Structure

Women's Empowerment:

Agency ⟷ Relations

Strategic Impact Inquiry Research Summary

The Context: India is a culturally diverse country undergoing immense changes in a time of economic growth. In this context, CARE India has worked to engage women to spur development, initiate change and claim rights in a number of communities: from rural villages and tribal communities to urban sex worker districts.

The Projects: CARE India assessed multiple projects:

- **CASHE (Credit and Savings for Household Enterprise)**, which uses microfinance to promote women's decision-making and participation in the family and community;
- **STEP (Sustainable Tribal Empowerment Program)**, which aims to empower tribal communities in Andhra Pradesh by engaging them as active partners to assess their own needs and realize rights;
- **SAKSHAM (Strengthening Awareness Knowledge and Skills for HIV/AIDS Management)**, which worked with sex workers to empower communities and decrease vulnerability to HIV.

CARE India's Strategic Impact Inquiry (SII): With its missions to 'improving the status and social position [of] especially women and girls," CARE India engaged in the SIIs to assess its progress and improve its programming in women's empowerment:

- **For STEP and CASHE,** CARE India sought to learn how women defined empowerment, assess CARE's impact on women's empowerment and explore the study's implications on CARE programmatically and organizationally.
- **For SAKSHAM,** the focus shifted to sex workers and the dynamics between women's empowerment/HIV vulnerability.

The Strategic Impact Inquiry (SII) seeks to evaluate CARE's impact on women's empowerment. For CARE India's full SII reports, please contact: pqlibrarian@care.org.

The Methods: In the SII, each phase of the study followed a similar process, rooted in qualitative and participatory research.

YEAR 2 (CASHE)

- Four villages, 2 months
- **Context Analysis:** Historical, socio-economic profile of each selected site, examining caste, marital status, education, political affiliation, livelihood
- **Focus Group Discussions:** Project impact, institutions and women's empowerment (both internal and external stakeholders)
- **In-Depth Interviews:** Understand perception of project from non-participants, partners, CARE staff

YEAR 2 (STEP)

- Two sites, 72 households, 1 month
- **Demographic Analysis:** Historical, socio-economic profile of communities
- **Focus Group Discussions:** Project impact, institutions and women's empowerment (both internal and external stakeholders)
- **In-Depth Interviews:** Understand perception of project from non-participants
- **Participatory Analysis:** Team analysis of findings, emerging conclusions and lessons

YEAR 3 (SAKSHAM)

- One site, 240 Respondents, 7 months
- **Structured Questionnaire** (240 women)**:** Women's vulnerabilities and factors shaping them; impact of programs on HIV and empowerment; and the impact of empowerment on HIV risk
- **Focus Group Discussions** (10 groups)**:** Views on empowerment, SAKSHAM's contributions
- **In-Depth Interviews** (20 women)**:** Case studies on impact of project, empowerment
- **Key Informant Interviews** (12 respondents)**:** Views on project impact, changes
- **Quantitative Analysis:** SPSS
- **Reflective Process:** Research team reflection on participant responses

INDIA

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Women's Own Views on Empowerment:

AGENCY
Courage and confidence, self respect
Knowledge, awareness and skills and rights
Take care of health, protect self, freedom from violence
Ability to help others (*Chaitanyam*)
Leadership and assertiveness
Influence , problem solving and Decision-making capabilities
Identify own capacity and assert for the public good
Challenge derogatory and oppressive practices

RELATIONS
Effectively negotiate with others
Living in unity with others
Collectivization to influence community relations
Maintain harmony within the family

STRUCTURE
Gender responsive/sensitive governance
Social acceptance and recognition
Access to services
Space to challenge existing structures
Institution linkages
Rights on assets and livelihoods
Access and control over resources

Implications:

Insure inclusiveness across programming
- Deliberately seek to reach the most vulnerable.
- Build non-discrimination/equity within leaders.
- Participatory and inclusive processes must become core

Women's empowerment interventions must work holistically to affect agency, relations and structures in women's lives.
- Push for social change rather than support women to conform to tradition and reinforce negative practices.
- Build group capacity to conduct gender/power analysis and use solidarity for women's empowerment.
- Literacy/leadership training positively impact women.
- Self-help groups important for building women's agency and relations, but have little impact on structures.

Organizationally, strengthen organizational commitment and direction to mainstream gender in programs:
- Incorporate women's empowerment goals, indicators and interventions in project log-frames and proposals.
- Integrate gender/power analysis as a mandated activity from which programs are designed.
- Ensure diversity/gender balance of staff.
- Include gender equity in long-range strategic plan, HR incentives and staff training.
- Appoint gender resources and advisors for projects.
- Evolve new ways to manage the project, and track change and program impact around women's empowerment.

Impact on Empowerment:

	CASHE	STEP	SAKSHAM
Agency	Self-identity, confidence, mobility and ability to articulate needs Family income contributions and influence on expenditures Decrease in violence against women	Self-efficacy, confidence, assertiveness, knowledge Economic security and income Decision making (family, community) Improved health and education	Self-esteem, self efficacy Knowledge of HIV, vulnerability and health services Condom use with clients, not partners Feel they have helped others Pursue rights
Structure	Access to loans (though some took unhealthy measures to return) Higher status, but men's decisions final and women continue household chores Choices often conform to cultural norms (dowry, sex-based abortion) Exclude poorest women	Access to institutions (financial services) and political representation Access to markets and land Access and control over community resources(i.e. water) Influence education to involve community Decrease in child marriage and labor	Space for women to come together Expanded access to and quality of services/drop in centers Less sense of stigma against sex workers
Relati	More consultative decision-making Collective action to support other women and raise issues in village	Collective mobilization, mutual support and negotiation with leaders Negotiation with men in mixed groups	Sense of sisterhood, solidarity and support among women Ability to negotiate with police

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CASHE: Operating since 1999, CASHE works in rural areas of Andhra Pradesh, Orissa, West Bengal and Madhya Pradesh. To date, CASHE has reached 2.8 million women through 20,000 self-help groups. It supports the development of community-based women's microfinance federations and provides access to capacity building, identifies microfinance innovations and engages in policy advocacy at state and national levels.

The SII found that CASHE created conditions for women to move toward empowerment in household and community decision-making and influence. The project increased women's self-esteem and self-worth, instilled greater awareness of social and political issues and led to greater mobility for women. Through microfinance, women contributed to the household economy and gained bargaining power.

The study also found many project limitations against women's empowerment. Without an integrated approach linking credit to empowerment, there were few structural changes and women did not question the nature of gendered relationships. Many women mobilized to conform to cultural norms, using credit for dowry or sex-based abortion. Also, without a focus on inclusion, the most marginalized women remained excluded from CASHE.

STEP: STEP aims to target marginalized tribal communities in Andhra Pradesh. The project engages action learning with communities and partners to assess their own socio-economic conditions, prioritize needs and collectively work to fulfill rights. Central to the project is women's self-help groups. The project also supports community development activities, such as land and water management.

The SII found that this approach has impacted women profoundly through collective mobilization. In terms of agency, women have greater participation in groups, control over resources and decision-making, critical consciousness and understanding. Structurally, STEP has affected how the education system engages communities, forged a greater role for women at the local government (Panchayat) level and initiated community development processes. The use of mixed-gender groups has allowed women to negotiate more with men and project participants now take collective action and negotiate with local leaders. CASHE committed to women's empowerment from program design, implementation and measurement. STEP targeted cultural stereotypes against women's empowerment throughout its programming and trained staff to work toward gender equity.

SAKSHAM: The SAKSHAM project began in 2004 and works in six states of India to empower communities and decrease HIV vulnerability. The project uses community-led interventions to reduce HIV vulnerability among the most vulnerable: including sex workers, men who have sex with men, injecting drug users and truck drivers. In addition to providing accessible services, SAKSHAM also engages in advocacy to promote the rights of sex workers and other vulnerable populations at local and national levels.

The SII focused on SAKSHAM's work with sex workers. The study found that group solidarity from sex worker organizations served as a key driver that enabled sex workers to pursue their rights and reduce their vulnerability to HIV. From their involvement in sex worker organizations, women were able to help others – a key dimension empowerment they identified for themselves – by referring friends to drop-in centers and services and uniting to pursue sex worker rights. At the same time, while women felt empowered to increase condom use with clients, they were consistently unable to use condoms with partners. Many women stated that feared of abandonment prevented them from insisting on condom use – showing that in many cases women would risk their physical health for the love, trust and familiarity that their relationship with partners provides.

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