrated approach to women's participation, reflecting an understanding of gender as patterns produced and reproduced at both micro and macro levels. CARE supported women's participation in decision-making at multiple levels: At the political levels, CARE and partners advocated for quotas for women's participation, raised awareness of gender policies, supported women's candidacies, pushed for the inclusion of women in consultation-processes and strengthened women's civil society organisations. At the community level, CARE and partners trained male and female role models, supported community-based facilitators, engaged with traditional leaders, campaigned for women's political participation and linked national women's organisations with women at the community level. At the level of associations, CARE supported women running for local positions, provided leadership training, engaged in local-level political dialogue and supported groups to participate in consultation-processes on UNSR1325. At the level of families, CARE facilitated dialogues between husbands and wives on women's rights and on female leadership, and encouraged male role models who value equality and dialogue.

## Main achievements and selected results

### Taking part in politics

CARE notes positive trends in the area of women's political participation. However, the route to real influence for women is winding, and a commitment to results requires a long-term horizon. Entrenched resistance makes it hard to achieve higher level results. Firstly, though it is narrowing, a significant gap persists between the number of male and female candidates. Secondly, CARE observes that an increased percentage of female candidates does not automatically translate into an equally increased percentage of elected women. Finally, CARE observes that once in office, women may not necessarily wield the same amount of influence as their male colleagues. Women need support bases, resources and networks.

In Burundi, results of the WEP include the registration of 1,292 women as candidates for elections in collines and communes in the 2010 elections.<sup>6</sup> 312 women were elected in total, 10 as members of communal councils and 302 as members of colline councils. A total of 3,400 women were trained in leadership. Campaigns and debates were held in collines encouraging women to participate in the elections. Another result is the stated intention by the government to reform the Electoral Code. The current quota reserves 30% of seats in Parliament for women. The Council of Ministers has proposed a minimum of 35%. CARE Burundi, in partnership with other CSOs, is promoting an increase to 50% in time for the 2015 elections, and to apply quotas for positions at various levels of government. The Electoral Code is currently under review at the National Assembly.

In Mali, results include an increased number of women occupying elected positions at local level. In preparations of the 2014 local elections, CARE Mali has trained 13,600 persons of whom 12,945 are women and 654 are men, on issues of rights and responsibilities, democracy, good governance, women's leadership and women's representation. Training sessions on advocacy involved 1,750 women, 89 girls and 179 men. Sessions held on the promotion of women's political participation included 2,357 participants. 246 women have been identified as potential candidates in the upcoming elections.

In Niger, in the districts supported by CARE, the number of VSLA women who registered as candidates in elections increased from 112 in the 2004 elections to 279 in the 2011 elections. The number of VSLA women elected as municipal councillors increased from 45 in 2004 to 140 in 2011. 50% of elected women were from VSLA groups supported by CARE. This achievement is in contrast to the overall trend for women's participation in Niger: Nationally the proportion of elected women decreased from 17.9% in 2004 to 3.4% in 2011. These figures include councillors at all sub-national levels: municipal, communal and regional. CARE Niger also observes a momentum among political leaders to discuss women's right to participate in politics, as a result of annual dialogues held by CARE (2011, 2012, 2013), including suggestions to reduce barriers to women's political participation.

In addition, results from Niger include the establishment of a political committee that will monitor the application of the law on quotas for elected positions. CARE Niger collaborated with local women's associations, UN Women, UNFPA and APAC Niger (Association of Professionals in Communication) in organising debates on the lack of respect for the law of quotas, which led to the establishment of the committee. This, as well as the adoption of a national gender policy, has contributed to strengthening the legal basis for increasing women's participation in decision-making.

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#### **Key results – taking part in politics**

<sup>6</sup> There are 31 communes in Burundi. The communes are divided into 2,639 collines, which is the smallest administrative unit of the state's administration.

<b>Burundi</b>	<ul style="list-style-type: none"> <li>- 1,292 women registered as candidates for elections at the colline and commune levels in the 2010 elections, and 312 women were elected.</li> <li>- 3,400 women trained in leadership.</li> </ul>
<b>DRC</b>	<ul style="list-style-type: none"> <li>- Community leaders committed to advocate a revision of the electoral code and the adoption by the National Electoral Commission of measures to encourage women to run for elected positions. 2,500 community members participated in dialogues.</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>- 246 women identified for support as potential candidates in the 2014 elections.</li> <li>- 12,945 women trained in democracy and women's representation, 1,750 women and 89 girls trained in advocacy and 2,357 participants trained in women and the electoral process.</li> </ul>
<b>Niger</b>	<ul style="list-style-type: none"> <li>- Increased number of VSLA women registered as candidates in elections from 112 in the 2004 elections to 279 in the 2011 elections. Increased number of VSLA women elected as municipal councillors, from 45 in 2004 to 140 in 2011.</li> </ul>
<b>Tanzania</b>	<ul style="list-style-type: none"> <li>- Number of VSLA women in elected positions in local government increased from 137 in 2009 to 340 in 2013.</li> <li>- Increased gender sensitivity in planning and budgeting at district level, especially in the areas of water and sanitation (in the districts of Magu and Misungwi), SRH services (in the districts of Kinondoni and Pemba) and education (in the districts of Pemba and Kahama).</li> <li>- 1,822 VSLA members and local leaders (726 men and 1,096 women) were trained in participatory planning, budgeting monitoring and evaluation.</li> </ul>
<b>Uganda</b>	<ul style="list-style-type: none"> <li>- The Ugandan Government initiated affirmative action with a minimum of 30% women in decision-making bodies at national and local government level.</li> <li>- National Police pledged to enforce electoral laws without discrimination related to gender, ethnicity, race or religion, enabling women at grassroots to run for office.</li> <li>- National dialogue held in Kampala by CARE and the Uganda Women's Network in 2010, comprising security agencies, members of parliament, candidates, and civil society, on creating a favourable political environment for women's effective participation in politics, calling for violence-free elections.</li> </ul>

\*Only countries with programme activities in this area have been included in the table.

## Making decisions within the community

At the level of communities, monitoring reports indicate that women are increasingly participating in decision-making processes.

Women's own testimonies, as well as assessments from capacity development efforts, indicate that support provided by CARE and partners has helped women seek and obtain leadership positions. Trainings have primarily been conducted with women in VSLAs, and have focused on leadership skills, communication skills, literacy and legal literacy. Approaches to capacity development include instruction, the use of role models, strengthening support networks and raising awareness of women's rights. Importantly, reports suggest that developing women's networks through the organisation of VSLA groups has served to increase social support, offer opportunities for women to practice leadership skills and create an environment that fosters women's self-esteem. In addition to developing women's *capacities* to participate, CARE has also sought to increase the *opportunities* to participate. This has included working with traditional leaders, local authorities and activists, including men. Monitoring reports indicate progress in this area.

In Rwanda, results show that women's increased participation has led to increased influence on local policies and services. The relations between the central Government of Rwanda and local governments are largely governed by performance contracts (*imihigo*). Reports show that women supported by CARE were able to influence these contracts to include gender sensitive policies, literacy training, legalisation of marriage and prevention of gender-based violence. Moreover, within communities VSLA members are increasingly respected as opinion leaders and there are examples that local government, NGOs and the private sector specifically seek out VSLA women's expertise.

Similarly in Burundi, results show that training for women in leadership and conflict resolution has paid off. Field reports indicate that there has occurred a positive change in the perception of women's social role in conflict management. The *Abashingantahe*<sup>7</sup> affirm that in disputes concerning land and domestic issues they will consult female members of VSLAs. Communal administrators and judges involved in the project remark that they receive fewer cases, and they believe this to be the result of more disputes being settled by women. This is a remarkable result considering that land conflicts are an explosive issue in this country. Including both as an unresolved post-conflict ethnical issue – with the return of refugees who left the country in the seventies and during the civil war – and as a socially destructive one which tears families apart in quarrels about inheritance, often leading to violence. Women's contribution to reconciliation between neighbours and among families is of great value compared to the judicial system, which can only decide in favour of one party, often fuelling more conflict.

In Tanzania, CARE supported women and girls' participation through leadership training as well as through community-based approaches to self-help. Through the use of change agents, communities organised village meetings and were able to identify needs and to take action. A total of 21,459 women and girls participated and influenced the outcome of these processes. A total of 34 issues were identified in areas including water and sanitation, sexual and reproductive health, food security, gender-based violence, property rights, equal rights to basic education and market-related issues. In 2013, 10,248 women beneficiaries reported that they had a role in formal and informal institutions. Increased participation has also led to increased influence in allocation and use of resources towards women's issues, including access to quality SRH services, clean water and sanitation and basic education for girls and women.<sup>8</sup>

In Mali, results of CARE's support for women's participation include the adoption of a gender action plan by local officials and the introduction of quotas for women on land committees. These results were achieved

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<sup>7</sup> The *Abashingantahe* are traditional institutions in charge of social conflict resolution at local levels.

<sup>8</sup> Tanzania WEP mid-term review, data collected of Most Significant Change.

through carefully planned advocacy efforts. The government's Agricultural Orientation Law includes provisions aimed at increasing land access for women and marginalised groups. However, the law was only partially implemented, and based on community and partner feedback, CARE and partners established an advocacy coalition to secure a 25% quota for women in land committees. Land committees are responsible for land distribution and therefore of strategic importance. The coalition included women's groups, NGO networks and farmer's trade unions, and it collaborated with community leaders and traditional arbiters in the community (griots). The campaign also resulted in a number of other breakthroughs: Local officials have asked sector coordinators to ensure that women are involved in other land activities as well. The coalition is currently tracking the implementation of their commitment.

Quantitative surveys confirm the pattern of increased participation of women in Mali. More women reported that they participated in decision-making bodies at the community level (such as student parents' committees, community health associations and crisis management committees) in 2013 (54% of respondents) than in 2011 (43%). Similarly, more women reported that they took the floor during public meetings to express their opinions in 2013 (49%) compared with 2011 (36%).<sup>9</sup> We find a similar result in Niger, where the percentage of women who reported participating in community-based decision-making bodies increased from 33.1% in 2009 to 38.9% in 2011 (baseline and mid-term survey).

In Uganda, a monitoring survey of 162 men showed that 30% of their spouses were in some form of a leadership position in their communities, including as VSLA chairpersons, clan leader, treasurer for water user committee, members for local councils, National Agricultural Advisory Services, member of school management committee, secretary of Farmer Field Schools, treasurer in VSLA and member of village health teams. Field reports indicate that the capacity of women to lead and participate has increased, with more women seeking positions in local councils as well as national and even international advocacy fora.

In Myanmar, field observations indicate a change in the recognition of women's capacities and their ability to take part in community affairs. Project staff observes that community and village leaders increasingly seem to heed the suggestions and opinions of female community members, especially with regards to activities at the Community Learning Centres (CLC). These centres were established as part of project in order to provide a space for learning and sharing amongst community members, as well as to offer house call delivery services and referral mechanisms in support of maternal, child and reproductive health care. Women also hold a greater share of the previously male-dominated leadership positions in village groups. Women confirm that being involved in village groups, such as the village development committees and VSLAs, builds confidence as well as providing opportunities to practice the leadership and management skills they have learned through trainings.

In the DRC, the WEP has during its one year of existence piloted community dialogues in two communities, wherein 2500 persons – including VSLA members, local activists, local leaders and authorities – debated women's economic, sexual and participation rights. Female members of VSLAs received trainings in gender analysis and advocacy, and they used these fora to advocate for their rights, based on the evidence they had collected. This led to community leaders and authorities committing, through the signing of local and provincial conventions with VSLAs and community activists, to respect, protect and promote women's rights. Central aspects in these conventions are sexual and gender-based violence, access to means of production (including issues of land and inheritance rights), participation in decision-making processes, corruption and impunity. The leaders committed to advocate for these issues at higher levels, starting with the revision of the electoral law.

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<sup>9</sup> Care SAFI study conducted in 2011 and 2013 as part of mid-term review in Mali.

### **Key results – making decision within the community**

<b>Burundi</b>	<ul style="list-style-type: none"><li>- 4176 VSLA women members were elected to the National Women’s Forum.</li><li>- 6819 women are participating in formal decision-making bodies.</li></ul>
<b>DRC</b>	<ul style="list-style-type: none"><li>- Two local and one provincial convention signed, committing authorities to respect, protect and promote women’s participation as well as women’s economic and sexual rights.</li><li>- 1700 female members of VSLAs and community activists participated in community dialogues and advocated their rights with local and provincial leaders.</li></ul>
<b>Mali</b>	<ul style="list-style-type: none"><li>- Local land policies reformed to include quotas for women on land committees.</li><li>- Increased participation by women in decision-making bodies at the community level: from 43% of women in 2011 to 54% in 2013 (CARE, SAFI study, 2011/2013).</li><li>- Increased number of VSLA women expressing their opinions during public meetings: from 36% of VSLA women members in 2011 to 49% in 2013 (CARE, SAFI study, 2011/2013).</li></ul>
<b>Myanmar</b>	<ul style="list-style-type: none"><li>- Increased share of women holding positions in previously male-dominated village groups (field reports).</li></ul>
<b>Niger</b>	<ul style="list-style-type: none"><li>- Participation of women in decision-making bodies at the community level increased from 33.1% in 2009 to 38.9% in 2011 (baseline and mid-term survey).</li></ul>
<b>Rwanda</b>	<ul style="list-style-type: none"><li>- Policies and services provided by local government changed as a result of increased women’s influence (monitoring reports).</li><li>- Increased number of female VSLA members report that they hold leadership positions in the community: 16,964 women have been elected as heads of villages, local conciliators and to positions within the National Women’s Council.</li></ul>
<b>Tanzania</b>	<ul style="list-style-type: none"><li>- 21,459 women and girls participated in community-based development processes, influencing the identification and action of development issues, including in the areas of water and sanitation, sexual and reproductive health, food security, gender-based violence, property rights, equal rights to basic education and market access (monitoring reports).</li></ul>
<b>Uganda</b>	<ul style="list-style-type: none"><li>- Increased capacity of women to lead and participate, with more women seeking positions in local councils as well as in national and even international advocacy fora (monitoring reports).</li></ul>

# Strengthening women’s civil society organizations

## Strengthening VSLA networks

During 2009-2013, results in the area of strengthening VSLA *networks* demonstrate a significant growth in the number of VSLAs that have joined (4927 groups) existing networks, as well as in the number of new networks (597) (see Table 10). Stronger VSLA networks improve women’s organizational capacity and ability to mobilize around common interests. CARE observes that women in VSLA networks are increasingly able to claim rights, demand justice, and influence the political agenda. The mobilisation of VSLA networks has been instrumental to achieving many of the policy changes described in other sections of this report. Networks are key to the sustainability of WEP programmes.

Table 10: Networks

	Number of new VSLAs that take part in networks	Number of new networks formed 2009-2013
<b>Burundi</b>	2211	20
<b>DRC</b>	110	1
<b>Mali</b>	1403	418
<b>Myanmar</b>	n/a	n/a
<b>Niger</b>	257	140
<b>Rwanda</b>	n/a	n/a
<b>Tanzania</b>	1011	16
<b>Uganda</b>	35	2
<b>Total</b>	<b>4927</b>	<b>597</b>

In most cases, groups evolve into networks, and networks into federations, such as the MMD federation in Niger, Apex in Tanzania and Intergroupments in Rwanda. In Mali, Niger, Tanzania, Rwanda, Uganda, and Burundi there is evidence that networks have been able to influence decisions made by local, provincial or national authorities. CARE and partners have supported networks by offering training in network development, establishing fora for interaction with communal authorities, running civic classes, training network representatives on leadership and communication, organising meetings with female parliamentarians and potential local female candidates.

In Mali, results show that VSLA networks are able to reach and organize women in distant rural areas, representing women at the grassroots and strengthening women civil society from the bottom-up. As an example, the VSLA network in the district of Macina includes 15,515 women from 107 villages, comprising 459 groups in 11 Communes. VSLA networks are structured at village, commune and district levels, linking local representation within a larger organisation. These networks form a support base to women’s participation. This is exemplified in the network in Macina district, where 949 network members hold leadership positions (721 members sit on school management committees, 198 are members of local health associations, 28 are elected local authority councillors and two are elected district councillors). Networks promote interests defined by their members. In the case of Macina, the network has the specific goals to promote girls’ education, support women literacy, discourage underage marriage, reduce youth migration, lower child mortality and prevent female genital mutilation. Networks also mobilise funding to support their activities. In Macina, network members have mobilised USD 25,655.

In Niger, the VSLA federation has evolved into a nationally renowned movement. Through the creation of a separate forum, the federation advocated an increase in the quota for women’s representation in leadership

positions from 20% to 30%. Representatives from VSLA groups and networks in all regions meet bi-annually for the national VSLA congress to discuss issues of common concerns and interests.

Women networks are increasingly establishing links with other civil society actors to achieve shared objectives. In Niger, women in networks communicate their concerns and demands to female leaders during the annual national congress, so that women in regional and national decision-making positions can take action on advancing gender equality at a larger scale. The 2011 and 2012 National Congresses organised by VSLA groups focused on girls' education. Representatives from the ministry of education attended the congress (please also see section on literacy). In Mali, links have been established between VSLA networks, women's organisations, micro-finance institutions and local authorities.

## Strengthening women's organisations

Results show that the political legitimacy, influence and capacity of women's organisations targeted by the WEP have been strengthened. CARE's engagement includes developing capacities, strengthening representation, building alliances, convening spaces and brokering partnerships. This in turn facilitates claims, demands and influence by women organisation on government decisions.

In Burundi, around 20,000 women from VSLAs participated in the election of the National Women's Forum<sup>10</sup> (NFW) in 2013. 4,176 VSLA members were elected (61.2% of a total of 6,819 women elected in the project's intervention area). CARE Burundi campaigned for VSLA members to massively participate in the NFW elections. The NFW is often perceived as close to the ruling party, lacking in transparency and legitimate representation. The election of VSLA members to the WNF is expected to contribute to increase participation and responsiveness to the grassroots. On request by the Ministry of National Solidarity, Human Rights and Gender, CARE and partners have also strengthened the NFW's operational and organizational capacities and facilitated an exchange visit to Rwanda with the National Council of Women. Based on lessons learned from this visit, the NFW Committee is preparing a 5 years Strategic Plan, and is in a better position to explain their role to the authorities. CARE Burundi has also facilitated a workshop for the Ministry of Gender, NFW and Centres for Family and Community Development on the role of authorities in the implementation of the National Strategy against sexual and gender-based violence. These partnerships have also assisted with the integration of women's concerns in Burundi's poverty reduction strategy paper, the CSLPII (Cadre Stratégique de Lutte contre la Pauvreté).

In Mali, CARE has developed NGOs' and CSOs' technical capacities with regards to gender, men's engagement and sexual and reproductive rights. CARE Mali pursues a participatory partnership strategy with seven NGOs as part of a consortium. The support to the organizational capacities of NGOs has included gender mainstreaming both at the institutional and programmatic levels. In its work on facilitating advocacy, CARE Mali works with a broad range of strategic partners. The programme has also trained 15,093 women and 596 men on the principles of networking. In Niger, CARE collaborates with 60 organizations around advocacy activities at national level to push forward the women rights and gender equality agenda.

In Myanmar, CARE is strategically positioning itself in collaboration with partners and alliances to influence the policy environment in favour of women's rights. As an example, the government of Myanmar requested CARE and the Gender Equality Network (GEN) to train civil servants and government officials on women's rights as well as to support the development of Myanmar's National Strategic Plan for the Advancement of Women (2013-2022).

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<sup>10</sup> The National Women Forum is an institution related to the ICGLR protocol and hosted by the Ministry of National Solidarity, Human Rights and Gender in Burundi. It serves as a consultation body on women's rights and advises the Ministry of Gender.

An important part of strengthening civil society revolves around strengthening coalitions. In Burundi, CARE supported the emergence of a new coalition that advocates for the revision of the inheritance law, led by the Burundian Women Lawyer’s Association. CARE and partners are active in several thematic coalitions in Mali, notably Men Engage, Women Empowerment and Drylands Coordination Group. In Myanmar CARE works with the Paung Ku CSO network, in Rwanda in a GBV coalition and in Uganda with the 70 members CSO for Peace in Norther Uganda platform.

In Tanzania, CARE provided support to partners and representatives of target groups to engage in national level gender networks and advocacy campaigns, including Men Engage Tanzania, Tanzania Gender Networking Program, White ribbon alliance partnership, and the Gender coalition. Nationally, a total of 300 women through the Gender coalition, for which CARE Tanzania is the founding member, participated in women dialogues with members of parliament in Dodoma. Also with the Gender Coalition, CARE organised 16 days of activism in 2012 and 2013 in Singida and Kahama respectively, where 1,936 women and 916 men attended. On the co-organised International Women’s Day (IWD) 620 VSL members (145 male and 475 female) and 8,513 non-VSL members (2,421 male and 6,092 female) participated nationally. 300 VSLA members (90 male and 210 female) and 500 non VSLA community members, (150 male and 350 female) participated in the CARE-supported white ribbon alliance campaign for safe motherhood and access to quality SRH services. Over 3,000 girls and boys participated in events on The African Child Day on Pemba only. Community activists, with technical support from CARE, identified gender inequality issues that they subsequently addressed through advocacy locally and nationally, including but not limited to: enforcement of the implementation of free medical services for pregnant women (Mwanza), adult education for female headed households (Kasulu), stakeholders engagement in maintaining the existing water structures (Kinondoni), adult and alternative education to women and girls (Micheweni) and access to adult education for women(Kahama).

### **Key results – strengthening women’s civil society organisations**

<b>Burundi</b>	<ul style="list-style-type: none"> <li>- Advocacy resulting in the founding of the National Women's Forum; the integration of grassroots women in the organization of open door festivities: and the integration of women's concerns in the National Development Plan.</li> <li>- 4 176 VSLA women members elected to the National Women’s Forum, with expectation that this will strengthen its democratic representation.</li> <li>- Established Women’s Right Focal points at Provincial and Communal levels.</li> <li>- Raised capacity of local NGOs, including Partners' Synergy for Women's Rights Promotion (SPDDF), and linked these to larger networks, such as FEMNET.</li> </ul>
<b>DRC</b>	<ul style="list-style-type: none"> <li>- Raised capacity of local partner Dynamique des Femmes Juristes (DFJ) in social negotiation and advocacy towards provincial authorities, as well as organisational governance.</li> <li>- 2 414 women in VSLA networks trained on rights deficit analysis.</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>- Raised technical and organizational capacity of 7 partner NGO.</li> <li>- 15,093 women and 596 men trained on the principles of networking.</li> </ul>
<b>Myanmar</b>	<ul style="list-style-type: none"> <li>- Civil servants and government officials trained on women’s rights and support to the development of Myanmar’s National Strategic Plan for the Advancement of Women was provided, in partnership with the Gender Equality Network (GEN).</li> <li>- Raised technical and organizational capacity of Gender Equality Network (GEN).</li> </ul>
<b>Niger</b>	<ul style="list-style-type: none"> <li>- Increased organisational capacity and operational structures of VSLA federations. Bi-annual national congresses established, including 250 VSLA women representatives.</li> <li>- Capacity raised among a consortium of implementing partners, with regards to strategy, administration, fund-raising and financial management.</li> </ul>
<b>Rwanda</b>	<ul style="list-style-type: none"> <li>- Network established in 2011 consisting of 21 local CSOs working on GBV advocacy. Network members trained and support provided in evidence-based advocacy. Members of the Network, particularly COCAFEM/GL, Rwanda Women’s Network and RWAMREC have received increased media attention and engage the Government and policy makers in dialogue around GBV issues.</li> </ul>

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<b>Tanzania</b>	<ul style="list-style-type: none"> <li>- Founded the CSO Gender Coalition with partners.</li> <li>- 300 women participated in women dialogues with members of parliament in Dodoma.</li> </ul>
<b>Uganda</b>	<ul style="list-style-type: none"> <li>- Important changes in laws and policies took place, including the enactment of the Domestic Violence Act in 2010, access to PEP, the amendment of Police Form 3 in 2011 and the Kampala Declaration, which came out of the ICGLR Special Summit on SGBV in December 2011.</li> <li>- Contributed to several coalitions (e.g. Domestic Violence Act (DVA), Post Exposure Prophylaxis (PEP), CSO ICGLR coordinating committee, Peace Recovery Development Plan (PRDP) working group, UN1325/1820 national taskforce, gender reference working group).</li> </ul>

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## Peace building and conflict resolution

Women's participation in decision-making is central to conflict resolution, reconciliation and peacebuilding efforts with real impact for families and communities. The WEP has worked to provide women with the tools, skills and opportunities to take on a leadership role in this area.

In Burundi, the programme provided training to female VSLA members on conflict resolution skills. Within their communities these women enjoy trust and are often asked to resolve conflicts or provide advice and guidance on citizens' complaints. During the programme period, a total of 12,342 complaints were received, of which 9,712 (79%) were peacefully resolved. Because of the role that these women play in the community, 1,174 women VSLA members have been requested to be part of colline and commune conflict resolution councils. As a result of awareness-raising directed towards the abatangamuco and grassroots activists, quarterly dialogue meetings were also organized at colline level on the UNSCR 1325 National Action Plan.

In Uganda, the WEP contributed to building a culture of non-violence through establishing peace clubs in primary and secondary schools. CARE expects that instilling non-violent conflict resolution in the younger generations will benefit the longer-term peace and security in the region. In collaboration with partners and local governments, the programme also invested in land conflict resolution through mediation, with CARE in a facilitating role. The trainings of key stakeholders are expected to have contributed to a reduction in cases of violent land conflicts and the consolidation of peace in northern Uganda. Among these activities was a training for district peace and reconciliation councils in peace building, mediation, do-no harm and cultural institutions (the Patiko clan) assisting with mediation and conflict resolution related to clans, land and resettlement.

## Increasing literacy – a prerequisite for participation

In most circumstances, literacy is a prerequisite for meaningful participation. Literacy and promotion of girls education was a focus area of support for the WEP in Mali, Niger, Rwanda and Tanzania.

In Mali, the WEP's community-based approach to self-help included the organisation of village meetings. The purpose of these meetings was to discuss and identify rights deficits. 3,586 people participated in these meetings, of which 2,015 were women and 354 girls. Meetings identified girls' access to education as a key development issue, resulting in CARE's support in constructing 17 schools. Monitoring of student's progress in these schools show that beneficiary villages tend towards parity in girls' and boys' enrolment. A total of 3,157 students, 49% girls and 51% boys, attend schools built and supported by the programme. Attendance rate was at 93% in 2013, compared with 63% in 2009. Field reports indicate that village meetings served to raise awareness of the importance of girls' education. VSLA women member also contributed to promoting girls' education through their commitment to reducing household chores assigned to girls, freeing up time for homework, and through paying for school costs. As a result, literacy increased. 51% of women aged 20-29 years now state they knew how to read and write.

In Niger in 2013, 4,255 girls and young women attended literacy courses with a success rate of 57% (up from 40% in 2009). In 2011 younger learners were also introduced into the program. Today, as many as 75% of learners are under 25 years of age. There is an increasing acceptance by community members that younger learners should also benefit from the program. 700 girls enrolled and stayed in school thanks to the efforts of VSLA groups, VSLA networks and local leaders engaged through gender equity platforms. In 2009 there were few if any VSLA group initiatives supporting girls' education. In 2013, VSLA groups and networks have included this issue in annual action plans and have mobilized resources and stakeholders to inform and negotiate with parents, teachers, local authorities and traditional leaders. This has led to increased community support to literacy programs. 2,218 literate women assist learners through support groups. These literate women also support literacy centres in times when teachers are absent. Increased literacy has directly supported VSLA groups and networks through the availability of literate secretaries that can keep records. Field reports and testimonies also indicate that there has occurred an attitude change with regards to early marriage: It is increasingly perceived as a hindrance to girls' rights to education.

### **Key results – Increasing literacy**

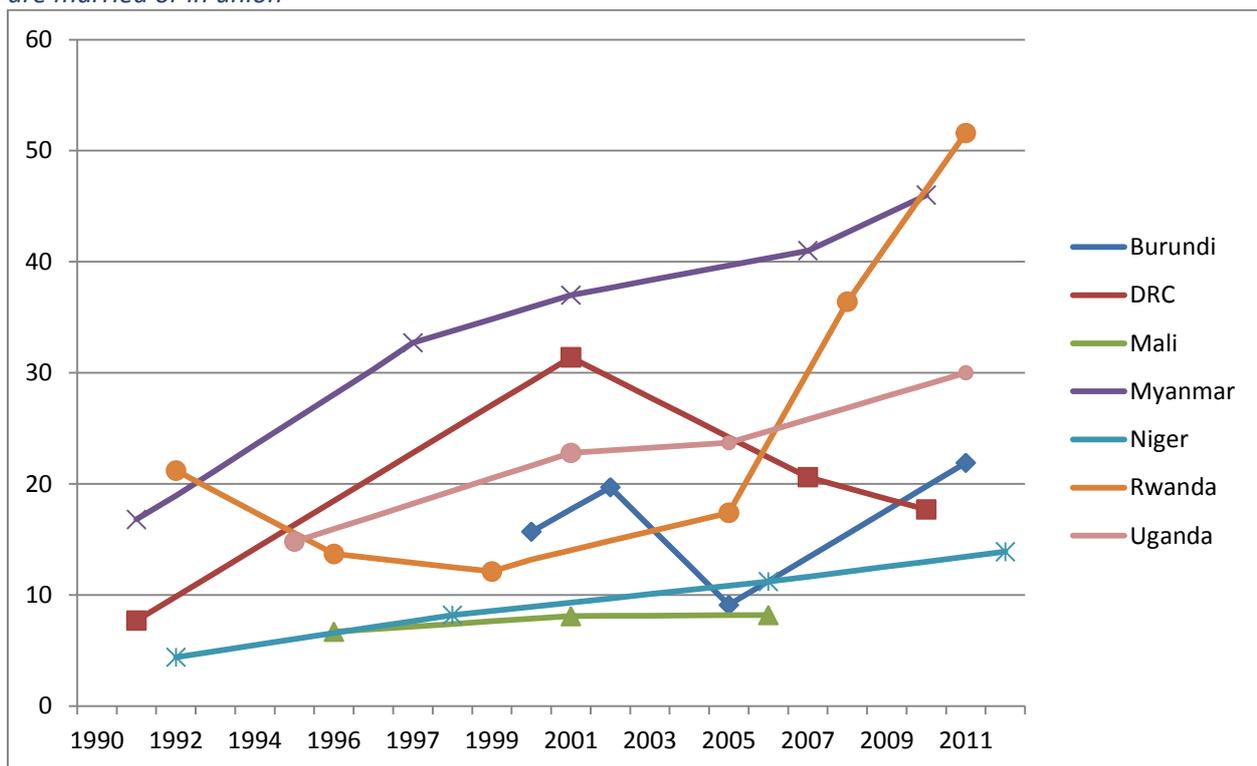
<b>Burundi</b>	- 776 VSLA members (90% women) trained as literacy trainers, offering literacy training to other VSLA members.
<b>Mali</b>	- Parity achieved in girls' and boys' enrolment in schools supported by the programme: among a total of 3,157 students, 49% were girls and 51% boys. - Attendance rate increased from 63% in 2009 to 93% in 2013. - Levels of literacy increased: 51% of women aged 20-29 years now state they knew how to read and write
<b>Niger</b>	- Success rates of literacy courses increased from 40% in 2009 to 57% in 2013. - A total of 4,255 girls and young women attended literacy courses.
<b>Rwanda</b>	- 20,218 learners enrolled/graduated in 2013.

\*Only countries with programme activities in this area have been included in the table.

## Women’s sexual and reproductive health and rights

CARE observes that there is slow but steady progress in the area of SRHR. As an example, Figure 9 shows trends in the use of contraception by women within countries supported by the WEP from the early 1990s until today. Exceptions include Rwanda, where the rate of use is significantly escalating; and the DRC, where the use of contraceptives is declining. Current performance is uneven among countries, with countries in West Africa trailing behind countries in Eastern Africa. Even in the best performing countries, huge gaps remain in access and use of contraceptive methods.

Figure 9: Percentage of women using at least one method of contraceptive among those aged 15 and 49 who are married or in union



Source: [www.unpopulation.org](http://www.unpopulation.org). 2013 Update for the MDG Database: Contraceptive Prevalence. Figures for Tanzania not available.

CARE’s WEP response in the area of SRHR has been at multiple levels: At the national level, CARE has advocated for rights, universal access to family planning and improved SRH service delivery. This has included dialogue with religious, political and administrative leaders. At the community level, CARE has strengthened the accountability of service providers through methods such as score cards; trained role model men, women and couples; trained community-based facilitators; held village meetings in collaboration with health workers; supported learning and reflection through tools such as radio, mobile cinema, interactive theatre and Social Analysis and Action (SAA). At the family level, CARE and partners have engaged and educated couples around their own sexual and reproductive health in order to prevent sexually transmitted diseases (STI), including HIV, to prevent unwanted pregnancies and to foster healthy and happy relationships; engaged men to support preventive services; and trained and raised awareness of SRHR among female VSLA members.

## Main achievements and selected results

### Access to information and services

CARE has observed an increase in the use of SRH services among women supported by the programme. The results are most significant in remote areas, where public SRH services are weak or unavailable. In partnership with the governments and local authorities, CARE and partners have supported the development of public health infrastructure and human resources where services were lacking, and linked users to public services in areas where they were available. Programmes have financed the training of community health workers and midwives working in the public health service. The programmes have also recruited large networks of volunteers who link health workers to service seekers. Programmes have also carried out community outreach activities and distributed family planning kits, and raised awareness of SRHR.

In Mali, the use of modern contraceptives by women in the intervention areas increased from 17% in 2009 to 37% in 2011. In the same time span the use of reproductive health services increased from 66% to 75%, and the proportion of VSLA women who have made an informed choice regarding SRH increased from 35% to 57% (Mali baseline and Mali mid-term survey). The construction of a maternity ward and a community health centre in Ségou has served 7,588 women and girls of reproductive age. Moreover, the knowledge of 5,862 men/boys and 16,960 women/girls was enhanced on issues related to reproductive health (e.g. malaria prevention, family planning, breast feeding, STI/HIV, hygiene and sanitation). 1,544 health volunteers (884 women and 660 men) were trained to follow up on these issues at the village level. There are also reports indicating that communication between young people and adults on SRHR has improved: VSLA women members state that they have discussed sexuality with their daughters as a result of VSLA meetings. Also, village nutrition volunteers conducted awareness-raising sessions for the benefit of almost 15 000 people (majority women) on maternal and infant nutrition (breastfeeding).

In Niger, contraceptive use among women in the intervention area exceeds national targets: More than 25% of women report using contraceptive methods compared with a national average of 13.9% (Niger DHS 2012). The reference point provided by the national average supports the argument that results can be attributed to programme activities. Also, 32 out of 78 villages in the intervention area host health centres. 100% of deliveries in these villages are now assisted by qualified staff. Men are more accepting and engaged in questions of SRHR and it is reported that they accompany their wives to the clinic, whereas previously this was unheard of.

Similarly, in Burundi, women reported that their use of SRH services increased from 27% in 2011 to 36% in 2013 in Girijambo's communes of intervention<sup>11</sup>. This improvement was made possible by the mobilization of engaged men (abatangamuco), who included SRH in their community awareness campaigns, in coordination with health centres. This coincided with an increase in the general satisfaction with SRH services, which was achieved through capacity-building for health staff and score cards processes. Girijambo's final evaluation shows that the biggest improvement was achieved in the proportion of women reporting they make their own SRH decisions (61%) or in discussion with their husband (32%), as compared with women among the wider community, among whom 75% have their primary healthcare decisions made by their husbands. This is the result of both a global improvement in men's and women's attitudes towards SRHR and the dialogue facilitated by the program between communities and health centres. This contributed to changing the latter's policy as they do not require anymore the husband's consent to prescribe contraceptive, hence respecting the women's right to make their own decisions. 40,941 women VSLA members reported use of modern contraceptive methods; 45,272 women received pre-natal and post-natal care and 53,933 women got their children vaccinated. In Rwanda, 15,328 female VSLA members

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<sup>11</sup> Girijambo is the WEP component focusing on SRHR and SGBV in Burundi.

reported use of modern contraceptive methods. In the DRC, where the programme has a predominant focus on supporting GBV survivors, medical care was provided to 134 rape survivors, of which 52 received care within 72 hours following the assault, thus allowing prevention of STIs, HIV and pregnancies.

In Tanzania, 5,591 people, 2872 women/girls and 2,719 men/boys, in Missungwi district and the surrounding area have benefitted from access to improved SRH and other health services after the construction of a new dispensary. In Magu district, 2,600 women have access to the newly constructed dispensary in Mwashepi. Two dispensaries are under construction in the villages of Langi and Matela, due to serve a total 5,317 people. As a result of advocacy by CARE and partners in 2013, the rehabilitation of two dispensaries in the villages of Mwajombo and Nyamatala were completed, and a mobile clinic now serving 10,453 people was provided. In Lugeye and Kabila, a total number of 9,800 women and men can now access quality SRH services at newly rehabilitated health canterers.

In Myanmar, the programme funded the construction of three rural health centres (RHC) and the renovation of one RHC. It further provided the district hospital with maternity waiting beds, delivery beds, incubators, vacuum extractors, a suction machine, an oxygen concentrator, and other medical equipment. CARE also provided 300 delivery kits to 20 villages. By the end of the programme, 480 patients in Myanmar were provided with referrals from skilled healthcare providers at health centres or township hospitals mostly for Maternal and Child Health (MCH) issues. 22 auxiliary midwives were trained, who in turn provided SRHR information to 886 female VSLA members and 201 male VSLA members. In turn, the VSLA members disseminated information on SRHR to their respective village members during social gatherings and informal meetings. As a result, field reports indicate that the level of knowledge and understanding on SRHR has been enhanced at the community level, empowering women to make independent decisions related to their SRH.

### **Key results – Strengthening women’s access to SRH services**

<b>Burundi</b>	<ul style="list-style-type: none"> <li>- Increase in use of SRH services from 27 to 36% and general increase in user satisfaction.</li> <li>- Increase in women’s only or shared couple decision on SRH issues to 93% and general increase of positive attitudes to SRHR.</li> <li>- 40,941 women VSLA members reported use of modern contraceptive methods</li> <li>- 45,272 women received pre-natal and post-natal care</li> </ul>
<b>DRC</b>	<ul style="list-style-type: none"> <li>- 52 survivors of rape received care within 72 hours following the assault, allowing prevention of STIs, HIV and pregnancies.</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>- The use of modern contraceptives by women in the intervention areas increased from 17% in 2009 to 37% in 2011.</li> <li>- The use of SRH services increased from 66% to 75% between 2009 and 2011</li> </ul>
<b>Myanmar</b>	<ul style="list-style-type: none"> <li>- 480 women were provided with referrals from skilled healthcare providers at health centres or township hospitals, mostly for Maternal and Child Health (MCH) issues</li> </ul>
<b>Niger</b>	<ul style="list-style-type: none"> <li>- More than 25% of women report using contraceptive methods in the programme intervention area compared with a national average of 13.9%</li> <li>- Host health centres in 32 out of 78 villages in the intervention area report that 100% of deliveries in these villages are now assisted by qualified staff.</li> </ul>
<b>Rwanda</b>	<ul style="list-style-type: none"> <li>- 15,328 women VSLA members have been recorded as new users of modern contraceptive methods.</li> </ul>
<b>Tanzania</b>	<ul style="list-style-type: none"> <li>- Advocacy by programme and participants resulted in the construction of a new dispensary benefiting 3,169 people in Missungwi district, and 2,432 people in surrounding areas, benefit from giving access to improved SRH and other health services through the construction of a new dispensary.</li> </ul>
<b>Uganda</b>	<ul style="list-style-type: none"> <li>- Please see section on Engaging Men.</li> </ul>

\*For further results in this area, please also see section on Engaging Men.

## Strengthening women's ability to claim rights

CARE observes that women are increasingly aware of the rights guaranteed to them by national laws. As a result, women's claims on government are growing in force. Results from Tanzania, Burundi and Rwanda show that VSLA members use community score cards (CSCs) to rate and influence public service delivery, including SRHR related services. There are indications that authorities are responsive to user feedback and that services have improved. As an example, in Tanzania, the Health Equity working group (including Tanzania Gender Network, SIKIKA, Women Dignity and CARE) involved community members, district health officials, and staff in Community Score Card processes. CARE also advocated higher priority of maternal health in local budgets. As a result, government financial allocations increased and users report greater satisfaction with services.

The strategy in Tanzania included the development of an accountability tracking tool to monitor international and national commitments and investments. This was introduced to maternal health stakeholders in Mwanza region, leading to findings such as: maternal health data collected at district levels were not available at health facility or community levels; critical interventions like adolescent friendly services and emergency obstetric CARE stipulated in national plans were not reflected in district level plans; and districts received only 50 % of budgeted funds. This tool is now being used by districts to improve maternal health services and resources are being allocated to strengthen health facility governing bodies and increasing transparency in resource allocations. Similarly, in Uganda following the death of two women by birth-related complications, women advocated the re-opening of a health centre in the community that had been closed because it lacked toilets. This led to the immediate construction of pit latrines and reopening of the facility by the district local government.

The WEP also has a deliberate strategy to engage with opinion makers in the community, including religious and traditional leaders, to challenge negative social and cultural norms. In Uganda, after much dialogue and sensitization, religious leaders have started to integrate teachings supporting different SRHR objectives (e.g. family planning) into speeches. In Rwanda, conservative religious views constrained community members from accessing family planning services. Recognizing this, the programme has worked very closely with Christian and Muslim religious leaders where a total of 60 leaders from both faiths have drafted action plans on how they will integrate positive messages on family planning to their congregations. In addition, CARE successfully advocated for the establishment of secondary health posts to provide family planning services. In total, eight posts were established in the programming districts and are meeting the family planning needs of women.

In Burundi, CARE advocacy led to an agreement among local religious leaders on promoting shared decisions on SRHR issues between couples. This was achieved despite backlashes: in 2012, the national Bishop Conference declared the use of modern contraceptive a sin, banning women using contraceptives from attending church. As a result, the use of birth control implants among members of VSLA in Girijambo's areas of interventions decreased from 48% to 36% between 2012 and 2013. CARE facilitated a compromise by organising regular meetings between health services providers, religious and administrative leaders in search of a common ground. Consensus was achieved around a statement on "responsible reproduction and sexuality". As a result, Christian and Muslim leaders now promote positive practices referencing the Bible or the Koran respectively, condemning domestic violence and calling upon men to promote healthy and non-violent relationships.

Collaboration with religious authorities concurred with increased outreach of SRHR community sensitization campaigns, including the training and equipping of 400 engaged men (abatangamuco), 1000 community

facilitators and 160 model couples. The main approach used by these activists is the SASA!<sup>12</sup> and SAA<sup>13</sup> methods as well as interactive theatre.

In two out of six programme districts in Tanzania, local leaders, village health volunteers and religious leaders were engaged to discuss SRHR, and particularly early warnings signs of pregnancy complications and family planning. As a result, in two districts (Mwanza and Kigoma) community members have been provided with tri-motorcycles to transport pregnant women to nearest health centres. In Tanzania in Magu and Missunqwi the programme followed up on the resolutions made as results from the Community Score Card exercise done in 2011 with the intention of improving access to SRHR for poor and marginalized women. As a result the district council allocated USD 50,000 in the budget to finish the house for health workers, who are now well established and providing services to the community in and around Ngombe village. In Magu district, the council supported Mwashepi village with funding to build the house of a service provider.

In Mali, field observations indicate that the reinforcement of knowledge around women’s rights and responsibilities, gender and leadership and SRHR has contributed to a positive image of single mothers in villages and households, and they are now invited to participate in community meetings. In Niger, the health insurance scheme (mutuelle de santé) is benefiting over 4000 people (2263 women) in Allakaye. Advocacy by members have led them to obtain improved presence of health workers, the construction of a delivery room and an ambulance for emergency evacuation.

### **Key results – Strengthening women’s ability to claim rights**

<b>Burundi</b>	- Agreement among local religious leaders on promoting shared decisions on SRHR issues between couples.
<b>Mali</b>	- Increased knowledge around women’s rights and SRHR contributed to a positive image of single mothers in villages and households. They are now invited to participate in community meetings.
<b>Niger</b>	- The health insurance scheme (mutuelle de santé) is benefiting over 4000 people (2263 women) in Allakaye. Advocacy by members have led them to obtain improved presence of health workers, the construction of a delivery room and an ambulance for emergency evacuation.
<b>Rwanda</b>	- 8 secondary health posts established to provide family planning services following advocacy activities. - 60 religious leaders (Christian and Muslim) have drafted action plans on how they will integrate positive messages on family planning to their congregations
<b>Tanzania</b>	- Provision of tri-motorcycles to transport pregnant women to nearest health centres in two programme districts following awareness training and advocacy activities related to pregnancy complications and family planning. - Advocacy for priority of maternal health in local budgets resulted in government increasing financial allocations and users reporting greater satisfaction with services.
<b>Uganda</b>	- The construction of pit latrines and the re-opening of a health centre following grassroots advocacy towards local government.

\*Only countries with programme activities in this area have been included in the table. For further results in this area, please also see section on Engaging Men.

<sup>12</sup> SASA! is an approach that enables people to explore the concept of power and its connection to GBV and HIV/AIDS. It questions power imbalance as a cause of social injustice and provokes activism. The SASA kit offer a large range of activities: training modules, role games, posters, etc. that are useful in community mobilization. See <http://www.raisingvoices.org/sasa/index.php>

<sup>13</sup> Social Analysis and Action (SAA) is an approach developed by CARE to enable communities to identify linkages between social, economic and cultural factors and health and then determine how to address them.

# Prevention and mitigation of gender-based violence

Gender-based violence (GBV) is one of the world's most widespread but least recognized human rights abuses. GBV includes physical, sexual and psychological abuse, harmful cultural practices such as child marriage, and sexual violence and exploitation during and after conflict. Women and girls are particularly vulnerable to GBV because of social norms and beliefs that reinforce their subordinate status in many societies.

## Multi-sectorial response to GBV

In the reporting period, the WEP worked with more than **13 000 GBV survivors** and helped them to access various services.

Since GBV requires a holistic, multi-stakeholder approach, the collaboration with agencies working on GBV, including the government and civil society, at all levels is key to success. Participation in GBV Forums and linking to a referral system has been instrumental to assist survivors to appropriate care. The women empowerment programmes in Burundi, DRC, Rwanda and Uganda have reinforced referral systems bringing together different grassroots structures (peer educators, case managers, local activists, community health workers, and community conciliators), the police, health centres, and consortiums of NGOs to play different roles in handling GBV incidents. For instance, the programme in the DRC uses a referral/counter referral system, which entails the referral of survivors to medical, psychosocial and legal services by care structures (e.g. psychosocial counsellors) and the counter-referral to mid/long-term economic, social and psychosocial reinsertion activities (e.g. VSLA) by the health providers to CARE projects. As an example, the 180 psychosocial advisors that have received training through the DRC programme have supported 291 GBV survivors.

In Mali GBV has been more recently addressed through the Men Engage Initiative. 42 village fora on domestic violence, sexual abuses and early marriage were held, with the participation of more than 1500 persons (majority men). The couple dialogue approach has led to increased awareness and acceptance. VSLA women who report that they can express their opinions freely without fearing violent reactions have increased from 39% in 2011 to 43% in 2012. Improved relations within couples have been observed. The political crisis in 2012 and the conflict that followed spurred the need to address conflict-related GBV in a more direct manner. With funding from the Norwegian Ministry of Foreign Affairs in 2013 CARE and partners undertook rapid surveys on the prevalence of GBV and the existence of services in Segou, Mopti and Timbuktu.

The improved awareness of rights as well as the availability of a coordinated response to GBV is encouraging survivors to seek services. As a result, there are increasing numbers of women who seek different services after experiencing GBV, and they are becoming more successful in receiving support. At the same time, the actual incidence of GBV is reportedly declining in some areas (GLAI Final evaluation 2013). There is also evidence of public debate on GBV in countries where the very existence of GBV was not openly acknowledged before. In Niger in 2011 alone, 361 female members of VSLAs reported cases of GBV to traditional leaders, mayor's offices, or the police resulting in redress.

## Evidence-based advocacy on GBV

In order to facilitate monitoring of GBV cases at the community level, programmes in Burundi, Rwanda and Uganda, through the Great Lakes Advocacy Initiative (GLAI)<sup>14</sup>, adopted the GBV Information Management System (IMS) originally developed by the United Nations High Commissioner for Refugees (UNCHR), United Nations Population Fund (UNFPA) and the International Rescue Committee (IRC). Efficient use of data encourages women to report cases, enables coordination with other INGOs and the UN to avoid duplication and ensure a multi-sectorial and coordinated response, and provides impetus for national advocacy campaigns around a particular issue.

Using the evidence generated from the GBV IMS, along with experiences from the grassroots, testimonies from survivors, information from activists, VSLA members and partners, the WEP's have supported advocacy to influence policy decisions. In the reporting period, more than 13,000 GBV cases were registered in the Great Lakes region and referred to relevant service providers such as health care, psychosocial support, police, legal services, justice systems, and economic support. More than 85% of the survivors were women, although CARE also noted an increase in men reporting being victim of GBV. This is probably the result of information sessions in the communities about human rights and GBV in general, and of the increased availability of male case managers at grassroots level.

The programmes in Rwanda, Uganda and Burundi have established strong advocacy networks comprised of CSO coalitions, cultural and religious leaders, and women parliamentarians to specifically to influence GBV-related policies, procedures, and laws. In Rwanda, CARE established a GBV Network consisting of 21 local CSOs working on GBV advocacy in 2011. These networks have demonstrated the effectiveness of linking the grassroots to policy formulation at both the national, regional and international level and adherence to international agreements (e.g. UNSCR 1325) as an advocacy strategy.

At the national level in Uganda, the amendment of the Police Form 3 (PF3), which is used to register legal cases for survivors of rape, was an important step towards enabling increased access to justice for survivors in Uganda. Completion of the PF3, which is requested for survivor in order to proceed to court, originally required a Police Surgeon to carry out a medical examination of the survivor and sign off on the form. A national advocacy campaign in partnership with women's organisations such as UWONET, UN Women, UNFPA, Raising voices, and the Ministry of Gender, using data generated from the GBV IMS as evidence, resulted in the amendment of the form allowing for other health professionals to do the medical examination providing evidence of sexual assault. At the national level in Burundi, 400 activists were trained in advocacy, legal frameworks, GBV data collection and referral systems and counselling techniques, and 23,239 cases were managed and advocated to the authorities.

At the regional level, at the ICGLR Special Session "United to Prevent, End Impunity and Provide Support to the Victims of SGBV in the Great Lakes Region," in 2011, the evidence from the communities where presented. This presentation was instrumental in bringing about the forceful Kampala Declaration on Zero Tolerance on SGBV by the Heads of States and related national action plans. 80% of the recommendations of civil society were captured by the 19 recommendations in the Declaration. CARE was able to use its experience and the data available to influence the text of the Kampala Declaration by specifically stipulating that the engagement of men must be included.

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<sup>14</sup> The Great Lakes Advocacy Initiative (2009-2013) addressed GBV in Burundi, Rwanda, Uganda and DRC (since 2012) through direct support to survivors and evidence-based advocacy to influence attitudes, policies, laws and behaviour. It aimed at building grassroots capacity and establishing sustainable links between grassroots activists, CSOs and networks, and policy makers at the national, regional and international levels. The initiative was integrated in CARE's Women Empowerment Programmes.

At the global level, bringing the grassroots perspective to international advocacy events such as the 57th Session of the CSW in 2013, proved effective. All issues and recommendations made by CARE's delegation (consisting of grassroots activist and partners) were included in the outcome document. Further, as a consequence of CARE's exposure to the UN system, the Committee on the Elimination of Violence against Women (CEDAW) contacted CARE for information to feed into the CEDAW reporting on access to justice via CARE International's Advocacy Officer who updates CEDAW on what is happening in the region.

Other advocacy milestones to which CARE has contributed include the passing of the domestic violence and female genital cutting bills into law in Uganda, provision of post exposure prophylaxis (PEP) to rape cases through all health units in Uganda, the review of the UNSCR 1325 National Action Plan in Uganda and the GBV Action Plan reviews in Burundi. In Mali, CARE has supported the ministry of Women's Development in terms of following up the national plan to fight FGM by pushing the inclusion of data on excision in the IMS of the health system.

The programmes in Rwanda and Burundi have also used community score cards (CSC) as a tool to assess and improve GBV services. In Rwanda, the CSC methodology is implemented in three out of six districts, allowing case managers to play a key role in convening and facilitating users meaningful participation in GBV related service provision, which led into a greater account of decision-making bodies and improved quality GBV services.

In Burundi, Uganda and Niger, CARE facilitated activists' participation in national and regional forums in order to communicate evidence from communities and influence the adoption of favourable legislations and their effective implementation. The evidence-based activism by grassroots women, CARE and partners directly and indirectly influenced the following achievements:

- In Burundi, the penal code has been revised regarding penalties against domestic violence and rape. The new code prescribes stronger measures on perpetrators of GBV, contributing to strengthen the prevention of and protection against GBV;
- In Uganda, after extended advocacy with the government where CARE and the WEP played an important role, the domestic violence and FGM bills were endorsed into law offering better protection for women and girls.

For further results in this area please also see the below section on Engaging Men.

# Engaging Men

CARE Norway is increasingly working to engage men and boys as equal partners with women and girls to change social structures and rules and challenge power imbalances that limit full enjoyment of rights and opportunities. CARE recognises that men are not just an obstacle to women's rights and gender equality but also necessary allies. In addition, men and boys have their own interest in gender equality. Social rules and configurations of masculinity can trap men within a rigid and harmful set of socially acceptable behaviour which may be harmful to themselves and others.

Engaging men is crucial for all of CARE's program goals, including reducing GBV, increasing women's access to income generating activities, sharing unpaid household work, improving access to SRH services and increasing women's participation in decision-making at all levels. The assumption that men are the natural decision makers needs to be challenged and men should be supported in moving towards more equal relationships focusing on dialogue and joint decision-making.

Through dominant forms of masculinities men may resort to violence as a culturally acceptable mean of problem solving and control. Hence working with men to change such attitudes is crucial to combating GBV. In addition it is important to acknowledge that also men are victims of violence and that this is related to gender norms. The same systems that make men use violence against women, also make men use violence against other men. Dealing with male victims of violence is a necessary part of preventing further violence against women. Research shows that men's own experience of violence is highly correlated with men's use of violence towards intimate partners (Broadening gender: Why masculinities matter, Sri Lanka 2013)

In the area of sexual and reproductive health and rights (SRHR), engaging men is important for both their own well-being and that of women. A masculine ideal of being strong and in control erode possibilities of establishing satisfying, mutually respectful relationships. CARE's work on behaviour change in the area of SRHR is founded on the VSLA groups. This approach also involves youth to contribute to a transformation at an early age. Safe spaces are created for open discussions between men and women, as well as between parents and children, on challenging beliefs and attitudes that perpetuate gender inequalities.

Although each of CARE's country offices chooses methods of engaging men appropriate for their context, some shared characteristics can be found. One common method is to work with men as partners to women, like the husbands of the women we work with in the VSLA's, but this can also be brothers, fathers etc. Another common method is working with men as change agents. This means identifying role models or people that for some reason have more power and opportunity to influence society and challenge what is considered acceptable norms and behaviour for men. Finally, it is also possible to work with men as clients and provide services to them. This can include access to services for male victims of gender-based violence.

## Main achievements and selected results

### Engaging men against gender-based violence

Reports from all countries indicate that activities to engage men have had a significant effect on attitudes towards GBV and behaviour. Both men and women report that men use less physical violence after participating in the activities. Men report greater awareness of different types of violence and recognise the effects of psychological violence.

In Burundi, a movement of men called abatangomuco have organised themselves with the support of CARE to address violence and harmful gender norms. To date they count 2472 members, making up 40 community-based committees, who in turn report to a national committee. This organisation ensures their ability to react to local issues as well as linking to the national level for joint campaigning. One result from their campaigning is that the Governor of Kirundo launched his commitment to “Zero tolerance to concubinage in Kirundo”.

### Engaging men to promote women economic empowerment

For initiatives to promote women’s economic empowerment to be truly transformative, it is important that men are encouraged to challenge the gender distribution of unpaid work as well as the male breadwinner role. More equitable sharing of household work and increased male acceptance of women as economic agents are the areas where the most significant change has been noticed across the countries. Evidence shows that men who are involved in care work show more gender equitable behavior (IMAGES). Some men who are now doing what is seen as “women’s work” report being teased or harassed by other community members. Although changes bring challenges, a majority of the men report that the benefits make them continue the new behaviour.

### Engaging men to support sexual and reproductive health and rights

Following initiatives to engage men for improved SRHR, some key changes have been observed across most countries. Men and women both report more discussions around family planning and maternal health. Women also report that fewer men are demanding sex and that is now taking place when both of them want it.

Men take on more household tasks during and after pregnancy, join their partners to pre-natal appointments and are present at the health centres during birth. In Myanmar, forums for men have contributed to an increased awareness of SRHR. Male village development committee (VDC) members have expressed their willingness to help auxiliary midwives (AMWs) by accompanying pregnant women and AMWs going to the hospitals at night, collecting money for the referred patients, and creating space for an AMW clinic.

Contraceptive methods for men are spreading. There is also an increasing trend in the number of people seeking SRH services as a couple. In Burundi, 13,390 couples have voluntarily tested for HIV. In Mali, the proportion of men stating that they take the decision with their wives on the number of children to have is at 34%, compared with 24% in the baseline study. According to a study carried out in Mali in 2011, women’s economic position (in addition to gender relations and religious views) was found to be a decisive factor determining access and use of SRH services. Financial empowerment is considered to have enabled female VSL members to be in a better negotiating position regarding their SRHR, particularly enabling discussions around family planning methods between spouses.

## Key Results –Engaging Men

<b>Burundi</b>	<ul style="list-style-type: none"> <li>- The Abatangamuco, a movement of men who organize to address violence and harmful gender norms, has 2472 members. In addition, 504 are currently under observation. CARE has assisted Abatangamuco in building its organizational capacity.</li> <li>- Under the leadership of CARE Burundi, the national network of organisations that engage men for gender equality (Men Engage Burundi), designed a strategic five-year plan for 2014-2018</li> <li>- Following training, 499 model couples were organized into groups. Model couples are committed to sensitize other couples. They organize home visits and community sessions and dialogues. 2994 men have been reached.</li> <li>- At household level, married women members of solidarity groups reported that their husbands are gradually beginning to perform housework chores that used to be reserved for women. Women notice also a change in shared decision-making and equal enjoyment of income.</li> <li>- Men have started dividing their property equally between boys and girls without the intervention of the court or any referee/arbitrator. This change is also recognized and testified by other members in the community and women members of VSLA.</li> <li>- A campaign against domestic violence raised awareness and led to the Governor of Kirundo launching his commitment to “Zero tolerance to concubinage in Kirundo”</li> </ul>
<b>Mali</b>	<ul style="list-style-type: none"> <li>- Elected Commune representatives have changed their perception of women’s role, inviting women to meetings and taking their opinions into account.</li> <li>- Field reports indicate that men are beginning to change their perspective on gender roles in the household and in the community.</li> <li>- 504 community health workers received training on social norms and social constructions of gender. These workers and 68 groups supporting gender equity, involving 1,001 men in 68 villages, contributed to bringing about changes in social norms.</li> <li>- Several Community mechanisms initiated by male change agents, for example, in the village of Simey in Bandiagara district, men acted as advocates towards the local authority for women’s access to health services. In Kokry they set up contribution systems for an emergency fund for rapid evacuation of pregnant women having difficulties in delivering their babies.</li> <li>- CARE participated in setting up a national network on masculinity. The network holds monthly meetings.</li> <li>- CARE Mali designed an overall Engaging Men Strategy</li> <li>- Men, Gender Equality and Gender Relations in Mali: Findings from the International Men and Gender Equality Survey, 2013</li> </ul>
<b>Myanmar</b>	<ul style="list-style-type: none"> <li>- In all, 497 men were involved in men’s forums on a monthly basis where they discussed issues such as rigid gender norms, how this affected both me and women and how men could change.</li> <li>- The number of men providing support to their partners in domestic chores, caring for pregnant partners and small children, and accompanying their partners while seeking SRH services increased.</li> <li>- Men have demonstrated their recognition of women’s capacities and their ability to take part in community affairs. Community and village leaders now heed the suggestions and opinions of female community members.</li> <li>- Family members support women’s involvement in the VSLAs. Men were observed to have increased acceptance and recognition of women’s participation in community activities.</li> </ul>
<b>Niger</b>	<ul style="list-style-type: none"> <li>- 271 behavioural change groups have been established with 8456 members. Through these groups 18 147 people were sensitized on SRHR issues.</li> <li>- Intergenerational dialogues were held to facilitate discussions on sexuality among youth and parents. 789 youths, including 503 boys, reported having had discussions with their parents on sexuality issues.</li> <li>- Training of 235 youths enabled discussions on healthy sexuality with 10 662 youths, of which 7255 were boys.</li> <li>- Coaching journalists in positive masculinities to contribute to media based communication on gender transformative activities.</li> <li>- 9785 households (out of 13,328 visited as part of discussions with counsellor couples) reported that they had joint discussions on family planning and children’s school enrolment.</li> <li>- Changes in behaviour have been reported, including changes in the distribution of household chores, inheritance of land by women, and recognition and commitment to combating gender-based violence.</li> </ul>
<b>Rwanda</b>	<ul style="list-style-type: none"> <li>- CARE Rwanda has developed the Journey of transformation (JOT) manual, which focuses on engaging men for women’s economic empowerment. The manual is also used by CARE Uganda and Burundi. A total of 2340 couples have been trained and sensitized using the JOT.</li> <li>- Through community mobilization, mass media campaigns and educational sessions by Male engage club members, a total of 151,012 men have been engaged in discussions on positive masculinities and on challenging harmful norms and practice.</li> <li>- According to the results from the male engage midterm review in Rwanda and other Program monitoring work, a greater change has occurred to couples and surrounding communities that are involved in male engage trainings and reflection. Some of the key changes are:</li> </ul>

- Men recognize and accept women's economic empowerment;
- Men show more equitable attitudes related to household division of labour and household decision-making;
- Men show less support for using violence against women;
- Men show more inclination or intention to communicate with partners about sexual and reproductive health;
- Men participate more in household activities, including care of children;
- Men share or contribute more of their income to the household

#### **Tanzania**

- 275 boys have been identified and trained to work as change agents in 22 schools focusing on SRHR awareness.
- 220 male change agents have been trained and have engaged with 9000 men and boys in 5100 households. Some of these are starting to meet and network on their own initiative.
- Trained 18 participants from nine community theatre groups on gender and masculinity
- Organized community dialogues on early marriages and pregnancies and safe sexual behaviour using male change agents which reached 6000 participants
- As a result of the awareness creation meetings in SRH, men are now attending clinics with their pregnant wives. This was not the case when the program started.
- Trained and identified 50 couples from VSLAs as change agents
- Worked with 15 journalists to explore their own attitudes and behaviours and reflect on issues such as power, gender and equality. This was done to improve media coverage of issues related to gender equality.
- Engaged with 30 religious leaders to increase their involvement in the project and promotion of men's involvement.
- Men are more proactive in sending girls to school. Girls also report a positive trend (interview with 110 girls in 22 schools).

#### **Uganda**

- 220 role model men (RMM) have been identified, trained and supported. They are now working with 2200 men. Each RMM is given a group of 10 families to follow up, call a CARE group.
- Five Radio talk shows were conducted with role model men so that they could reach a larger audience
- Recent Survey findings from the male CARE group members (2013) revealed that men are taking on unpaid household work. 84% wash clothes, 81 % buy and prepare food, 84% fetch water and firewood and 94% take sick children or other family members to the hospital. Increase in shared domestic chores is also reported by community workers.
- Most RMM and CARE groups now make joint decisions with their spouses, especially in the areas of using family planning, buying or selling family assets, and the use of income from VSLA proceed and harvest.

## Deviations from meeting predefined goals

Country	Short description of deviations
Burundi	<ul style="list-style-type: none"> <li>- 3,078 VSLA were established instead of 5,153 as originally planned. 82,250 people (68,235 women and 14,015 men) were reached instead of 103,600 women planned. Revision of targets was approved by NORAD in 2012 and revised targets were reached.</li> <li>- The linkage of VSLAs to MFI was not achieved. Though delayed, progress in this area has been made: In 2013 the program initiated cross-learning sessions with Rwanda on connecting VSLAs to MFIs, and exchange workshops between microfinance institutions and VSLA members were organized in Burundi. This work will be continued in POWER Africa<sup>15</sup> Project and in the GEWEP 2014-2015.</li> </ul>
DRC	<ul style="list-style-type: none"> <li>- No significant deviations observed.</li> </ul>
Mali	<ul style="list-style-type: none"> <li>- Target of providing 25 000 girls with possibilities for economic development were not fully achieved. The type of occupations that the majority of girls preferred required 1-2 years of training, so the strategy and the target had to be revised. The programme trained 12,922 girls in life-skills, and 1,119 in business management, and 1,966 girls have been given vocational training, totalling 16,007 girls.</li> </ul>
Myanmar	<ul style="list-style-type: none"> <li>- -Out-migration to China resulted in frequent Village Development Committee (VDC) turnover. Most villagers, particularly youth, preferred working in China, where casual labour earns a higher daily wage. As a result, mobilizing communities was difficult. While interest and willingness in establishing partnership was expressed by CBOs, (e.g. the Shan Culture and Literature Association (SCLA), and Palaung Culture and Literature Association (PCLA)), this proved a consistent challenge for the project.</li> <li>- In addition, there was frequent occurrence of armed-conflict in areas close to Namp Kham, as well as in some villages close to Muse which resulted in some project activities being interrupted in 2011 and 2012. Armed robbery and shooting also caused some delays in late 2012 and 2013.</li> <li>- A high rate of staff turnover throughout the project period also caused delays and impacted a certain amount of effectiveness of the project in Northern Shan. As a result of the above CARE have pulled out from this area as from 2014.</li> </ul>
Niger	<ul style="list-style-type: none"> <li>- Targets for VSLAs were revised downwards as a result of reduced funding from other donors. Revised targets were achieved.</li> <li>- In the area of “social movements defending the rights of women and girls”, substantial progress has been made, but it remains to be further consolidated to evolve into a movement for gender equality and equity in its full sense.</li> </ul>
Rwanda	<ul style="list-style-type: none"> <li>- No significant deviations observed.</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>- VSLA program targets were revised in 2012 after the midterm review (2012). Revised targets were achieved.</li> </ul>
Uganda	<ul style="list-style-type: none"> <li>- 1,637 VSLA were established instead of 1800 as originally planned.</li> <li>- 14 Farmer Field Schools were established instead of 18 as originally planned.</li> </ul>

<sup>15</sup> POWER AFRICA: Promoting Opportunities for Women’s Empowerment in Rural Africa, a Master Card Foundation funded project which will focus on financial inclusion of vulnerable women and girls in rural area and linkage of VSLA to MFIs.

## Unanticipated consequences of the programs

Country	Short description of unanticipated consequences
Burundi	<ul style="list-style-type: none"> <li>- The traditional practice of solidarity called “ikibiri”, which consists of a mutual support in the field activities among members of the same group (VSLA for instance), has been unexpectedly restored in places.</li> <li>- Backlashes were observed on activists, elected women and women community members from power holders whose positions are threatened (e.g. dismissal of polygamous local leaders, male politician who lost their seat in favor of women, etc.).</li> <li>- Concubines living with men who had already a family – polygamous relations, illegal under Burundian law – have seen their vulnerability increased after these men registered their first union, although these former concubines have priority access to VSLA.</li> <li>- Local market tends to be sometimes overloaded when too many women invest in similar IGAs.</li> <li>- Some members of church communities faced sanctions when their religious leaders were against the use of modern contraception methods promoted by the program.</li> </ul>
DRC	<ul style="list-style-type: none"> <li>- There is a need for VSLA members to be better prepared and to be better organised with regards to community dialogues.</li> </ul>
Mali	<ul style="list-style-type: none"> <li>- Resistance among husbands to the increased knowledge and attitude change among women with regards to their rights and responsibilities was observed. The Engaging Men component aims to address this.</li> </ul>
Myanmar	<ul style="list-style-type: none"> <li>- No unintended consequences reported.</li> </ul>
Niger	<ul style="list-style-type: none"> <li>- From discussions with the impact group it seems that the active role that women have taken in providing for the household expenses has led to a withdrawal of responsibility from certain husbands, but this proportion seems to be small.</li> <li>- The financial education that women gain through the VSLAs makes them valuable clients for IMF. As a result they are flooded by offers of credit. The programme has therefore introduced “linking with IMF” as a programme component assisting women to consciously assess and decide whether to engage with MFI.</li> </ul>
Rwanda	<ul style="list-style-type: none"> <li>- Women empowered by WEP have become opinion leaders in their communities and are targeted by other stakeholders (government, NGOs, Private Sector) as useful resources for different initiatives benefiting community members.</li> <li>- ‘Men engage clubs’ self-replicate and reach out to other community members to share their own experiences.</li> <li>- Some of the programme approaches have been replicated by government institutions. As an example, Community Score Cards were used in Gisagara district to engage citizens in the fight against corruption.</li> <li>- Establishment by Government of Saving and Credit Community Cooperatives (SACCO) provided an opportunity for WEP to link VSLAs to SACCO. The community financial inclusion policy contributed to improved understanding by policy implementers and their support to the VSL approach.</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>- During the 2009 local government elections, the increased interest and participation of women and girls from VSLAs was met with resistance by men. This included the expression of antagonistic feelings and actions by local politicians, especially in Kahama. Local dialogues partners and authorities assisted in resolving some of these issues.</li> <li>- Antagonism resulting from economic empowerment of women was also reported, particularly in Kahama. Men complained that women were disrespectful towards husbands and neglected household responsibilities. This was addressed through ‘Engaging Men’.</li> </ul>
Uganda	<ul style="list-style-type: none"> <li>- The WEP was used as a building block by the country office to change from a project approach to a programme approach. As a result, the country office leveraged a number of complementary funding during the implementation of WEP, contributing towards a holistic programme with wider impact.</li> <li>- The launch of the African Women’s decade in Nairobi provided an opportunity for 40 participants from the communities in Northern Uganda and CARE’s strategic partners at the national level to speak about the needs and challenges that women face at an international event. Likewise the adaptation of the UNFPA GBV IMIS global information management system to collect, analyse data has provided an opportunity for the programme to collect comparable data that can be shared and used for advocacy.</li> <li>- Some community/ clan leaders imposed “strict” sanctions involving beatings on GBV perpetrators, inconsistent with a rights-based, and Do No Harm programming approach. To mitigate this, CARE initiated dialogues with specific clan leaders to consider other alternative non-physical penalties such as community service.</li> </ul>

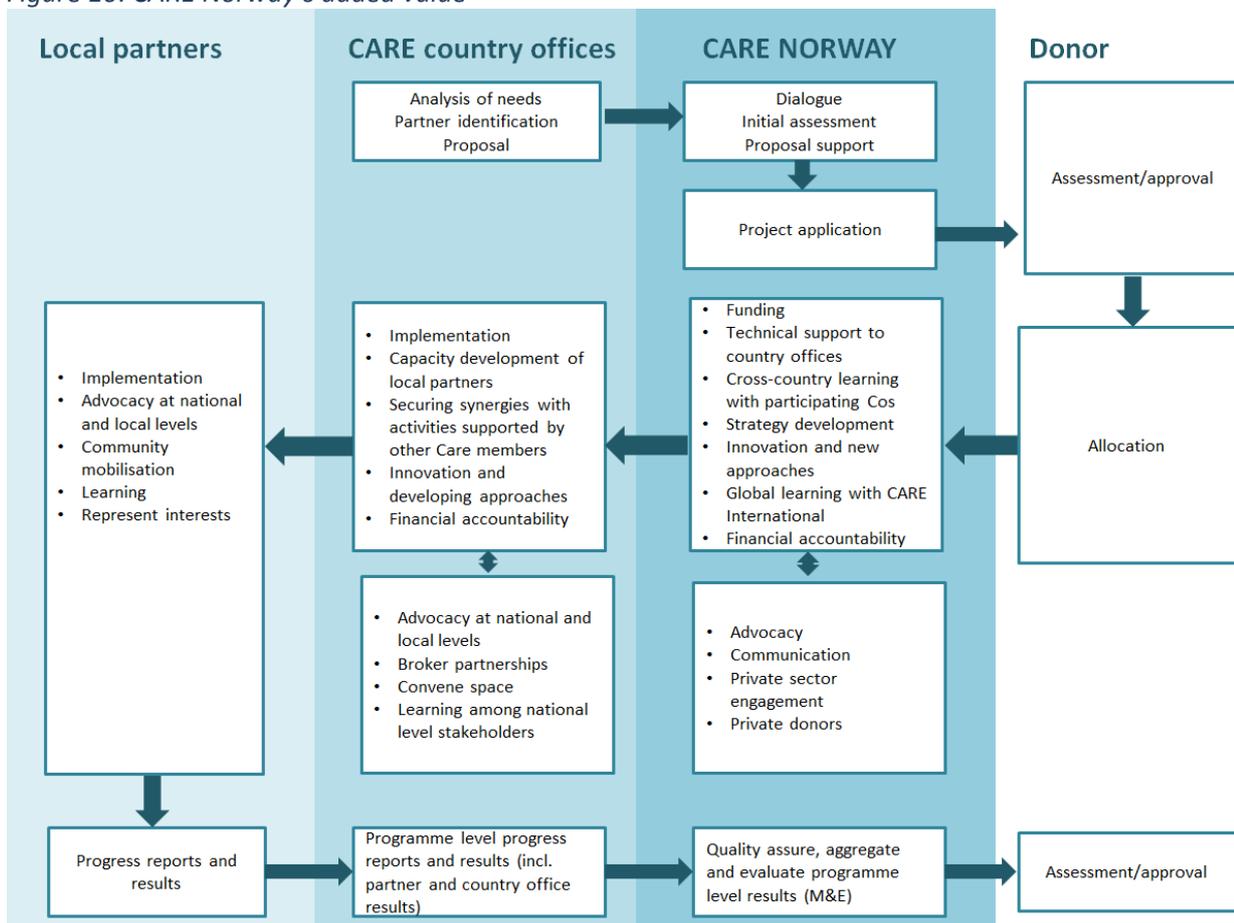
# CARE Norway's added value

CARE Norway's role in the value chain consists of delivering in following areas:

- technical support to country offices;
- cross country learning;
- strategy development;
- innovation and development of approaches;
- global learning with CARE international;
- private sector engagement;
- financial accountability, (please also see Fig. 10).

The value added by CARE's country offices (CO), relating to among other capacity development of partners, advocacy, brokering of partnerships and convening space is captured above in the thematic results sections.

Figure 10: CARE Norway's added value



**Technical support to countries** has improved the quality of the programme strategy and ensured effective and timely implementation. As an example, technical support on Engaging Men in Uganda resulted in a revision of the program strategy and activity plans. Major changes included a stronger emphasis on men's own experience of rigid gender norms and positive implications for men from greater gender equality. These same changes were made to the program in Rwanda, where the technical support was further used for writing a new long term program strategy, including a theory of change. Across all countries, CARE Norway's support focused on sharing good practices, resulting in the adaption of some tools and methodologies in other countries. For example, the manual "Journey of transformation" produced in Rwanda, to which CARE Norway contributed, is now also used in Burundi and Uganda.<sup>16</sup> Technical support has provided similar results in other thematic areas, including partnership strategy, SRHR, the bridging of humanitarian and long-term efforts and the implementation of UNSCR 1325. CARE Norway has further provided technical support for monitoring and evaluation (M&E) by harmonizing reporting systems, assisting in the development of results frameworks and country offices' learning agendas.

In terms of **cross-country learning**, the establishment of evidence-based learning systems and reflective practices has significantly enhanced the quality of the programme implementation. The annual seminar has been a key building block in the WEP's reflective practices. The 2009 seminar produced a set of nine global outcome indicators and contributed to enhanced M&E practices at the country level. In 2010, the seminar focused on partnerships. As a result, country offices in Uganda, Mali, Burundi, Rwanda, DRC, Tanzania and Myanmar developed partnership strategies that serve as best practices within CARE and the establishment of the *Partnership Initiative* in Eastern and Central Africa. The 2011 seminar led to the adoption of innovative approaches on SRHR and engaging men by country offices in Burundi, Mali, Niger and Myanmar. The 2012 seminar developed capacity on qualitative research and included follow-up bilateral exchanges. For example, CARE Mali and CARE Myanmar exchanged lessons on the use of social change tools, and all country offices benefitted from lessons learnt from carrying out evidence based advocacy in the Great Lakes region, including the use of GBV IMS. Finally, the 2013 seminar raised the quality of planning for the next phase, the Gender equality and women empowerment programme. Reflecting on tentative lessons from the WEP, the seminar included learning on strengthening of civil society, partnership strategy, rights-based approaches, and gender transformative programming.

CARE Norway's engagement in **strategy development** has led to a stronger emphasis by CARE International on gender equality and women's rights. As part of the transformation process, the board of CARE International will approve a global programme strategy for the first time in June 2014. CARE Norway has been part of a selected core team involved in this process. As a result, CARE Norway's influence has led to a stronger emphasis on rights-based approaches, expansion of membership to the South, strengthening of civil society, and on partnerships. CARE Norway has also contributed to stronger European coordination through inputs and participation in coordination mechanisms. This benefits country offices and the programming at country office level by securing better coordination of resources, by addressing gaps and overlaps and by aligning global strategies with country strategies. Finally, CARE Norway has also contributed to a sharper focus on civil society and on working with partners at the country office level.

Through the programme period, CARE Norway has developed and tested a number of **innovative approaches**, modified existing ones based on lessons learnt, and supported the scaling up of promising practices. As an example, rolling out Engaging Men support is based on using locally adapted techniques. Successful pilots have led to wide-spread uptake of the approach within CI as well as within external partner organizations. CARE in Eastern and Central Africa (ECARMU), in partnership with regional organizations (EASSI and FEMNET), plans to scale up work to engage men in the region. An example of promoting innovative approaches includes the use of evidence, testimonies and data as an advocacy strategy against GBV, as seen in the Great Lakes region (ref. GLAI). This approach included the adoption of the GBV IMS by

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<sup>16</sup> The manual is available at:

<http://gender.care2share.wikispaces.net/file/view/VSLManualFinal.pdf/351415986/VSLManualFinal.pdf>

CARE Rwanda and CARE. Currently CARE offices in these respective countries are discussing with the ministries the adaption of this system to ensure that they have national system of collecting and analyzing GBV data. A third approach includes the “care group model” being used in CARE Burundi’s WEP for the promotion of SRHR. Further promising practices may include CARE Norway’s approach to challenging staff’s personal values and convictions, central to the success of gender equality programs. Programs in Mali, Myanmar, Uganda and Tanzania have deliberately created platforms for staff (particularly male) to openly discuss perceptions and values.

CARE Norway is contributing significantly to **global learning** on women’s economic empowerment internally and externally. Not only does the quality of the WEP benefit from being part of a larger organization and networks, but lessons from the WEP are also integrated in and have an impact on other part of the CARE system – as well as on external actors. CARE Norway is active in the CARE International Gender Network (CIGN) and has been the co-chair with CARE USA over the last three years. CIGN has been an important forum for advancing a strategic focus in CARE International on gender equality and women’s rights as a mean to end poverty, as well as an end in itself. CARE Norway has also been active putting emphasis on the importance of results-based management in women’s empowerment programming. CARE International has developed an Accountability Framework, which informs country offices’ accountability processes towards partners, stakeholders and the impact group. CARE Norway is a strong voice promoting downward accountability and on the implementation of the framework.

CARE Norway has integrated **advocacy** in the WEPs in order to promote rights-based programming. CARE Norway has carried out systematic capacity building and facilitated exchange to build the capacity of country offices and partners to carry out evidence-based advocacy. CARE Norway has also facilitated the representation of COs, local partners, as well as community representatives in different decision making forums at the international level. An example includes the annual open debate on UNSCR1325 at the Security Council in 2012, where delegates from CSOs in the Great Lakes region and Nepal met with official delegations to the UN and with several UN agencies. The purpose was to communicate first-hand experiences and best practices from the grassroots and to advocate for courageous measures addressing GBV. Further, at the meeting of the Commission on the Status of Women in 2013 (CSW57), CARE Norway facilitated participation of women who represent the grassroots from Sri Lanka and the Great Lakes Region to bring their perspectives on GBV. The opportunity for country offices and partners to contribute in such high level events has improved their visibility, strength as well as boosted their capacity to further engage in high level advocacy events to ensure the realization of women’s human rights.

Through diverse **private sector engagements**, CARE Norway has a twofold added value. Firstly, the Literacy for Empowerment initiative funded by the Grieg Foundation and the initiative Making Markets Work for Women funded by REMA 1000, both add to the WEP. Respectively, these focus on adult literacy and numeracy training in corporation with the authorities in Rwanda, and on entrepreneurial-, sales-, production -and marketing skills among selected VSLAs in Tanzania. Both initiatives contribute significantly to the country offices’ technical and financial ability to address obstructions to women’s empowerment that are crucial to the impact groups income-generating activities and their meaningful participation in decision making. The targeted efforts of these two initiatives could not have been achieved without the private donors’ total contribution of NOK 8.000.000 within the programme period. Secondly, other, equally important private sector partners to CARE Norway contribute to the 10% match-funding required by NORAD. Among these are DNB, Finansforbundet, Sørøst, Senterpartiets Studieforbund and Vanntanken. These partners receive bi-annual reports and have conducted field visits with CARE Norway, something that in effect contributes to the country offices technical ability to both report to and communicate with private donors, and to arrange appropriate logistics for donors for whom the context and challenges of country office’ and partners’ operations is new and at times challenging and stressful.

CARE Norway offers long term and predictable **funding** from NORAD, Telethon and private sector to CARE COs and partners. This has been an important pillar for developing holistic women's empowerment programming. Moreover the design and long-term nature of these programs provides the basis to attract funding from other CARE members and to raise funds locally for instance from the EU. The comprehensiveness of the programs have been suitable to apply and test different approaches, and as a learning framework on which other programs have been designed (e.g. in the development of theories of change, impact measurement strategies, partnership strategies). One example of this is seen in Mali where three programs (Food Security and Adaptation to Climate Change, Education and Youth Citizenship, and Health and Governance) were subsequently developed following the learning and capacity that was developed in the WEP program supported by CARE Norway.

CARE Norway also plays a vital role in relation to **financial accountability** and follow-up of project to ensure that the programs are being implemented according to CI's program principles and the CARE Norway's and Norwegian government's priorities and commitments. Anti-corruption policies are central in CARE's technical assistance to partners and in signed agreements.

## Cooperation with other donors

The below overview only includes funding channeled through CARE Norway and not funding from other CARE member countries which contribute to the same overall programmes that CARE Norway is funding.

Country	Donor	Short description of cooperation	Amounts in USD
Burundi	NORAD	GIRIJAMBO "Express yourself" was focused on the GBVs and Sexual and Reproductive Rights;	1,71 mill
	Telethon	ISHAKA project focus on empowering young girls	0,2 mill
	NORAD	The Great Lakes Advocacy Initiative (GLAI) (2009-2013) addressed gender-based violence in through direct support to survivors and evidence-based advocacy to influence attitudes, policies, laws and behaviour.	0,3 mill
	Telethon	Engaging men and boys for women's empowerment and gender equality through improving the capacity of male activists	1, 85 mill
DRC	MFA /NORAD	Mama Amka The Great Lakes Advocacy Initiative (GLAI) (2012-2013) addressed gender-based violence in through direct support to survivors and evidence-based advocacy to influence attitudes, policies, laws and behaviour.	1,75 mill
Mali	MFA	Gender-based violence in emergency response – building capacity and community mechanisms to address and prevent GBV in Mali in the context of the political and food security crisis.	0,67 mill
	Telethon	Engaging men and boys for women's economic empowerment and gender equality	1,82 mill
Myanmar	Telethon	Engaging men and boys for women's economic empowerment and access to decision making	1,2 mill
Niger	MFA	2010: food crisis and mitigation and recovery 2012: Humanitarian support for Food crisis mitigation and community recovery an resilience in Niger	1,67 mill
	Telethon	Engaging men and boys for women's empowerment and leadership	2,23 mill
Rwanda	Grieg Foundation and Telethon	Literacy for Empowerment, training and graduation 30.000 members of VSLs in collaboration with Rwandan authorities , (2011-2013)	0,47 mill
	NORAD	CARE UK/PPA4 financed the implementation of community score cards	
	NORAD	The Great Lakes Advocacy Initiative (GLAI) (2009-2013) addressed gender-based violence in through direct support to survivors and evidence-based advocacy to influence attitudes, policies, laws and behaviour.	0,3 mill
	Telethon	PALI Policy Action and Learning Initiative for Sexual, Reproductive and Maternal Health (SRMH) for historically marginalized populations (PHM) in Rwanda - two year advocacy pilot to make government adopt policy recommendations for appropriate SRMH services for PHM.	0,67 mill
Tanzania	Telethon	Engaging men and boys for women's economic empowerment	1,63 mill
	MFA	HIMA: piloting REDD in Zanzibar. Focusing on community forest management.	
	Telethon	Men Engage in Kahama, working with boys and men to prevent early marriages and early pregnancies	1,03 mill
	REMA 1000	MMWW: Making Markets Work for Women. Entrepreneurship-, sales-, production- and marketing skills training for 1000 VSL members (2011-2013)	1 mill
	Telethon	AIM: Advocacy for Improved Maternal-health and one position as Gender advisor located at CO / in Dar es Slaam (2010-2013)	0,67 mill
Uganda	Telethon	Engaging men and boys for gender equality and violence prevention	1,25 mill
	Telethon	Batwa HEAL: empowerment of marginalised groups	0,65 mill
	NORAD	The Great Lakes Advocacy Initiative (GLAI) (2009-2013) addressed gender-based violence in through direct support to survivors and evidence-based advocacy to influence attitudes, policies, laws and behaviour.	0,3 mill
Global	MFA, Telethon	Gender Specialist in Geneva. Genders specialist in West Africa and East Africa 2 years.	0,4 mill

## Cooperation with national and local authorities

Country	Short description of cooperation
Burundi	<p>The WEP aligns with the Poverty Reduction Strategy Plan, especially in areas of gender mainstreaming and women empowerment.</p> <p>Close collaboration with communal administrators and governors in all programme areas has taken place. For instance cooperation with the governor of Kirundo province on zero tolerance against GBV campaign was key to address the sudden increase of GBV in this province. Measures to register marriage and hence offer protection to women in legal unions has been another area of collaboration.</p> <p>Through GLAI, the WEP collaborated with provincial and communal authorities in administration, police, justice, health and education, as well as with religious and traditional leaders to share evidences from the grassroots about the situation of GBV and to develop action plans and relevant responses.</p> <p>GLAI also organized sessions on Kampala declaration on SGBV in favour of women parliamentarians, official authorities from gender ministry, governors and administrators. The initiative further collaborated with the National Women Forum, the Ministry in charge of gender, the ICGLR secretariat and the Gender commission at national assembly to follow up the ICGLR declaration and plan for action against GBV.</p>
DRC	<p>The WEP is in line with DRC's development priorities as expressed at national level in the DSCR (Document Stratégique pour la Croissance et pour la Réduction de la Pauvreté), especially on the following components: promotion of peace and good governance, micro economic stability and growth, and community dynamic promotion.</p> <p>The program collaborated with territorial and provincial authorities which signed agreements with VSLA and community activists as a result of the community dialogues organized around women's rights.</p>
Mali	<p>CARE has a strong relationship with the Government of Mali and has worked effectively with the Government both at the local and national level for decades, and coordinates closely with local development authorities (district, commune and village level development councils).</p> <p>The conceptual framework of the WEP responds to the PRSP of the Malian government that aims at a redistributive growth and reduction of poverty through the revival of the productive sectors, and the inclusive approach of the program reflects national and local priorities.</p> <p>The programme works specifically with the Ministry and structures in charge of Women's development. Annual planning is coordinated to make sure that planned results are achieved. Impact indicators of the programme are aligned with those of the national programs working on questions of equality and with the national gender policy in Mali. WEP has supported the Ministry in terms of following up on the National Plan to fight FGM by pushing the inclusion of data on excision in the IMS of the health system, WEP has also collaborated with the ministry on improving women's candidacy for local elections. The engaging men approach has been designed and implemented under the auspices of the ministries and regional offices of education, health, social development, youth and women's development.</p> <p>At local level the program participates in development of communal plans and facilitates greater participation of women to influence the local development plans and the program has contributed to the achievement of communal objectives as for instance, putting in place infrastructure for food transformation, training centers, health centers, schools etc. Also at cercle level, the program has influenced the development plan, particularly in Macina, through the actions of influence by the network of women in Macina. Girls' education has thus become a priority and engages the technical services of the state.</p>
Myanmar	<p>Alignment with National Strategic Action Plan for the Advancement of Women (policy), collaboration with Department of Social Welfare (local level) and Ministry of Social welfare (national level), as well as Myanmar Peace Center. Collaboration with Ministry of Health (MoH), as well as District Health Department with regards to training of auxiliary midwives.</p> <p>CARE Myanmar worked with GEN (Gender Equality Network) to provide support to the Ministry of Social Welfare and the development of the National Strategic Action Plan for the Advancement of Women and contributes to its implementation through the WEP. CARE also contributes to the implementation of MoH's strategies and plans through the AMW training, which is part of government health plan.</p>
Niger	<p>The program is consistent with and contributes to the achievement of three out of five main strategic goals of the Niger</p>

	<p>Economic and Social Development Plan (PDES) 2012-2015 which is intended to be the only framework of interventions for the midterm development agenda of the Government and is aligned with the Millennium Development Goals (MDGs).</p> <p>Contributions of WEP relate to the following national goals:(i) Health promotion based on efficient implementation of PDS, (ii) Development of the education system, including as part of capacity building for access and quality components of PDDE at all levels of education, including vocational and technical training, (iii) Implementation of the social protection policy adopted in 2011 by the Government, (iv) promotion of the fight against inequalities and reinforced gender equity, (v) Promotion of health living environment.</p> <p>All program operational strategies are aligned with national development policies and strategies (gender, cereal banks, literacy, networks, etc.). In addition CARE works within the framework initiative of the High commission of the 3N Initiative (Nigeriens feed Nigeriens), Ministry of Promotion of Women – aligning with and promoting the national gender strategy. CARE VLSA approach has been maintained as a key approach for the empowerment of women by Government.</p> <p>Collaboration with the National Council for Political Dialogue – lobbying for women’s political participation, which has contributed to the integration of gender into school curricula.</p>
Rwanda	<p>The WEP strategy is aligned with the country Economic Development Poverty Reduction Strategy II (EDPRSII) by contributing to implementation of GBV law, family law, and related duty bearers’ capacity building.</p> <p>CARE Rwanda contributed significantly in the design and implementation of the National Financial Education Strategy by sharing best practices in financial education such as VSLA methodology, linkage of poor people to MFIs, and initiating value chain among women VSLAs (objective of increasing per capita income from \$900 to \$1240). CARE sits in the National Financial Education Technical Working Group. Its current focus is on developing an “enterprise development model” which aims to create jobs, one of the focus areas of EDPRS II that quickly boosts poor people over the poverty line. WEP is contributing to the national target of reducing illiteracy levels from 40% to 15% by 2017.</p> <p>The WEP also complemented Saving and Credit Community cooperatives (SACCO) programmes that aim at giving poor people an employment and facilitate their access to financial services.</p> <p>At local level, each of the Districts of intervention has its own development plan and performance contract every year, the WEP contributed much to these plans especially in areas of socio-economic development of poor people and also enhancing the gender equality in their communities. Based on joint planning with local authorities, WEP was integrated in government performance contracts.</p>
Tanzania	<p>CARE Tanzania is aligned with the main thrusts of the National Strategy for Growth and reduction of Poverty II (MKUKUTA), the national Gender policy and various sector policies and strategies, particularly the National strategy for Gender Development . Specifically the WEP collaborates with the Ministry of community development, gender and children (MCDGC) on the mainland and the Ministry for Social Welfare, youth , women and children development (MSWYWCD) in Zanibar.</p> <p>The WEP has worked closely with District councils and local authorities and public services in the programme area.</p>
Uganda	<p>The design and implementation of the WEP programme took into account Central and District Local Government Priorities. These include the District Development Plan, The Peace Recovery and Development Plan (PRDP) for Northern Uganda and the National Development Plan.</p> <p>MOUs were signed with all district local governments in which the program was implemented. CARE leveraged extension services from Local Government staff. Monitoring and technical support was provided by line departments of agricultural production and marketing, the gender office and the health office to support the community and partner trainings. CARE staff participated in district planning processes and ensured that key areas of need for the impact groups were included in the district plans.</p>

## Contribution to strengthening civil society

[This topic has been mainstreamed in the thematic results sections. Please see sections on Strengthening women’s civil society organisations and CARE Norway’s added value in particular.]

## Important lessons learnt to be integrated in a new agreement

Lessons learnt were integrated into the application to NORAD for a new 5 years cooperation in 2013, and submitted as part of the periodic report 2009-2012. The new and agreement between NORAD and CARE Norway is a 2 year agreement (2014-2015) and with a lower annual budget than planned for. Some lessons learnt will therefore have to be postponed beyond 2015. The below table provides an update on the status of integration of lessons learnt in the new agreement.

Lessons identified for periodic report	Status on integration in new agreement
1. Facilitate better linkages between humanitarian and long-term responses with regards to UNSCR 1325, food security, women's empowerment and gender equality.	Postponed as tripartite agreement between CARE-MFA and NORAD is not in place.
2. Strengthen synergies between emergency and development programming by integrating lessons learnt from long-term programs into country offices' and partners' emergency preparedness plans, and lessons learnt from disaster risk reduction in long-term programs.	To be integrated at a lower scale if/when additional funding is secured.
3. Seek closer collaboration with other actors on climate change and build such collaboration into programs on resilient livelihoods.	Integrated
4. Include CARE Vietnam in the new cooperation agreement in order to strengthen programming in Asia.	Funding not allocated, lesson not integrated.
5. Strengthen capacity building on evidence-based advocacy.	Funding for a technical advisor on advocacy not allocated. CARE Norway will explore other financial options.
6. Mainstream Engaging Men Initiatives to positively influence the attitude and practice of men.	Integrated
7. Strengthen options for diversifying and expanding income generating activities.	Integrated
8. Include strategies that respond to the needs of young women and girls as well as the needs of women.	Integrated
9. Strengthen capacity of country offices to convene space, broker partnership and facilitate advocacy by local partners.	Partially integrated, pending funding for technical advisor on advocacy.
10. Continue South-South exchanges of experience and lessons among participating country offices.	Integrated for West-Africa and Eastern Africa, not integrated for Asia as funding for CARE Vietnam was not allocated.
11. Continue using international human rights framework in programming an advocacy.	Integrated

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