# Scaling Up Impact in a Program Approach: Model Development and the Use of Social Movements

## Case Study:  ARSHI

**Report**

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# Table of Contents

# Executive Summary

Under the guise of exploring more deeply how CARE operationalizes the program approach with its focus on an impact group over a 10-15 year time frame, this investigation seeks to know how CARE can use its experiences in one localized operational area to learn, leverage and take it to scale, not through replication, i.e., geographic spread, but advocacy and influence. It takes the experience of the ARSHI project to examine how this is done in practice and how it can be done more effectively. The ARSHI project (ARSHI is a Bengali word that means "Mirror") has been operating in Sunamganj district from 2007 to the end of 2010 and is known for its creativity and experimentation in linking action to advocacy and campaigns.

It further asks how ARSHI's advocacy and campaign strategies contribute to social movements and particularly in relation to the Women's Empowerment program that has a domain of change on "strong social movements built on women's solidarity and participation of men." Since ARSHI is also known for its innovations in engaging men and boys in health and social justice for women and girls, this is the thematic focus for examining whether ARSHI's bundle of activities to engage men and boys, inclusive of advocacy and attempts to catalyze social movements, qualifies as a **model** that can be replicated and scaled up.

Conceptually, this paper is about laying the foundation in CARE for defining and putting into practice (a) "model development" and (b) CARE's role in catalyzing, promoting, or supporting social movements, both of which help scale up impact from a single operational area to the national level. The foray into these constructs are very emblematic right now of the struggles CARE is confronting in solidifying the link between individual projects or initiatives and its programs, the former with limited impacts and the latter with broad impact at the scale of the entire impact group population. The evidence from this inquiry shows that large-scale impact *can* be achieved by investing less and paying more attention to the power or influence which a proven model has on decision makers, responsible actors, other rights-holders and potential adopters. And the "so-called" social movement to combat violence against women demonstrated success in influencing lawmakers, thereby facilitating the fulfillment of rights for women across Bangladesh.

The material for this investigation primarily lies in the substantial amount of information on and time spent with ARSHI (as a team and project). This left proportionally less time for external interviews or a more academic grounding on social movements or on scaling up models. Some reference is made, under "working definitions," to theories that exist on social movements but even less on strategies for scaling up. This is exploratory work only and should be followed up by a more thorough literature review. A further missing piece which arises in this inquiry is a *theory* of social change. Indeed, individuals, households, communities, institutions, and society at large are all units of analysis in the process of social change. CARE does not suffer from a lack of conceptual frameworks (e.g., empowerment, underlying causes of poverty) and these may well furnish the contents for a theory of social change. Still, were it explicit, a theory of social change would make it easier to articulate a vision for scaling up impact from the grassroots to the national level. This is food for future thought.

For practical purposes – to use ARSHI in an exercise to define what is or is not a model – this paper sets forth 5 components of a model, which are the only prescriptive content herein:
1. A set of premises
2. Principles
3. Approaches
4. The "core" or interrelated set of practices

5. Conditions for scaling up

## 1. A set of premises

This is the entry point chosen by an initiative or project to address a particular issue that corresponds to a domain of change in the program theory of change. These premises should align with at least one of the pathways of change for the program.

*In the case of ARSHI, it has two premises in its aim to address the sexual and reproductive health rights of women and girls: (a) viewing the path to greater choice in the lives of women and girls through a lens of gender, power, sexuality, and masculinity; and (b) engagement of men and boys as crucial to success.*

## 2. Principles

These are specific and foundational to the model. Without the enactment of these principles, the success of the model could not be assured. These principles are additional to CARE International's principles (including do-no-harm), core values, and the UCP framework.

*Examples of ARSHI principles:*
- *Gender-transformative rather than gender-sensitive or gender-neutral*
- *Child sensitivity, safety and participation*
- *360° accountability – inviting feedback from program participants, staff, partners, and all individuals or institutions who interact with the team*
- *Ceding control to the communities – the team must foster a relationship that cedes greater control to the community (or groups) and in all instances guards against dependency.*

## 3. Approaches

They convey *how* the work is being carried out, rather than the what. They ultimately constitute the factors of success that are an integral part of the design of the model. If one approach is implemented in a sub-optimal fashion, it will weaken the effectiveness of the other approaches.

*Examples of ARSHI approaches:*
- *Volunteerism and activism*
- *Adolescent- and youth-led social change*
- *The **culture, creativity, sports and heritage (CCSH)** approach as a principal vehicle for developing the leadership skills of adolescents and youth*

## 4. The "core" or inter-related set of practices

These are carried out by the team in collaboration with others (program participants, partners, other projects, etc.). They are not a *menu* of practices; their specific combination and sequencing determine the success or outcome. The core should:
- Begin with an explanation of the context (political, social, economic, cultural) and the characteristics of the place and population where the model has been tested.
- Explain the components and the logic between the components or practices. If there is a specific sequencing of steps, this should also be made clear.
- Define clearly the steps, tools and methods and include precision about the actors who need to be involved.
- Be clear about the hypotheses being tested, or if it is inductive research, identify how the lessons can be further tested.
- Provide the evidence base to explain the effectiveness of the approach.

*An assessment of ARSHI's engagement of men and boys determined that there was no one inter-related set of practices that constitutes a coherent whole; there is no further stipulation beyond the recurring cycle of analysis-action-advocacy that it deems necessary for social change. To wit, the activities that fall under one of the categories of analysis, action or advocacy are not **conditional**; they merely reflect the kinds of analyses undertaken in the ARSHI project to engage men and boys.*

## 5. Conditions for scaling up

These are established criteria for a model to be ready for scale-up:
- ✓ has ownership broader than CARE
- ✓ refers to a body of verifiable, credible evidence that can articulate the scale (breadth and depth) of the change amongst the impact group
- ✓ involves building evidence, policy influencing, and broader leveraging
- ✓ offers a clear and unique advantage over other approaches, with demonstrated cost-effectiveness and added value that is recognised by others

Since ARSHI did not pass the "model" test, two other initiatives in CARE are used for illustration purposes – the Community Support System (CmSS) model and the Cost of Violence Against Women (COVAW) which consists of a research study. The CmSS is a collective approach to establishing a common system at the community level for all members to access emergency obstetric care during a maternal emergency.  Both these examples are able to demonstrate the first three criteria.  With the fourth criterion, CARE rarely attempts to demonstrate the cost-effectiveness of a model.  For the CmSS, it would have had to show the return on the investment of the model, using the same measure for impact, as compared with another approach.  This could be expressed in (a) cost savings in health care expenditures for families and for government service providers by using the CmSS model, as compared to not using it; or (b) the number of pregnant mothers reached through the CmSS as compared with other approaches.

This is followed by a section on "Social Movements for Achieving Greater Impact: A Form of Scaling Up."  It selects four of ARSHI's advocacy tools or innovations – the Community-Led Total Social Change Initiative (CLTSCI), the dead mother rally, the sports events, and Art for Life – and examines them in their relationship to catalyzing a social movement.  Each description ends with a results analysis and a set of questions for further follow-up, an example of which is included here under the dead mother rally innovation.

## The Community-Led Total Social Change Initiative (CLTSCI)
This is a form of social analysis and action, engaging the whole community in analysis and reflection, leading to a commitment to action.  That commitment then lends itself to community members, especially adolescents, holding others to account through advocacy, bringing cases to justice, forms of protest or local-level activism.

## Dead Mother Rally
This is an example of adolescent boys engaging in an unprecedented form of protest that inherently demonstrated a desire for change in the attitudes and practices that lead to the death of young mothers.

### *Results:*
It was replicated 9 times in the area. It commanded exceptional media attention, even *global publicity* when it was picked up by the White Ribbon Alliance on New Age and Prothom Alo on Safe Motherhood Day (28 May, 2009). ARSHI made a documentary film of the event. It was featured at the adolescent summit to ban child marriage (6 Feb., 10) and at a 3-day exhibition at the Bangladesh

Sishu Academy. It was presented in 4 <u>men's fairs</u> of 18 days duration and is now available as a <u>poster</u>, adding to the panoply of tools to spread the message.

***Selected Key Questions:***
1. Given that the rally was replicated several times, can it be confirmed that a "shock-effect" form of protest, the first time it occurs, has a stronger multiplier effect than other communication tools (e.g., forum theatre, composite fairs)?
2. What are the effects of mass campaigns at sub-district level on awareness of individuals, households, whole communities, or the youth network? Where are the *new seeds* planted by campaigns?
3. What is the multiplier effect of the publicity or media coverage of campaigns?  Is there any spontaneous action, for example, in surrounding villages where there has been less intervention by CARE or others working on the issues?
4. Are there partners or civil society actors that join in or help organize campaigns each time?  In other words, is there some semblance of an alliance?

**Sports for Social Change Movement**
ARSHI pioneered this in Bangladesh in collaboration with a new project, **ITSPLEY** (Innovation through Sports Developing Leaders and Empowering Youth), the BKSP (Bangladesh Sports Education Institute) who provided them training, and the **Social Sports for Change Network**, which is linking youth groups and their sports teams to a broader movement to enable cross region (multi-country) learning and knowledge exchange through on-line platforms.

**Art for Life**
Through a series of workshops, with the support of the Center for Research on Art and Culture (CRAC), ARSHI gathered local artists from Sunamganj to illustrate stories of child mothers collected at local and national levels in an art form of their choice – drawing, painting, and tapestry.  Their experiences are documented in the film titled "Culture, Creativity, Sports and Heritage" not yet released.

One of ARSHI's most effective and unique **strategies** is leveraging the attributes of a culture, in this case the rich artistic heritage of Sunamganj, towards a social change agenda.  In Sunamganj, it lent to the advocacy agenda very powerful communication tools or ways to deliver the message.

In moving from ARSHI's innovations and strategies to the question of how advocacy links to social movements, the experience of ActionAid Bangladesh is introduced. It is a comparable international NGO in terms of its mission, philosophy, and understanding of poverty but it differs significantly from CARE in not being donor-dependent, giving it more freedom for political action. ActionAid directs its attention to increasing the power of the marginalized and excluded populations. ActionAid places a high premium on fortifying the capacity of the "excluded" to build more powerful alliances and often positions itself to broaden the alliance in favour of the justice agenda for a particular population.

There are examples in Bangladesh of alliances that have proven effective in achieving social change. The **Shamajik Protirodh Committee, CIDV (Citizen Initiative to address domestic violence)**, along with the **WE CAN Alliance to End Domestic Violence**, succeeded in achieving long standing demands to advance women's rights in Bangladesh. Their campaigning was effective in Parliament enacting the Domestic Violence (Prevention and Protection) Act on October 5, 2010.

The WE CAN Alliance was well resourced, with backing from Oxfam, with the expectation that it would eventually be led by the national forum. The Alliance created its own constituency base, by

recruiting **700,000 change makers** at the grassroots from among beneficiaries, students, youth clubs, educational institutions, and an array of other organizations.  The change makers had the responsibility to create forums at local level and committees at district level to engage a wider audience (the alliance is active in 39 of the 55 districts).

**Steps towards Development**, a non-profit organization that has a national platform called the **Gender and Development Alliance (GAD)**, has engaged a sizable network of student volunteers as **social actors** to promote gender equality.  They disseminate messages to stop violence against women and early marriage through school programs and door-to-door campaigns.  Steps signs a Memorandum of Understanding with government administrations or with service providers for adolescent groups to collaborate in the prevention of early marriage and other social issues to help implement the laws at local level.  Its alliance building model supports not one but *four* collective platforms across the country – students, civil society organizations, local trainers' groups, and women activists.  Both this and the WE CAN Alliance offer clues as to the magnitude of effort to support the growth of a social movement.

**Conclusions and Recommendations**

Drawing wisdom from the literature and CARE's experience, it is proposed that scaling up the work at grassroots level to the entire impact group embraces not only model development but local-level activism as the basis for a broader social movement.  In a *descriptive,* rather than *prescriptive*, manner, five major categories of action are employed to illustrate the process of graduating from the grassroots to national impact:

**Grassroots development ⇨ joining forces ⇨ influencing ⇨ spreading ⇨ impact**

CARE's **"grassroots development"** *must* involve empowering the poorest and excluded groups, building their leadership, voice, and solidarity, as well as enabling the exercise of rights-holders to claim their rights and responsible actors to fulfill their obligations.  **"Joining forces"** should build greater support for their cause, bring others on board with an agenda for change, and increase their power through the growth of a critical mass.  **"Influencing"** raises the voice of the poor and excluded (the impact group), allows them to make their demands known, and with the backing of a social movement, uses evidence, real stories, the media, and creative communication tools to influence,  **"Spreading"** is a replication of the model, an uptake of the messages, adoption of good ideas or practices, a dissemination of the advocacy tools for greater use, and a circulation of the evidence.  **"Impact"** is the policy reform, the change in legislation, a growing social acceptance of the desired social change, and major breakthroughs of the program.

The strategies contained within these categories are not new; what is needed is more conscious and deliberate application in order to become more efficient in attaining broader impact. Some of the challenges associated with this draw attention to solidarity building at the grassroots level, constituency building, the scale and scope of a social movement, the skill and sensitivity required to enable and not overpower local initiative⇨activism, adding value to alliances, and the tension between measurement and the unpredictable nature of activism.

More specific recommendations for ARSHI include:  (a) that ARSHI would be of more value to CARE if the team played a role of contributing its approaches to existing projects, initiatives, and the programs; (b) CARE needs to take a hard look at how activism fits into its business model; and (c) this report should be used as a launching pad to deepen CARE's understanding of the value and intent of ARSHI's approaches and tools and examined from within a more clearly articulated vision or framework of how to scale up impact.

# Introduction

## �֍ ARSHI as Case Study

This thematic study and guide originated with a request from CARE Bangladesh to explore more deeply how it operationalizes the program approach through projects or initiatives. Each program, such as the women's empowerment program, seeks to effect change for the entire impact group at national level over a period of initially 10 to 15 years. As CARE is not exclusively an advocacy organization, its work at the grassroots level with communities is the seed for expansion. CARE recognizes it cannot do everything and be everywhere; it aims to use its experiences in one operational area to learn, leverage and take it to scale, not through replication, i.e., geographic spread, but advocacy and influence. This begs the question:

> *How does this actually work in practice and how can this be done more effectively?*

The ARSHI project (ARSHI is a Bengali word that means "Mirror") which has been operating in Sunamganj district from 2007 to the end of 2010 is known for its creativity and experimentation in linking action to advocacy and campaigns. This work has never been examined closely to specify what lessons can be gleaned from their efforts and adopted or disseminated for broader use. Social movements have the potential to scale up impact and reach a far wider audience than the population coincident with the geographic area where ARSHI is operating. These movements *de-center* CARE as the lead change agent to constituency groups that belong to society, the very society that acts as a barrier to their own empowerment. As such, initiatives for change led by groups embedded in society stands a greater potential for ensuring lasting impact than would efforts by CARE, any single organization, or a single project. Thus,

> *How is ARSHI's advocacy and campaign strategies contributing to social movements and what can be learned from it?*

At the same time, this inquiry seeks to assess ARSHI's innovations in promoting social movements as potential **"models"** that might inform the Women's Empowerment program particularly as it relates to the third domain of change, "strong social movements built on women's solidarity and participation of men."
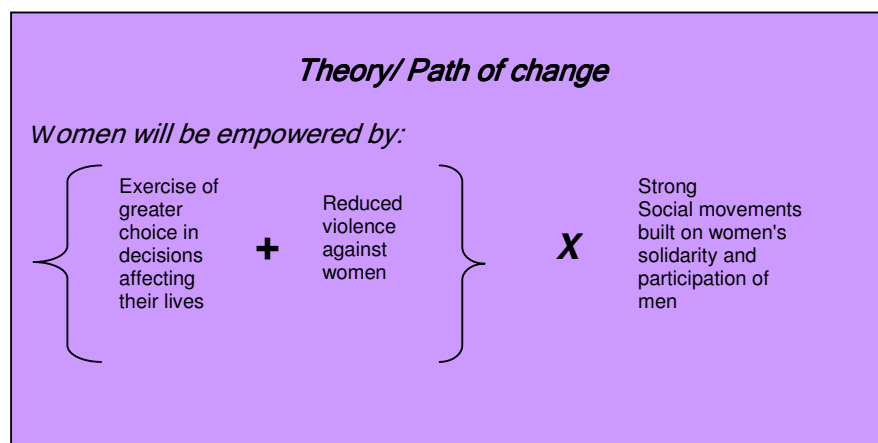


As a way to focus the discussion on social movements, the theme chosen is:

*Men and boys' engagement in promoting health and social justice for women and adolescent girls*

## �֎ The Guide on Models

As a secondary purpose, this report also endeavors to offer guiding questions or considerations, as it explores the ARSHI case study, on defining a "model" that serves the purpose of broader scale-up and impact. The experience of other projects in CARE in generating models for scale-up and policy influence is also introduced as points of comparison, to, at times, better illustrate the characteristics of a model. A limited number of external interviews (see Appendix 1) and external literature are drawn upon to inform this study.

Guiding questions and considerations are highlighted by the blue textboxes at the front of each section.

# Working Definitions

There are two key terms for which working definitions are constructed, to serve the purpose of this report and guide.

| **Model** | **Social Movement** |
|---|---|
| An inter-related set of practices with their associated premises, principles and approaches that:<br>• has ownership broader than CARE<br>• refers to a body of verifiable, credible evidence that can articulate the scale (breadth and depth) of the change amongst the impact group<br>• involves building evidence, policy influencing, and broader leveraging<br>• offers a clear and unique advantage over other approaches, with demonstrated cost-effectiveness and added value that is recognised by others<br><br>Source: Michael Drinkwater and Mary Picard. | Large informal groupings of individuals and/or organizations focused on specific political or social issues, who are carrying out, resisting or undoing a social change.<br><br>Social movements consist of:<br>• Campaigns<br>• Contentious performances that are forms of political (or social) action (e.g., public meetings, vigils, protests, petition drives)<br>• Displays of **w**orthiness, **u**nity, **n**umbers, and **c**ommitments on the part of the people making the claims and/or their constituencies (WUNC displays)<br><br>Sources: Wikipedia. Charles Tilly. (2004). *Social Movements, 1768-2004*. Boulder, Colorado, USA: Paradigm Publishers, p. 53. |

These definitions are modifiable and can be improved upon by CARE to better reflect its intention.

## ✖ Further Explanation of a *Model*

Some of the external literature consulted yields examples from the field of health in testing innovations that can be scaled up. Indeed, scaling up is a challenge common to international

development as a whole and the sectors that operate within it. In a publication by WHO and ExpandNet[1] on steps to scaling up, they refer to "innovation" in a similar fashion to "model:"

> "The innovation refers to health interventions and/or other practices that are being scaled up. The innovation is a package of interventions, often consisting of several components. New technologies and the means to provide them, as well as changes in the approach to health service delivery or community interventions are considered the innovation" (p. 5).

These innovations are expected to be adopted by other organizations or programs.

The guide refers to four types of scaling up:
- vertical scaling up—institutionalization through policy, political, legal, budgetary or other health systems change
- horizontal scaling up—expansion/replication
- diversification
- spontaneous scaling up

It does not refer to **social movements** as a means for scaling up but of course it does not represent the perspective of an organization engaged in advocacy. This is a critical difference, as CARE seeks to expand its potential in advocacy and activism, as well as better define its role in social movements.

Of particular relevance in the guide is a set of criteria for innovations to be successfully adopted by other organizations, referred to as the CORRECT attributes (pp. 9-10):

| C | **Credible in that they are based on sound evidence and/or advocated by respected persons or institutions** |
|---|---|
| O | **O**bservable to ensure that potential users can see the results in practice |
| R | **R**elevant for addressing persistent or sharply felt problems |
| R | **R**elative advantage over existing practices so that potential users are convinced the costs of implementation are warranted by the benefits |
| E | **E**asy to install and understand rather than complex and complicated |
| C | **C**ompatible with the potential users' established values, norms and facilities; fit well into the practices of the national programme |
| T | **T**estable so that potential users can see the intervention on a small scale prior to large-scale adoption |

Most of these attributes are captured by the process laid out in this guide, with the possible exception of "easy to install," as CARE's models are not purely technical interventions to be adopted by organizations *and,* moreover, are aimed at social change. [2]

One way to think about a model is as an idea that you can "sell" to someone else. In order to be able to do that, it must be *discursive*, i.e., knowledge that is explicit which the team is capable of explaining and sharing in very concrete terms.

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[1] WHO and ExpandNet. 2010. Nine Steps for Developing a Scaling Up Strategy. WHO.
[2] WHO and ExpandNet produced a follow-on document to guide teams who are piloting an innovation what to consider during the pilot stage to prepare for scaling up. This has a checklist of questions and some useful caveats, such as resisting pressure to scale up before the needed evidence is available. WHO and ExpandNet. 2011. Beginning with the End in Mind: Planning Pilot Projects and Other Programmatic Research Successful Scaling Up. WHO.
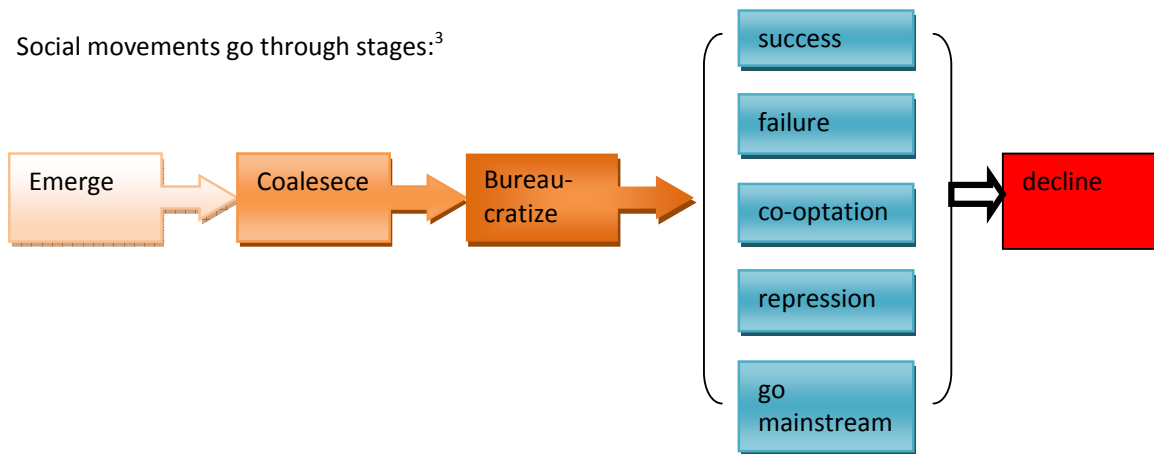
## ⚛ Further Explanation of *Social Movement*

*External Literature*

A few notions about social movements, from a quick search on Wikipedia, are mentioned here as a minimal foundation upon which to build CARE's understanding.
⇨  Social movements have a lifecycle – they are created, they grow, they succeed or fail, and eventually they dissolve and cease to exist.

Social movements go through stages:[3]

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Emerge  →  Coalesece  →  Bureau-cratize  →  {  success
                                               failure
                                               co-optation   →  decline
                                               repression
                                               go mainstream  }
```

⇨  Social movements can differ depending on who the movement is attempting to change and how much change is being advocated.[4]  Aberle says some movements are **reformative** – advocating for a change in norms or laws (e.g., the right to abortion); and others are **revolutionary** - advocating for a fundamental change in value systems (anti-apartheid).

⇨  There are also several **theories** about social movements, three of which are considered especially pertinent to this study.

- **Resource mobilization theory**  -- Argues that social movements develop when people with grievances are able to mobilize sufficient resources to take action.  Resources may include knowledge, money, media, labor, solidarity, legitimacy, and internal and external support from power elite.

- **Political process theory --** Argues that the essential components of a social movement are:
  - Insurgent consciousness – a collective sense of injustice that members of the movement feel and are the motivation for movement
  - Organizational strength – the need for leadership and sufficient resources
  - Political opportunity – how receptive or vulnerable the political system is to the challenge presented by the movement

  It argues that all three must be present for the movement to be successful.

- **Culture theory -- a**grees with the above two but goes further to argue, for a movement to motivate people to join, it must have an *injustice frame* which includes:

  - What is the problem they are critiquing
  - What is the desirable solution to the problem

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[3] Adapted from Blumer (1969), Mauss (1975), and Tilly (1978) in wikipedia
[4] Aberle. See wikipedia.

o   A "call to arms" suggesting and encouraging people to take action to solve the problem

Successful reframing involves the ability to enter into the worldview of the adversaries. All frames contain implicit or explicit appeals to moral principles.

### CARE's Understanding of a Social Movement

There is no internal document in CARE that seeks to define a social movement from CARE's vantage point.  The only bit of reflection on social movements is indicated by the Program Quality Assessment Tool (PQAT) questions on the characteristics of a program approach and one of these characteristics is:

*Contribution to broad movements for social change*

By the nature of the questions, CARE is concerned with whether or not the program is linking up with other strategic partners, networks or alliances around a common agenda that reflects the priorities of the impact group. Thus, the CARE lens is about ensuring it is working with others so that it can have a greater and more sustainable impact. This is a very limited view or understanding of how and what type of social movement it promotes.

At the same time, the idea of working with social movements in CARE BD arose out of the Strategic Impact Inquiry work on women's empowerment which urged CARE to do this, in order to have greater impact on women's empowerment. CARE BD started to work with activists from relevant networks at the start of the VAW project. Other Country Offices, such as CARE Nepal, have also promoted activism and being part of a social movement as an essential part of how CARE does business. The antecedents to this, of course, are a rights-based approach, partnership principles, and the growing focus on advocacy in programming.

Thus, at this juncture, it would seem that CARE will need to reflect more, in a self-critical way, on how it engages with social movements.  The ARSHI test case gives rise to some of these questions, without necessarily providing answers:

1.   Does CARE have a role in creating the foundation for a social movement or does it join with an existing social movement?
2.   What is CARE's role in spurring, supporting and participating in social movements? How far does it go in mobilizing people or contributing resources?
3.   What is clearly <u>not</u> CARE's role?
4.   What are the potential harms and risks and what does CARE do to mitigate these?
5.   If CARE is going to incorporate social movements as an integral part of its theory of change, how does it measure intended but also unintended impacts of social movements which are likely to have many unpredictable outcomes?
6.   What might be low and high aspirations for social movements and in different contexts?
7.   What sort of differences does CARE see in social movements?

Consider these part of an ongoing dialogue.

## �֍ Processes of Social Change

While it cannot be adequately covered by the scope of this paper, processes of social change deserve some attention. CARE does not claim to have a *theory* of social change but to the extent the SII empowerment framework, the UCP framework, and even the LRSP of CARE BD, are invoked social

change necessarily involves structural change, a change in social relations, and change in agency; it also departs from knowledge of the underlying causes of poverty and a presumed necessity to address these.

However, it leaves unanswered the *how* question – how does an organization like CARE facilitate, catalyze, or engage with social change in favour of the rights of marginalized groups? And if one had to describe the process by which social change occurred, what does it look like?  Invariably, social change is never about one distinct group of people, such as the impact group, but of multiple groups whose behaviors, practices, and beliefs must also be adapted.  Moreover, these groups are not concentrated in one place nor do they start and end in the same place.  Not only people but various systems must represent the change.  Introduce the dimension of time and, despite changes in the short-term, it can remain very difficult to project the non-linear path and the length of time for a societal shift to occur.

*Ranjan Karmaker, Exec. Dir. of Steps for Development, talking about social change:*

*"Society is influenced by 4 institutions – the family, the state, the market and the media. To understand social change, we should measure the influence of these 4." He uses the example of garment workers (the market) that helped reduce the incidence of early marriage.*

Tacit understandings of social change processes may exist within the same organization.

### ARSHI's Self-Reflection on its Process of Social Change

ARSHI has done some reflection on its own endeavours at social change in terms of both how it intervenes and how it envisions the process unfurling.  It views itself, as a team or an initiative, as sowing seeds of change in the communities with which it interacts and promoting the least possible interference in the sprouting process. It emphasizes self-reflection and decision making amongst the impact and target groups as the catalyst for action and, beyond that, activism.  It maintains the pulse of the communities, while being vigilant to keep a distance, lest it over-influence and crush the initiative, even of the few. As such, it pollinates ideas and then rewards enthusiasm and forward-looking initiatives of individuals or groups with investments to support them, as needed.

In this manner, the sprouting seeds may be dispersed in time and space (and therefore difficult to measure, manage or orchestrate); this is resolved by connecting up the dots and linking up similar ideas to build a sense of solidarity and courage for a critical mass to take things forward.  The desired changes are profiled and given a creative outlet of expression (drama, film, art, crafts, etc.) that will more effectively inspire and move others at broader levels of society to act. The publicity received by remotely located, unknown, and marginalized people, some advocates and some victims of social or gender injustice, creates a feedback loop from the national level (disseminating films or posters that depict their personal stories) back to the community that further strengthens their confidence, sense of pride, and resolve.  In it is an authentication process that honors and respects the stories of transformation and injustice of real people (and not numbers) and enables them to realize their power to directly influence others (a) by being honest about who they are, and (b) by displaying the beauty and quality of their own artistic expression, thereby, reviving and preserving a part of Bangladesh's own cultural heritage.

With its own way of viewing the world and its own efforts, ARSHI may be successful in achieving broad impact, yet any team or initiative must hold itself to account and allow others, the external voices, to do the same – to corroborate, affirm, or counter with evidence of the change.

# Components of the Model

This section begins the description of the components of the model, using ARSHI's experience as an illustration. The textboxes in blue articulate the considerations relating to individual components. These components are:

6. The premises of the model
7. The principles
8. The cross-cutting approaches
9. The "core" or interrelated set of practices
10. The conditions for scaling up

Each of these ends with a textbox on **risks** that threaten the success or implementation of each component.

The principles and frameworks, e.g., the underlying causes of poverty (UCP), that are CARE's branding are taken as integral to the creating of a model.

This section is followed by a closer assessment of "social movements for greater impact" as a form of scaling up, with some comparison to other strategies known to CARE or communicated by key organizations in Bangladesh interviewed for this study.

## Premises

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**Step 1: Articulate the critical premises of your approach**
The premises largely reveal the entry point chosen by an initiative or project to address a particular issue that corresponds to a domain of change in the program theory of change. These premises should align with at least one of the pathways of change for the program.

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As a project, ARSHI aims to reduce maternal mortality, morbidity and disability among women and adolescents. The fulfillment of their sexual and reproductive health rights (SRHR) is one of the ways that girls and women demonstrate the exercise of greater choice in decisions affecting their lives, first and foremost through greater control over their own bodies. In ARSHI's conceptualization, the success of its intervention is anchored in viewing the path to greater choice through a lens of **gender, power, sexuality, and masculinity**. Gender inequality and social constructions of manhood directly affect a woman's health. An analysis of the lifecycle of girls and women who suffer from gender injustice and poverty, particularly *extreme* poverty, shows that their entire lifecycle is beset with sexual and reproductive health-related problems at every stage (fetus-birth-girl child-adolescent-youth-adult), causally interacting with myriad other vulnerabilities (see the flow diagram exploring these issues from the critical SRHR research study). ARSHI's lens also acknowledges the diversities among men and among women (they are not homogeneous) and the need to also consider other social relations of power (e.g., ethnicity, class, religion, etc.) that shape their lives.[5] Hence, ARSHI's approach deepens the sensitivity towards SRHR as well as the understanding, analysis and action of different actors within a community through building knowledge around

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[5] This accords with the current thinking on the issues as reflected in this WHO report: Policy Approaches to Engaging Men and Boys in Achieving Gender Equality and Health Equity, July 2010.

gender, power, sexuality and masculinity.  ARSHI's two streams – one on health justice and one on gender justice – integrate these concepts to constitute an overall approach.

The other key premise is that SRHR and the exercise of greater choice for women and girls cannot be attained unless there is **engagement of men and boys** whose support is essential to creating the environment in which girls and women are able to exercise their choice.  This idea is backed by international movements on engaging men and boys in gender equality and a significant body of research on men's gender identities and masculinities that is far more scientifically based than before.[6]  Still, in international development programs, not all approaches that address gender equity adhere to the same level of commitment or attach the same importance to engaging men and boys. And, although it is less the case today, population policies and demographic research often focused on women as the unit of reproduction and as the target of contraception and sexual health interventions, leaving men aside.[7]

 In ARSHI, the engagement of men and boys is fundamental. It recognizes that men and boys live in social relationships, many with women and girls, and living in a system of gender inequality that limits or damages the lives of women and girls also degrades the lives of men and boys. This is particularly evident in the area of sexual and reproductive health, where the ill health or loss of life among women and girls directly impacts their families and communities. Thus, the improvements in women's health (and other life choices, such as schooling) bring about greater collective wellbeing for the community, and stopping violence against and sexual harassment of women and girls eludes a continuing victimization of the women *and* the men who perpetrate crimes and are brought to justice.

# Principles

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> ### Step 2:  Articulate principles
> That are specific and foundational to this model.  Without the enactment of these principles, the success of the model could not be assured.  These principles are additional to CARE International's principles (including do-no-harm), core values, and the UCP framework.
>
> A common denominator of principles for models that promote social change might also include:
> - Non-hierarchical team
> - 360° accountability
> - Continuous reflection and analysis

Any model or value proposition will be supported by a set of principles that guide the actions and behaviors of staff and other stakeholders engaged in the work. Making them explicit helps others to hold people accountable and contributes to an understanding of why and how the team makes decisions.

**ARSHI principles:**
These principles apply to ARSHI's entire initiative and not specifically to the set of practices around the engagement of men and boys.

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[6] U.N. Division on the Advancement of Women (DAW) with ILO, UNAIDS, UNDP.  2003.  The Role of Men and Boys in Achieving Gender Equality.  Expert Group Meeting, 21-24 Oct. 2003.  Brasilia, Brazil.
[7] Ibid., p. 16.

- Gender-transformative rather than gender-sensitive or gender-neutral
- Child sensitivity, safety and participation
- 360° accountability – inviting feedback from program participants, staff, partners, and all individuals or institutions who interact with the team
- Open and non-judgemental behavior
- A non-hierarchical team
- Do no harm
- Not re-inventing the wheel or duplication of efforts or resources
- No double standard – this is elaborated under "approaches," as one of ARSHI's preconditions for its team to work effectively with the community is being able to experience's one own transformation in relation to the transformation hoped for in the community.
- Ceding control to the communities – although this is also reflected in the "community-led" approach below, the process is progressive and the team must foster a relationship that cedes greater control to the community (or groups) and in all instances guards against dependency.

> **Risks**
>
> Even with a principle of do-no-harm, almost any initiative that is focused on social change is likely to create harms or negative effects unintentionally, as the tensions between groups, rooted in social inequities, are externalized, debated, and sustained. Agreements in the short term are only stepping stones to resolving the deeper issues that stretch over much longer time horizons. CARE has an obligation to uncover the unintended harms it produces and to take vigilant steps unabatedly to prevent the arising of new ones.
>
> All the principles above come with risks (e.g., child participation, gender-transformative work, soliciting feedback that may be negatively critical) of sparking resistance, backlash, and even rejection by the community; very often it is the tact and skill of the facilitator or team member that makes the difference. It should be noted that these types of risks are greater when social norms are being challenged and controversial or taboo subjects are at stake. Sexuality and gender inequality certainly fall into that category.

# Approaches

Approaches convey *how* the work is being carried out, rather than the what. They ultimately constitute the **factors of success** that are an integral part of the design of the model. Not only that, but if one approach is implemented in a sub-optimal fashion, it will weaken the effectiveness of the other approaches.

Approaches needed to conceptualized and then tested. Once the empirical evidence is available, it is good to reflect again on the approaches and make some judgment about the relative importance of each approach in bringing about the desired results.
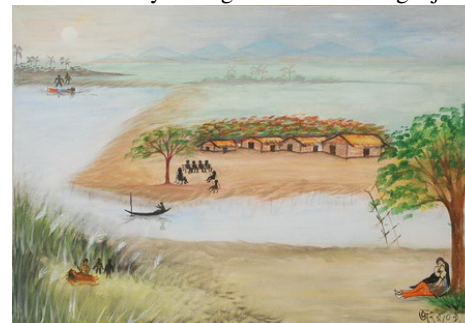
> **Step 3: Be specific about which approaches are critical to the success of the model**
>
> Generically, any model would have these as a common denominator:
> - A mechanism for self-critical reflection within the staff / team.
> - Being clear about who the target groups are that must be involved to achieve the impacts on the impact group. Almost always this means engaging the whole community.
> - A deliberate process for testing and observing the effectiveness of the approaches and becoming more aware of their level of importance.

- **The "mirror" of transformation** – ARSHI means "mirror" and by this it seeks to promote the notion of self-discovery and transformation occurring within the individual or through one's own experience. It further insists upon the transformation of its own team members as a qualification to facilitating the same transformation amongst community members. This is vital to the credibility of the team vis-à-vis the community and team members' ability to envision / recognize the desired changes in others.

- **Engagement of the whole community and "community-led"**: to be successful, this social change work calls for the engagement of men, women, boys and girls simultaneously to build the capacity of the community as a unit to take responsibility for resolving issues of gender inequality ⇔ health injustices. Hence the concepts of "**community-led total** social justice and change initiative" jointly with "**community-led total** social change initiative" (described below).

- **Volunteerism and activism:** in contrast to many conventional development approaches that offer monetary or other incentives to community facilitators, ARSHI sought to restore volunteerism and activism as the means for long-lasting social change, even at the cost of losing previously "hired" facilitators.

- **Adolescent- and youth-led social change**: it is believed that adolescents and youth **can and should lead** in catalyzing social change through raising their voices in the community, breaking the silence on harmful traditional practices and SGBV, creating solidarity groups, initiating a wide range of social action, and building broader networks. Facilitating adolescent- and youth-led social change flows from the development of leadership skills in boys and girls.[8] Moreover, empowering young girls and boys at a time in their lives when change is eagerly sought after is a window of opportunity.



At the National Adolescent Convention on Banning Child Marriage in 2010, ARSHI featured an artworks exhibition "Art for Life: Stories of Child Mothers," a collection of drawings, such as the one below, done by adolescent boys and girls from Sunamganj.

*Jahuruddin, Shurjasto O Kingbodontir Galpo (Story of the legendary sunset), Acrylic, 96 x 66 cm*

- The **culture, creativity, sports and heritage (CCSH)** approach is a principal vehicle for developing the leadership skills of adolescents and youth.[9] Girls and boys participate in returning to society the value of the arts and in particular the art forms that belong to their own cultural heritage (film, painting, drama, handicrafts, and music). Their artistic expressions are leveraged to expose harmful practices or advocate respect for mothers, for example, and these are a powerful means for adolescents to reach the gatekeepers in the community (primarily men and fathers). Games, sports and other recreational activities serve multiple purposes – to effectively offer youth a channel for learning about sexual and reproductive health in a friendly environment; to develop their leadership skills; and bring young people together in a safe space. The CCSH

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[8] ARSHI-ITSPLEY is contributing to the CARE USA "Power Within" Girls' Leadership Program.
[9] Further insight into the origins of the CCSH approach can be found under "The Core of the Model" section. On the one hand, the ARSHI team, which includes people with musical and artistic talents, shares a deep appreciation for the arts and for the preservation of Bangladeshi culture; on the other, it emerged, in their learning process with communities in the haor basin, that the unique cultural heritage of these people opened up an avenue for social change, powerful enough to counter some of their very own traditions and social norms.

approach dually facilitates the engagement of boys and girls in activities that are educational, empowering, and fun; and the engagement of men and women who as parents and community leaders must condone their children's participation (i.e., these activities will not succeed without parents' approval) and are a captive audience for the performances which "allow" their children to teach and be heard.

- **Demonstration effect**:  ARSHI uses a demonstration effect that includes role models in the community whose behavior change others may choose to emulate. For men, this may pertain to practices that are anathema to their traditional views on men's roles and masculinity, such as vasectomy as a form of birth control or sharing domestic chores with their wives. But it could also pertain to any action hitherto not taken by men that then sets a precedent to be followed. The dead mother rally is an example of this (see further).

- **Influencing through inspiration**:  the injustices that underlie the denial of women and girls' SRHR become the material used to move people's hearts and spur them to action. ARSHI's advocacy initiatives center around the real life stories of women, girls and also men and boys who have had the courage to go against their own social norms to support women or gender equality.  The creative capture of these stories renders the delivery of the message far more compelling to their target audiences.

- **Social analysis and action**:  ARSHI draws its understanding of social analysis and action from CARE USA's manual[10] on the process, as illustrated by the planning-action-reflection cycle to the right. One of the lessons ARSHI learned early on is the necessity to bring diagnostic and situational evidence into the first reflection meeting with the community, lending legitimacy to the proposition to probe culturally-sensitive reproductive health issues. The other critical piece is power analysis at union level to understand how the local political culture explains the extreme poverty of some.[11]  From this point onwards, once the community is engaged, their own process of exploring and analyzing the social factors that impact their health is then initiated. As will be seen in the next section, this culminated in the Community-Led Total Social Change Initiative (CLTSCI). The community dialogue is an important entry point for **engaging men** and helping them to see themselves in a supportive role to women who require SRH services.



- **CARE's empowerment framework**:  This framework on agency-structure-relations is used in empowering adolescent girls and adolescent boys through the formation of groups (or clubs) and a host of other activities / events. The agency of mothers (through mother clubs) is also addressed, through strengthening their knowledge of SRH. The framework signals the need to work at all three levels, as ARSHI has sought to do in different ways, and not to neglect structure or relations. Often, CARE projects have a tendency to invest the most in agency by building the capacity, skills, awareness, and



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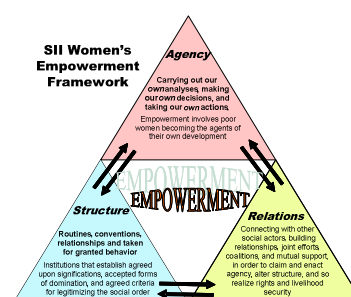
[10] CARE USA.  2007.  Ideas and Action:  Addressing the Social Factors that Influence Sexual and Reproductive Health. Atlanta, GA.

[11] ARSHI participated in the power analysis for the union of Moronerchar in the Birai upazilla as part of the Patsy Collins Trust Fund Initiative (PCTFI) situation analysis, focused on the education of extremely poor girls.  This analysis was not done everywhere in Sunamganj but at least surfaced the types of power relations which ARSHI was likely to find elsewhere. See Bode and Haq.  2009. *Political Culture, Accumulation Strategies, and Poverty in Sunamganj, Bangladesh*.  February.

leadership of its impact group; investing in relations through social movements, solidarity building, joint social action is still somewhat exploratory—and here ARSHI contributes importantly to a battery of ideas; and the investment in structural change, visible in the rules and institutions (tacit or formal) governing the culture, political system, and economy, can take many different forms but is inevitably a longer-term process of change. No matter how challenging, all three dimensions must be engaged.

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**Risks**

The above approaches are fraught with risk. There are challenges associated with each one of these approaches, all of which require social acceptance *parallel to* CARE's efforts to catalyze social change. ARSHI has numerous examples of hurdles it encountered and failed attempts the first time it tried to introduce activities for boys or girls (e.g., a sports event). Several forces are at play: (a) each community may be sufficiently different from the next that the same process does not work as well; and (b) the team progressively gains knowledge about the culture and the community itself, as it engages with them. As relations of trust with the community develop and the team learns from the community, the possibilities for change from within their particular context, even in the most difficult environments, begin to reveal themselves. Making good use of the analyses and studies will also mitigate the risks.

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## The Core of the Model

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**Step 4: Elaborate the "core" or inter-related set of practices**

- Begin with an explanation of the context (political, social, economic, cultural) and the characteristics of the place and population where the model has been tested.
- Explain the components and the logic between the components or practices. If there is a specific sequencing of steps, this should also be made clear.
- Define clearly the steps, tools and methods and include precision about the actors who need to be involved.
- Be clear about the hypotheses being tested, or if it is inductive research, identify how the lessons can be further tested.
- Provide the evidence base to explain the effectiveness of the approach.

The first part of this section asks:

***What are the characteristics of place and population important to the success of the model?***

The second part examines the core of the model or an **inter-related set of practices** carried out by the team in collaboration with others (program participants, partners, other projects, etc.). They are not a *menu* of practices; their specific combination and sequencing determine the success or outcome. If the question is asked of ARSHI, it can be formulated in this way:

***Is there an inter-related set of practices or a "package" that coherently demonstrates how to engage men and boys in promoting health and social justice for women and adolescent girls?***

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## ⚜ Understanding the Context

Understanding the particular context where a model has been tested is fundamental to ascertaining where and under what conditions a model will succeed.  If the project or initiative was set up as a pilot, then you will need to specify the variables and relationships being tested. These may relate to geography (e.g., hard-to-reach areas), characteristics of the population (e.g. economic and social disaggregation), and to a diversity of other contextual variables.  If the initiative was *not* set up as a pilot, then one should clearly identify the conditions under which the model worked well and did not work well in retrospect.  In either case it will be necessary to include in the design of the model the desired contextual factors for replication.



**Haor Hijol in Sunamganj**

In ARSHI's case, such an inquiry would have explored some of the following characteristics:

1. Does the homogeneity of the village population (ethnicity, religion, caste, poverty level) make a difference?  Do more homogeneous villages have better success?
2. Is it easier to start in less violent areas or perhaps more remote areas with more severe SRH problems or access problems?
3. How important is the role of a sub-district service provider or government representative as an ally or interlocutor?  Who are other critical allies to have (salish, schools)?
4. Are better off villages easier wins?
5. Where was it easier to find "ARSHI friends" and what does this tell you about conditions for success?
6. The vitality of the adolescent boys groups or girls groups – does this matter?  What about the mothers' groups?

What follows is an illustration of a contextual description, highlighting those factors that facilitated the uptake of ARSHI's innovations in analysis, action and advocacy.

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**ARSHI's Contextual Description**

ARSHI has been carrying out activities in half (42) of the Union Parishads of 10 Upazilas;  in 2009 ARSHI changed tact and applied a differentiated approach to concentrate specific activities in particular areas, based on a set of criteria.

This brief description of this region draws on the power analysis study done by CARE and a thematic study on the ARSHI project completed by Nielsen.[12]  By choice, ARSHI has been working in one of the most conservative, hard-to-reach, and least developed parts of the country, where 80% of the inhabitants are landless farm labourers.  Due to its unique geography, the 'haor' area of low-lying basins subject to prolonged annual inundation, leave people trapped in small but crowded 'hati' (small island villages) 7-8 months out of the year.  Two main rivers running through the district, the Surma and the Kushiyara, shift frequently, causing riverine areas to experience erosion and accretion, and tracts of lands to vanish and new lands to emerge. Lands near the confluence of rivers are particularly prone to flashfloods.

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[12] Brigitte Bode with Anowarul Haq.  2009.  Political Culture, Accumulation Strategies, and Poverty in Sunamganj, Bangladesh.  Done for CARE  Bangladesh;  The Nielsen Bangladesh. 2010.  Thematic Study of ARSHI Project.  Draft report, September 2010.

A land of extremes, the upazillas in Sunamganj have one of the lowest levels of utilisation of maternal health services in the whole country. The utilisation rate for adolescent girls is even lower, mostly due to the low functioning level of health services and the challenges in retaining staff and obtaining equipment and supplies for such remote locations. Repeated pregnancies and childbirth among women are very common, exposing them to obstetric risk and a host of other disorders. Due to high prevalence of early pregnancy, which poses multiple health risk for girls aged between 15 to 19, pregnancy-related complications is one of the main causes of death for adolescent girls.

Even though the 'haors' are one of the most productive agricultural areas in the country, the incidence of poverty can be reduced if efforts seek to address the unequal power relations characterized by elites who control access and use of the valuable water bodies ('haors' and 'beels' which are small ponds) and earn handsome profits from extracting fish.



MAP OF SUNAMGANJ DISTRICT

Economic poverty is only one of the causes of the widespread discrimination against women and girls to be found in Sunamganj. High rates of dowry; the social practice of girls moving to the husband's home, which leads to devaluing the potential of girls, as they may not care (economically and otherwise) for their elderly parents; the social practice of restricting women's mobility and thus their income earning power are important factors, many of which are based on patriarchal notions of what girls and women can and cannot do.
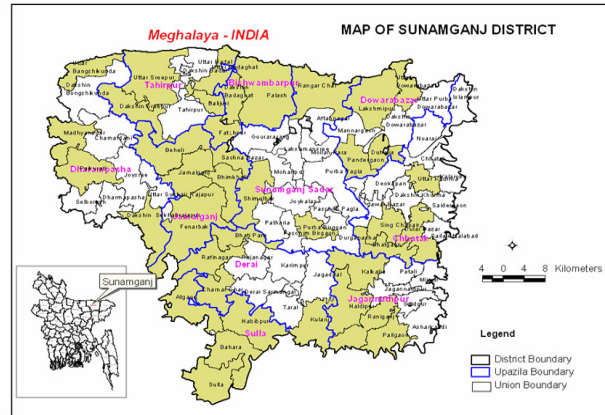
The majority of the Sunamganj population are followers of Islam (83.62%) with minorities of Hindus (15.95%), other religions (0.43%). In the Muslim community of Sunamganj the village's *gushti* leaders are powerful gatekeepers for women's and girl's free mobility within the union. This limits women's access to health and family planning services and girl's access to education. In the Hindu community, gender inequality appeared to be somewhat narrow and mostly shaped by economic realities. Unlike men of Muslim community, men of the Hindu community appeared to be relatively positive in terms of women's education and mobility. They seemed to be under the impression that irregularity of the education stipend distribution, lack of funds to purchase school materials and clothing, and lack of transportation, were the main reasons for the lack of girl's education, whereas, men from the Muslim community were more likely to adhere to the norms set by the elders.

While such information typically provides the contextual background for CARE's intervention, ARSHI was able to apply another lens that is in harmony with the value it places on art and the use of creativity. This helped the team to recognize and leverage the richness in the cultural resources of this area of Sunamganj known for producing some of the most renowned poets, musicians, writers, and artists of Bangladesh. The geographic area pertains specifically to the haor basin landlocked by India to the north, Sunamganj in the far northeast corner, (and moving clockwise around the basin), Moulvibazar, Habiganj, Brahmanbaria, Kisheroganj, and Netrokona. This is the land of legendary poets and musicians: the musician Ustad Bismillah Khan whose ancestors were court musicians and is famous for making the *shehnai* an instrument of classical music. Ustad Ayet Ali Khan, born in Brahmanbaria, is a renowned classical musician who also invented new classical musical instruments. Most of the legends of Bengali folk and baul music hail from this corner of the world, not least Kari Amir Uddin, Radha Raman Dutta. A long line of Sufi poets, such as Shah Abdul Karim,

Durbin Shah, Dewan Moshin Raja, Syed Shahnoor, Ghani, and Qari Amiruddin; and mystic poet Hason Raja are from this area.

Music, art, and drama are an integral part of the lives of the population and quickly became, with the capture of talent ARSHI sought and the deep appreciation for its value, a positive force in not only reaching the different parts of the community with messages on health and gender justice, but offering a ready outlet for individuals to express the injustices and the transformation they experienced.

One of the very palpable factors of success in ARSHI lies in the importance of working with and through the highly positive attributes of a culture, often found in their creative capabilities. Identifying these non-material resources that can be marshalled towards the betterment of the community, celebrating them, and allowing the community members to make their own moral critiques of "harmful" practices are more likely to penetrate to their belief and value systems. That is not to say that modern forms of messaging – sports or culturally-friendly print matter – do not also add value, if tested and proven effective.

## � The Components and the Logic

In continuing to use ARSHI's innovations in engaging women and boys in health and gender justice to ascertain what qualifies as a model, let us look at its components and where the logic is in how they inter-relate.

There is indeed an inter-related set of practices in the necessary engagement of men and boys in *all three* streams of activities below, buttressed by a continuous process of awareness raising.
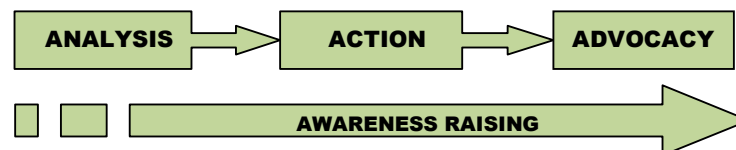


The **analysis** stream introduces information or knowledge for in-depth critical discussion, group analysis, and/or self-reflection; or it may simply raise questions that spur self-reflection, leading to internalization of key issues such as gender equity and SRHR.

The **action** stream are the actions and initiatives undertaken by men and boys, generally, but these can occur as part of the community as a whole, as members of adolescent groups, as groups of men or boys, or as individuals. Many activities are done jointly with women or girls. Activities done by girls or women separately are not discussed here but they are recognized as essential to the transformation of social norms and gender inequality.

The **advocacy** stream represents diverse forms of social movement at local, regional or national levels – campaigns, protests, signboarding, petitions, conventions, lobbying and influencing, and creating the material that will in turn be used for a broader movement for social change.

None of these streams is entirely separable from one another; they constantly weave in and out of each other in a participatory, learning and action (PLA) style. This is the case because ARSHI is constantly co-creating with the communities – introducing messages, facilitating dialogue and analysis, witnessing the response of men and boys, resourcing them to facilitate their active engagement, and nurturing the means for self-expression that best suits them.

The particular activities that fall under each of these columns can be found in Appendix 2.  In ARSHI's conceptualization, for social change to take root, some demonstration of men and boys' engagement in all three streams is indispensable.  Awareness raising, on behalf of men, boys and others in the community is an ongoing process of deepening the learning, assimilating the change, and broadening the awareness to others.

Returning to the question – *is this a model?*  - the answer is no because there is no one inter-related set of practices that constitutes a coherent whole;  there is no further stipulation beyond the recurring cycle of analysis-action-advocacy necessary for social change, of what *must* come under any one of the columns.  The six entries under "Analysis" are not conditional; they merely reflect the kinds of analyses undertaken in the ARSHI project to engage men and boys.

## Conditions for Scaling Up

CARE's criteria for a model go beyond principles, approaches, and an inter-related set of practices, as follows:
- ✓ has ownership broader than CARE
- ✓ refers to a body of verifiable, credible evidence that can articulate the scale (breadth and depth) of the change amongst the impact group
- ✓ involves building evidence, policy influencing, and broader leveraging
- ✓ offers a clear and unique advantage over other approaches, with demonstrated cost-effectiveness and added value that is recognised by others

Other criteria, drawing on the WHO and ExpandNet strategy for scaling up, are also worth examining as part of the review, with possible incorporation into CARE's working definition.
- ✓ Constructing an initiative as a pilot
- ✓ Observable
- ✓ Testable by others
- ✓ Being able to say what is the cost of implementing the model
- ✓ Clear on who the target audience is and their organizational requirements

> **Community Support System (CmSS)**
>
> The CmSS is a collective approach to establishing a common system at the community level for all members to access emergency obstetric care during a maternal emergency.  It is a neighbourhood-based forum that encourages everyone in the neighbourhood to join. Through a succession of projects focused on safe motherhood since 1999, the lessons and demonstrated success led to the adoption of the CmSS approach by 42 NGOs in 319 clinics by 2006. That is when JICA funded CARE to use their field evidence to influence government policies and practices; this became the Safe Motherhood Promotion Project (SMPP) (2006-2010).
>
> Between 2008 and 2010 a UN MNH project solicited CARE BD as an implementing partner in order to replicate CmSS in 10 subdistricts under Narail and Jamalpur districts. In 2010, with funding from JICA and CARE USA (TOSA and Google), it is now working with the Ministry of Health to develop guidelines and capacity building modules to scale up CmSS throughout the country.

This section will draw upon two other examples in CARE to see how the criteria can be applied – the CmSS model and COVAW.

- ✓ *Has ownership broader than CARE*

There is a clear case to be made by both initiatives. CmSS has been adopted by 42 NGOs and is now being mainstreamed into the health system at the Union Parishad level.  The national operational guidelines for Community Clinics have already incorporated the concept and process of establishing CmSS to be implemented through countrywide Community Clinic networks. The experiences of the

Community Support System are being used by MoHFW to develop capacity building modules for the community clinic management committees.

In the case of COVAW, the idea of calculating the costs of domestic violence is made ready for adoption through COVAW's development of a cost-analysis toolkit for use by a community.  At its 24 February (2011) meeting with the Citizens Initiative to Address Domestic Violence (CIDV), comprised of 30 legal NGOs, all members concluded by agreeing to use the toolkit in their working areas that cover all areas of the country.

- ✓ *Refers to a body of verifiable, credible evidence that can articulate the scale (breadth and depth) of the change amongst the impact group*

**Cost of Violence Against Women (COVAW)**

This is a research initiative that has investigated the social and economic costs of violence against women to individuals, families, communities and the state that can in turn be used as evidence to: (a) influence national-level policy makers to build a more enabling environment to prevent VAW; and (b) design a behavior and social change campaign aimed at a diversity of responsible actors. The research has highlighted costs such as health treatment, opportunity costs for neighbors and families to console victims and mediate disputes, convening a salish, and legal aid if an incident escalates.

The research is also aimed at increasing the understanding and analysis amongst civil society actors, communities, and government on the links between VAW and gender norms, practices and behaviors relating to marriage.

The quality and credibility of a body of empirical evidence is central to "selling" a model, i.e., being able to show why and how the model worked well and where it did not work well. Setting up an initiative as a pilot for testing will make this easier, but, oftentimes, good practices simply emerge during implementation; these too are legitimate material for scale up.

The evidence for the CmSS model mainly resides in the pre- and post-test with comparison groups of the Safe Motherhood Promotion Project (SMPP) that measured changes in:

**Pre- and post for intervention group**:
Ante-natal care and post-natal care coverage
Skilled attendance at birth
Institutional delivery
Met needs
Mode of delivery for last child
Knowledge of 2 danger signs during pregnancy, delivery and post-partum
Birth planning and newborn care

**Post-test intervention and comparison group:**
Ante-natal care
Institutional delivery
Skilled attendance at birth
Delivery by C-section
Knowledge of 2 danger signs during pregnancy

The results demonstrated marked improvements in all areas and a higher performance amongst intervention groups vs. comparison groups.  The introduction of the CmSS model increased utilization of health services and good health practices amongst client groups. Most notably, over the period of March to November 2009, the percentage of pregnant mothers sampled rose from 55% to 73%.

The evidence should reveal both breadth (#s of persons reached) and depth of change which could pertain to the impact on the health and mortality of mothers and children, as well as lasting adoption by the communities of the CmSS approach and its close integration with the health system.

COVAW produced very compelling evidence by its research on the social and economic costs of violence against women. What distinguishes COVAW is that the core of its model is the research; it is

not an intervention.  In that sense, it uses the research, in lieu of an intervention, to influence policy and behaviors at grassroots and national level.

Depending on the target audience, the evidence can range in level of rigor.  Generally, research-based policy change requires the highest level of rigor as would the discipline associated with the sector (e.g., health, education) if the aim is to change practice across the sector. Many donor organizations are now calling for random control trials or experimental design to assess the impact of development interventions. While no single method should ever be patently recommended, the underlying message is that more rigorous and credible evidence is in high demand. Policy makers will want the same before deciding to make a policy change.

If the target audience is the private sector, businesses may be more interested in the returns on the social investment than on the evidence of change; this has its own set of caveats.  A target audience of community-based organizations may desire evidence in the form of role models, for example, people who have adopted the practices.

✓ *Involves building evidence, policy influencing, and broader leveraging*

It is worth being reminded that in a program approach, CARE operationalizes its innovations in a particular geographic area where the impact group is concentrated but the intent is to effect social change for the entire impact group population. Scaling up a success is not practicable through geographic spread; there are more efficient ways to effect change at a national scale. This is why it is so important that models be conceived to be taken to scale.  Cogent evidence, a clear articulation of the steps for implementing the model, and the embeddedness of the model in society at large (validation within the socio-cultural context) are prerequisites to the model's adoption and/or influence at national level. The institutional environment for adoption is typically government but can also include the civil society sector and business.

The success of the CmSS in this regard is self-evident.  The leveraging occurs through the inclusion of the model in the Ministry's operational guidelines.

In the case of COVAW, the research influenced the government to include prevention in the Domestic Violence Act, having demonstrated the costs of running crisis centers, shelter homes, police involvement, amongst others.  It is also being used to pressure service providers to strengthen their preventive and curative services or to offer coverage where there is none. The evidence is used to influence multiple responsible actors – for the shalish to include more women so that the shalish is the first point of access for women victims of violence;  husbands to share domestic chores with their wives (one way this is done is through the use of the folk group "Kokila's Demands" to generate the dialogue). Most notably, the commitment of CIDV's members to introduce COVAW's cost-analysis toolkit into their working areas is the leveraging that will lead to greater impact.

In contrast, ARSHI primarily uses the case stories from its operational areas as leveraging, by translating them to posters, artwork, films, and other media for broader uptake. Left to "the demand" for its products, it is not as easy to predict the uptake and, therefore, the impact. However, ARSHI's  advocacy and communication tools are uniquely compelling. In reflecting on the demand for its products, ARSHI can contribute to CARE's understanding of what makes for a *powerful message*.

*Offers a clear and unique advantage over other approaches, with demonstrated cost-effectiveness and added value that is recognised by others*

CARE is least accustomed to demonstrating, with evidence, the advantage of one approach over another and rarely evaluates the cost-effectiveness of what it does. The precedent for this is described in the paper "Improving our Cost-Effectiveness: Taking Models to Scale and Demonstrating Value for Money" by Michael Drinkwater, putting forth the example of CARE Peru and CARE Nepal.[13] In Nepal, the CO developed an approach for empowering groups of poor agricultural labourers that led them to develop effective forms of solidarity and engage in strike action against landlords to improve their wages to be near or at the minimum legislated wage. In one geographic cluster, Janakpur, an annual increase in wages of over $2 million had been achieved, for an overall CARE investment in the same area of less than half this. This was achieved through a set of core methodologies and is now an approach used widely across the three geographic regions in which CARE Nepal operates.

In health, CARE would have had to show the return on the investment in the CmSS model using the same measures for impact, as compared with another approach. The return on the investment might be expressed in (a) cost savings in health care expenditures for families and for government service providers by using the CmSS model, as compared to not using it; or (b) the number of pregnant mothers reached through the CmSS as compared with another approach. Perhaps some other measure can also be envisioned.

There will always be greater cost-effectiveness when a model produces multiplier effects through the spontaneous adoption of the idea by others in proximity, a growing number of people (the impact group) making claims in defense of their rights, or the spillover of positive effects on women, say, to other marginalized groups. Powerful messages through the use of creative communication tools can also expedite uptake. The point is that large-scale impact can be achieved by investing less and paying more attention to the power or influence which a proven model has on decision makers, responsible actors, other rights-holders and potential adopters.

Demonstrated cost-effectiveness by itself will attract more funds, allowing CARE to expand its innovativeness beyond the one model.

The next section looks at how social movements play a potentially major role in shifting from localized "breakthroughs" in social change to broader impact.

## Social Movements for Achieving Greater Impact (a form of scaling up)

This section of the report investigates more closely some of ARSHI's advocacy tools or innovations and their relationship to catalyzing a social movement. Four of the higher-impact innovations are selected for illustration purposes: the Community-Led Total Social Change Initiative (CLTSCI), the dead mother rally, the sports events, and Art for Life. The other tools can be found in Appendix 3.

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[13] Michael Drinkwater. November 2010.

## ✴ ARSHI Advocacy Innovations

> **The Community-Led Total Social Change Initiative (CLTSCI) and the Community Management Support System (CMSS)**

> *"Among men it is very difficult to develop the eyes and heart through which they could see and then analyze their unfair actions and unjust attitudes that kept affecting others (mainly women) and themselves as well. Once this is developed, then they are in positions to change themselves and change others too." - Joy Dey, STAR youth activist*

The **CLTSCI** is a form of social analysis and action, engaging the whole community in analysis and reflection, leading to a commitment to action. That commitment then lends itself to community members, especially adolescents, holding others to account through advocacy, bringing cases to justice, forms of protest or local-level activism.

The process is described here below.

Preceding the CLTSCI is a community diagnosis that uses focus group discussions and in-depth interviews to explore the issues of:

• Maternal health/ SRH, especially changes during adolescence and in values, beliefs, customs, and the culture
• The inner causes of barriers/problems regarding the SRH of adolescents
• The health seeking behavior, concepts, and demand for services
• Local wealth or wellbeing
• The impacts of child marriage, early childbearing, family planning, dowry, violence against women and polygamy

While this information helped ARSHI to gain a broad picture of the SRH situation at community level and across the project region, it then sought a process that focused more squarely on building the capacity of each community to engage with the analysis. It also arose out of a realization by the mothers' groups and adolescent groups that the whole community and its institutions needed to be involved in addressing these problems. The CLTSCI is a committee formed after completing a set of participatory rapid appraisal (PRA) exercises. Since men tend to fill positions of leadership, such as the salish, imans, teachers, local government officials, they participated as did the representatives of the mothers' groups and adolescent groups.

**CLTSCI Steps:**

This process is community-led but one in which the ARSHI team plays a strong facilitation role.
• Identify co-facilitators from the community for this process, usually by conducting a transect walk.
• Plan the process with the facilitation team, which would include collaboration with adolescent and mothers' groups.
• This is conducted at village level in communities that share the objectives and have a trust relationship with the team.
• The dates and times for the PRA exercise (generally 3 days) is done in consultation with the community.
• The tools used in this sequence are:
  o Social and resource mapping is the first tool.
  o Well being ranking

- o Past population situation analysis of the community of the past five years to reveal vital statistics and demographic information (e.g., # of deaths, names)
- o Prioritization of the causes of unexpected death analysis by ranking and problem tree exercises. This includes an examination of "normal" and "abnormal" deaths, such as pregnant mothers, and the responsibility for the deaths. Picture drawing is used to analyze the preventable deaths of pregnant mothers. Deaths are tallied and ranked.
- o Analysis of actions that could have been taken to protect maternal and infant mortality and morbidity, through which the community becomes aware of the root causes for the deaths and what can be done to protect mothers, e.g., nutrition, non-discrimination, and non-violence.
- o A problem tree and causal analysis exercise on early marriages. Both causes and consequences are revealed (such as premature birth, family fights, complications during pregnancy, disability of the mother, separation, polygamy, chronic illness, morbidity, lose their dignity, generational effect).

- The outcomes of the PRA exercises are presented to the whole community and a discussion ensues. This is a **critical moment**, often a turning point for the community, when the collective examination of the evidence can be an emotionally-charged experience that motivates them to act.

- Ignition session – This is a public commitment to oppose the rights infringements that occurred and a committee to plan key actions and monitor repeat incidences.[14]

In some locations there are Community Support Networks (CSN) or platforms for community groups and support systems, such as the CmSS that becomes a vehicle for action. The CmSS provides financial and logistical support to pregnant mothers, especially for emergency/complicated deliveries, so they can get to the hospital/health centers. The CMSSs have also taken up social initiatives and prevented cases of early marriage, school drop-outs, and violence against women. They have also provided financial support to re-enrol drop-outs, especially girls. CmSS members have also attended Observation Days to demonstrate their opposition to VAW and serve as role models for others. The

> **Community Initiative for Repairing Kacha Rasta (muddy Road) in Chhatak Upazila**
>
> Around 3,000 people from 4 villages (North Khurshi, South Khurshi, Islampur and Rauli) could not easily access the one primary school, one junior high school, mosque and bazar because of a 500-metre long muddy road. It caused school going children, especially girls, to drop out, and those who did manage to reach the school had to change their dress after traipsing through the mud. It hindered women's mobility. Community people felt helpless in accessing essential and also emergency health care services for their family members, including newborn babies and pregnant mothers. After developing a Community Support Network between community groups and CmSS, the community leaders found that no government or NGO body was ready to help them. They resolved the situation themselves, through their own labours and funds. As many as 35 people contributed their support, out of which 21 provided their daily labour, and 14 provided financial support and they succeeded in repairing the road.

example in the textbox is an example of community mobilization to support girls going to school.

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[14] ARSHI Third Interim Report to the donor, March 2010. Workshop with ARSHI team, 2-3 March, 2011.

> ### Results
>
> At the end of 2009, the CLTSCI had been completed in 77 communities, all of which prepared action plans. Of these, 54 communities displayed signboards that declare their villages free from 'Early Marriage' and 'VAGW.' In these villages, there are now active community-owned and –driven protection systems in place, and commitments have been made to continue the activities after the ARSHI phase out (ARSHI 3[rd] Interim Report, 2010).
>
> The CLTSCI approach has proved to be an effective means for involving men especially in understanding and taking responsibility for the health and wellbeing of women and girls in the community.  It demonstrates their emotional engagement with the issues and willingness to prevent a repetition of past neglect, loss of life, or deterioration in the health of a woman or girl. The public declaration of child marriage-free villages gives community members, particularly young girls, a lever to hold the community accountable, but clearly is only one precondition for the elimination of the practice and a stepping stone in terms of men's mobilization.

1. To what degree does a team (ARSHI) external to the community involve itself in facilitating, encouraging, or supporting advocacy initiatives within communities that flow from the CLTSCI process?  In other words, what exactly does the team believe is the right thing to do and what has proved effective?
   a. Witnessing the initiatives and only intervening when support is requested
   b. Creating publicity around the advocacy initiative to give greater exposure, raise consciousness more broadly, and show support
   c. Link the initiative with other initiatives on the same theme (e.g., child marriage, VAW) to show they are "not alone" and encourage the creation of a critical mass
   d. Network formal and informal groups, such as adolescent groups, to give them a greater outlet for advocacy beyond their individual communities

Or, one could ask, when does an external team do a, b, c, or d and when does it not?

2.  How does a case of injustice become an opportunity for broader mobilization and protest?

There was an eve teasing case in one community that had declared itself violence- and eve teasing free. This was an active community (Jagannathpur) where some CLTSCI committee members distributed watch dog roles in spaces where eve teasing tends to occur. Adolescent girls and the committee were alerted about a person caught eve teasing and proceeded to take action.  In another instance, a Friends Club Society at community level, one of ARSHI's partners, protested against an eve teasing case by a school teacher.  They mobilized a large number of people around it, and communicated the incident to the police station.

   a. The two examples were community-driven. Is there any role for an external team that is witness to this form of activism?
   b. If so, what would be productive, with the aim of facilitating social change more broadly and deeply?
   c. What would be the risks to the population of an external team intervening in some way?

<table>
<tr><td style="background-color:green;color:white;font-weight:bold">Dead Mother Rally</td></tr>
</table>

The dead mother rally is an example of adolescent boys engaging in an unprecedented form of protest that inherently demonstrated a desire for change in the attitudes and practices that lead to the death of young mothers.  This is an idea the ARSHI learned from their cross-visit to India (the MASVAW project of the organization SAHAYOG in Lucknow, Uttar Pradesh) with the difference being that girls and not boys are the protesters in India.

*Dead Mother Rally, Fatehpur Union, Bisshambhapur Upazilla, 17 February, 2009*

The very act of deciding to carry through with it, particularly for the first group of boys in Fatehpur Union of Biswambharpur Upazilla, can be a significant change. The facilitation process was risky and it was a struggle to convince the group of boys of the idea (to dress in the white burial cloth and wear the case study of a dead mother), even with the prior agreement of parents and community leaders. Twenty percent dropped out after reading the case studies of 28 mothers who had died in the community in the past five years, young mothers who married early and suffered from neglect. Husbands who lost their wives described how this happened and how the loss affected their children.  The boys who still remained went so far as to try on the white saris and reneged, saying it would be too difficult. Moreover, the rally was deliberately planned for the afternoon between the noon prayers and the evening prayers.  At that critical juncture, the three toddlers recently orphaned by a young mother who died were brought into the room.  Although they knew about this case, their reaction was, "this cannot happen again," and the number of boys who wanted to participate doubled.

The rally took place on 17 February, 2009 in front of nearly two thousand adolescents, mothers, and community people.  The 28 adolescent boys stood still, wearing the white burial clothes as a symbol of pain, the tragic death of mothers, and social ignorance.

## Results

The dead mother rally was replicated in 9 more times in different sub districts of Sunamganj, which is an indication that once a precedent is set, the subsequent tries become more easily acceptable. Still, the process for facilitating this activity is not easy.

The merit of an exceptional event is the media attention it commands and the broadening of impact it has on the public's consciousness. The story of the rally even got *global publicity* when it was picked up by organizations working on maternal health in collaboration with the White Ribbon Alliance on New Age and Prothom Alo on Safe Motherhood Day (28 May, 2009). ARSHI made a documentary film of the event that amplifies its effects, becoming a "weapon for the movement to prevent maternal death." It was featured at the adolescent summit to ban child marriage (6 Feb 2010) and at a 3-day exhibition at the Bangladesh Sishu Academy. It was also presented in 4 men's fairs of 18 days duration to establish justice towards women in March-April, 2010 before thousands of spectators. It is now available as a poster, adding to the panoply of tools to spread the message.

To reflect more deeply on the dead mother rally as a form of protest --

5. Given that the rally was replicated several times, can it be confirmed that a "shock-effect" form of protest, the first time it occurs, has a stronger multiplier effect than other communication tools (e.g., forum theatre, composite fairs)?
6. Does it equally have a shorter lifespan?  In other words, once it gets repeated enough times, does it lose its shock effect and therefore its multiplier?  Do new shocks need to be re-created all the time?
7. What effect exactly does it have on viewers, beyond the shock and the felt injustice?  Is there any evidence of consciousness raising and social action, leading to further changes in behavior?
8. ARSHI has gotten a lot of mileage from the dead mother rally, using the documentation of the event to broadly disseminate the message and link to other efforts on banning child marriage.  Is the audience for this the public at large?  What is the thinking on targeting specific audiences?
9. Is there a vision or an action plan within the community that hosted the rally?  Does an external team have a potential role in this?

Dead mother rallies in the ARSHI working area have also taken place as part of a larger campaign that last for 7-15 days.  With support from ARSHI, these campaigns are initiated by project groups, YFEDCs (Youth Fun, Education and Development Centres) and Community Support Networks at the Sub district, Union or Ward level. The entire campaign includes a mix of cultural, sportive and intellectual competitive events, such as: blood donation drives, dead mother rallies, human chains in protest against maternal death and VAW. In many communities, these were followed up with activities organized by project groups and YFEDCs in collaboration with local leaders and other stakeholders.[15]  It would be interesting to know more about the strategies for further action by these groups.

The **Community Support Network** is meant to be a federation of youth leaders from adolescent groups. The aim is to build their solidarity, through the formation of a network linking groups at the union and upazilla levels so that they will increase sustainable community support for adolescent and youth rights to safe motherhood assistance and serve as a pressure group on service providers.

10. Who is driving the CSN?  If CARE's role in a social movement is to be "in the shadows" or work behind the scenes, what does that mean in concrete terms?
11. What are the effects of mass campaigns at sub-district level on awareness of individuals, households, whole communities, or the youth network? Where are the *new seeds* planted by campaigns?
12. Are campaigns consistently focused on the same set of messages relating to health and gender justice?
13. What is the multiplier effect of the publicity or media coverage of campaigns?  Is there any spontaneous action, for example, in surrounding villages where there has been less intervention by CARE or others working on the issues?
14. Are there partners or civil society actors that join in or help organize campaigns each time?  In other words, is there some semblance of an alliance?

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[15] ARSHI Third Interim Report to the donor, March 2010.  Workshop with ARSHI team, 2-3 March, 2011.

**Sports Events**


**Girls compete in a bike race at Biswamberpur**

ARSHI pioneered the **Sports for Social Change Movement** in Bangladesh in collaboration with a new project, **ITSPLEY** (Innovation through Sports Developing Leaders and Empowering Youth), the BKSP (Bangladesh Sports Education Institute) who provided them training, and the **Social Sports for Change Network**, which is linking youth groups and their sports teams to a broader movement to enable cross region (multi-country) learning and knowledge exchange through on-line platforms (see ITSPLEY vision).

Recreational activities for adolescents form a critical element in promoting leadership of girls and boys and bridging gender inequalities. It creates the space for young people to come together; builds their life skills and a team spirit; establishes neutral ground to introduce important information related to their life, health, future livelihoods opportunities; and forges positive relationships with one other as well as with adults in their communities. Most of all, sports activities set new role models whose examples contribute to changing traditional, patriarchal attitudes that prevent girls from engaging in sports, recreation and other social activities.

Through sports and the YFEDCs established by ARSHI, both boys and girls experience and validate the growing voice of adolescent girls and their capabilities in sports and other life skills, towards expanding the ground of recognition for the equality in girls' abilities and rights. The engagement of adolescents in sports and sport competitions is equally intended to transform the views of local religious and community leaders, parents and guardians to recognize the importance of inclusion of sports and play in the lives of adolescents and their responsibility in supporting their empowerment and self-development initiatives. The gender justice aim is to facilitate a gradual social acceptance of girls' engagement in sports, even beyond the school grounds under the tutelage of a coach, to allow girls to participate in competitions or excel in athletics. The sports competitions which ARSHI helped organized are mass events that mobilize a large number of people across communities. It has resulted in 8,300 prizes being awarded to individuals in Sunamganj. Mass events create wider exposure and are expected to have a higher impact on public consciousness.

In reflecting further on the social change potential of sports events, the following set of questions is posed:

1. Sports can be scaled up to teams and competitions across a wide area.  Is it ARSHI's expectation that this will be a means to link up and build a network of adolescent groups?
2. Is it ARSHI's intent to broaden social acceptance of girls playing sports through promoting girls sports at a *national* level to produce public images and precedents for change at different levels of society?
3. As a "social change movement," what is the social change desired?  How is it being framed?  Are there other intended means for how a broad swathe of the population will coalesce around the desired change?

### Art for Life

One of the most innovative advocacy tools ARSHI developed has to do with the valuing of art and culture.  It helped to develop an art exhibition that it expects will continue to "travel."  With a focus on child mothers, ARSHI, through a series of workshops, with the support of the Center for Research on Art and Culture (CRAC), gathered local artists from Sunamganj to illustrate stories of child mothers collected at local and national levels in an art form of their choice – drawing, painting, and tapestry.  Like the dead mother rally, the process for the local artists who read and reflected on the actual stories, was transformational.  It was the first time they used their artistic talents for a social change purpose. Their experiences are documented in the film titled "Culture, Creativity, Sports and Heritage" not yet released.
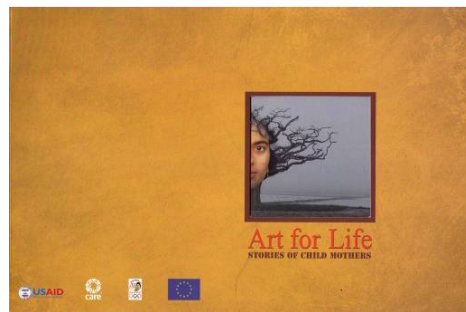
The intent of the exhibition, as well as films and posters, generated through ARSHI's resources, is to raise the consciousness of others beyond the local to the national level through inspiration – the depicting of real stories expressed through the art forms and styles of their own cultural heritage. As mentioned at the beginning of this report, in theory, the publicity received by remotely located, unknown, and marginalized people, some advocates and some victims of social or gender injustice,

creates a feedback loop from the national level (disseminating films or posters that depict their personal stories) back to the community that further strengthens their confidence, sense of pride, and resolve.  In it is an authentication process that honors and respects the stories of transformation and injustice of real people (and not numbers) and enables them to realize their power to directly influence others (a) by being honest about who they are, and (b) by displaying the beauty and quality of their own artistic expression, thereby, reviving and preserving a part of Bangladesh's own cultural heritage.



The impact of this approach to social change will not be known until the posters, films, and the Art for Life exhibit are disseminated and/or widely shared.  Questions that arise with this form of innovation:

1. What are the changes at the local level, for the people (and their communities) whose stories have been told?
2. How do these resources become *strategic resources* that are not just about raising consciousness, but arming citizen groups with powerful messages (communication tools) that will help further their cause?

## ✖ Summarizing ARSHI Strategies

Looking across the various techniques used by ARSHI to spur both action and activism, it is worth summarizing the strategies for change inherent in its panoply of innovations.

1. ARSHI professes to generate demand for its products rather than seek to design a dissemination strategy based on supply.  The same philosophy seems to underlie the way the team supports forms of activism or social action on the ground – to seed and let it go, unless support is requested.

2.  It discerns the potential for local actions – protests, campaigns, petitions, fairs, cases of redress – to have a greater impact and enables this by giving these events broad exposure through media or "documenting for change" in the form of films, posters, artwork, etc.  Secondly, the actual documentation extends the life of these events and with it the dialogue they generate on the issues.

3. Some of the impact lies in the "exceptional event," the shock effect, or examples of breaking with tradition. Is it in ARSHI's consciousness to sanction highly public events (the dead mother rally, girls' boat race, etc.) that break with tradition?  Is this an advocacy strategy?  If so, what might be the underlying assumptions (e.g., public instances, especially mass events or mass gatherings, that go against tradition facilitate or even quicken social acceptance)?

4. Very much related to 3. above is the notion of setting a precedent or a trend.  Even the sports competitions for girls are a potential trendsetter. The precedent – a case of violence being brought to justice, men protesting violence against women, etc. – can be used in different ways to create broader change:
   a. To highlight the *potential* for obtaining justice to inspire others to do the same
   b. To put pressure on the government, service providers or other responsible actors to introduce reforms
   c. To inspire others to change their own behaviors, at a personal level

5.  The one ARSHI strategy that has been highlighted more than once in prior sections is leveraging the attributes of a culture, in this case their rich artistic heritage, towards a social change agenda.  In Sunamganj, it lent to the advocacy agenda very effective communication tools or ways to deliver the message.

6. ARSHI supports advocacy that accomplishes two different things:
   a. A "blaming and shaming" or condemnation of a perpetrator that highlights an egregious injustice which citizen groups or a social movement can leverage to make their demands (for policy or systemic change) known. This is evident in the many cases of injustice brought forward in their art work, films, posters, and protests.
   b. A role modelling of men who exemplify the desired behaviors or admit their own transformation.

7. As mentioned above, the "feedback loop" between grassroots and national levels primarily through the use of case stories that make the situation of those whose rights are denied widely known.

The section that follows will focus on how to make the conceptual (and practical) leap from advocacy to the formation of a social movement.

## ✖ Linking Advocacy to Social Movements

To do justice to the ARSHI example, it is worth reviewing the experience of a small number of organizations whose thinking on social movements is more advanced than CARE's.  ActionAid is an international NGO comparable to CARE, very committed to a rights-based approach and having undergone fundamental reforms in the last ten years to make itself more accountable to the grassroots, indeed, to the marginalized populations whose rights it seeks to defend.  One notable difference, however, between CARE and ActionAid is its primary funding source is private (child sponsorship). ActionAid is driven by the political stand it takes on an issue and is not donor-driven.[16]

In its literature explaining its rights-based approach, ActionAid emphasizes the central importance of understanding power relations in a given society in order to build an advocacy agenda that consciously and deliberately aims at a transformation of inequitable power relations.[17] Because of the way inequities permeate the whole of public and private life, it can be easy to ignore some aspects of power and its influence over collective and individual behaviors. It is not enough, for instance, to focus exclusively on law and policymaking. Clearly, legal frameworks need to be more just and supportive of the rights of the poor and excluded.  No less critical, though, is to strengthen

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[16] Interview with Farah Kabir, Director of ActionAid in Bangladesh, 27 Feb. 2011

[17] Jennifer Chapman in collaboration and dialogue with Valerie Miller, Adriano Campolina Soares and John Samuel.  2005.  "Rights-Based Development:  The Challenge of Change and Power."  ActionAid Working Paper.  Prepared for the *Winners and Losers from Rights-Based Approaches to Development* Conference, UK.

the voice of the marginalized or excluded populations in decision making and acknowledge the role that people and community-based organizations play in sustaining the advocacy or policy gains.

This reinforces the vital importance of CARE's work at the grassroots level as a foundation on which to build a greater force for change. This is tantamount to the capacity building and empowerment of the excluded groups to raise their awareness; build their leadership skills; equip them with skills to analyze, plan, and act; raise their political awareness and build the solidarity amongst them that will give them the courage and the confidence to claim their rights. There are many ways to encourage people to identify and use their own sources of power - commitment, humour, numbers, political awareness, persistence, imagination, solidarity and song among others, in ActionAid's formulation.

Once signs of a social movement at community level become apparent, then the challenge is to connect them to other networks and coalitions at regional, national, and international levels. This increases their power, broadens their understanding of the denial of their rights, and fortifies their capacity to build more powerful alliances. ActionAid often positions itself to broaden the alliance representing the justice agenda for a particular population (e.g. women in Bangladesh on an anti-violence agenda) and invites others to join.[18] It acts to identify the resources or the scope for such an alliance. Once an alliance is in place, a breakthrough (in favour of redress) in one community will carry a lot more weight, as it reverberates through the alliance.

In returning to the ARSHI example, it can be said that their work has contributed to building a community's capacity to address the rights issues of health injustice, violence against women, and child marriage. It has helped mobilize communities to protest against rights violations and injustices. It has mobilized youth in particular to raise their voices and leadership skills, producing evidence of individual adolescents who took it upon themselves to hold others in their community accountable. It has captured the power of men's voices and support to the cause of both health and gender justice. Yet more clarity is needed, in understanding how effective are their advocacy innovations in preparing the foundation for a social movement advancing the rights of women and girls. This pertains to these areas:

1. Where there is concerted effort to **build solidarity** amongst and for the marginalized population. This seems to be the intent with the adolescent groups which further begs the question – is the focus on adolescents and their rights or on the rights of girls? Less clear is the role of the mothers' groups in solidarity formation for women or whether other existing platforms (EKATA) are being strengthened.
2. Where is the locus for men's engagement in promoting women's rights (or SRH rights)? What is the platform for joint action? Is the CLTSCI committee the platform? If so, how is it being strengthened to pursue social justice and sustain the gains? If adolescents are a pressure group, what is the forum where men, women, girls and boys meet on common ground?
3. ARSHI's mobilization and advocacy tactics have dealt with diverse forms of injustice – violence against women; early marriage and childbearing; sexual harassment against girls and women in the public sphere; unequal gender relations in the household; denial of the right to proper health care for mothers and girls; and all the rights encompassed in sexual and reproductive health rights. These are all valid and inter-related but as communities rally around one or the other of these separately, it becomes more difficult to envision a single cause as the banner of a social movement.

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[18] A good case study for the way in which ActionAid and a local partner facilitated a local campaign that became a national movement is the land rights of tenant farmers in Nepal. See Laya Prasad Uprety, Indra Rai, and Him Prasad Sedhain. 2005. *People-Centred Advocacy for Land Tenancy Rights in Nepal. A Case Study of the Community Self-Reliance Centre's Grassroots Campaign*. Working Paper 6. Advocacy Action Research Project.

4. Even when there is clarity around the single cause, such as violence against women, which has had a social movement behind it in recent years, it begs the question – what is the **constituency base**? How is it being created and shaped? And what do they know their agenda to be? And what is the end goal? These questions are relevant to any chosen cause.
5. ARSHI refers frequently to **"social movements"** taking place in its operational area. What is the assumption being made about what qualifies as a social movement? What is the difference between a community actively committing to banning child marriage and a social movement? What is the threshold for the critical mass constituting a social movement? These need further discussion and agreement within CARE.

Let us look at the example of one alliance, the **Shamajik Protirodh Committee, CIDV (Citizen Initiative to address domestic violence)**, that along with the **WE CAN Alliance to End Domestic Violence**, have been successful in achieving long standing demands to advance women's rights in Bangladesh. Their campaigning was effective in Parliament enacting the Domestic Violence (Prevention and Protection) Act on October 5, 2010. Farah Kabir was one of the activists who started the We Can End Campaign as early as 2001. Since 2004, the Campaign has been supported by **Oxfam GB.**[19]   Thus, the originating organizations were Oxfam partners who were working with beneficiaries that were ultimately the constituencies. They branched out to networking partners, such as SJA (Sylhet Jubo Academy), and then Jaintia Shinnomul Songstha (JASHIS)[20] and formed an alliance at national level to include those organizations with a national reach, such as ActionAid, BRAC, Proshika, CARE, etc., as well as donors and 39 organizations involved in combating VAW. The national alliance now consists of 500 members, with a national committee of 30 members from diverse sectors of society.

It was recognized that national-level organizations were good at the focus on CEDAW and the Millennium Development Goals but was not broad-based in its representation. In 2007, it initiated a campaign with the intent of creating a **social movement** that would no longer need Oxfam's backing and would be led by the national forum. What is interesting about their approach in how they engaged a constituency base. They 'recruited' **700,000 change makers** at the grassroots from among beneficiaries, students, youth clubs, educational institutions, and an array of other organizations. The change makers had the responsibility to create forums at local level and committees at district level to engage a wider audience (the alliance is active in 39 of the 55 districts). They do not receive funds from the national forum, but were given materials for use and for distribution. Forty percent of change makers are between the ages of 14 and 20. Fifty five percent are women and forty-five percent are men.

The WE CAN Alliance started small, supporting local campaigns or events at local level and then scaled up to organizing national events in 2007. In November 2010 it led a **16-day campaign** and also turned this into a big media event. The Campaign makes "the family" their focus and the issue being targeted is domestic violence. Thus, they seek to make it everyone's business.

**Steps towards Development**, a non-profit organization that was started in 1993 to address gender inequalities is a useful comparison to the approach of the WE CAN Alliance. It has a national platform called the **Gender and Development Alliance (GAD)**. Its strategy is also driven by the need for "reaching down" and "reaching up" – to individual activists working at the roots of communities, linked to local level NGOs and networks; and to national level policy makers. It strongly emphasizes volunteerism and the need to restore what the development sector destroyed in the 1980s and 1990s, according to its Executive Director.[21]

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[19] It operated as a "program" and not a one-off event and as a 'regional' program, covering six Southeast Asian countries.
[20] JASHIS was also an ARSHI implementing partner.
[21] Interview with Ranjan Karmaker, Exec. Dir. and Lutfur Rahman, Steps for Development, 27 Feb. 2011.

Their approach develops **social actors** to promote gender equality, all of whom, with their initiatives, form a mesh of networks. The organization puts a lot of stock in adolescent groups because they like voluntary work and are honest and committed to society. "They want change and do something new. We are capitalizing on that." Steps initiates the dialogue and discussion with them to identify where they want to see changes in their individual lives, families, and other institutions. So the initiatives stem from students, not teachers. Student volunteers disseminate messages to stop violence against women and early marriage through school programs and door-to-door campaigns.

A premise of Steps is that change begins with small initiatives. A program that began in 2010, the volunteers are active in 220 unions, within which 10 social laboratories are planned. At the end of five years, it is expected that people will take initiatives in their own environments at individual, social and institutional levels. This covers 440 schools of which 16 are a part of the social laboratories. By fostering collaboration between adolescents and the institutions, they are able to prevent cases of early marriage, increase birth registration, increase marriage registration, and combat violence against women. Invariably, these initiatives end in joint action between social actors, various committees, and local government institutions in response to the incidents. Results get reported in this way:

"*In 2005, a total of 491 initiatives were taken by social volunteers and of them 275 (192 in rural and 83 in urban areas) cases have been prevented with the active action of social volunteers along with local government. That means social volunteers were able to stop 56% attempts of early marriage.*"[22]

ARSHI's efforts to mobilize adolescent groups is similar, with the difference being that Steps social actors actually sign a Memorandum of Understanding with government administrations to collaborate in the prevention of early marriage, etc. to help implement the laws at local level. This can also happen with service providers in the areas where social actors are working. As such, their strategy is aimed at raising the responsiveness of local responsible actors.

But while Steps will argue that it can only create the *momentum* for change and expect *transformative* change to occur over generations, it has the strength behind it of four different collective platforms (one of which is the student volunteers) spread across 18 districts and 47 sub-districts. The other three platforms are: (a) civil society organizations who work under 182 collective platforms; (b) 191 local trainers' groups who, within different organizations, develop action plans to translate gender policies into actions; and (c) 182 collective platforms of women activists (5,319 women as of 2007) who take part in social development committees and village courts for redress of women's rights, in education monitoring committees, and local government.

Steps also has its own **alliance** of 42 women's and human rights organizations at national level who protest against violence against women. Presumably they also took part in the movement to pass the legislation mentioned above.

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[22] Steps for Development. 2007. Annual Report 2007. P. 13.

# Conclusions and Recommendations

## ✳ For CARE Bangladesh

In the assessment of CARE Bangladesh's operationalization of a program approach, Drinkwater and this author envisioned model development in operational areas progressing to influencing policy and gradually capturing a wider proportion of the impact group at national level.[23]
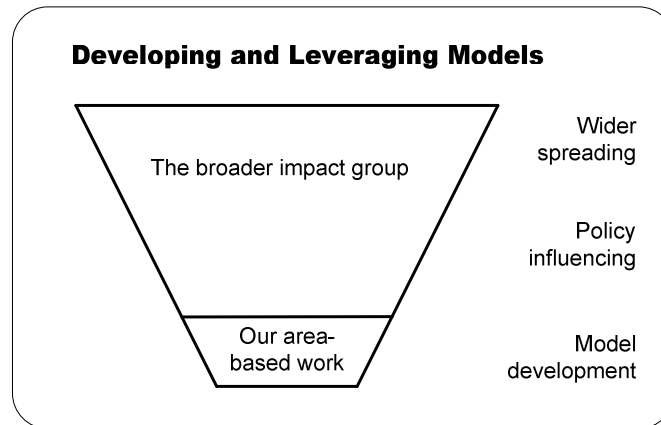


This representation still holds true. And the criteria elaborated above for what a model consists of should remain in use but open to improvement. Indeed, CARE Bangladesh should begin testing the steps in this guide with a view to developing a more definitive guide later, based on experience.

Now, taking into consideration the analysis of scaling up the work at grassroots level to the entire impact group, the diagram on the following page seeks to reflect the wisdom from the literature and CARE's experience; it encompasses model development, local-level activism, and social movement. It is meant to be *descriptive* rather than *prescriptive*.

There are *groups of actions* that fall into five major categories, in relative sequence:

**Grassroots development ⇨ joining forces ⇨ influencing ⇨ spreading ⇨ impact**

There are likely to be a number of things missing but it is a starting point for conceptualizing how to broaden and deepen the impact (on the impact group) through model development in combination with catalyzing a social movement(s).

What makes this conceptualization of scaling up distinct is two important characteristics of CARE's business model:

- The program approach that seeks impact, over a long time horizon, for the entire impact group population
- A rights-based approach grounded in an analysis of power relations

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[23] Michael Drinkwater and Mary Picard. 2010. "Documenting Programmatic Operational Models: Operationalizing the Program Approach in CARE Bangladesh. Reaching the Moon." Submitted to CARE Bangladesh December 2010.

# SCALING UP IMPACT FROM THE GRASSROOTS

**IMPACT**

The bigger breakthroughs

Shifts in social acceptance (of the desired social change)

Policy reform or legislative changes

Systemic change

Impact on larger proportion of the impact group

**SPREADING**

Broader awareness raising

Spontaneous uptake of the messages

Replication of the model

Proliferation of groups advocating for change

Adoption of ideas or practices

Dissemination of advocacy materials

Broad circulation of the evidence

**INFLUENCING**

Working through or with influentials

Leveraging resources

Lobbying for change amongst decision makers

Launching campaigns

Pro-agenda media coverage

Articulating demands for rights fulfillment

Using the evidence to influence D-makers

Using real stories (thru creative tools)

Acting as a pressure group

Raising grassroots voices through the movement

**JOINING FORCES**

Civil society / Private sector / Government

Relationship building

Creating powerful communica-tion tools

Alliance building

Coalescing around a common platform

Linking local with regional (district)

Exchange + sharing ideas (e.g. melas)

Social movement

Networking

Opening up the dialogue

Evidence building

"Connecting the dots"

Constituency building

Linking up initiatives

**GRASSROOTS DEVELOPMENT**

Break-throughs at community level

Precedent setting

Forms of activism

Rights-holders

Raising the voice of the poor + marginalized

Model develop-ment

Mobilizing communities

Solidarity building

Claiming rights

Duty-bearers

Social analysis and action

Leadership development

Empower-ment

Thus, CARE's **"grassroots development"** *must* involve empowering the poorest and excluded groups, building their leadership, voice, and solidarity, as well as enabling the exercise of rights-holders to claim their rights and responsible actors to fulfill their obligations. **"Joining forces"** should build greater support for their cause, bring others on board with an agenda for change, and increase their power through the growth of a critical mass. **"Influencing"** raises the voice of the poor and excluded (the impact group), allows them to make their demands known, and with the backing of a social movement, uses evidence, real stories, the media, and creative communication tools to influence, **"Spreading"** is a replication of the model, an uptake of the messages, adoption of good ideas or practices, a dissemination of the advocacy tools for greater use, and a circulation of the evidence. **"Impact"** is the policy reform, the change in legislation, a growing social acceptance of the desired social change, and major breakthroughs of the program.

These strategies for social change are not new to CARE. The challenge is to conduct them in a more conscious and deliberate manner with a view to being more efficient in achieving broader impact. Other **challenges** at this juncture include:

1. Paying closer attention to solidarity building at the grassroots level.
2. Becoming more articulate about how to build a constituency (and this does not imply CARE per se is doing this but is contributing in some way).
3. All the questions raised on p. 30 that relate to ARSHI but are also CARE's questions. It is difficult to envision a social movement as being limited to one community. This might better be seen as the *seeds* for a social movement. CARE should have a bigger vision of what a social movement is. Moreover, CARE should take note of the large-scale efforts and resources invested by Steps and the WE CAN campaign and think about what it takes to create a social movement.
4. It would behoove CARE Bangladesh to document the process by which the WE CAN campaign and CIDV, which some may consider a social movement around violence against women, successfully influenced lawmakers and continue to do so. As CARE has played an active part, it would be useful to articulate how it inserted itself, what it contributed, and the role it still plays. There may be much to learn from this experience.
5. Coming close on the heels of #3 is the issue of the advantaged position CARE plays in being in solidarity with an impact group and using it to foster their ability to gain power through a social movement. This may require extreme sensitivity and skill, given the risk of killing the spirit through interference, investment, and control. The ARSHI team chose to pull away from budding movements for this reason. CARE needs to figure out what its most effective tact is.
6. CARE needs to become specialists or "intelligence agents" about what others are doing that could further the cause of an impact group. It should be adding value to alliances (such as the GAD or WE CAN), other development programs, civil society actors, business ventures that all hold promise of advancing the cause. In other words, CARE does not have to refashion itself to do what Steps does; rather it should capitalize on the **social actors in 16 districts**. Surely CARE is doing some of this already; but it needs to do more.
7. A challenge for most organizations engaged in activism is the question of **measurement** – the less contained the boundaries in which one works, the more complex it is to measure the social change that is occurring at different levels. The tension between attribution and contribution is amplified by the engagement in activism with less controllable, predictable outcomes. This should first be acknowledged. Secondly, the caveat here is not so much about *how to measure* but not letting the measurement issue exert limitations on what CARE does or promotes.

## ⚓ For ARSHI and for CARE Bangladesh

1. First and foremost, in the viewpoint of this consultant, ARSHI is not a program; it is a team with vibrant ideas about how to formulate and package advocacy messages in powerful ways. It

would be of more value to CARE if ARSHI could play a role of contributing its approaches, particularly in the engagement of men and boys, and its creative thinking around activism and advocacy materials, to existing projects, initiatives, and the programs.

2. CARE needs to take a hard look at how **activism** fits into its business model. ARSHI's experience with activism generated a lot of material or 'food for thought' in this regard. How hands-off is CARE willing to be? How much does it need to shape, guide and influence communities towards a direction of change? Activism requires a deep sense of local ownership of the issues. ARSHI had taken a radical departure from "managing activities" to allowing volunteerism and grassroots-driven initiatives to flourish. But this can also seem irresponsible from a results-driven framework that also tries to control the pace of change. Letting adolescent groups that lacked energy or enthusiasm wither away is, to ARSHI, a way to build local ownership. It is unlikely that a project would allow that to happen. Is this good or bad?

3. CARE should use this report to deepen its understanding of the value and intent of ARSHI's approaches and tools, using the questions following each section as a guide.

4. All the creative ideas and communication tools generated by ARSHI, including those in the Appendix, need to be examined and re-evaluated from within a framework of scaling up, using the diagram above: **Grassroots development ⇨ joining forces ⇨ influencing ⇨ spreading ⇨ impact** as a starting point. To wit, how can CARE integrate these ideas from within a better articulated vision of how to scale up impact? This may actually then lead to the **development of a model** on how to use creative advocacy and communication tools to shape a national level advocacy agenda (through the appropriation of "real stories" and local advocacy agendas).

# APPENDIX 1
# LIST OF INTERVIEWS

**In CARE:**

Dr. Julia Ahmed, Manager of COVAW
Kalpana Rani, Manager of PROTIRODH
Anowarul Haq, Manager of FSUP and former Lead of SETU
Dr. Marufa Aziz Khan, PCTFI Manager
Dr. Jahangir Hossain, Director of Health Unit
Dr. Mehrul Islam, Head of PQ Unit
All members of the ARSHI-ITSPLEY team:
Md. Imtiazul Islam, Team Leader ARSHI-ITSPLEY
Md. Azizul Haque, Project Officer
Narayan Chandra Sharker, Finance Officer
Samshun Nahar, Project Officer
Farajduk Bhuyan, Project Officer
Shahidullah Ahmed, Technical Officer M&E
Baharul Alam, Project Officer
Nasima Khan, Project Officer
Md. Shabuddin Project Officer
Joint meeting in Sunamganj with:
Aloka Datta , Community facilitator in union in Jamalganj, FSUP
Salma Begum, COVAW, partner NGO, Derai
Nurul Goni Nazrul, PCTFI in Derai
Morsheda Begum, PCTFI based in Derai
Nurjahan, Community Facilitator, FSUP, Dowarabajar

**External Interviews:**

Dr. Anthony Klouda, Consultant for the ARSHI evaluation
Dr. Farah Kabir, ActionAid Country Director
Jinat Ara Haque, WE CAN End Violence Campaign
Lutfur Rahman, Director, Steps Towards Development
Ranjan Karmaker, Executive Director, Steps Towards Development

# APPENDIX 2
## ARSHI ACTIVITIES

| **ANALYSIS** | **ACTION** | **ADVOCACY** |
|---|---|---|
| Reveal and sensitize men and boys to the effects of their own behaviors that are directly harmful to women and girls and end by burdening and victimizing themselves as well | The whole community decides to stop SGBV;<br>Individuals and groups no longer engage in sexual harassment, inc. eve teasing (particularly by adolescent boys);<br>Boys and men monitor the incidence of SGBV in the community;<br>Boys and men create a safe environment to allow girls to go to school | Men and boys (separately or together) stage protests against child marriage and violence against women<br><br>Men participate in Observation Days, such as VAW Day<br><br>Boys especially participate in forum theatre to sensitive others on messages around harmful practices and gender inequality |
| Dispel ideals of manhood and womanhood that reinforce gender inequity and harms upon women and girls | Boys especially display respectful behaviors and attitudes towards women and girls | Adolescent boys' groups lobby in their community against cases of child marriage |
| Dispel ideas about gender roles that do the same | Men and boys share the domestic burdens with women in the household and demonstrating the positive effects of this;<br>Men and boys support girls going to school;<br>Fathers, boys (and mothers) promote and support girls' participation in sports and recreational events;<br>Boys engage in sports and recreational activities (some are co-educational, i.e., with girls) | Youth leaders of Adolescent groups network across unions and upazilas to create a federated structure<br><br>Adolescents (boys and girls) join with other organizations in national level conventions or campaigns against same issues<br><br>Boys and men share their own transformation stories on film (ARSHI) to be broadcast across the country |
| Dispel misconceptions about and increase understanding of reproductive health, sexuality and family planning | Whole community (through the community support network) organizes support for women and girls to access SRH services;<br>Boys are more caring and supportive of mothers and sisters;<br>Men support women in use of FP methods and share the burden of FP methods to limit number of births, esp. for young mothers | Men and boys share their own transformation stories and engage in dialogue sessions with others at composite fairs for this purpose<br><br>Boys (and girls) contribute their creativity to develop the posters, artwork, films, and other means to disseminate the messages |
| Increase understanding about the psycho-physical changes during puberty and their vulnerabilities during adolescence | The whole community breaks the silence on a taboo subject;<br>Boys take part in groups where the learning is centered;<br>Boys (and girls) develop healthy attitudes and practices on sexuality and reproductive health;<br>Boys (and girls) and parents undo cultural restrictions harmful to girls' health and wellbeing through their individual actions | |
| Reveal and sensitize men and boys to the adverse effects of specific social norms that directly affect the health | Boys initiate actions to prevent child marriage, early childbearing, dowry;<br>Whole community commits to ending | |

- and lives of women and girls (with knock-on effects)

- the same;
- Boys participate in sensitizing the whole community on these issues

# APPENDIX 3
# ARSHI TOOLS AND INNOVATIONS

<div style="background-color:green; color:white; text-align:center;">

### Forum Theatre

</div>

This popular technique is not new to CARE nor to organizations interested in facilitating social change, especially a change in attitudes and practices. It is well suited to use by youth, creating a unique space for them to challenge adults and different segments of the community. Because it provokes dialogue with the community, it begins to raise the profile of certain social issues (as indicated in the quote to the right), if they have not already been exposed through other media through ARSHI.

*"All the group members enjoy dissemination of knowledge and capacity through forum theatre and through the forum theatre we have made mass awareness among all the people in the community and as a result, the local administrators also appreciated us and helped us build a social movement for stopping gambling, drug use, banning child marriage, stopping eve teasing and all other male practices. Now our village is a model area and we also are the pioneer of the death mother rally. We are a transformed boys' group who are now good friends of girls." – Comment in response to "What group members enjoy by being a member." Evaluation of ARSHI, Mar. 2011, Klouda.*



*Forum Theatre being performed*

Forum theatre can be performed by children or adults (men or women) and on topics of their choice. One group of boys from a particular sub-district were trained in forum theatre and started performing to combat drug addiction and wife beating. These 20 boys then trained others from surrounding villages and began to tour a wider region but admitted it was difficult to get girls involved. They succeeded in borrowing a girl leader from another sub-district in exchange, at her invitation, to come and train youth in her area.[24]

In an area as culturally rich as Sunamganj, forum theatre is one of the creative arts that is liked and well attended.

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[24] Workshop with ARSHI team, 2-3 March, 2010.

## Results

Like the dead mother rally, one event alone can generate dialogue but not change. Forum theatre is one approach among a diversity of approaches to influence parents to allow their girls to continue their education, ban child marriage, stop drug addiction, etc. According to ARSHI's final evaluation, "The evidences collected during end evaluation study clearly indicated that ARSHI approaches like group and interpersonal meeting, CMSS, CLTSCI, counseling, drama, Forum Theater, film shows, school executive committee, guardian meeting, composite fair, etc. have been able to influence girls and their parents to rethink about continuation of girls with education, above all, restarting education by the girls who discontinued their education due to barrier from family and society, lack of security, poverty and conventional rules, regulations and misconceptions against girls."

Key to the success is in <u>not</u> paying a group for hire but encouraging adolescent groups to succeed by their own initiative and enthusiasm, reaping the rewards of recognition. The other advantage of this technique as a way of engaging men and boys is that it can travel and therefore extend the message. Engaging girls, however, is a challenge and will become a measure of progress, as it happens.

## 2. View masculinity differently and girls/women as human beings with the same rights

How do traditional images of manhood and womanhood change? Invariably, it means men and boys thinking and behaving in new ways and reshaping relationships with women and girls. That does not ignore that women's views of acceptable male behaviors and the ideal man and woman do not need to change to produce equitable relations.

> **Proverbs**
>
> "Girls with new youth all are good, be them beautiful or black."
>
> "Boys start growing facial hair and they go from house to house. Girls grow breasts and they roam with/within their own minds."

Reconstructing masculinities in SRH work is often tackled through increasing knowledge of sexuality and about a shared understanding of women's reproductive health. In ARSHI, the educational piece was being accomplished through the base groups (women, adolescent boys, adolescent girls) and a range of other activities that ensure outreach to men as fathers and spouses. Each of these activities makes a link between SRH (men's control over women's sexuality and being barrier to her reproductive health) and the consequences of these on the community, the family, women, men, etc.

The tools below are supplementary to a host of other SRH-focused work. They particularly aim to reach men, the most difficult category to reach.

## Snakes and Ladders Boardgame

The snakes and ladders boardgame is an ARSHI invention. Originally, the "small" version of the snakes and ladders game was a means for adolescents and youth to learn about SRH. It included

visuals on puberty, early marriage, dowry, family planning, menstrual hygiene, five danger-signs, three delays, etc. The games were introduced into adolescent boys and girls groups, mothers groups, fun centers, and schools in the community to raise consciousness, spark dialogue, and solicit people's opinions. The game became so popular that ARSHI decided to expand its scope, beyond SRH, to address masculine behaviors and patriarchal norms and to be able to introduce it into a larger community.


**Men playing snakes and ladders game**

For this purpose, a big floor-size snakes and ladders game was developed (10' x 10' space with 100 mobile pieces) through intensive field testing and drawing on the ground, before the choice of issues was finalized.  The 100 pieces can be split up so that more than one game can be played in different locations.  The big version is an outdoor game played on the ground and is intended for sensitizing men and boys to SGBV and other issues around masculinity. It compels them to analyze how their practices adversely affect girls and women.

At the composite fairs is a dedicated space for the men and boys to play the game. This is an easy way to engage men, and elders often take the initiative. Wherever it takes place, polarization in favour and against the issues ensues. The tension builds for some time and after some repetition of the debates, agreement is reached.  ARSHI has learned the value of the enticement of a recreational activity that converts to a dialogue and debate on social issues in which people participate at will. This is a very different way of reaching target audiences, e.g., different from the more traditional group formation which has its own limitations. This manner of working facilitates the initiative passing hands from ARSHI to others.

The game can be ordered from a brochure. Other CARE projects are using it. It has traveled to conferences on demand from UNICEF, government events, and other national fairs. It quickly becomes the center of attention at a mass event.  Its popularity is well evidenced.

> **National Competition on Exploring Men's Masculinities**

One of ARSHI's strategies is to organize national-level events, such as the "MEN:  Towards Exploring Masculinities" national-level competition to reach a larger audience, while generating art pieces – photography, painting, cartoons, poster designs, short films and creative writing  -- that can serve as a "critical knowledge bank and tool box" for further use and influence. 20 participants have been awarded out of more than 5000 participants for their outstanding expressions in different categories. In selecting the winners, a jury board was formed out of the renowned national resource persons and experts. The creative writing/art works show the process of masculine constructions being developed in 'men and boys' and 'women and girls' of all status how these forms are contributing in the creation/promotion of sexual and gender based violence, abuse and exploitations. This competition process has given ARSHI to form a set of existing and potential resource/creative persons who will contribute significantly in addressing hegemonic and violent masculinities in the country and beyond.  These individuals are coming from different part of the country and forming pools/space of advocates for the augmentation of engaging men and boys in creating a violence free supportive environment for girls and women.

One of ARSHI's recent innovations is a film titled, "Men: A Short Film," one in a series of 5 films to be released for public viewing. Besides the four documentary films, this fictional film developed in partnership with local and national level creative youth groups unveils the numerous ways in which masculinity as conceived in Bangladeshi society today is played out. The realities of sexual abuse of boys by men, eve teasing of girls, wife beating, discrimination based on sexual orientation, and male promiscuity are some of the harmful effects of accepted forms of male behavior.
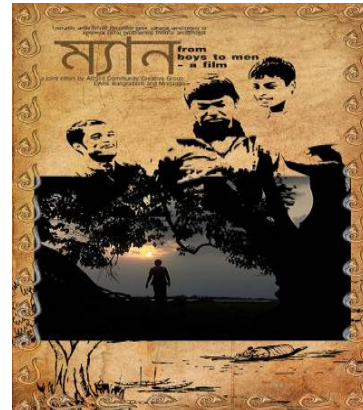
Cover of the film "Men: A short Film"

The 4 documentary films document the work has been doing. These are:

- Paralyzed:  Why banning child marriage? (Oshar)
- Mirror of Haor Heallth/ Community led Movement for Health Justice (Haor Darpon)
- The Missing Legacy: Art, Heritage, Journalism and Sports for Youth Empowerment and Social Change (Je Agun Chorie Galo)
- Men-led Movements for Social and Gender Justice (Purush-kar)

The effectiveness of this medium has not yet been tested, as the films are in the final review stage. The last documentary film listed is also very pertinent here as it demonstrates initiatives taken by men and boys against the abuses inflicted on women and girls. The documentary films use actual cases from the Sunamganj area as an evidence base of the injustices, the social initiatives being taken, and examples of change which communities and individuals are adopting in their behaviors and practices.

### 3. (for adolescent boys) develop a healthy view of puberty and practice safe and healthy behaviors

**Boys and Girls Groups**

Groups are a primary vehicle for bringing people together, initiating activities, and fostering solidarity for collective action. This has proven highly effective with women's groups that become the platform for women's empowerment, as CARE's own experience has shown. Group formation was ARSHI's central strategy for reaching adolescent girls, adolescent boys, and mothers to enhance knowledge on SRH; initiate positive changes in attitudes and practices on SRH; build essential life-skills; advocate for creating adolescent-friendly communities and services; and promote solidarity and understanding among the group members to take social initiatives to stop harmful social practices and promote good ones. Each group would undergo a 5-step group graduation process – group formation, knowledge building and developing, leadership development, dissemination and social initiative. These groups would become the core unit in the development of networks to drive greater and lasting change.

**Youth Fun, Education and Development Centres (YFEDCS)**

Adolescents in hard-to-reach areas like Sunamganj have little opportunity to acquire sexual and reproductive health information or life skills, especially about their pubertal changes and vulnerabilities. In 2008, ARSHI adapted the original fun centers in the CCSH approach, by adding sports activities, cultural and intellectual competitions, various transformative games and exercises, and campaigns in which they could participate. That is when they were renamed Youth Fun, Education and Development Centres (YFEDCS). 170 YFEDCs have been established across the 10 sub districts of Sunamganj. The centers proved to be effective in building adolescent awareness of life skills and SRH, nurturing their physical and mental abilities through playing different games, and also spurring social action.

**Film Screenings**

ARSHI contracted for the community-based mass screening (over 100) of 35 mm films for viewing in remote locations (in some cases, where people have never before seen a film). Social issues, such as RSH and education, are featured and shown before an audience of men, women, adolescents and other groups in a recreational atmosphere.

> **4. Share the work burdens of their mothers, wives, and sisters**

**Community dialogue sessions at composite fairs**

Dialogue sessions at composite fairs are created by setting up stalls and staffing them with a resource person from the community (and not a project team member) who would like to share with others his experience of change. These are the role models who create a demonstration effect. The practices being promoted are simple but exemplify non-conventional masculine behaviors, like sharing domestic chores with their wives, family planning methods for men, or combing their wife's hair.

The following are the broad topics that have been promoted at composite fairs:

• Men and boys' roles to (a) identify the areas free from child marriage and all other violence and discriminations against women or (b) to reduce VAW
• Men and boys' role to create equal opportunities in adolescents' games, sports, and education (esp. girls)
• Men's role to adopt family planning method and developing reproductive and sexual health
• Community people's effort to establish health justice and rights
• Men and boys' role in promoting adolescent and women's empowerment, SRHR, and family planning methods

*Games*
**(1) Snakes and Ladders**
This boardgame is an ARSHI invention. Originally, the "small" version of the snakes and ladders game was a means for adolescents and youth to learn about SRH. It included visuals on puberty, early marriage, dowry, family planning, menstrual hygiene, five danger-signs, three delays, etc. The games were introduced into adolescent boys and girls groups, mothers groups, fun centers, and schools in the community to raise consciousness, spark dialogue, and solicit people's opinions. The

game became so popular that ARSHI decided to expand its scope, beyond SRH, to address masculine behaviors and patriarchal norms and to be able to introduce it into a larger community.

For this purpose, a big floor-size snakes and ladders game was developed (10' x 10' space with 100 mobile pieces) through intensive field testing and drawing on the ground, before the choice of issues was finalized. The 100 pieces can be split up so that more than one game can be played in different locations. **The big version is an outdoor game played on the ground and is intended for sensitizing men and boys to SGBV and other issues around masculinity**. It compels them to analyze how their practices adversely affect girls and women.

At the composite fairs is a dedicated space for the men and boys to play the game. The team learned that this is an easy entry point to engage men, and elders, contrary to expectation, often take the initiative. Wherever it takes place, polarization in favour and against the issues ensues. The tension builds for some time and after some repetition of the debates, agreement is reached.

**(2) Barrier games**
This is a set of exercises that depict the life of a woman and the many barriers women face in society (e.g., household chores, wearing an orna, and uncomfortable clothes for sports). It can be done with men only or in mixed groups. One group of exercises relate to barriers to bodily movement, in which one group of participants experience the barriers and another group does not. This is followed by a dialogue about how people felt.

Like snakes and ladders, this game has made it possible to attract the sceptics who would not participate in other activities (e.g., meetings). By demand, every single village in ARSHI has conducted the barriers game, some more than once, and to the extent that groups have adapted the game and introduced a new set of barriers. Games are initiated independently of the ARSHI team and can be done in any setting – in one's neighbourhood or school, for example.

The elders in one village, belonging to another CARE project, shared with the ARSHI team that they had come to realize the extent to which women experience hardship over the course of their lifecycles. In this very remote and poor community where women were not allowed to go far, e.g., in order to seek treatment, the men have since arranged for a boat from a distant area to carry mothers to a health care clinic. It went further to create a social welfare club and a live blood bank.[25]

> 5. **See the injustice and harms of certain norms and traditional practices affecting women/girls first, then themselves, and then the lives of all in the community**

**Art for Life**
One of the more outstanding examples of the use of art and cultural heritage is the development of an exhibit on stories of child mothers created by young local artists and cultural activists with the assistance of the national organization, the Center for Research on Art and Culture (CRAC). ARSHI's aim was to stop the practice of child marriage. ARSHI developed an **Art for Life (AfL) catalogue** of the artforms (painting, photography, digital painting, sewing handicrafts, etc.) produced by local artists. It is used for advocacy purposes to highlight maternal mortality, morbidity, and violence against women and girls issues. The series has been exhibited a couple times already in Bangladesh (e.g., the adolescent summit in February 2010), and ARSHI plans to make it a traveling exhibition. This has been followed by a **documentary film** by ARSHI titled "Culture, Creativity, Sports and

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[25] Ibid.

Heritage" on the experiences of the participating artists and organizers.  This film has not yet been released.

**Adolescents' Participation in National Conventions**

In February 2010, DAWN Forum and NEARS (National Network for Ensuring Adolescent Reproductive Rights and Services), including 150 national and international organizations, organized a national youth convention, with the help of CARE and Action Aid Bangladesh. This was made possible through ARSHI's efforts to expand its partnership with each and every alliance and network working for young people, especially on issues of the girl child. Over five hundred community-based and civil society organizations joined together in the initial phase of the movement to "ban child marriage from Bangladesh."  On the 6[th] of February 2010, the "National Adolescents' Convention to Ban Child Marriage form Bangladesh" was organized at the Sishoo Academy in Dhaka.  At this event the "art for life" exhibition was unveiled.

The fairs are aimed at reducing gender based discriminations, injustices and violence through engaging men and boys.

**Objectives:**
- To consolidate all the remaining ARSHI interventions in to a composite campaign mode for creating a social movement under transformational strategy and totalization process for reducing gender based discriminations, violence and health injustices
- Composite fair will include capacity building of community and service providers, and advocacy process
- Develop an action plan taking in to account of the exit strategy of ARSHI

**Duration: 3-5 days**

Here are some the activities to be found at a composite fair:

- Stalls where a whole host of NGOs, CBOs, and partners, alongside 'champion' ARSHI groups and fun centers, can present their achievements and promote cross-learning
- Life skills and SRHR sessions for youth leaders and for strengthening groups
- Hosting intellectual or cultural competitions for adolescent groups (debates, impromptu speeches, individual acting, recitations, music, drawing, folk songs and dance) on numerous social, gender, and health justice issues
- Citizen solidarity and movement building in favour of citizen rights, reducing VAW, and other issues-based subjects through learning about marches, rallies, a human chain, simulation, games, exhibits, etc.
- A counselling corner for adolescents and women on SRHR, family planning methods, ANC, PNC, personal hygiene and nutrition, with the assistance of public health officials
- Presentations on community monitoring results
- Creating awareness on "mothers matter" and safe motherhood through dead mother rallies, human chains, posters (with adolescent boys and men)
- Forum theatre, video and film presentation to create awareness
- A blood drive
- Giving out recognition awards
- Sports competitions
- Capacity building for service providers on health justice
- Dialogue sessions
- Games