



Women's Empowerment Program Tanzania Evaluation: 2009 - 2013

Photo by Heléne Hansson / CARE

International Law and Policy Institute

Author: Hashin Pondeza

Editor: Monica Dearden

ILPI

International Law and Policy Institute (ILPI) provides analytical work, juridical briefs, and policy advice within international law, human rights, corporate social responsibility, governance, and country/conflict analysis. ILPI is established with the conviction that the combination of academic excellence and operational policy experience facilitates “hands-on” solutions and the ability to handle complex processes and issues. ILPI is based in Oslo, Norway, but has an extensive network of partners worldwide.

Published 27.05.2015 **[Copyright]**

Executive Summary	5
1 Introduction	9
1.1 The Women and Girls' Empowerment Program	9
2 Methodology	11
2.1 Qualitative and quantitative evaluation design	11
3 Description of the population under study	13
3.1.1 Level of education	14
4 Results: Strengthening women's economic security	15
4.1 # of women and girls' membership of savings and loan groups	15
4.1.1 # of women and girls engaged in profitable income generating activities (IGAs)	15
4.2 Men and women's attitudes to women's economic security	16
4.2.1 % of women that own assets and can sell without asking permission	19
4.3 % of household that have experienced shocks and did not have to sell household assets	20
5 Strengthening women's participation in decision making	21
5.1 Strengthening women's ability to advocate	21
5.2 Men and women's attitudes towards women's participation	23
5.3 Strengthening meaningful participation	26
5.3.1 Increased representation of women and girls in community development committees	26
5.3.2 "% of women who report meaningful participation"	28
5.4 Village and ward plans and budgets that reflect priorities of marginalized women and girls	29
6 Strengthening women's social empowerment	32
6.1 Women's social network	32
6.2 Sexual and Reproductive Health and rights	33
6.2.1 Women's attitudes towards the protection of women sexual and reproductive health and rights	35
Table 28 Attitude of women towards the protection of women sexual and reproductive health and rights	36
6.2.2 Men's attitudes towards the sexual and reproductive health	37
6.3 Gender Based Violence	38
6.3.1 Men's attitude towards gender-based violence	39
7 Conclusion and Recommendations	41

Acronyms

EKAMA	Data Collection Firm
FGD	Focus Group Discussion
GBV	Gender Based Violence
HH	Household
IGA	Income Generating Activities
ILPI	International Law and Policy Institute
KI	Key informants
MTR	Mid Tern Review
ToC	Theory of Change
ToR	Terms of Reference
VSLA	Village Savings and Loans Associations
WAGE	Women and Girls' Empowerment
WEPs	Women Empowerment Programs

Executive Summary

This report presents the combined qualitative and quantitative endline evaluation results of the Norwegian Agency for Development Cooperation (Norad) funded Women's Empowerment Program (WAGE II) through CARE Tanzania (2009 – 2013). The evaluation objective is to assess the changes WAGE II contributed to in the lives of the program participants, using expected outcomes at country level as the vantage point. The evaluation also explores unintended positive and negative effects of the program. 287 women and 145 households were surveyed. In addition focus group discussions and interviews were conducted with over 300 men and women stakeholders in Misungwi district in Mwanza, Kinondoni district in Dar Es Salaam, and Micheweni district on Pemba. The evaluation employed a non-panel approach, but sampled the same geographical areas at baseline and endline stages.

The Women and Girls Empowerment (WAGE) II program was a five-year program (2009 – 2013) funded by NORAD through CARE Norway. The program aimed to facilitate the social, political and economic empowerment of women and girls across six districts of Tanzania: Pemba; Kahama; Kinondoni; Kigoma and Mwanza. The impact group of WAGE II was marginalized rural women and girls living in poverty, and the goal to *enable poor and marginalized women and girls in six districts in Tanzania to realise improved social, economic and political status by 2013*. The program aimed to reach a total population of 351,000, of which more than 70% (270,000) were poor and marginalized women and girls. To sustain this, the program target group included men and boys, and local leaders, partners and government authorities across the programming districts were targeted as key stakeholders.

The working definition of empowerment used by CARE is, *“The expansion of assets and capabilities of people to participate in, negotiate with and influence control and hold accountable the institutions that affect their lives.”* This definition recognizes empowerment as a process of building capabilities and the importance of structures, including institutions that affect people's lives. According to the CARE Women's Empowerment Program (WEP) framework, empowerment can only be realized when the following three levels of impact are addressed; women's own agency, the relations they stand in (including individual opportunity to change existing and build new relations to claim their rights, alter inequitable structures and expand their agency), and the structures that surround them (the environments and institutions that precondition women's opportunity and ability to participate meaningfully in decision making and take actions). The program document¹ recognizes that achieving successes beyond agency level and thus realize relational and structural changes in the context that CARE Tanzania operates in would be challenging if men and boys were not targeted.

Results: Strengthening women's economic security

Men's attitudes towards women's economic rights have improved since baseline stage, with the average score across five attitude statements increasing from 3.46 to 3.64 (likert score). This shift in attitudes relates specifically to women's income generating activities (IGAs), as one woman VSLA member commented, *“Prior to WAGE I was not able even to sell my farm produce, despite the fact that I cultivated it, because the community only accepted a man when coming to decision on selling agriculture produce”*. At endline, 84% of men felt it was wrong to think that a woman's only role is to take care of the house and prepare meals for her family, compared to only 18.1% of men interviewed at baseline before the program started. Men were also asked if women should have the same rights as men to study and work outside the home. At endline 89% of men agreed to this, compared to 39.1% of men at baseline.

In relation to attitudes around control and ownership of the same assets as men, some positive shifts in attitude have taken place overall (average likert scores for this statement have increased from 3.81 at baseline to 3.87 at endline). The proportion of women reporting control over assets in their household

¹CARE Norad Multi-year plan 2009 – 2013.

has increased from 17% to 57.5%. CARE staff interviewed reported a trend that, "community members had recognized participation of women as part of the family in decision-making. There is joint decision-making when it comes to selling and buying of assets".

The evaluation results indicate that more men are joining the VSL groups for economic and social cooperation. In some examples given, men engaging in VSLAs were reportedly also buying VSLA stocks (i.e. saving) for their wives IGAs as a "startup" to invest in their family's economic prosperity. The majority of women at endline feel that they have enough support from men and boys when running their IGAs, for example, women feel that they are able to discuss work and money with their partners, talk together with their husbands regarding things that happen at his work/on the farm, and discuss together how to spend the household's money.

Women's capacity to cope with shocks was reduced at endline stage (from 70.4% to 45.8%), and data suggests that women are more likely to have to rely on support from others, sell assets, or reduce consumption – negative coping strategies - than use savings or home produced items to cope. However, the survey shows that women do feel supported by the community members in case of shock or crisis.

Results: Strengthening women's participation in decision making

The proportion of women at endline that reported meaningful participation in the decision-making bodies at community level has increased from 66.7% in 2009 to 72% in 2014 (table 1). In mixed meetings organized by the communities, partners, village community councils and political parties, women reported that they also now felt able to influence decisions. 92% of women at endline agreed that women should decide whom to vote for in elections, without influence of their husbands compared to 81.8% at baseline stage. Women at endline (90.6%) were also more likely to agree that a woman can disagree with her husband's political opinion than at baseline (72.1%).

Almost all women at endline (95.5%) agreed that women should have a say in important decisions in the community, compared to 75.6% at baseline. Women have also been involved in village planning, budgeting and monitoring process for the development priorities in their areas and have in some cases been successful in convincing the respective village councils to provide services and infrastructure to address women's identified priority needs such as clean water, education and business opportunities.

The theory of change for the WAGE II program highlights male VSL members as "change makers" and champions to bring about shifts in attitudes to gender equality. This expectation was met, as the role of male VSL champions for change and the men engage element of the project were key to inspiring and sustaining women's empowerment; the qualitative research revealed that women often make male VSLA members' ambassadors in order to influence the attitudes, behaviors and values of other men in their communities.

The endline survey asks women specific questions about how they perceive that community attitudes have changed towards women's empowerment. 29.5% of women in Kinondoni feel that men still disregard their ideas, compared to just 15.6 % of women in Misungwi. At the same time, 60 – 70 % of women in both districts agree that local authorities help prevent women marginalization in their community. The main reasons women feel they are not able to influence decisions are because of their workloads and not because the space or opportunities are not available to women.

At endline, the level of women and girls' participation in community advocacy campaigns was mixed. 43% of women Kinondoni felt they were able and supported to push for women's empowerment issues through the advocacy network, compared to 78% In Misungwi. The qualitative survey revealed that as a result of increased knowledge of rights and leadership skills, women are beginning to understand how they have to position themselves to realize their strategic interests. Gains were also made by WAGE II at local levels, such as in Mwagala. There, women's responsibility to visit health clinics during pregnancy was

seen as theirs alone previously, while now a law adopted at village and district level says that the husband or partner should accompany the wife.

At endline, 87.2% of women agree that it is wrong to say that a woman has no place in the decision making of the household, whilst at baseline in 2009 the corresponding number was 60.9%. It was widely felt also that women increasingly understand their rights now with respect to marriage, inheritance, land and livestock ownership, and the right to education. Patriarchal systems and norms remain dominant in the communities, so women still do not always have the confidence and opportunity to claim their rights, but WAGE II has contributed significantly to women's ability to move more freely in public and engage in advocacy if they want. Respondents gave examples of how skills and awareness campaigns held in VSLA groups had led women to actively engage in local decision-making bodies on issues such as budgeting, planning and monitoring. It is clear that this engagement requires the information, skills and space to engage, analytical capacity, and ability to enact change. Due to the WAGE program activities, women are now able to question details and accuracy of information from leaders. "You need to be prepared when meeting with VSLA members in Micheweni district." A woman appointed MP commented.

Successful advocacy campaigns as found by the qualitative research show that women were able to influence issues such as the budget allocations for teacher's salaries at the community students' centers, so that these increased with 50%. They were also able to influence infrastructural priorities at their community levels, such as the building of bridges, the construction of madrasa schools (Islamic schools), and now the construction of nursery schools. According to the Kinondoni district official, the district office now imitates VSL methodology in most of their local community empowerment initiatives.

Results: Strengthening women's social empowerment

The VSLA approach is enabling women to create strong social networks that are becoming an influential force for social change. Over 80 % of women surveyed feel that they have a good social network in the community. Over 90 % of women report that they are happy with their involvement in social networks, and are frequently invited to attend mixed community events. Over 90% of women felt that the community members are ready to support them in cases of shock or crisis (moral, financial or material support). During emergencies and hardship, marginalized women (especially those in VSLAs) are able to get support from their fellow members of their respective groups.

Stakeholders spoke of how the power and influence of patriarchal systems and norms have decreased in some areas where WAGE II operated. CARE has successfully mobilised informal social community network systems to build support for gender equality at household and community level. These changes have reduced conflicts within families and have increased income in some families. Male and female change agents (animators) were recognized to have played an important role to make these changes possible. Almost all women agreed that animation groups had changed the attitudes in their community, particularly in Misungwi and in Kinondoni. The involvement of men and boys in VSLA groups also supports efforts towards influencing the structures and relations that enable women's empowerment, with evidence of an increase in men supporting their partners to visit health centers and participate socially.

At endline women's knowledge of their SRH and rights is increased compared to baseline (average score was 4.30 in 2014 versus 4.11 in 2009 on a scale of 1-5). The majority of women are aware of the key SRH services, as they were also in 2009. A higher proportion of women in Misungwi use birth centers or hospitals (43.8%) compared to women in Kinondoni (20.2%). Similarly, 30.9% of women in Misungwi use post-natal care, compared to only 3% of women in Kinondoni. Most decision making around SRH at endline was reported to be joint or sole decisions of the women. Despite the fact that reported condom use is less than 5%, 94% of women at endline agreed that if a wife knows her husband has a disease that she can get during sex she is justified in asking him that they use a condom, compared to 79% at baseline.

Concerns were raised by some at baseline about the potentially negative impact of changes in household decision-making, including potentially conflict or a rise in GBV. However, the results show that a number of factors have ensured that the negative impacts have been minimal. The inclusion of men and boys in VSL groups have helped decrease discriminatory attitude towards women and girls, similarly the visible benefits of women's changing roles, or realizing IGAs, has supported positive attitudinal change.

The research in Kinondoni district shows a relationship between men's membership in VSLA groups, and a decrease of GBV incidents within both households and communities. Engaging with VSLA groups, based on established rules and policies to be adhered by all members, in addition to the sensitization work of the WAGE II program has been important to this development. Men interviewed as part of the qualitative research were often positive and spoke of the clear benefits of actively supporting women and girls empowerment.

Table 1: Overall level of achievement of the 2009-2013 indicators

Indicators	Endline examples
Impact indicators	
1) Existence and Application rights laws and policies for women in the following areas:	
The protection of women's economic security (their property rights, inheritance, etc.)	CARE has helped the community to increase their awareness on their basic rights. The main types of advocacy initiatives focused on women' and girls' right to own and inherit land and assets. The advocacy networks contributed to changes in behavior, especially to achieve higher appliance of laws and national policies related to women's rights. The WAGE II program team worked closely with Local Government Authorities to achieve this
The protection of civil rights and women's political participation	Most of the Village Councils now have Arbitration (Mediation) Councils that handle discrimination and segregation of women and girls. They have their own regulations, which were frequently misunderstood before the intervention of the WAGE II program.
Protecting the rights of SRH and maternal health	In collaboration with the Village Council and Ward Development Council, local government leaders have formulated by-laws to make sure that men attend clinics together with women. We have also formulated by-laws to guide construction and use of toilets for every household. CARE has also successfully proposed by-laws for free maternal health services
To fight against all forms of GBV (domestic violence, sexual violence, Female Genital Mutilation)	Leaders of village councils have tried to formulate Resolutions Council. "Women to some extent know their rights and where they have to claim when they get problem. They always start by reporting to the village leaders. Some of the rights include: <i>protection from violence; discrimination in the family/household, Gender based violence; and the right to make decision.</i> " Village Leader

Indicators	Baseline (2009)	Endline (2014)
2) Women's attitude measurement for the empowerment of women as indicated in the following areas:		
- Women's economic security	Score = 3.62	-
- Women's participation in the public sphere, decision-making at community level	Score = 3.76	Score = 4.12
- GBV (domestic violence, harassment harmful traditional practices such as FGM, early marriage)	Score = 2.03	-
- Protecting the rights of SRH and maternal health	Score = 4.11	Score = 4.30
2) Measurement of attitude of men concerning women's empowerment as indicated in the following areas:		
* Sample sizes for Tanzania male survey were reduced so results are indicative		
The protection of women's economic security (their property rights, inheritance, etc.)	Score=3,46	Score=3,64

GBV (domestic violence, harassment harmful traditional practices such as FGM, early marriage)	Score= 2.16	Score=1.49
Women's participation in decision-making	Score=3.76	Score=3.48
Indicators		
% Women who control assets	17%	57.5%
% Women with capacity to cope with economic shocks	70.4%	45.8%
% Of women reporting meaningful participation in decision making	66.7% ²	72% ³
The perception of women on social inclusion in the community	Score = 4.09	Score = 3.97
% of women reporting being satisfied with the availability and quality of sexual and reproductive health services	96%	NA ⁴
% Women making decisions / making informed choices about their sexual and reproductive health.	97.1 %	86%

1 Introduction

CARE Norway began the implementation of the Women Empowerment Programs (WEPs) in 2009 in seven countries: Burundi, Mali, Myanmar, Niger, Rwanda, Tanzania, and Uganda. In 2009 and early 2010, CARE Norway conducted an extensive quantitative baseline study in these countries around a set of common indicators. CARE Norway contracted ILPI to conduct both the Endline and Baseline evaluations for the WEP programs in seven countries. The objectives of the qualitative assessment were to:

- To assess the changes the programs have contributed for creating on the lives of the program participants
- To specifically explore unintended positive and negative effects the programs have had on the program participants and impact groups (several groups, correct?)
- To explore the causes/ explanations for the observed changes
- To identify core aspects that should be incorporated in the quantitative measurement

The focus of the Quantitative assessment is:

- To measure the level of achievement of the WEPs in relation to the outcome indicators (this should use similar methodology as the baseline stage)
- To measure level of achievement in relation to other indicators identified through the qualitative study (the intention here is to quantify some of the core changes/ achievement identified through the qualitative study, which may not have been covered through measuring the outcome indicators)

The period taken for qualitative study including capacity building visits to CARE Tanzania from ILPI Tanzania was from January 2014 through May 2014, and for the quantitative element of the evaluation, August through to late October 2014.

1.1 The Women and Girls' Empowerment Program

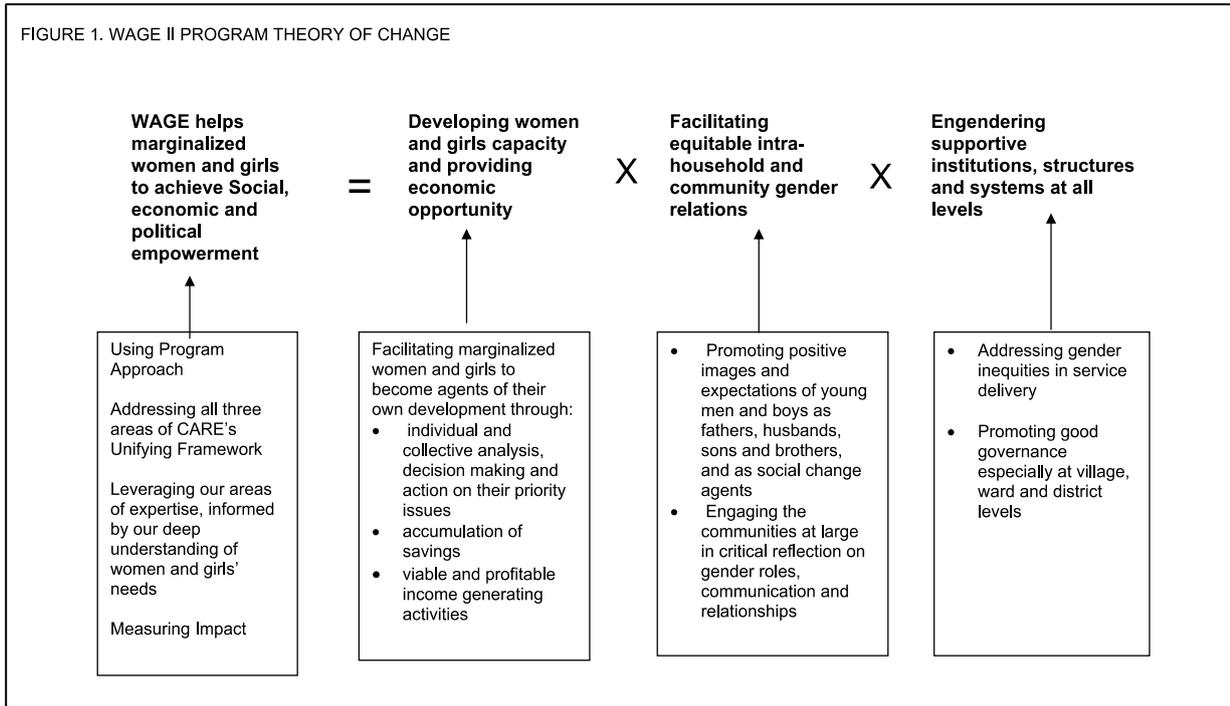
WAGE II was delivered by CARE Tanzania in partnership with six district NGOs: Ngezi Vumawimbi Natural Resources Conservation Organization (NGENARECO) – Pemba; Development and Life Relief Association (DELIRA) – Kahama; Human Advancement and Creativity House (HACH) – Kinondoni; Kigoma Development Promotion Agency (KDPA) – Kigoma; Kivulini – Mwanza.

² Able to influence decisions in the past 12 months on committee on communal land

³ As above

⁴ not included in the survey

Figure 1: CARE Tanzania WAGE II Theory of Change



CARE Tanzania has set out an explicit theory of change as set out in Figure 1. The development goal for WAGE II is improved social, economic and political status of the poor and marginalized women and girls in 6 districts of Tanzania. Gender equality at household and community levels is implied by equity in participation in household and community decision-making, non-discrimination against women and access to community support for marginalized women. The key assumptions are that as a result of WAGE activities communities would evidence attitudes and behaviour that showed their support for enhanced gender equality.

In order to improve the support for gender equality of community structures and relations, the Theory of Change (ToC) assumes the membership of men in the VSLA and exposure to program gender sensitization efforts will be factors in bringing about change and promoting equitable intra household and community gender relations. One approach which the WAGE Program applied to achieve this was by promoting positive images and expectations of young men and boys as fathers, husbands, sons and brothers and as social change agents. The WAGE II team also aimed to engage the communities in critical reflection on gender roles, communication and relationships.

The final WAGE II outcome focuses on the assumption that participatory gender sensitive development planning and budgeting will require a number of pathways, or approaches: including the representation of women in planning and budgeting committees. CARE Tanzania supported women to get involved in advocacy in order to ensure that women's priorities were included in development plans and allocation of resources. At mid-term point in the WAGE II project the CARE Tanzania report acknowledged that there is the need for women to not only focus at a local level, but also influence district level decision-making to ensure that funds are allocated to their respective wards and villages to address their priorities.

2 Methodology

2.1 Qualitative and quantitative evaluation design

In Tanzania, CARE staff organized focused group respondents as well as other types of respondents ahead of quantitative data collection. Before data collectors would go to the field, ILPI staff in Tanzania met with CARE Tanzania to discuss and come up with mutually agreed areas and the total number of respondents to be taken into consideration during the qualitative evaluation process in the endline project areas:

- **Mwanza:** Misungwi district
- **Dar es Salaam:** Kinondoni district
- **Pemba:** Micheweni district

An external consultant from ILPI Tanzania joined the CARE staff in Tanzania to conduct training and capacity building support for both the qualitative and the quantitative element of the evaluation. The capacity building included training of CARE staff and partner organisations on evaluation methodologies and design, sampling, piloting of research tools and consultation regarding experiences and lessons learned in relation to delivery of RocoKwo.

Table 2 Evaluation data collection process

Preparation	Data collection	Data analysis & report writing
<ul style="list-style-type: none"> • Kick off consultation with CARE staff • Discussion on sample size and possible data collection firm • Discussion on data; collection, entry, cleaning and reporting plan • Development of data collection tools, team training/orientation and review/improvement of data collection tools • Pre-testing of tools • Finalization of tools • Data collection team selection by EKAMA and CARE 	<ul style="list-style-type: none"> • Field data collection and entry • Debriefing with data collection firm (EKAMA) • Preliminary data analysis 	<ul style="list-style-type: none"> • Validation of data with CARE Tanzania • In depth data analysis • Final report writing • Sharing report of report • Storage of data by ILPI and CARE for subsequent use

CARE Tanzania interviewed a total of 302 respondents for the qualitative research, including key stakeholders, focus group discussions, and animators and implementing partner staff. In each district, the field data collection took about two weeks, simultaneously from March 10-21, 2014. The qualitative data was collected via open-ended qualitative questionnaires. Each of the questionnaires had an average of 27 questions that touched the four outcome areas of the WEP programs.

Following a period of reflection on the key findings from the qualitative survey by outcome area with the CARE team and implementing partners the team participated in a training sessions on the final quantitative survey tools, the sampling, the process for selection of the survey areas and respondents and the survey process. The training also covered ethics, good practice and pilot testing of the survey tools. During the endline and baseline evaluation process, CARE Tanzania made the decision not to set up a control group to be used for future comparisons with upcoming project participants. They considered it "unethical" to make a study group while knowing that they are in high demand of support like other groups that will be receiving external support.

A consultancy firm was contracted by CARE Tanzania to collect the survey data, once the CARE team and the consultants finalized the final survey tools. As at baseline, a cluster sampling approach was used with probability proportional to the number of households within a cluster. The design utilized the frame of CARE Project Wards and Villages. The population counts were obtained from the 2012 Population and Housing Census Data. In the first stage, selection of Enumeration Areas (EAs)/Blocks as primary sampling units (PSU) from CARE Frame of Wards/Villages was conducted, using systematic sampling with probability proportion to size (PPS sampling). In order to select the households, a fixed number of villages were selected. From each selected PSU, a fixed number of 15 households was selected for interview.

In order to realize the sample, the plan was to survey 15 households in 10 villages/Mtaa per district to reach 150 households and hence 300 households for Kinondoni and Misungwi. In each identified household three questionnaires were administered, namely: the head of household, the female and male respondent survey.

Table 3: Endline Sampling plan

District Name	Estimated Population to Interview	Planned interviews per HH	Household Size (2012 Population)	Estimated HH to Interview	Sampled PSU/EAs per District	Number of Households to Interview
Kinondoni	450	3	4	150	10	15
Misungwi	450	3	6.5	150	10	15
TOTAL	900			300		

The final quantitative sample was selected from Misungwi and Kinondoni districts as set out below in Table 4 below. Unanticipated challenges were faced by CARE Tanzania and the data collecting team in reaching the planned sample sizes, in Kinondoni in particular. As a result, unfortunately the male sample sizes provide indicative findings, rather than statistically significant results.

Table 4: Endline Quantitative sample

Region	Mwanza	Dar es Salaam	Total
District	Misungwi	Kinondoni	
Male survey	74	15	89
Female survey	139	148	287
Household survey	98	47	145
Total	311	210	521

3 Description of the population under study

The focus of the endline evaluation survey was in two areas where WAGE II had been delivered, Kinondoni, Dar es Salaam and Misungwi in the Mwanza region of Tanzania. Kinondoni is an urban district in Dar es Salaam that is located in northern part of Dar es Salaam city. Given the urban nature of the district, it is estimated that less than 3% of the workforce is engaged in subsistence agriculture in some of Kinondoni's peripheral areas.⁵ The key income generating activities are focused on petty businesses, and urban agricultural activities such as fisheries, livestock keeping and horticulture. Misungwi District, Tanzania is located in the Mwanza Region on the shores of Lake Victoria. Situational analysis conducted by CARE Tanzania confirms the disadvantaged position of women and girls in both districts⁶. Specifically the study revealed a high level of illiteracy among adult women, high school dropouts rates for girls, inequitable access to and control over natural resources and household assets, disproportionate burden of managing long term care in the household and poor access to quality water and sanitation services.

Table 5 Endline socioeconomic statuses

Socio economic status	Misungwi		Kinondoni	
Male respondents (n=89)	Extremely vulnerable	9%	Extremely vulnerable	0%
	Vulnerable	26%	Vulnerable	33%
	Partially vulnerable	39%	Partially vulnerable	33%
	Less vulnerable	23%	Less vulnerable	33%
Female (n 287)	Extremely vulnerable	14%	Extremely vulnerable	3%
	Vulnerable	37%	Vulnerable	38%
	Partially vulnerable	30%	Partially vulnerable	39%
	Less vulnerable	19%	Less vulnerable	19%

When asked about their socio economic status, two thirds of males in both Misungwi and Kinondoni reported themselves to be either vulnerable or partially vulnerable. At endline, over a third of women reported that their current socioeconomic status remained vulnerable. 19% of women in Misungwi and also in Kinondoni rated themselves as being less vulnerable.

Table 6 Key population statistics

	Misungwi District	Kinondoni District		
Mean age Men	42 years	42 years		
Mean age Women	40 years	40		
Marital status	Married polygamy	11%	Married polygamy	1%
	Married monogamous	67%	Married monogamous	63%
	Divorced	4%	Divorced	5%
	Widow	8%	Widow	16%
	Single	10%	Single	15%
2012 Census results				
Population	351,607	1,775,049		
Male population	173,997	860,802		

⁵ Source: Kinondoni Municipality profile (2010).

⁶ CARE Norad Multi Year Plan 2009 - 2013

Female population	177,610	914,247
Average household size	6.5	4

Two thirds of the sample are married monogamously in both districts at endline compared to 64.9% of respondents at baseline. 11% of males reported that they were in a polygamous marriage in Misungwi.

3.1.1 Level of education

Table 7: Endline level of education

	Misungwi	Kinondoni		
Read or write In Kiswahili				
Male	Yes 89%	Yes 100%		
Female	Yes 84 %	Yes 97%		
Ever attended school?				
Male	No 8%	No 0 %		
Female	No 12 %	No 3 %		
Highest level of schooling				
Male	Primary	61 %	Primary	82 %
	Secondary	7 %	Secondary	9 %
	University	0 %	University	0 %
Female	Primary	86 %	Primary	72 %
	Secondary	4 %	Secondary	22 %
	University	0 %	University	5%

At baseline more males have attended school (77.3 percent) than females (70 percent). At endline 92 % of the males surveyed have attended school but for 61% the highest level of schooling was Primary level. The majority of males surveyed in Misungwi could read and write in Swahili and all in Kinondoni, so the results are not presented by ability to read and write; but where appropriate disaggregated by level of education (Table 4.4). At endline, 97 % of women in Kinondoni and 88% in Misungwi report that they have ever attended school, compared to 70% at baseline. For 86% in Misungwi, and 72% in Kinondoni the highest education level is primary level at endline, compared to 81% of female respondents at baseline stage.

4 Results: Strengthening women's economic security

4.1 # of women and girls' membership of savings and loan groups

Table 8: Endline VSLA membership

	Misungwi	Kinondoni
Member of VSLA		
Male	64 % Yes	40% Yes
Female	96 % Yes	97% Yes
CARE VSLA?		
Male	58 %	40 %
Female	92 %	98 %

There has been an increase in the proportion of marginalized women and girls in program areas who are now members of the VSLAs than before WAGE II started. At endline 92.8% of the women surveyed reported that they were members of VSLA groups compared to 13% of women at baseline stage.

4.1.1 # of women and girls engaged in profitable income generating activities (IGAs)

95% of women at endline agree that the number of women and girls engaged in profitable income generating activities has increased since the WAGE II program began. Stakeholders provided examples of community members who have successfully developed profitable non-agricultural IGAs: Catherine Bizuka in Misungwi is an animator, she started as a member of VSL and initiated a small shop, then she opened hair salon and she now also is a member of UWT (party women wing). Another example is a woman in Misungwi who had one sewing machine to generate an income before WAGE II started, after joining VSL she had added more than two. Now she has opened an apprenticeship centre where she is training other girls.

Stakeholders interviewed spoke of evidence of the profitability of the IGAs that were being set up by women supported by WAGE II. In Misungwi for example, stakeholders spoke of evidence of improved housing, glass thatched to corrugated iron sheets roofs, even that children wear shoes as part of school the uniforms.

Figure 1 Locally relevant indicators of profitability of IGAs

- Children attend school as accrues of profit from projects and shares;
- Construction of modern houses roofed with corrugated iron sheets;
- Own bicycles and motorcycles;
- Contribute for development from their own pockets;
- Own small shops and petty business
- Ownership of modern farm inputs and implements, i.e. tractors and oxen plough

Source: CARE Staff, Misungwi.

CARE training (focusing on understanding options for diversification of IGAs) and linking of impact groups to different stakeholders has tried to encourage sustainability. Examples of IGAs include: Soap making; Tie and dyeing; tailoring; hand craft (mat making); Pot making; Chicken rearing; and Nutritious flour. In Misungwi, non-agricultural IGAs which have been attempted include Food processing; Tailoring; Small shops; coffee rooms and food vending; and the sale of firewood, groundnuts, sardine and fish.

Through the VSLA's, women are engaging in income-generating activities not only within their communities but also in neighboring countries. WAGE II program has helped to establish groups to run various IGAs. The qualitative results at endline point suggest that women are able to operate and own businesses which can contribute to enhanced income and food security and support for their individual

respect and dignity in their communities; however as the MTR report highlighted, "not every woman participating in a VSLA can necessarily run a profitable IGA and that not every woman in a VSLA can necessarily become an entrepreneur."⁷ Many women in the focus group discussions spoke of the benefit of increased market information and training from WAGE II, for example "I have been taught to investigate the nature of the market in the village because people's requirements differ with seasons. Therefore, I am aware with the changing scenario of the market. For example, clothes are marketable during and soon after the harvest season; it is the same time when shoes, soft drinks and alcohol are highly consumed."

Over 97% of women in Misungwi, and over 70% of women in Kinondoni feel that they have enough support from men and boys when running their IGAs. Women report that they feel that they are able to discuss work and money with their partners - around 70 % of women report that they often talk together with their husbands regarding things that happen at his work or on the farm, and over 70% of women in both districts report that they often talk about what to spend the households money on; indicating that the process of spending money is normally quite participatory. This participatory approach is also taken when it comes to the final say regarding use of income or sale of goods and productive assets.

Women were also asked about whom in their family usually has a final say as to whether they should work to earn money. In Kindondoni, over 50% of women reported that they and their partner (or husband) decide jointly, and 37% of women reported that they had the final say. In Misungwi, 61% of women report that they decide about whether they should work to earn money jointly with their partners. Similarly 53 % of women reported in Kindondoni that they themselves make the decision to choose or diversify their household IGAs, or 42 % decide as respondent and partner jointly. In Misungwi the majority reported that they decide with their partner jointly (64 %).

My wife joined VSL in 2005 without a cattle and house. The benefit of being VSL member is due to the fact that after joining you are able to save and take a loan. Our annually income before joining VSL was approximately Tshs. 200,000.00; but after joining VSL the annual income is approximate Tshs. 500,000.00.

Source: Qualitative interview

Qualitative feedback from focus group discussions with men in Kinondoni district indicate that women are now more respected due to their newly found economic power from IGAs, which in turn has increased their influence over decisions at both household and within the community. At mid-term review point, MTR participants from KIIs and FGDs reported that VSLA women and girls are using accumulated savings and micro-loans from VSLAs to invest in IGAs. It is also evident that female VSLA participants are increasingly starting to request access to larger loans.

4.2 Men and women's attitudes to women's economic security

Table 9: Attitude of men towards women's economic security (%) Baseline and Endline

Stage	Statements	Strongly disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree	NA	Total %	Number of men 15 years +

⁷Care International.Tanzania (2012) Mid-Term Review Report

Baseline	Wrong to say a woman's only role is to take care of house & prepare meals	25.5	34.1	3.8	18.5	18.1	0	100	1249
Endline		10	1	0	4	65	19	100	89
Baseline	Women have the same rights as men to study and work outside the home	4.4	5.4	4.2	46.9	39.1	0	100	1249
Endline		0	2	1	8	70	19	100	89
Baseline	A married women should be allowed to work outside the home if she wants	8.4	13.5	11.1	38.2	28.8	0	100	1249
Endline		3	1	1	8	67	19	100	89
Baseline	Women should be able to own and control the same assets as men	6.3	12.6	6.6	42.5	32	0	100	1249
Endline		1	2	4	9	66	17	100	89
Baseline	Women should be able to own cash savings and decide how to use it	10.1	16.6	9	37.6	26.7	0	100	1249
Endline		2	4	1	15	58	19	100	89
Baseline	Women should be able to inherit and keep property or assets (such as land) from their husbands, fathers, mothers or other	5.1	7.0	4.3	43	40.5	0	100	1249
Endline		2	1	2	11	64	19	100	89
Baseline	Wrong to say In the household, men should make the major decisions such as buying land, or other assets, of building a house	32.3	35.9	8.3	11.7	11.8	0	100	1249
Endline		17	7	2	16	39	19	100	89

Table 10 Average scores. Attitude of men towards women's economic security⁸

Statements	Stage	Score
It Is wrong to say that a woman's only role is to take care of the house and prepare meals for her family	Baseline	2.69
	Endline	3.56
Women have the same rights as men to study and work outside the home	Baseline	4.11
	Endline	3.88
A married women should be allowed to work outside the home if she wants	Baseline	3.66
	Endline	3.78
Women should be able to own and control the same assets as men	Baseline	3.81
	Endline	3.87
Women should be able to own cash savings and decide how to use it	Baseline	3.54
	Endline	3.65
Women should be able to inherit and keep property or assets (such as land) from their husbands, fathers, mothers or other relatives	Baseline	4.07
	Endline	3.76
It Is wrong to say that In the household, men should make the major decisions such as buying land, or other assets, of building a house	Baseline	2.35
	Endline	2.97
Average Indicator Baseline 3.46		

⁸ Sample sizes at endline are indicative, as CARE Tanzania chose to reduce the sample size

Endline	3.64		
---------	------	--	--

Women's role in the family

There have been some significant shifts in the attitudes of men towards women's economic security. At Endline 84% of men felt it was wrong to think that a woman's only role is to take care of the house and prepare meals for her family, compared to 18.1% of men interviewed at baseline before the project started. At endline over 50% of women also report that they make decisions jointly with their partners regarding their children's schooling for example. Less than 10% report that their husband or partner makes the decision themselves. Approximately 60% of women in both districts report that they make the decision jointly with their partner if their children fall sick.

Village Chairman

At the time CARE started its activities in the village there was little cooperation among couples in terms of health, ownership and sexual reproductive health (specifically family planning). After the project the situation had changed because of intensive sensitization programs. Now there is a high level of cooperation at family level while undertaking different activities. I can say there is equality for the most of families. Couples now make decisions together. There is a joint decision making at the household level irrespective of gender, women now have income, which is used to improve wellbeing and the economy of the family. VSLs had facilitated increased income of women members.

There are changes on the ability to buy or sell household assets, because the wife/woman is able to sell or buy any item for the family use; which was not possible previously. Shares at VSL had facilitated them to be able to construct houses, because they can afford corrugated iron sheets to replace grass-thatched roofs. They are also able to initiate IGAs and take children to school.

In our community most of the households have secure income because of reliable income sources. This is associated to the possibilities of establishing IGAs, access to loans and shares from VSLs, the source of capital. Changes in household decision-making in relation to income have not generated conflicts. The community members now, especially men, are sensitized after training. Whenever they see changes in the household they know that is of function of their joint efforts.

Women's rights to study and work outside the home

Men were asked if women should have the same rights as men to study and work outside the home. At endline 89% of men agreed, compared to 39.1% of men at baseline. In Misungwi district one man commented, "Praising women empowerment efforts is 'shame' but I admit that I could have been richer if started earlier to support my women to join VSLA groups." Misungwi is a district where women have historically had few opportunities to join any economic activities that would assist them to become economically independent. This shift in attitudes has a fundamental impact on women's IGAs, as one VSLA member commented, "Prior to WAGE I was not able even to sell my farm produce despite the fact that I cultivated, this was because the community only accepted a man when coming to decision on selling of agriculture produce".

Women were asked if they were permitted to go to the local market to buy things, as an indicator of a shift in values and attitudes, and therefore behavior in support of women's empowerment. In Kinondoni and Misungwi the majority of women reported that they were able to go to the market alone. Similarly, the majority of women in both districts report that they are able to go to the health centre alone, but in Misungwi, 17% report that they are only permitted to go if they are accompanied. Women were asked if they could go to the community centre or other meeting places nearby over 85% of women in both districts report that they are able to go alone, with less than 5% in both districts reporting that they are only permitted to go if accompanied.

Control and inheritance of assets

In relation to attitudes around control and ownership of the same assets as men, some positive shifts in attitude have taken place overall (average scores for this statement have increased from 3.81 at

baseline to 3.87 at endline). Men were also asked if women should be able to inherit and keep property or assets such as land from the husbands, fathers, mothers or other relatives. 73 % of men at endline compared to 40.5% of men at baseline agreed.

Village Council Officer

"There is a different level of control; previously the control of assets was under men (husbands). In case of death of the husbands then male relatives were responsible to decide on the fate of the widow, so in most cases they were left with nothing. At the time being everything is done in cooperation. The woman is able to buy or sell asset after consensus with the husband or male relative. However the women alone cannot make the final decision."

4.2.1 % of women that own assets and can sell without asking permission

Table 11 Female respondents asset ownership

Assets	Own Asset alone or jointly N	% of total female respondents at endline
Land (farms, parcel's)	222	77 %
House/ Residences/apartment	237	83 %
Jewellery or gems	63	22 %
Plantations /Garden	118	41 %
Big ruminants (cows, camels...)	64	22 %
Small ruminants (sheep, goats)	97	34 %
Other livestock (Donkeys, cows, pigs...)	73	25 %
Birds	161	56 %
Domestic equipment's (tools)	259	90 %
House Furnishing (bed, modern stove, refrigerator, radio, mattress, utensils)	256	89 %
Agricultural equipment/tools (hoes, water pump, plows,...)	111	39 %
Transport means (cart, bicycle, car)	131	46 %

At endline 77% of women report that they own land alone or jointly and 83% own or jointly own their house. Women are less likely to report ownership alone or jointly of livestock, but are more likely to report ownership of domestic tools (90% of women), and house furnishings (89%).

Table 12: % Women with control over assets in the household.

Country	Baseline 2009 Female VSLA & non VSLA members	Endline 2014 Female VSLA & non VSLA members
Tanzania	17.0% ⁹	57.5%

The proportion of women reporting control over assets in the their household has increased from 17% to over half of women (57.5%), (Table 11). CARE staff interviewed reported a trend that, "community members had recognized participation of women as part of the family in decision-making. There is a joint decision-making when it comes to selling and buying of assets". In Misungwi before the WAGE II

⁹ Micheweni and Kinondoni districts only

project, the husband sold crops without consulting the wife; but now he may be more likely to be consulting with his wife - even for the sale of cattle, and then they decide together on the use of cash.

4.3 % of household that have experienced shocks and did not have to sell household assets

Table 13: % of women with capacity to cope with economic shocks

Country	Baseline 2009 Female VSLA & non VSLA members	Endline 2014 Female VSLA & non VSLA members
Tanzania	70%	45.8%

Just under half (45.8%) of women at endline, compared to 70% of women at baseline have the capacity to cope with economic shocks (table 13). Data suggests that at endline women are more likely to have to rely on support from others, or selling assets, or reducing consumption (negative coping strategies) than using savings or home produced items. However the survey shows that women feel supported by the community members in case of shock or crisis. Stakeholders commented, "Women's IGAs now help them to get some money for survival and assist with household daily requirements. The income is secure and had increased compared with the previous time, despite the fact that is still not enough."

Respondents at endline reported that during emergencies and hardship, marginalized women (especially those in VSLAs) were able to get support from their fellow members of their respective groups. It was also reported that other VSLA groups may support a member of other groups during unexpected hardships. For instance, women are allowed to take loans in VSLA groups during emergencies so as to help solve any major problems they may have as long as there is a planned return structure for the loaned amount. It is also reported in the qualitative results that low-level conflict related misunderstanding and cases at the village office have reduced, as family members are now able to use their income for development.

5 Strengthening women's participation in decision making

5.1 Strengthening women's ability to advocate

Table 14 Women's involvement in advocacy initiatives

District	No answer	Missing data	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total N per district
You have been able to support women empowerment in specific areas via the advocacy network								
Kinondoni	1	0	25	49	5	26	39	148
Misungwi	0	1	9	5	15	21	88	139
You belong to other national women empowerment associations (i.e. TAMWA, TGNP, TAWLA, FAWE, KIWOHEDE)								
Kinondoni	1	0	42	88	4	7	5	148
Misungwi	0	0	93	12	3	6	24	139
National women networks (i.e. TAMWA, TGNP, TAWLA,) have proven success to empower women and girls								
Kinondoni	2	2	13	7	43	57	24	148
Misungwi	0	0	70	9	30	15	15	139
There have been unintended positive and negative outcomes with regard to national women empowerment efforts								
Kinondoni	2	0	12	3	43	61	26	148
Misungwi	0	0	47	16	26	29	21	139
The animation groups/skills changed attitudes in your community								
Kinondoni	2	0	5	1	29	61	50	148
Misungwi	0	0	13	3	7	4	112	139
There was effective two-way communication between target/IGAs groups and other development partners i.e. CARE								
Kinondoni	1	0	7	5	38	86	11	148
Misungwi	0	0	11	1	14	22	90	139
You have ever received professional training aiming at enhancing gender equality?								
Kinondoni	1	0	16	25	28	58	20	148
Misungwi	0	0	12	0	6	17	104	139
As a woman, you have access to spaces where you can have information or training								
Kinondoni	1	0	4	8	42	80	12	148
Misungwi	0	0	12	0	16	37	74	139
You feel able to effectively continue implementing program components								
Kinondoni	1	1	7	3	29	87	20	148
Misungwi	0	0	12	0	14	35	78	139
As a woman, you feel that you have much more support and networks to rely at local and national level whenever you have an issue/concern that needs solution/support from other parties								
Kinondoni	1	0	17	2	44	63	21	148
Misungwi	0	0	15	2	17	26	79	139

Women in Kinondoni were quite divided as to whether they felt they were able to support women's empowerment in specific areas via the advocacy network, with only 43% agreeing that they could provide support. In Misungwi, the majority of women (78%) agreed that they had supported women's empowerment via their advocacy networks. Women were asked if National women networks (i.e. TAMWA, TGNP, TAWLA,) have proven success to empower women and girls, support was more prevalent in Kinondoni than in Misungwi.

52% of women in Misungwi and 87% of women in Kinondoni report that they had received professional gender equality training. The VSLA approach is enabling women to create strong social networks that are becoming an influential force for social change. The results indicate that due to WAGE II interventions, women in the six districts that engage with WAGE have the critical resources for engaging meaningfully in decision-making processes. Women in focus group discussions report that forums for enabling interaction and discussion between women and local leaders have been created. Goals are set to support women and girls empowerment are being implemented and the number of emerging women empowerment and equality issues from the target communities shared with relevant national stakeholders has been effective.

At mid term review point, CARE Tanzania acknowledged the need to focus WAGE efforts on meaningful participation in national level networks. This will involve linking issues identified at the grassroots level to national level advocacy through gender related alliances and networks. Following the feedback at mid term point, CARE Tanzania was able to link women in the districts to national women empowerment network such as the Zanzibar Female Lawyers Association (ZAFELA), Zanzibar legal Services Center (ZLSC) etc. CARE also links district women with others around Tanzania and the world via special days' events i.e. World's women day (March 8), Sixteen Days of Activism, National Gender Festival, Global White Ribbon Alliance Day, National Water Week, Global Week of Action, and National Environmental Day.

At endline, as a result of increased knowledge with regards to their human rights and increasing leadership skills, women are beginning to understand how they have to position themselves to realize their strategic interests. For example gains made by WAGE II at local levels resulted in changed policies, laws and allocations. For example in Mwagala, previously women were perceived as holding the sole responsibility to go to the health facility during pregnancy. Now it is a law in the village and district policy, that husbands or partners should accompany the wife.

Almost all women agreed that animation groups skills had changed attitudes in their community, particularly Misungwi (75% of women) and in Kinondoni (83%). The majority of women were also positive that there was effective two-way communication between target and IGAs groups and other development partners i.e. CARE. Two thirds of women in both districts report that they have the agency to be able to effectively continue implementing program components, with more than half of women reporting that they feel that they have much more support and networks to rely at local and national level whenever they have an issue/concern that needs solution/support from other parties.

The WAGE II program supported local partners who rolled out various trainings to target groups. The majority of women in Misungwi reported that they had received professional training aimed at enhancing gender equality, compared to around half of women in Kinondoni. These trainings focused on empowering individual women as well as their VSL groups and entire respective communities. "We have been getting training conducted by TWIFUNDE sponsored by CARE. The contents of training included: health; changes of behavior, marginalization and oppression of women and gender equality" respondent explained during qualitative interview in Misungwi district.

The program also trained animators as a means of reaching out more women at grass root levels in the six districts where WAGE II program was being implemented. The program design builds in the role of community animators, who will mitigate the risks of the program deepening social exclusion. The

animators were anticipated to play a go between role between the VSL groups and the wider community to help to ensure they benefit from and also potentially participate in some of the WAGE II programming activities. The efficacy of this approach was confirmed by CARE Tanzania staff who reported that animators had been very helpful during project implementation, "The project had been using them as an entry point to the community. Because it is difficult to influence the community without using influential people in a particular society." After the advocacy trainings, animators played a role in influencing equitable household decision-making at the household and community levels, and participation in decision-making. "Now we can discuss and make decision together even on the sale of cattle and other household assets." Nyamatala, a female animator explained during the qualitative data collection process in Misungwi district.

Animators proved to be a more successful advocacy approach used by the WAGE II Program as rural women could easily understand and follow instructions from someone they know and trust from within their own communities. Examples of successful advocacy campaigns come from the qualitative research, women were able to influence the construction of bridges, and influence budget allocations i.e. community's students' center teachers allowance increased from Tshs 5,000 to Tshs 10,000. Women have also be empowered to be able to influence priorities in infrastructures i.e. starting of the constructions of madrasa schools (Islamic schools) and now managed to influence construction of nursery schools all at their community levels. According to the Kinondoni district official, the district office is now imitating VSL formats in most of their local community empowerment initiatives. In connection to that, national women network actors i.e. TAMWA, TGNP, TAWLA, ZAFELA, ZLSC are now reaching out to the grassroots levels hence accelerating the call for women empowerment in Tanzania.

5.2 Men and women's attitudes towards women's participation

Table 15: Attitude of men towards women's participation in the public sphere

Stage	Statements	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree	NA	Total %	Number of men 15 years +
Baseline	Women should be able to stand for election to all publicly elected bodies just like men.	3.1	4.0	3.0	42.4	47.4	0	100	1249
Endline		0	0	1.1	6.7	71.9	20	100	89
Baseline	Women should decide on their own whom to vote for in elections, without the influence of their husbands.	2.7	7.3	2.6	38.7	46.8	0	100	1249
Endline		1	1	0	8	71	19	100	89
Baseline	A woman can disagree with her husband's political opinion.	7.0	12.5	6.1	38.2	36.3	0	100	1249
Endline		4.5	2.2	0	11.2	62.9	19.1	100	89
Baseline	Women should have a say in important decisions in the community.	6.3	13.9	7.4	40.8	31.6	0	100	1249
Endline		0	1.1	1.1	13.5	65.2	19.1	100	89
Baseline	It is wrong to suggest that a married woman should obtain her husband's permission in order to vote.	16.7	25.3	4.2	28.7	25.1	0	100	1249
Endline		16.9	1.1	5.6	13.5	43.8	18	100	89
Baseline	It is wrong to suggest that a woman has no place in the decision making of the household.	9.2	18.9	9.0	33.5	29.4	0	100	1249
Endline		9.0	2.2	1.1	6.7	61.8	19.1	100	89
Baseline	It is wrong to suggest that when going to most public places, a	26.7	33.6	8.4	17.8	13.5	0	100	1249

Endline	woman should obtain the permission of her husband or the head of the household.	21.3	14.6	10.1	13.5	21.3	19.1	100	89
---------	---------------------------------------------------------------------------------	------	------	------	------	------	------	-----	----

Table 16 Average scores. Attitude of men towards women's participation in the public sphere

Statements	Stage	Average score
Women should be able to stand for election to all publicly elected bodies just like men.	Baseline	4.27
	Endline	3.90
Women should decide on their own whom to vote for in elections, without the influence of their husbands.	Baseline	4.14
	Endline	3.89
A woman can disagree with her husband's political opinion.	Baseline	3.84
	Endline	3.69
Women should have a say in important decisions in the community.	Baseline	3.78
	Endline	3.85
It is wrong to suggest that a married woman should obtain her husband's permission in order to vote.	Baseline	3.20
	Endline	3.09
It is wrong to suggest that a woman has no place in the decision making of the household.	Baseline	3.55
	Endline	3.53
It is wrong to suggest that when going to most public places, a woman should obtain the permission of her husband or the head of the household.	Baseline	2.58
	Endline	2.42
Average scores		
Baseline 3.76		
Endline 3.48		

At endline the average attitude score was lower (3.48) than at baseline stage (3.76) in relation to men's support for women's participation in the public sphere. Overall responses on women's representation (89.9% of men at baseline felt that women should be able to stand for election just like men, compared to 78,6% at endline) and voting in elections (85.5% of men at baseline recorded positive support for women's independence of decision-making regarding elections, without the influence of male members of the household compared to 79 % of men at endline stage) were the key statement areas where men's were slightly less supportive at endline than baseline. Similarly, 74.1% of men at endline compared to 74.3 % at baseline felt that women could disagree with their husbands political opinion.

Some attitudes recorded a more positive shift. Regarding the mobility of women to go to public spaces; at baseline 13.5% disagreed that women needed to ask permission of their husbands compared to 40.4% at endline. Men in the CARE target districts also evidence positive support for women's participation in the public sphere: 72.4% of men at baseline agreed that women should have a say in important decisions in the community, compared to 78,7% at endline. At endline, 68.5% of men agreed that it was wrong to suggest that a woman has no place in the decision-making of the household, compared to 62.9% at baseline stage.

Table 17 The inclusion of men and boys in your (VSL) groups helps decreasing discriminatory attitudes towards women and girls?

	Strongly Disagree	Disagree	Neither Agree, nor Disagree	Agree	Strongly Agree	Total
	Row N %	Row N %	Row N %	Row N %	Row N %	No of women 15+ years
Kinondoni						
Endline	0 %	4.7 %	21 %	59 %	22 %	148
Misungwi						

Endline	1 %	0.7 %	3.6 %	13.6 %	80.5 %	139
---------	-----	-------	-------	--------	--------	-----

The majority of women in both districts (81% in Kinondoni, 94.1% in Misungwi) interviewed feel that men and boys role models in their VSL groups had helped to decrease discriminatory attitudes towards women and girls. Some stakeholder's commented, "The power and influence of patriarchal system have decreased in the village. These changes have reduced conflicts in the family and have increased income in the family." Women and men interviewed felt that the role models had been well identified and their capacity built effectively to serve as agents of change in the communities. They also agree that men and boys appreciate the importance and of supporting women and girls' empowerment, and that there is an increase of dialogue between men and women, boys and girls about gender issues. Animators were recognized by stakeholders and in the qualitative research to have played an important role to make these changes possible. The involvement of men and boys in VSLA groups also supports efforts towards influencing the structures and relations that enable women's empowerment. For example in Misungwi district more men are reported to be supporting women in their households in various social activities without fear of being seen by other as being "controlled by women" as the case is for many men in the district. A significant number of men in Misungwi have also reportedly started supporting their women to health centers during clinic visits. This act indicates achievements in the general effort to bridge gender stereotypes within Tanzania communities.

Table 18: Attitude of women towards women's participation in the public sphere

	Statements	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total %	Number of women 15 years and more
Baseline	Women should decide whom to vote for in elections, without influence of their husbands.	3.8	9.8	4.6	42.3	39.5	100	1466
Endline		4.5	1.4	1.0	20.2	71.8	100	287
Baseline	A woman can disagree with her husbands political opinion	5.4	13.8	8.7	37.7	34.4	100	1466
Endline		3.5	1.4	3.8	23.0	67.6	100	287
Baseline	Women should have a say in important decisions in the community.	4.6	10.4	9.4	42.4	33.2	100	1466
Endline		1.4	0.3	2.1	23.7	71.8	100	287
Baseline	It is wrong to say that a married woman should obtain her husband's permission in order to vote.	15.8	27.1	7.1	24.6	25.4	100	1466
Endline		21.3	21.6	6.6	16.0	33.8	100	287
Baseline	It is wrong to say that a woman has no place in the decision making of the household.	11.2	19.1	8.8	30.8	30.1	100	1466
Endline		8.0	3.5	0.7	20.6	66.6	100	287
Baseline	It is wrong to say When going to most public places, a woman should obtain the permission of her husband or the head of the household.	24.8	33.7	10.2	17.7	13.6	100	1466
Endline		17.1	30.7	15.0	13.9	22.6	100	287
Baseline	It is wrong to say women should not be allowed to go to school.	4.0	4.9	2.0	33.2	55.9	100	1466
Endline		4.2	1.7	0.3	8.7	84.3	100	287
Baseline	It is wrong to say that women have	11.2	19.1	8.8	30.8	30.1	100	1466

Endline	no place in the decision making of the households	8.0	3.5	0.7	20.6	66.6	100	287
---------	---------------------------------------------------	-----	-----	-----	------	------	-----	-----

Table 19 Average scores. Attitude of women towards women's participation in the public sphere

Statements	Stage	Score
Women should decide on their own whom to vote for in elections, without the influence of their husbands.	Baseline	4.04
	Endline	4.50
A woman can disagree with her husbands political opinion	Baseline	3.82
	Endline	4.47
Women should have a say in important decisions in the community.	Baseline	3.89
	Endline	4.62
It is wrong to say that a married woman should obtain her husband's permission in order to vote.	Baseline	3.17
	Endline	3.17
It is wrong to say that a woman has no place in the decision making of the household.	Baseline	3.50
	Endline	4.32
It is wrong to say when going to most public places, a woman should obtain the permission of her husband or the head of the household.	Baseline	2.62
	Endline	2.92
It is wrong to say women should not be allowed to go to school.	Baseline	4.32
	Endline	4.65
It is wrong to say that women have no place in the decision making of the households	Baseline	3.50
	Endline	4.32
Average scores Baseline 3.76 Endline 4.12		

The overall attitude scores (Table 19) indicate a positive shift in women's attitudes to their participation in the public sphere (3.76 at baseline, to 4.12 at endline). The impetus for attitudinal change, where it has occurred and, or behavior for some male respondents (also as reported by female respondents in focus groups) seems to be in part as a result of the realization of the economic benefits of empowerment of wives and female family members, in addition to sensitization messages and the work of champions and Animators within the community. At endpoint the qualitative research suggest that support is more wide reaching, beyond just partners or husbands, and male VSL members. Stakeholders ranging from religious leaders to local government spoke of a general shift in support and respect for women's meaningful participation.

In relation to women's participation in politics and as political representatives; 92% of women at endline agreed that women should decide whom to vote for in elections, without influence of their husbands compared to 81.8% at baseline stage. Women at endline (90.6%) were also more likely to agree that a woman can disagree with her husband's political opinion than at baseline (72.1%). At endline (49.8%) and baseline (59%) levels of agreement remained similar about whether it is wrong to say that a married woman should obtain her husband's permission in order to vote.

Almost all women at endline (95.5%) agreed that women should have a say in important decisions in the community, compared to 75.6% at baseline. Women at endline were more likely to agree (87.2%) that It is wrong to say that a woman has no place in the decision making of the household than women surveyed at baseline stage in 2009 (60.9%). Approximately 90% of women at baseline and endline agreed that it is wrong to say women should not be allowed to go to school.

5.3 Strengthening meaningful participation

5.3.1 Increased representation of women and girls in community development committees

21% of women in Kinondoni report that they are a member of decision-making bodies (e.g. village councils, ward development committee, district council, school committee, dispensary committee etc.), compared to 68 % of women in Misungwi.

Table 20 Female respondents. Are you on the leadership committees of any of the following?

Community decision making body	%	Total per district
Social professional organizations		
Kinondoni	1.4	148
Misungwi	2.2	139
Mixed meetings organised by the community		
Kinondoni	3.4	148
Misungwi	23.7	139
Mixed meetings organised by partners		
Kinondoni	2.0	148
Misungwi	16.5	139
Village community council		
Kinondoni	4.7	148
Misungwi	18.0	139
Political party		
Kinondoni	3.4	148
Misungwi	13.7	139

The qualitative research revealed that the few women who make it onto decision making bodies or committees are actually actively involved and able to influence decisions made. In Micheweni district for instance, among 10 women involved in the FGD, 8 are in one or more than one community development committees. They belong to forest, water, schools and other committees by contributing ideas that helps to bring positive changes in their communities i.e. availability of clean water and access to better education (positive children's behavior and availability of teachers in special program schools). However as Table 18 indicates, participation in the leadership committees of community development committees is low. For example less than 18% of women in Misungwi, and less than 5% of women in Kinondoni at endline are on the leadership of the Village Community Council.

The majority of women surveyed felt however that community leaders listen to their voice and 50 – 60% of women felt that they now have access to spaces where you can have information or training; the majority of women also feel that they have sufficient access to all kinds of services in their community.

Table 21 Female respondents In general during the structures/ decisions bodies meetings, how actively do you participate?

District	No answer	N.A	Never speak	Just suggest ideas	Suggest and advocate for inclusion of ideas	Total No interviewed
N						
Bodies of management committees						
Kinondoni	7	116	1	15	7	148
Misungwi	106	2	2	3	26	139
Social professional organisations						
Kinondoni	136	8	0.0	3.0	1.0	148

Misungwi	118	2	2.0	5.0	12.0	139
Mixed meetings organised by the community						
Kinondoni	93	4	5.0	34.0	12.0	148
Misungwi	98	0	8.0	8.0	25.0	139
Mixed meetings organized by partners						
Kinondoni	99	8	5.0	32.0	4.0	148
Misungwi	101	1	6.0	13.0	18.0	139
Village community council						
Kinondoni	99	8	2.0	28.0	11.0	148
Misungwi	108	0	3.0	3.0	25.0	139
Political party						
Kinondoni	112	5	5.0	17.0	9.0	148
Misungwi	107	1	5.0	5.0	22.0	139
Other bodies of decision making bodies in the community						
Kinondoni	135	10	0	2	1	148
Misungwi	139	0	0	0	0	139

As the results show (Table 21) in each of the decision making bodies, less than a quarter of women on average report active participation – for example suggesting ideas, or advocating for the inclusion of ideas. Stakeholders report however that women who are in leadership positions have contributed in several policy formulations such as the forestry management as they sensitized the community on the usage of improved cooking stoves that would use fewer charcoals compared to regular ones. “We managed to convince the community to increase the school contributions by parents from Tshs 6,000 to 10,000 so as to improve school environments. Additionally, in every community development committee that often comprise ten members, there are often 4 female and 6 male committee members.” One respondent pointed out during FGD interview process. The endline survey results show that men support the statement that women should have a say in important decisions in the community, with a clear shift in attitudes regarding women’s participation in Misungwi district.

The qualitative results at the endpoint also indicate that more women are now take charge of financial positions even in VSLA groups that also contain male members. At endline stage, women in VSLA groups continue to experience this “constituency” both politically within the community and also in some households. This means that they can move from traditional scenarios to gaining more influence in local community groups and among the village government authorities. By way of illustration, the Bunju village chairwoman reported, “even the Kinondoni district’s government programs are now framed with the condition that accounting positions in SACCOS (VSLA) groups should now only be managed by women”.

5.3.2 “% of women who report meaningful participation”

Table 22: % of women reporting meaningful participation in decision-making

Country	Baseline 2009	Endline 2014
	Female VSLA & non VSLA members	Female VSLA & non VSLA members
Tanzania	66.7% ¹⁰	72.0% ¹¹

The results indicate a slight shift in the percentage of women reporting meaningful participation in decision-making processes, from 66.7% at baseline to 72% at endline. At endline stage, women in VSLA

¹⁰ Able to influence decisions in the past 12 months on committee on communal land

¹¹ As above

groups are building their "constituency" to influence both politically within the community and also in some households. This means that they can start to transition from traditional scenarios to gaining more influence in local community groups and among the village government authorities. For example, women in Misungwi are more likely (7-13%) to report (Table 23) that they feel they have a lot of influence on the various decision making bodies they are members of than women in Kinondoni (less than 10%).

District Planning Officer Misungwi

Women have applied to be members of community structures, such as the Water Fund Committee. This committee was formed to make sure water is available, the committee supervised donations for water project. Women become members of water committee because they are the first beneficiaries and victims in case of water shortage. "Yes I believe in women involvement in community structure because women are catalyst of development, for example their presence in water committees had accelerated availability of water on time. Women priorities are considered because all are aware that in the District Council budget 20% is allocated for women's development related activities."

Table 23 To what extent do you feel you have been able to influence decisions in the last 12 months?

Bodies of management committees	N						
	No answer	N.A	Not at all	A little	Moderate	A lot	Total No
Bodies of management committees							
Kinondoni	6	117	3	1.0	14.0	7.0	148
Misungwi	117	0	0	1.0	2.0	19.0	139
Social professional organisations							
Kinondoni	2	130	2	0.0	3.0	2.0	148
Misungwi	122	0	0	2.0	4.0	11.0	139
Mixed meetings organized by the community							
Kinondoni	2	88	8	9.0	29.0	5.0	148
Misungwi	113	0	0	1.0	6.0	19.0	139
Mixed meetings organized by partners							
Kinondoni	2	105	7	3.0	19.0	8.0	148
Misungwi	113	0	0	1.0	7.0	18.0	139
Village community council							
Kinondoni	2	98	4	3.0	19.0	16.0	148
Misungwi	115	0	0	0.0	3.0	21.0	139
Political party							
Kinondoni	2	105	5	2.0	15.0	9.0	148
Misungwi	110	0	1	7.0	3.0	18.0	139

The endline survey asks women specific questions about how the community attitudes have changed towards women's empowerment 29.5% of women in Kinondoni feel that men were still disregarding women's ideas in their community, compared to just 15.6 % of women in Misungwi. 60 – 70 % of women in both districts agree that local authorities help prevent women marginalization in their community. The main reasons why women feel they are not able to influence the decisions of the groups are because they miss too many meetings because of their workloads, according to women surveyed, and not because the space or opportunities are not available for women.

5.4 Village and ward plans and budgets that reflect priorities of marginalized women and girls

It is clear that engagement with planning, budgeting and monitoring processes is complex and requires both the information and the space to engage, but also the skills to analyze and effect change. As one

stakeholder commented, "The budget is relatively complicated it is impossible to weigh out the planned activities and the actual results. Some priorities can be taken care of but how can a normal citizen judge the final results at the grassroots? "At mid term point in the WAGE II project the CARE Tanzania report acknowledged that there is the need for women to also influence district level (and not just village and ward level) decision-making to ensure that funds are allocated to their respective wards and villages to address their priorities.

Local Government Leader, Misungwi

Is there a different level of control of household decision-making in relation to HH finances and IGAs since the CARE project began?

"There is a big difference yes, previously they have been a number of cases on ownership of family property among the relatives. However, most of the cases were about unaccountability of male parents in caring their families. For example before the project started we had 30 cases in two months, on unaccountability of the father and land ownership. Since the project started the number of cases started to decline, and in 2012 and 2013 we hadn't any in the ward.

Women were asked if in their community, women priorities are being regarded during planning and budgeting meetings in HH and at community levels. In Misungwi 87% agreed, compared to 57% in Kinondoni. In some areas some positive achievements have been recorded, respondents gave examples of how skills and awareness campaigns originating within VSLA groups had led to women actively engaging in local decision-making bodies giving them the opportunity to actively engage with budgets, planning or monitoring processes. For instance, in Bunju village, the village executive officer is a woman and she is really active and confidently said; "village members are listening to me". In other examples from the qualitative research, women report that they are taking part in water, parents, and educational village committees, which has translated into increased influence on decisions that affects their interests. The result is that women's priorities are increasingly considered during planning and budgeting in some areas.

Figure 2 Examples of prioritization of women's needs during planning and budgeting.

For example in Misungwi in order to lessen women hardship in accessing health services various villages are now constructing dispensaries i.e. in Nyamatala and Mwajombo under the support of the District Council. In another example a number of bore holes and shallow wells had been drilled in Mwagala, Nyamatala and Nyaholongo villages. Ng'ombe village is going to get potable water very soon and the schools are improved and expanded.

Within the VSLA organizational structures, more women are now in-charge of financial positions even in VSLA groups with mixed memberships (men & women). The Bunju village chairperson said that even the Kinondoni district's government programs are now framed with the condition that only women can manage accounting positions in VSLA groups. This idea bridges the gender equality gap that has always been an obstacle to women empowerment efforts in Tanzania as only men had that opportunity to control organizational budgets and priorities.

Due to engagement with the WAGE program activities, Women are now able to question for more details and accuracy of information from their leaders. "You need to be prepared when meeting with VSLA members in Micheweni district." A woman appointed MP mentioned when speaking with EKAMA data collection team member in Pemba, indicating that women are now aware of their interests and can stand up to make sure their priorities gets through the budget planning sessions.

CO Specific indicators SAGE - Education

Male respondents were asked to indicate whether rehabilitating infrastructure at COBET centers in disrepair would increase the percentage and equality in accessing education for young girls and women. The majority of male respondents agreed that this would be significant in addition to Support by equipping centres with textbooks, library and other learning materials, including exercise books, pens, pencils, school bags, uniforms and shoes is incentive to attending education opportunities (94 %), and

enhancement of teachers and facilitators to deliver new curricula in sexual and reproductive health and business literacy at COBET centres is the key to sustainability of the program (88%). At endline stage, attitudes remained similar, with the majority of men reporting that both aspects of the education system in the district were important for future sustainability of the program.

At baseline stage 61% of men disagreed that parents are prohibiting young girls from going to school for the purpose of getting wealth out of dowry in Kindondoni and Misungwi, with 30% agreeing and around 8 % not sure. At Endline stage, in Kinondoni, 53 % of men were not sure – which is an unusual response; perhaps indicating an unwillingness to talk on this issue, which is clearly quite sensitive; 33% were not sure and 13 % disagreed with the statement. In Misungwi over half of men disagreed that girls were being held back from school in order to get dowry money, but over 40% agreed. Women were asked if they felt women should choose themselves whom to marry, the majority agreed that they should; with only 10% disagreeing in Misungwi.

CARE Staff and other stakeholders acknowledged that some elements of the WAGE II project, such as the Animators, had been effective in building understanding and courage of community to claim for their rights and leadership; in addition to addressing conflict. Animators “model” strength of women within the household. In each hamlet (sub-village) there are two Animators, a female and male, visiting all households to train and remind people, on the importance of women attending meetings, attendance to clinic and encouraging women to contest for decision-making bodies. Women in these positions are perceived as determined and courageous. One commented, “Even in the meeting they are able to come out with critical issue for community development”.

Animator's focus group

The Animators were trained by WAGE II and after that we become animators to teach others in the community. Women in the focus group comment that prior to WAGE they never thought that they can stand and speak in front of men within the community, for example: “Prior to WAGE I was not able even to sell my farm produce despite the fact that I cultivated, this was because the community accepts a man when coming to decision on selling of agriculture produce”. After starting as an Animator, the women felt confident because the community respects and appreciates the role of animators; “we can discuss and make decision together and decide even on the sale of cattle and other household assets. Now I am capable of selling a goat in absence of my husband, in case I need money for schools fees.”

6 Strengthening women's social empowerment

6.1 Women's social network

Table 24 Endline - Women's perspectives on social networks

District	Strongly Disagree	Disagree	Not sure	Agree	Strongly agree	Total
	Row N %	Row N %	Row N %	Row N %	Row N %	Number of women 15+ years
As a woman, you can have a good social network in the community (community people mobilization capacity during ceremonies).						
Kinondoni	0 %	0.68 %	7 %	51 %	38.7%	147
Misungwi	4 %	0.7 %	5 %	7 %	81 %	139
As a woman, you are happy with my involvement in social networks (ceremonies, marriage, religious groups, funerals, ...)						
Kinondoni	0 %	0.6 %	4 %	52.7%	41 %	147
Misungwi	0.7 %	2 %	3.6 %	12 %	81 %	139
As a woman, you are frequently invited to attend mixed community events.						
Kinondoni	0 %	1.3%	6 %	49 %	41 %	147
Misungwi	0.7 %	0.7 %	5 %	7 %	86 %	139
As a woman, the community members are ready to support you in case of shock or crisis (moral, financial and material support).						
Kinondoni	0 %	1 %	5 %	59 %	34 %	147
Misungwi	0 %	0.7 %	2.8 %	2,8 %	93 %	139
As a woman, the community leaders listen to your voice						
Kinondoni	1 %	5 %	7%	58%	24 %	147
Misungwi	2 %	0.7 %	1 %	5 %	89.9 %	139
As a woman, you feel lonely, isolated in this community.						
Kinondoni	12.9 %	42 %	0.7 %	8 %	33 %	147
Misungwi	61 %	0 %	2 %	5 %	31.6 %	139
As a woman, you have access to spaces where you can have information or training						
Kinondoni	1 %	4 %	22.9 %	61 %	7 %	147
Misungwi	37 %	6 %	0.7 %	5 %	50 %	139
As a woman, you feel that you have sufficient access to all kinds of services in my community						
Kinondoni	3 %	7 %	31 %	43.9 %	12 %	147
Misungwi	1 %	1 %	9 %	17 %	71 %	139
You are a member of decision-making bodies (e.g. village councils, ward development committee, district council, school committee, dispensary committee etc.)						
Kinondoni	29.7 %	42.6 %	2.7 %	8 %	12.8 %	147
Misungwi	21.5 %	4 %	7 %	15 %	53 %	139

Over 80% of women surveyed feel that they have a good social network in the community (community people mobilization capacity during ceremonies). Over 90 % of women feel that they are happy with their involvement in social networks, and are frequently invited to attend mixed community events. However at endline, over a third of women in both districts report that they feel lonely or isolated in their community.

Over half of women (68% Kinondoni, 55% Misungwi) feel that they have access to spaces where they can get information or training. The majority of women in Misungwi (88%) feel they have sufficient access to all kinds of services in their community, compared to just over half of women in Kinondoni (55.9%) at endline.

6.2 Sexual and Reproductive Health and rights

Female VSLA member

"People now are awakened they know the importance of Sexual and Reproductive Health, specifically family planning. People in this community are now more likely to adhere to family planning principles, which mean bearing children in line with household's financial capacity. Men took their children and escort wives to the clinic without being forced as it was before."

"The use of family planning techniques is now discussed by couples. Almost 95% of men understand the importance of sexual and reproductive health, even the most conservative learn from their neighbours. The result of this behaviour is fruitful because in 2013 Mwagala village didn't have any maternal or mortality death, while before 2009 I witnessed three (3) deaths of women during childbirth:"

Table 25 Have you heard about this service?

	No answer	Missing	No	Yes	Total
Contraceptive – Pills					
Kinondoni	2	0	0	145	148
Misungwi	5	0	0	134	139
Contraceptive – Condoms					
Kinondoni	2	0	1	145	148
Misungwi	0	0	1	138	139
Injectibles contraceptives					
Kinondoni	2	0	0	146	148
Misungwi	22	0	1	116	139
Contraceptive's – OTHER					
Kinondoni	2	0	5	141	148
Misungwi	1	3	16	119	139
Treatment for STIs					
Kinondoni	2	0	7	139	148
Misungwi	22	5	7	104	139
HIV/AIDS testing and COUNSELLING					
Kinondoni	2	0	1	145	148
Misungwi	2	0	1	135	139
Ante natal screening and care					
Kinondoni	2	0	2	144	148
Misungwi	23	0	3	113	139
Hospitals, clinics or birthing CENTRES where a woman can give birth assisted by skilled health personnel (doctor, nurse, midwife) or a trained TBA					
Kinondoni	2	1	2	143	148
Misungwi	0	0	4	135	139
Post natal care					
Kinondoni	2	0	3	143	148
Misungwi	23	0	4	112	139
Information and counseling					
Kinondoni	2	2	2	141	148
Misungwi	0	0	6	132	139

As Table 25 shows, the majority of women in both districts are aware of the key SRH services, as at baseline stage. In relation to contraception use, around 30% of women in Kindondoni at endline report that they are using contraceptive pills or injectable contraception (and 20% of women in Misungwi). Very few women report using condoms (less than 5% at endline). Similarly few women

report to use STI treatment services. 25% of women in Misungwi report using HIV AIDS testing and counseling services at endline.

A higher proportion of women in Misungwi use birthing or hospital centres (43.8%) compared to women in Kinondoni (20.2%). Similarly, 30.9% of women in Misungwi use post natal care, compared to only 3% of women in Kinondoni.

District Midwife, Misungwi

Understanding of women about their SRH rights is high. They are open and free to express themselves and claim their rights to the respective authority. Prior to the training the situation was different. The department of community development is a where most of women report in search of their rights. More women are now members of health committees. Women's priorities are included in the budget which improves sexual and reproductive health services – for example transport services for women to and from the health facilities, and vaccinations for children.

Table 26 Female respondents. Have you used this service?

	No Answer	Missing	No	Yes	Total
Contraceptive – Pills					
Kinondoni	17	2	81	43	148
Misungwi	0	2	117	28	139
Contraceptive – Condoms					
Kinondoni	23	1	110	8	148
Misungwi	5	2	135	5	139
Injectibles Contraceptives					
Kinondoni	19	1	86	37	148
Misungwi	1	2	123	21	139
Contraceptive's – Other					
Kinondoni	57	2	73	9	148
Misungwi	5	2	131	7	139
Treatment For STIs					
Kinondoni	56	2	81	2	148
Misungwi	7	2	129	6	139
HIV/AIDS Testing and Counselling					
Kinondoni	35	1	89	16	148
Misungwi	1	2	110	35	139
Ante Natal Screening And Care					
Kinondoni	50	1	80	10	148
Misungwi	7	2	106	27	139
Hospitals, Clinics Or Birthing centres					
Kinondoni	35	1	75	30	148
Misungwi	3	2	82	61	139
Post Natal Care					
Kinondoni	56	2	78	5	148
Misungwi	12	2	86	43	139
Information And Counseling					
Kinondoni	63	2	72	4	148
Misungwi	7	2	64	75	150

At endpoint it is clear that gains have continued to be made within the VSLA structures, in particular as a result of the involvement of men and boys in VSLA groups. In Misungwi district for example

participants reported that more men are now supporting their women in various social activities without fearing of being seen controlled by women as the case is for many men in the district. A significant number of men in Misungwi are also now reportedly supporting their women at health centers during clinic visits; an indication of achievements in the general effort to bridge gender stereotypes within Tanzania communities. As Table 27 indicates, most decision making around SRH at endline is either jointly, or the decision of the women themselves. Women were asked about why they had not used specific SRH services. For postnatal care, counseling and information services a number of women reported in Misungwi that the service had been poor.

Table 27 Female Respondents. Who decided you should use this service?

SRH service	No answer	Myself	My spouse	Jointly with my spouse	Total
	N				
Contraceptive – Pills					
Kinondoni	121	3	1	23	148
Misungwi	91	39	0	9	139
Contraceptive – Condoms					
Kinondoni	125	5	0	18	148
Misungwi	89	11	6	33	139
Injectable contraceptives					
Kinondoni	118	7	0	22	148
Misungwi	117	6	1	15	139
Contraceptive's – Other					
Kinondoni	141	2	0	5	148
Misungwi	109	12	1	17	139
Treatment for STIs					
Kinondoni	138	0	6	4	148
Misungwi	107	13	0	19	139
HIV/AIDS testing and Counseling					
Kinondoni	37	76	0	35	148
Misungwi	95	13	1	30	139
Ante natal screening and care					
Kinondoni	137	0	5	6	148
Misungwi	96	0	12	30	139
Hospitals, clinics or birthing Centres where a woman can give birth assisted by skilled health personnel (doctor, nurse, midwife) or a trained TBA					
Kinondoni	136	8	0	4	148
Misungwi	88	23	0	28	139
Post natal care					
Kinondoni	144	2	0	2	148
Misungwi	93	22	0	24	139
Information and counseling					
Kinondoni	63	2	72	4	148
Misungwi	7	2	64	75	139

6.2.1 Women's attitudes towards the protection of women sexual and reproductive health and rights

Table 28 Attitude of women towards the protection of women sexual and reproductive health and rights

	Statements	Strongly disagree	Disagree	Neither agree, nor disagree	Agree	Strongly agree	Total	Total Number of women
Baseline	A couple should decide together how many children to have	2.3	3.9	5.1	42.4	46.3	100	1466
Endline		1.4	0.7	3.5	29.1	65.3	100	285
Baseline	A husband & wife should decide together what kind of contraception to use	2.6	3.2	6.5	43	44.7	100	1466
Endline		9	2	5	34	50	100	285
Baseline	If a woman has a health problem or question after she has given birth, or STIs, she may decide on her own to get help of health personnel	9.8	16.8	9.2	34.4	29.7	100	1466
Endline		6.3	5.6	7.4	43.9	36.8	100	285
Baseline	If a wife knows her husband has a disease that she can get during sex she is justified in asking him that they use a condom	4.0	8.6	8.5	38.5	40.5	100	1466
Endline		0.4	0.4	4.9	27.7	66.7	100	285
Baseline	Women should have the same opportunities to receive health care as men	0.8	1.4	3.2	41.8	52.7	100	1466
Endline		11.9	2.5	2.1	17.5	66.0	100	285

Table 29 Attitudes of women towards the protection of women's sexual and reproductive health and rights

Statements	Stage	Average Likert Score
A couple should decide together how many children to have	Baseline	4.27
	Endline	4.56
A husband and wife should decide together what kind of contraception to use	Baseline	4.24
	Endline	4.12
When a woman has a health problem or question related to pregnancy, childbirth, care after she has given birth, or STIs, she may decide on her own to get help of trained health personnel	Baseline	3.57
	Endline	3.99
If a wife knows her husband has a disease that she can get during sexual intercourse, she is justified in asking him that they use a condom when they have sex	Baseline	4.03
	Endline	4.60
Women should have the same opportunities to receive health care as men	Baseline	4.44
	Endline	4.23
Average indicator 9 Attitudes on SRH and rights		
Baseline		4.11
Endline		4.30

At endline stage (4.30) women's attitudes to their SRH and rights are more positive than at baseline (average 4.11) The majority (94%) of women at endline believe that a couple should decide together how many children to have (88.7% at baseline) and 84% of women surveyed at endline believe that a husband & wife should decide together what kind of contraception to use (87% at baseline).

Over 80% of women at endline believe that if a woman has a health problem or question after she has given birth, or STIs, she may decide on her own to get help of health personnel, an increase of 16% on baseline levels (64%).

Despite the fact that reported condom use is less than 5%, 94% of women at endline agree that if a wife knows her husband has a disease that she can get during sex she is justified in asking him that they use a condom (compared to 79% at baseline).

6.2.2 Men's attitudes towards the sexual and reproductive health

Table 30: Men's attitudes to SRH at endline

District	Statements	Disagree	Neither agree, nor disagree	Agree	Number of men 15 years +
%					N
Kinondoni	Reviewing and updating a reproductive health & life skills curriculum for adolescent girls is major factor to enhance SRH	0 %	13 %	86.7 %	15
Misungwi		0 %	1 %	97 %	74
Kinondoni	Enhancement of teachers and facilitators to deliver new curricula is SRH and business literacy at COBET centers is key to sustainability of the program	0 %	33.3 %	66.6 %	15
Misungwi		0 %	4 %	94.5 %	74
Kinondoni	Training female teachers/facilitators to act as mentors to girls and adolescents will propel change of attitude and behavioral change	0 %	6.6 %	93 %	15
Misungwi		0 %	0 %	98.6 %	74
Kinondoni	Parents should be close and help young girls and women to suppress contradictions about reproductive health and HIV/AIDS	0 %	6.6 %	93.3 %	15
Misungwi		0 %	1 %	97 %	74
Kinondoni	There should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women	0 %	0 %	100 %	15
Misungwi		0 %	0 %	98.6 %	74
Kinondoni	Establishment of youth friendly support clinics and referral services, will build capacity among health services providers in assuming youth friendly attitudes	6.6 %	6.6 %	86.6 %	15
Misungwi		0 %	1 %	97 %	74

Male respondents at endline were positive about steps being taken in their community to improve access to information and services for women and girls. For example 97% of men supported an update of the reproductive health and life skills curriculum for adolescent girls to enhance SRH in Misungwi (86.7% Kinondoni). Men were also positive that enhancement of teachers and facilitators to deliver new curricula on sexual and reproductive health and business literacy at COBET centers as the key to sustainability of the program in addition men were also in agreement that training female teachers and facilitators to act as mentors to girls and adolescents will help to propel change of attitude and behavioural change.

Men surveyed for the endline in Kinondoni (100%) and Misungwi (98.6%) were in agreement that there should be an enabling environment from the program to train about HIV/AIDS targeting young girls and women and that the establishment of youth friendly support clinics and referral services, will build capacity among health services providers in assuming youth friendly attitudes. At endline

men interviewed in Kinondoni (93.3%) and Misungwi (97%) were more likely to agree that parents should help young girls and women to suppress contradictions about reproductive health and HIV/AIDS than at baseline stage.

Stakeholders felt that Animators play an important role in SRH rights – for example they pay visits to each household in the hamlet. They advice and counsel on health and other related problems. Sometime they assist the sick and pregnant mothers to the health facility. As one commented, “ There are positive effects only; there is effective participation in agriculture. Family members had recognized the importance of family planning. In Ukiriguru, Counselors interviewed report that family members are increasingly recognizing the importance of family planning, “The teenage pregnancies had decreased tremendously by 85% in the ward, but for example in 2013 we hadn't got any case for the whole ward with more than 5 primary schools. Those girls who dropped out after pregnancy are now back to school under special program funded by CARE.”

CARE Tanzania measured men's attitudes towards adolescence at baseline and endline stages. Attitudes towards adolescence remain similar at endline compared to baseline; the majority of men agree that during the process of formation (physical, emotional and cognitive changes), it is the most critical period when adolescents have a misconception about their own changes to adulthood. 89 % of men at baseline felt that parents should responsibly help adolescents achieve independence by becoming informed about healthy adolescent development as well as learning how to find supportive resources for assistance when necessary, in Kahama district. In Kinondoni and Misungwi, men were slightly more supportive of this statement.

At baseline stage in Kahama, 91 % of men felt that adolescents are regularly communicating with their parents or guardians and teachers on sexual and reproductive health issues. At endline stage only 13.3 % of men in Kinondoni disagreed that adolescents are regularly communicating with their parents or guardians on these issues. In Kinondoni, over half of men were not sure if strong socio-cultural and religious barriers against young girls and women's rights on ASRH/HIV/AIDS education taught at school, (Table A4.26) yet 40 % agreed with this statement. Its not clear if those who were not sure were not willing to agree or disagree, if this is a culturally sensitive point. This compares to the other endline district Misungwi where 85 % of men also agreed that there are documented strong socio-cultural and religious barriers against young girls and women's rights on ASRH/HIV/AIDS education taught at school.

The majority (88.8 %) of men in Kahama at baseline and 97 % of men in Misungwi district agreed that promoting social networks for girls to help sort out their problems and express themselves in safe spaces is the key to enhance leadership skills (Table A 4.27). However in Kinondoni, only 33 % of men were in agreement, with 46 .6 % not sure.

6.3 Gender Based Violence

Stakeholders reported anecdotally during the research that the involvement of men and boys in the WAGE II program has decreased levels of GBV. The legitimacy of the VSL groups in the eyes of the wider community and amongst male members of the community means that women are, “ more confident to stand alone and discuss or present issues in the meetings, different from previous time, “commented stakeholders from interviews. Whilst some stakeholders felt that changes in household decision-making (especially those related to income) had the potential to generate conflicts and GBV in some households; “men were suspicious that women are going to take their power. Most stakeholders report that change in decision-making have actually been positive - for example, participation and taking care of family wealth and assets at home.

It is clear that stakeholders feel that CARE has been effective in supporting VSL groups and careful to ensure that conflicts can be resolved between male and female members. One stakeholder commented, "From the very beginning CARE/WAGE conducted training to make sure that there is unity within the VSL. The established constitution helps to solve conflicts among female and male members."

6.3.1 Men's attitude towards gender-based violence

Table 31 Attitude of men towards negative statements about women's exposure to GBV (%)

	Statements	Strongly Disagree	Disagree	Neither agree, nor disagree	Agree	Strongly Agree	Total %	Number of men 15 years and more
Baseline	A wife should tolerate being beaten by her husband/partner in order to keep family together.	32.1	25.6	6.2	23.9	12.2	100	1249
Endline		76.3	4.2	6.7	3.3	7.8	100	89
Baseline	A girl is never too young to marry if a good husband is found.	53.3	29.4	4.5	8.6	4.2	100	1249
Endline		89.9	4.5	0.0	1.1	3.4	100	89
Baseline	It is wrong to say that a wife is justified in refusing to have sex with husband or partner when she is tired or not in the mood	37.1	42.6	7.6	5.9	6.7	100	1249
Endline		52.8	11.2	14.6	0.0	20.2	100	89
Baseline	If a wife goes out without telling her husband/partner, he is justified in hitting or beating her	23.1	28.7	12.8	24	11.4	100	1249
Endline		79.0	16.0	1.15	0.8	3.4	100	89
Baseline	It is wrong to say that women should choose themselves who they want to marry	42.2	42.9	4.6	5.3	5.0	100	1249
Endline		85.2	8.0	0.0	1.1	5.7	100	89
Baseline	It is better to send a son to school than it is to send a daughter	52.9	30.1	3.3	8.2	5.4	100	1249
Endline		96.6	2.3	0.0	0.0	1.1	100	89
Baseline	If a woman was raped, in most cases that means she must have done something to provoke it.	33.5	29.2	17.8	11.6	7.9	100	1249
Endline		64.8	10.2	14.8	3.4	6.8	100	89

Table 32 Attitudes of men towards negative statements about women's exposure to GBV (%)

Statements	Stage	Average Likert Score
A wife should tolerate being beaten by her husband/partner in order to keep the family together.	Baseline	2.58
	Endline	1.57
A girl is never too young to be married if a good husband is found.	Baseline	1.81
	Endline	1.20
It is wrong to say that a wife is justified in refusing to have sex with her husband or partner when she is tired or not in the mood	Baseline	2.02
	Endline	2.20
If a wife goes out without telling her husband/partner, he is justified	Baseline	2.72

in hitting or beating her	Endline	1.31
It is wrong to say that women should choose themselves who they want to marry	Baseline	1.88
	Endline	1.33
It is better to send a son to school than it is to send a daughter	Baseline	1.83
	Endline	1.06
If a woman was raped, in most cases that means she must have done something to provoke it.	Baseline	2.31
	Endline	1.75
Average indicator 9 Attitudes on GBV		
Baseline	2.16	
Endline	1.49	

Men's attitudes to GBV have improved at endline with average Likert scores of 1.49 compared to 2.16 (lower scores indicate less acceptance of GBV practices). At baseline, men were asked their opinions using a number of statements regarding their acceptance of gender-based violence; 36.1 % agreed or strongly agreed that a wife should tolerate being beaten by her husband/partner in order to keep the family together, compared to 11% of men in Kinondoni and Misungwi at endline. Similarly at baseline, 35% of men agreed that if a wife goes out without telling her husband or partner; he is justified in beating her. At endline, opinions had shifted considerably only 4% of men in agreement. At baseline, 19.5% men agreed If a woman was raped, in most cases that means she must have done something to provoke it, compared to 10.2% of men in Kinondoni and Misungwi.

At endline 94% of men in Kinondoni and Misungwi disagreed with early marriage (A girl is never too young to be married if a good husband is found) compared to 82.7% of men at baseline stage. Men at baseline (83%) and at endline (98.9%) did not agree that it is better to send a son to school then it is a daughter; with views shifting in support of girls access to school at endline stage.

7 Conclusion and Recommendations

Results at endline point suggest that women are able to operate and own businesses, which can contribute to enhanced income and food security. Subsequent programming by CARE Tanzania could capitalize on this momentum by providing support for women to sustain profitable IGAs, and move them from informal to more formalized IGAs, beyond “petty trading “ status. Data suggests that at endline women are more likely to have to rely on support from others, or selling assets, or reducing consumption (negative coping strategies) than using savings or home produced items in response to economic shocks, suggesting that whilst incomes and therefore women’s economic security remain vulnerable.

WAGE II proved some success in empowering women especially those voiceless women in the grass roots levels. By bringing women together, giving them their (women) rights awareness/training, more women are now able to at least identify their rights. Advocacy networks have proven success to empower women and girls at local and national levels, momentum which may be maintained sustainably without CARE’s support. Two thirds of women in both districts report that they have the agency to be able to effectively continue implementing program components, with more than half of women reporting that they feel that they have much more support and networks to rely at local and national level whenever they have an issue/concern that needs solution/support from other parties. Future programs should look to build on this momentum, and strengthen partnerships between VSLAs within respective communities as well as to national and international levels as women understand how they have to position themselves to realize their strategic interests, to build stronger coalitions and networks to realize women’s rights.

Male respondents at endline were positive about steps being taken in their community to improve access to information and services for women and girls. For example 97% of men supported an update of the reproductive health and life skills curriculum for adolescent girls to enhance SRH. New curricula on sexual and reproductive health was also seen by male respondents as the key to sustainability of the program /future programs. This is a consideration for future SRH programming in Kinondoni and Misungwi by CARE Tanzania.

At endpoint it is clear that gains have continued to be made within the VSLA structures, in particular as a result of the involvement of men and boys in VSLA groups. Stakeholders reported anecdotally during the research that the involvement of men and boys in the WAGE II program has decreased levels of GBV. Stakeholders also felt that Animators play an important role in SRH rights – for example they pay visits to each household in the hamlet, providing advice and counsel on health and other related problems. A clear men and boys, and Animators strategy should be integrated into future women’s empowerment programs in the target districts, to ensure that lessons learnt and good practice from the WAGE II program are reflected upon and integrated.

