

# act:onaid

## Women's Rights Programme 2012-2016

### End-Line Report Summary



## About ActionAid

Overseas, **ActionAid Ireland** works in solidarity with the poorest and most marginalised women and children by giving them the tools and resources to improve their own lives. In Ireland, ActionAid is working with migrant women and girls and their communities to support them to reject Female Genital Mutilation/Cutting, through the AFTER project (Against FGM/C Through Empowerment and Rejection); this project runs from 2016 to 2018.

**ActionAid Kenya** is operational since 1972 and is present in 16 counties. The Women's Rights Program (WRP) was implemented through Local Rights Programmes (LRPs) that empower women and girls to claim and realise their rights. It focused on capacity-building of women and girls to challenge Gender Based Violence (GBV) and created a platform that enables them to actively engage in decision-making processes and leadership.

**ActionAid Malawi** is operational since 1990 and has implemented the WRP called UWAMA focusing on GBV and women's empowerment since 2012. It targeted rural women and girls living in poverty and exclusion while engaging men, boys, duty bearers at community level and other service providers (police, courts and social welfare offices) to strengthen their actions to influence change of practices, attitudes and behaviours, in order to enable women to realise their rights and improve their economic status.

**ActionAid Nepal** has been working on women's rights for the last three decades. AAN has implemented the WRP called SAKCHAM in Nepal since July 2012 aiming at enabling women's leadership. The project focused on increasing women's participation in national development strategies against Violence Against Women (VAW) and for economic empowerment.

**ActionAid Vietnam** began its activities in the poorest and the most remote areas of Vietnam in 1989. AAV mobilises and empowers the poor and disadvantaged people in securing their rights through capacity-building and collective voices to advocate and demand accountability from duty bearers and other development agencies in decisions that affect their lives. AAV implemented the WRP with a focus on GBV and women's participation in decision making.

## Programme Objectives

### Overall objective

To empower women and girls in target areas to enable them to break the cycle of poverty and violence by building strong economic alternatives, claim control over their bodies, raise their voice on all kinds of violence (physical, psychological and sexual) and participate in decision making on issues that affect them.

### Three specific objectives

1. To mobilise women and girls in target areas to challenge and reject gender-based violence in a supportive environment.
2. To engage women in influencing policies to improve the quality, equity and gender responsiveness of public services for people in target areas.
3. To support women to have greater access to resources, more control over their income and more time to engage in commercial activities.

## Main end-line strategic questions

The key areas assessed in the programme end line are outlined below:

- **Recognition of GBV as unacceptable** by examining attitudes around wife battering, equal opportunity for boys and girls to education, women's unrestricted mobility outside the home.
- **Freedom from violence for girls and women** at home/in the community assessed by examining their safety during the day and night; women's involvement in decision making/ability to express their opinion freely at home and involvement in any community activities without harassment.
- **Whether men support women's rights** by breaking stereotypes around gender roles, speaking up for women's rights at community level or boys speaking up for girls' rights at local schools.
- **Experience of physical violence by women and ability to report.**
- **Proportion of cases resolved in formal judicial structures** and **proportion of cases resolved through the informal traditional structures** in target communities including examining accessibility and satisfaction levels with these processes by women and girls.
- **Women in decision making positions in the community and their level of influence**, if involved in activism to protect rights.
- If women **influenced changes in policy/practice** through governance and budget engagement.
- **The resilience of women's groups** examining if they have meeting places, adequate funds and family support or if they have experienced any backlash due to their involvement in women's rights work.
- Whether **women generating income** through the project **contribute to household income** and examining who decides on use of such income in the home.
- Whether **women's time on unpaid care work** increased or decreased in the last five years and if any decrease is attributable to flexibility in gender roles or investment in public services etc....
- **Relevance of the project** in addressing beneficiary needs and compliance to government policy.
- How **sustainable and replicable** are the programme results after donor funding is curtailed, what local capacities were built through the programme.

## Methodology

### Process of data collection and entry

Among all four countries a mixed methods approach comprising cluster, purposive and convenient sampling methods were employed in the end-line study. This approach facilitated the use of participatory methodologies for ownership as well as validation of collected data. The WRP end-line study used the tools outlined below to collect data:

- Focus group discussion guide
- Key informant interview guide for ActionAid project team members
- Key informant interview guide for WRP implementing partners
- Household survey questionnaire
- Literature review on GBV and women's economic empowerment; male involvement in fighting GBV and studies on attitudes of wife beating

## Data management and analysis

Identified **local interviewers** were trained on **end-line evaluations, quasi-experimental evaluation design, study methods, tools, strategies for data collection (sampling, ethics, and procedures) and data compilation**. Trainings to build capacity of interviewers were also provided to avoid bias and ensure adherence to external evaluation principles.

A **discourse analysis** method was applied to analyse qualitative data. This method involved categorising issues according to the key themes from the programme and recurring from respondents through Key Informant Interviews and Focus Group Discussion as well as reviewed documents. Quantitative data was compiled using **statistical software**.

To interpret this data, analytic comparison and counterfactual analysis were used:

- **Analytic comparison** carries out systematic comparisons between baseline situation and the end-line study (including qualitative information as narratives and discourses that helped to explain changes identified through analytic comparison).
- **Counterfactual analysis** seeks to establish what the situation would have been in the absence of the WRP intervention and then comparing it with the situation at the time of the evaluation. It contributes to disaggregate total change and identify what could be reasonably credited to the WRP.

## Limitations

- A lack of a systematic baseline posed difficulties for comprehensive *before-and-after* analysis of the WRP actions.
- The yes/no responses of the previous WRP baseline study and the general silence of women on VAW/G during the baseline meant that the study teams were limited in their ability to assess the changes and impacts achieved by the WRP.
- Data collected from service providers is not purely as a result of ActionAid's or WRP interventions given that there are other actors within the same environment. Thus, some of the secondary data used in the study is not verifiable.
- Notwithstanding the importance of a control group for attribution purposes, there were technical and ethical challenges related to entering communities that had never benefitted from the WRP interventions (control groups) where the study team had no leads to be linked with the target population. Nevertheless, the study team used their own social networks to gain community entry.

## Main End-Line Findings

### 1) The perception about Gender Based Violence (Indicator: Women and men in target communities that recognise GBV as “unacceptable”)

All four countries have shown great advances in rejecting Gender Based Violence. At the start of the implementation of the Women's Right Programme in **Kenya**, 62.5% of the respondents recognised GBV as unacceptable. At the end of the five year programme this number increased by 22.5% to reach 85.5%. Concerning the opinions about Female Genital Mutilation (FGM), the respondents in Kenya were largely in agreement that FGM is not an acceptable practice (87%) and does not help to nurture girls to become respectable wives (88%). 87% agree that FGM is a very harmful practice with lifelong health damages and violates women's rights and just 16% agree that

is still a common practice in communities. Moreover, 57% agree that there are community elders, men and boys who champion the abandonment of FGM. 61% of the respondents have the perception that there are emerging anti-FGM champions and role models in communities.

In **Vietnam**, the survey asked the individual respondents to apply a “agree-disagree” scale (Totally Disagree – Disagree – Neutral – Agree – Totally Agree) to several viewpoints (see Figure 1). By the end of the programme, it is nearly 100% of the 2,033 research respondents in Vietnam confirming that violence against women is unacceptable.

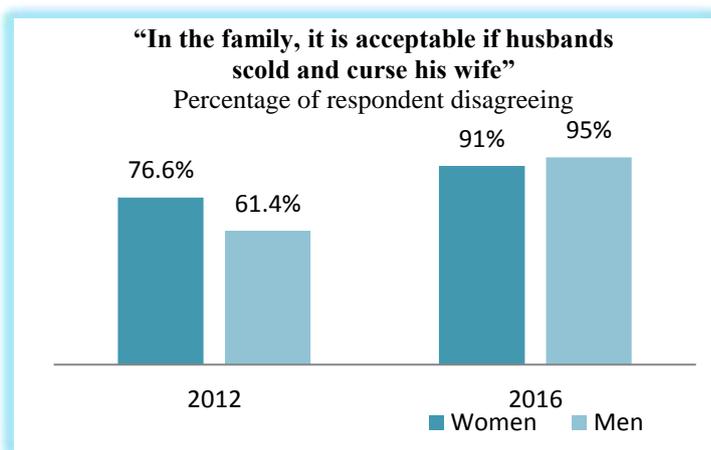


Figure 1 (Vietnam)

The end-line study in **Malawi** established that 97% of the respondents recognise GBV as unacceptable. Only a small percentage, 14% in Salima district indicated that GBV was acceptable. In comparison, the study registered that 47% of the respondents in the control group indicated GBV as acceptable.

The study in **Nepal** found that 92.8% of women in the treatment group considered GBV unacceptable while 81.9% had the same perception in the control group. Moreover, there are 91.4% of women whose husband and family member consider GBV to be unacceptable in the treatment group against 77.7% in the control group.

With these figures, it can be said that the WRP at global level has contributed to increasing the level of awareness about women and girl’s rights, improving the understanding about various forms of GBV and growing the tendency of women and their families to find GBV as unacceptable. More than 90% of the women and men surveyed in the four countries disagreed with any form of GBV against around 50-60% average at baseline five years ago.

## 2) Individual behaviours about reporting cases of VAW/G (Indicator: VAW/G cases reported & resolved by Standard Operating Procedures or customarily)

This evaluation in **Kenya** found evidence of increased reporting and follow-up of cases on VAW/G by women’s rights movements and increased support by several line ministries and institutions providing VAW/G related services such as the Police, the Judiciary, Children’s Officers and Health Service Providers (see Figure 2). This trend has been similar in **Malawi** (see Figure 2).

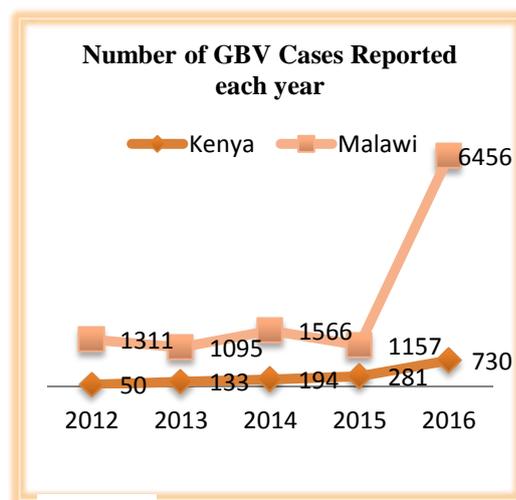
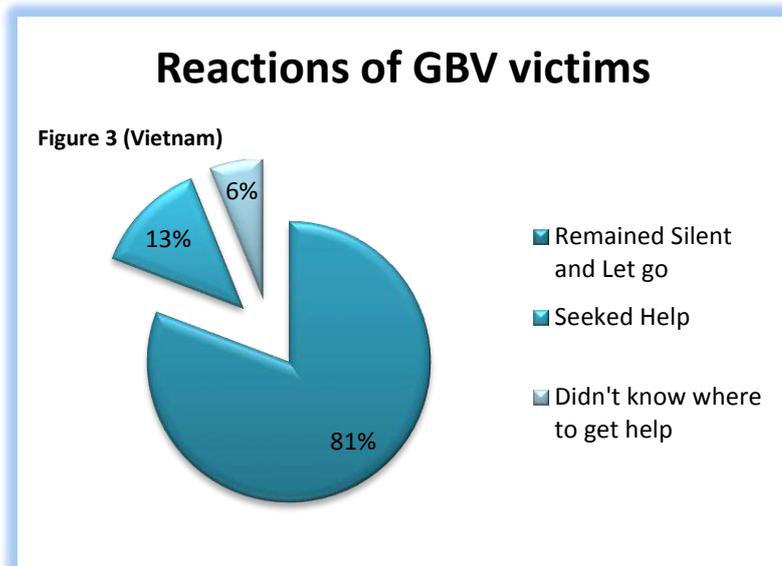


Figure 2

As for **Vietnam**, at baseline (2012), 18.1% (50 female) out of 276 female participants in the survey have been insulted/assaulted by husbands/men in the last five years. In the Vietnamese context, direct reporting is not the best practice if there is any conflict or violence within the local population (see Figure 3). People always keep it to themselves and try to solve the conflict within the family first before bringing it up to local groups if needed. Reporting to local authorities was seen as a last resort. However, thanks to the WRP we witnessed an increase in the number of cases being reported, in one year, between 2014 and 2015, there was 367 more cases reported (453 in 2014 against 820 in 2015).

Concerning **Nepal**, we are able to compare between control and treatment areas and see an incredible difference with only 13% of women in control areas who stated that they reported all types of violence whereas the proportion of women in treatment areas was 43% in 2016. Even if this number remains quite low, we can see the benefit of the WRP over the five year period. Furthermore, a higher rate of sexual (23.3%) and psychological violence (60.8%) was reported in treatment areas compared to the control (10% and 34.2% respectively).



### 3) Knowledge about GBV and women’s rights (Indicator: Women trained on gender equality, women's rights & laws protecting women)

One of the key strategies for ActionAid’s WRP in **Kenya** was to increase the awareness on laws and policies protecting women and girls from violence. This knowledge ensures that women and girls can claim and defend their place both in private and public spheres including participating in decision making at all levels. The WRP in Kenya has provided direct training to 1,750 women on laws and policies guarding against VAW/G, exceeding the target of 800 across the implementing LRPs. Although discussions with key informants and within focus groups revealed good understanding of the existing laws and policies, the household interviews revealed otherwise: only 17% of the total respondents were aware of the relevant policies. This indicates a gap in the knowledge among the targeted communities. Efforts should be made to continue educating community members and strengthening women and girls’ movements and forums and local leaders as guardians of such policies at the grassroots level; this will be addressed in the next phase of the programme.

In **Vietnam**, the programme had a really large impact on the community (see Figure 4). At the start of the programme, Vietnamese women were usually not confident in politics and social activities. With the programme activities, they felt that they were provided with deep and detailed knowledge of policies on public services and gender equality.



Figure 4 (Vietnam)

In 2014, **Malawi** combined all the previous community mobilisation approaches with REFLECTION ACTION<sup>1</sup>, they started by training 40 women on Empowerment, Solidarity and Campaigning. After this, the trainers in turn conducted

<sup>1</sup> REFLECT is a participatory approach to learning, action and social change and is aimed at creating spaces where people feel comfortable to meet and discuss issues relevant to their lives. It is geared towards improving meaningful participation of people in decisions that affect their lives, through strengthening their ability to communicate.

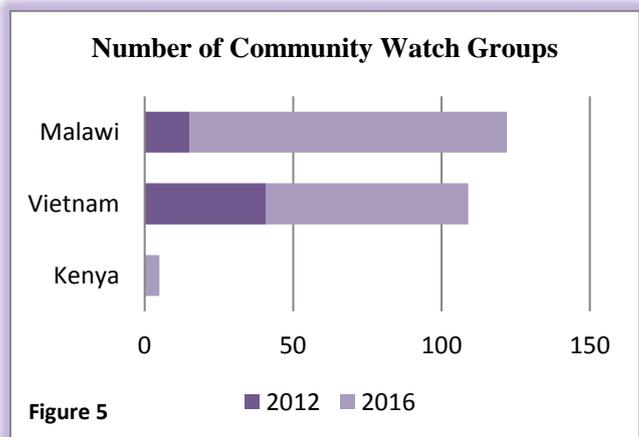
district level Reflection Action training for their respective community based facilitators in all the districts, a total of 205 in all districts. At the end of 2015, owing to these community based approaches, there were 26,947 people (women and men) who had participated in community sensitisation programmes on women’s right and gender related laws.

In **Nepal**, a large proportion of respondents in treatment areas reported that they have participated in training on women’s right issues (82% for treatment compared to only 10% in control) and also confirmed that they took such training during the last four years while the programme was under implementation (98% in treatment and 70% in control). Significant change has been seen compared to baseline assessments where the level of information about the mentioned women’s rights rated 1.85 on average (on a scale from 1 to 5, 1 no information at all and 5 fully aware). A similar assessment was done at Medium Term Review (MTR) where the average rate was 1.74 in the control group and 2.96 in the treatment group. Women reported higher ratings for their knowledge on various topics such as women’s rights and civil rights at the end-line. Specifically, the increase in level of awareness about property related rights rose to 3.87, rights to women’s identity 3.79, rights to report violence and get prompt decision 3.74 and women’s right to participate 3.73.

#### 4) Communities behaviour in regards to GBV (Indicator: Community Watch Groups - CWGs- strengthened in target LRPs)

In **Kenya**, no support or watch group on GBV was in place in 2012 (see Figure 5). The WRP set a target of four community watch groups to be in place by the end of 2016. The target was reached and surpassed with five active community watch groups. The network members developed and

executed plans geared towards women’s empowerment and response to VAW/G. However, the women’s rights networks seemed to have limited capacity to engage effectively and influence policies and programmes. The study in Kenya discovered that 60% of surveyed women found it difficult to have links with local women’s networks and Community Based Organisations for easier access to key services e.g. health, education, security, agriculture, livestock etc. This is another pending challenge to be taken into account within the activities of the WRP in the next phase as the need for support from the CWGs far outweighs their reach.



In **Vietnam** group discussions (with CWGs) is a good space for the local women to meet at least once a month and talk about their community issues and their own personal issues. Women can share their issues privately or publicly depending on their situation. They meet and together develop the common plan for their community on different areas such as domestic violence, livelihoods, and children’s education among others. The facilitators or group heads were trained with knowledge and skills to lead the discussion. In 2016, 68 of these groups were in place (there were 41 at the start of the programme).

In **Malawi**, Community Based Educators (CBE), CWGs and paralegals are sometimes led by men. Their involvement in the WRP has allowed them to speak up for women’s rights. They conduct sensitisation meetings, trainings and facilitate REFLECT discussion to propagate women’s rights and their protection. In terms of numbers, there were 107 CWGS strengthened and formalised in 2016 against 15 at the end on the first year of the programme.

Women’s groups in **Nepal** have played an essential role in increasing women’s awareness against VAW/G and providing support in solving cases of violence. Networks of women inside the

community have been instrumental in changing women's attitude towards violence and providing moral support to the survivors. Women's groups were involved in resolution of conflict as well as facilitating legal complaints. As the members of the women's groups are locally based, they are aware of GBV occurring in the community as well as the causes of such conflict.

#### **5) Communities capability to respond to VAW/G (Indicator: Community leaders & teachers trained to respond to VAW/G)**

The WRP in **Kenya** has built the capacity of 2,022 key community leaders and line ministries on VAW/G. The police, local government administration, teachers, judiciary, health service providers, children's officers and other community leaders have all been equipped with skills for effective response to VAW/G. Key interviews held with some of these service providers revealed increased reporting, follow-up and prosecution of cases of gender-based violence as a result of partnerships and collaborations among the stakeholders involved. However, some service providers indicated that additional training was required.

The schools within project areas in **Vietnam** have received direct benefits for improving infrastructure, school counselling centres, pupils and teacher trainings related to GBV and women's and girls' rights, library equipped with books related to sexual and reproductive health, protection policies for children and girls etc.... Teachers were trained to operate the school-based counselling centres. They learnt soft skills to work with children and new methods to build up trust. In total, within the five year programme, 1,349 teachers, local government officials and trained community leaders were actively involved in preventing and responding to GBV.

Nevertheless there are still challenges to be dealt with, as it is the case in **Malawi**:

*"We are supposed to report GBV to teachers but they (teachers) are prejudiced, sometimes they accuse the girl of inviting the GBV through her conduct, this generally discourages us from reporting to teachers"* (FGD girls TA Pemba in Salima)

ActionAid needs to ensure that more teachers are motivated to participate in WRP activities going forward so as understand the issue and their role in protecting children from GBV.

In the case of **Nepal**, the target until 2016 was to train 400 community leaders and teachers in preventing and responding to VAW/G. This number has been surpassed with 544 (147 males and 397 females) trained. The programme in Nepal also trained other key actors in communities to expand the positive influence of the WRP at local level; this activity emerged in the course of the programme and was not even considered at baseline.

#### **6) Access to support and care for VAW survivors (Indicator: VAW survivors receive medical & psycho-social care & rehabilitation from service providers)**

In **Kenya**, at the grassroots level, members of *Sauti ya Wanawake Magharini*, KOMESI (a local women's network) and service providers have been equipped with skills in Standard Operating Procedures (SOP) for effective delivery of VAW/G related services. This involves rescue of survivors of violence, preservation of evidence, provision of medical care and reporting cases to the provincial administration and recording statements with the police and children's office if children are involved. Although the women's rights networks have made great advances in this area, many challenges still exist:

- Firstly, cases of VAW/G only received follow-up when they got to the attention of the women's rights networks (supported by the WRP). Most parents, especially mothers, fear to come and seek help when violated. As one health official noted: *"Without the support of civil society*

*organisations such as Sauti ya Wanawake Magharini most of these cases would not go beyond Marafa”.*

- Secondly, most cases end up being settled out of court by community elders with survivors married off to the perpetrators.
- Thirdly, court cases often collapse due to poor preservation of evidence and witnesses’ inability and/or unwillingness to attend court proceedings. The police are also reluctant to prosecute cases against suspected perpetrators unless the parents of survivors show up to follow cases.
- Finally, costs of providing medical care, recording statements at police stations and attending court sessions in urban areas is a major challenge for women living in hard to reach areas such as those covered by the WRP programme.

Sampled communities reported moderate satisfaction (62%) with access to VAW/G medical, psychological and legal services in the study sites. While there is a consensus that there is improved access to psychosocial support and rehabilitation from professional service providers across the LRPs, there was a lack of enthusiasm to work on women’s rights among some men and community leaders. The latter in particular has been taken into account in the design of the follow up WRP from 2017 to 2021.

A similar challenge existed in **Malawi** where it was reported at baseline that local leaders, (predominantly male) favoured men when delivering justice. Owing to this, 18.9% of women generally felt that the local authorities were not helpful with 43.7% reporting that corruption at the local authorities was so prominent that it was a waste of time bringing a case before them as men could easily bribe their way out of a case. Women naturally mistrusted the local leadership owing to this reputation. The WRP included efforts to hold duty bearers accountable on their responsibilities, promises and commitments. This meant reaching out to relevant stakeholders including local leaders, the police, courts and other NGOs dealing with women’s issues at the local level, building a rapport with them and creating linkages for collaboration and capacity-building on SOPs. As a result, uptake of GBV cases by both the formal and informal sector increased. This is reflected in the women’s level of confidence in the formal and traditional structures, which stood at 99% for formal legal structures and 94% in traditional structures in the end-line survey, with 80% of them indicating that their first point of reporting of any GBV is the UWAMA Women’s Groups who facilitate the referral processes for fair justice.

## Appropriateness of the WRP’s Design

The assessment found that WRP programming priorities correspond to AA overarching policies - contributing towards “**creating a world without poverty and injustice in which women and girl enjoy rights to a life of dignity**”<sup>2</sup> underscoring the WRP role in reinforcing the delivery of AA’s main objectives and commitments. According to responses from Key Informants and FGDs the interventions have favourably responded to problems that were prevalent in the communities such as illiteracy, poverty and human rights violations around the issue of GBV. These problems have been reduced through programmes on adult literacy, awareness on human rights, savings and loans initiatives.

### Development Efficiency and Value for Money (VfM) Elements

The most significant aspect where the programme demonstrated efficiency and VfM is how it utilised minimal inputs in both human and financial resources to achieve major changes.

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<sup>2</sup> AAM Country Strategy Paper 2012 – 2017.

The Reflection Action Circle in Malawi is an example where trained community-based facilitators were used as the key strategy for mobilising change in the communities and reaching more direct and indirect beneficiaries than AA's small teams.

### Sustainability

**The women's forums/watch groups/community groups as agencies to address rights violations:** Without the programme these community-based structures will lack resources to train new recruits on standard GBV response if current office bearers leave their duties and responsibilities. In the long-term victims will not get the same level of satisfaction from reporting GBV and their motivation for doing so will be lost. Perpetrators will then lose fear of being caught and violence may escalate to new levels. Such groups must be better linked with women's groups involved in economic empowerment activities and support strategies decided.

The other area of capacity challenge is the **lack of alternative financing models** to sustain programme benefits and the apparent lack of having meeting premises. With the exception of partners and community-based structures who have their own offices, the rest, in most cases, are renting offices whose rentals depended entirely on the WRP. Unfortunately and for the time being, the only tangible alternative to successfully continue these activities is with the support of the AA WRP.

**Women's Economic Empowerment:** Once the women benefiting from the WRP have received training on how to be engaged in commercial activities and/or how to save money and ask for loans, it is unlikely that they can go back to their previous situation. Putting in practice what they have learnt allowed them to improve the household income as a whole and be economically autonomous. It can be said that women in the intervention areas have largely reached a level of being self-sustained and have more control over their bodies and decisions.

## Recommendations

### Strategies

- More should be done beyond the trainings e.g. through follow up meetings to ensure an effective impact on women's (and men's) behaviours, attitudes and practices. The WRP should include both funding and technical support.
- The future programme should prioritise research and incorporation of all new laws into the legal framework training for women and men in order to support a deep capacity-building on gender equality and women's rights.
- AA should campaign for child care centres as a sustainable and viable institution that helps women to reduce the care work burden on women.

### Targeting

- The WRP should keep focusing on both women and men, therefore on different stakeholders not only deeply focused on Women's Unions but other stakeholders such as Farmers Unions, Veteran Unions and any committee related to economic or social activities involving men or women.
- It is also further recommended to question the dominant norms, values and attitudes towards masculinity including its link to GBV and femininity and its relationship to GBV. This will allow to the introduction of alternative and positive identities for both men and women that does not predispose any one gender to violence or justify acts of it with a view to transforming gender norms that are the root cause of GBV.

### Community level

- Safety at night is still a challenge for women and girls. Infrastructure such as hidden cameras at selected areas may dissuade acts of GBV.
- When coping with violence, respondents still choose to keep silent in order to avoid trouble meaning that it is a sensitive matter. Therefore, more flexible approaches need to be considered when training both men and women.

### School level

- Trainings on women's rights, children's rights, etc... have to be planned specially for teachers in schools, respecting their timetables and availability in order to make them more effective on spreading the benefits of the WRP.
- The WRP in some countries should keep focusing on schools to enter into new areas and communities, especially school going girls that can join the WRP in order to realise their rights and participate actively in school activities.

### Women's economic empowerment

- Strengthen support for economic empowerment activities to improve women's income levels in order to sustainably implement WRP activities beyond the programme period by building on the experiences and lessons learned from the existing income generating activities.

## 2017-2021: Women's Rights Programme (WRP) II

WRP II was initiated in 2017 with the continued support of Irish Aid for a new programme grant up until 2021.

The new WRP takes on the learnings from both the end-line and evaluation of WRP I and aims to address issues such as the structural causes of GBV. The programme is using a Behaviour Change approach to analyse behaviours of women, men, girls, boys and service providers and to design interventions aimed at changing negative behaviours. It also looks at the issue of masculinity and what this should mean in the modern world.

The programme works closely with the Centre for Behaviour Change in University College London and the Men's Development Network in Ireland to achieve results.

ActionAid Ireland has deliberately chosen a smaller direct target group per country (1,000 women and girls and 400 boys) so that we can invest more and dedicate more intense efforts to achieving the change we want to see, with the idea of sharing the approach and expanding to other communities and indeed countries in the near future. We intend to produce research papers as the programme is being implemented and share our findings both internally and externally.

WRP II is implemented in Ethiopia, Kenya and Nepal with a public engagement component implemented in Ireland.