Reaching New Heights: The Case for Measuring Women’s Empowerment

A poverty-fighting program in Bangladesh helps children grow taller and underscores the need for more evidence in the movement to empower women and girls worldwide.
In 1983, CARE Canada launched one of its most ambitious projects to date.

There was a significant disconnect between urban and rural communities in Bangladesh. Rural women, in particular, had no public role whatsoever and were rarely seen outside their homes. A lack of roadways only increased the isolation, as families were unable to access markets to sell their products.

Together with the Canadian International Development Agency (CIDA), CARE Canada initiated its Rural Maintenance Programme (RMP), a locally-based project seeking to leverage the role of women through the construction of farm-to-market roadways. The result: A dramatic success.

In late 2002 I visited Khulna, a small town around 140 km away from Dhaka, but an eight-hour drive. It was here that I saw women working side-by-side building their community. It was clear that they had a real sense of camaraderie, of solidarity, singing songs and working hard to build something much larger than the roads to their humble dwellings.

The project was a victory on many levels with real, measureable results. More than 100,000 kilometres of essential farm-to-market roads maintained, to be exact. Indeed, the Government of Bangladesh was so impressed that they eventually took over the project in 2006.

For the 42,000 women employed, this brought them out of their homes and into a new social role in their communities. Training and education programs attached to the project gave them the skills to change their lives and lift their families out of extreme poverty.

To CIDA’s credit, part of the value of the project was that it was a committed, long-term program. This gave us a considerable amount of time to gather and evaluate data in order to understand what factors led to its success. These lessons could then be replicated in neighbouring countries such as Pakistan and Afghanistan where we’re still at work today.

One of CARE Canada’s major strengths is the fact that we’re part of the CARE International family. Successful Canadian programs like the RMP are used across our network to build future successful programs like that you will find in “Reaching New Heights.” With long-term commitment and careful evaluation, we can continue to understand how women’s empowerment lets children grow taller, builds better communities and helps families lift themselves out of poverty.

We’re working together, laying the groundwork both figuratively and literally.

Kevin McCort
President and CEO, CARE Canada
Economists and nutrition experts from around the world were shocked at the numbers coming out of Bangladesh. They had never seen anything like the results of a program designed to fight malnutrition and improve the lives of more than 2 million of the country’s poorest people.

“Stunting,” a measure of the shortfall in a child’s growth due to malnutrition, had plummeted at nearly twice the rate of the typical food security program funded by the U.S. Agency for International Development (USAID). Compounding the surprise: These children were growing taller in the poorest parts of Bangladesh, where child malnutrition rates are among the world’s highest and have remained stubbornly static over the past decade.

What caused such a dramatic drop in child stunting, they wondered. And how could malnutrition have fallen so much during a period when a crop-crushing cyclone and global grain shortages had caused food prices in Bangladesh to soar?

“I was concerned that something was wrong with the data,” said Lisa Smith, a senior economist at a consulting firm called Technical Assistance for Non-Governmental Organizations (TANGO International). “The magnitude of the drop off was just so big.”

In less than 4 years, the stunting rate among children 6 to 24 months old in the target population had fallen from 56.1 percent to 40.4 percent. That’s an annual stunting reduction of 4.5 percentage points, dwarfing the 0.1 percentage point decline in Bangladesh as a whole and easily besting the 2.4 percentage point annual decline seen in the average USAID food security program.¹
After a careful check of the data, Smith, whose firm had been charged with evaluating the project for USAID, called a colleague and, without revealing what she had found, asked him to crunch the numbers. “He got the same thing I did,” Smith said. “I thought ‘OK, wow, we need to look into how this is happening.’”

Certainly part of the explanation was in the comprehensive nature of SHOUHARDO, a $126 million USAID program implemented by the poverty-fighting group CARE in partnership with the government of Bangladesh. The wide array of interventions under SHOUHARDO (which stands for Strengthening Household Ability to Respond to Development Opportunities and means “friendship” in Bangla) included maternal and child health and nutrition, sanitation, homestead food production, income generation, village savings and loans groups, institutional strengthening, and climate change adaptation.

But because detailed data were collected as part of SHOUHARDO, the program’s evaluators were able to determine that another force had actually produced the greatest independent impact. The game-changer? Women’s empowerment.

The empowerment strategies ranged from promotion of female entrepreneurship to self-help groups where women and girls could take on taboo subjects such as early marriage, dowry and violence against women. Once reluctant to leave their homes because of harassment in the streets, the women and girls of SHOUHARDO started travelling to markets to buy and sell goods, the data showed. They began challenging men who harassed women and girls in the streets. And they played a larger role in traditional village courts, driving decisions like never before, researchers found.

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**ANNUAL DECREASE IN THE PREVALENCE OF STUNTING AMONG CHILDREN**

The SHOUHARDO project resulted in unusually large reductions in “stunting,” a measure of malnutrition in children, between February 2006 and November 2009. SHOUHARDO’s annual stunting reduction of 4.5 percentage points dwarfed the national average during that period (0.1 percentage points) and was nearly double the average USAID project of its kind (2.4 percentage points).

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“Before the project, you could not get women out of the house,” said Faheem Khan, who managed SHOUHARDO for CARE. “Now I’m struck by how many women and girls are talking to each other, and to me, outside their homes. These villages have completely changed. The voice that these women have now, well, it’s astounding.”

Average incomes more than doubled, as many of the women began pooling their money, forming village savings and loan associations (VSLAs) and converting their collective funds into loans for group members to start small businesses. With their increased financial contributions, more women began participating in household purchasing decisions, the researchers’ surveys revealed. At the beginning of the project, less than a quarter of women had a say in decisions about buying or selling household assets such as land, livestock and crops. By the end, nearly half of the women did. There also was a 46 percent increase in the portion of women who participated in decisions about the use of loans and savings. Their priorities, which often included nutritious foods and school supplies for their children, were no longer being brushed aside.

The ripple effects from these changes, upon closer inspection, look more like tidal waves. The data show that SHOUHARDO’s women’s empowerment component was the single biggest contributor to the reduction in stunting when compared to the project’s other interventions, even those that include the direct provision of food to mothers.

“What we saw was a clear pattern,” said TANGO International’s Smith, lead author of a paper about the project published in October 2011 by the Institute of Development Studies. “Women who participated in the empowerment interventions were getting better antenatal care, eating more nutritious food and getting more rest during pregnancy. They and their children also had better diets in terms of the variety of foods.”

This idea — that women’s empowerment can have a transformative effect on families and communities — is not new. Every day, the people who work on the front lines of the fight against poverty see what happens when you remove economic, political and social barriers that women and girls face.

What SHOUHARDO did was take a concept that is too often expressed in abstract or anecdotal terms and measured it scientifically. The evidence was in thousands of children who grew healthier and taller. This was women’s empowerment you could measure with a yardstick.
“The NGO word.”
What does empowerment mean anyway?

Generally speaking, women’s empowerment is any effort that helps women and girls navigate and influence their worlds. In this way, empowerment is both a means and an end. We want a woman to be empowered because it is her fundamental right as a human being. That secondary benefits often flow to them, their families and their communities is really a bonus.

But what, exactly, does “empowerment” mean? And how do we know when it is happening? Before we can measure specific types of empowerment, we first have to define it in specific terms. And that’s difficult for a complex concept that varies across cultures and communities. Some cultures have no equivalent word. In fact, in parts of Bangladesh, people refer to it as “the NGO word.” Other cultures have a word, but the meaning is almost opposite from what a westerner would expect. For instance, when asked what female empowerment looks like, some women in Ethiopia generally recognize it as obedience to a husband.

Other states of empowerment might seem more recognizable. Anita Rani, a mother of two who struggled to feed her children before SHOUHARDO, is no longer confined to her home in northern Bangladesh. She has a job in a rug-making factory, greater respect from her husband and more leisure time. The family recently bought their first TV. “And I,” she says, “hold the remote control.”

CARE defines empowerment as the sum total of changes needed for a woman to realize her full human rights: the combined effect of changes in her own aspirations and capabilities, the environment that influences or dictates her choice, and the interactions she engages in each day.

CARE seeks to influence three key dimensions of empowerment:

- **Individual** The skills, knowledge, confidence and aspirations of women
- **Structural** The societal structures where women live, such as laws, culture, traditions, faith and hierarchies based on social class, caste, ethnicity and gender
- **Relationships** The relationships in a woman’s life, including those with spouses, children, siblings, parents and neighbors, as well as institutions and authorities such as governments and religions
Why measure women’s empowerment?

When it comes to work, women and girls often have fewer choices than men and boys, giving them less opportunity to earn an income and participate fully in their communities. Their work, including valuable housework and childcare, often goes unpaid and their workload tends to be disproportionately larger than that of their male peers. Women systematically earn lower wages and, in poor and marginalized communities, have fewer opportunities for formal education. An uneducated girl faces a tough road. She is more likely to become a child bride, lose her life or her baby during childbirth, or suffer discrimination, abuse and exploitation.

Sizing up these sobering realities is important. But we should not put the measuring tape away as we work to reverse these trends. How will we know what investments best protect a girl from hardship and benefit her entire community? Or what interventions help an educated woman earn a higher income, make more informed family-planning decisions, be healthier, and pass along her knowledge and values to her children? Saying women and girls are the best investment in the world has a louder ring of truth when you're holding the bottom-line analysis to prove it. Imagine how many more people will buy into this idea — with their hearts, their time and their support — when we have the answers to these questions.

Building that evidence base requires a sound foundation, however, including statistical information and survey results broken down by sex. Unfortunately, this sex-disaggregated data is often hard to find. That makes it more difficult to answer basic questions about education (What are the causes of gender gaps in completion of primary and secondary schools?), entrepreneurship (What factors improve the productivity of businesses owned by men vs. those owned by women?) and access to land (What policies can increase women’s ownership of productive agricultural lands?).

U.S. Secretary of State Hillary Clinton called on the world to fill that gaping hole in November 2011, at the Fourth High Level Forum on Aid Effectiveness in Busan, South Korea. “There’s an old saying: ‘What gets measured, gets noticed,’” Clinton said. “So that means we must collect data so we are constantly focused on how better to integrate women into our economies and, using this evidence, build gender-inclusive development policies that work.”

During the forum, Clinton announced the Evidence for Data on Gender Equality initiative, or EDGE, which is led by the United Nations and will attempt to harmonize gender data kept across nations and surveys. So far, the United States and South Korea have pledged support for EDGE. But filling this massive void in evidence and data will require many more of the world’s donor governments to follow suit.

“There’s an old saying: ‘What gets measured, gets noticed.’”

Hillary Clinton
“How many women who apply for small business loans actually get them? What are those loans worth compared to loans granted to men?” Clinton asked. “With reliable answers to questions such as these, we can begin reforming credit policies, asset, ownership, and inheritance laws that still disadvantage women. When we measure these same indicators consistently over time, then we will notice whether or not we are making progress.”

Those taking a tape measure to the complex forces that help achieve greater gender equality are asking important questions about girls too. We know that girls who stay in school earn more money, are healthier, start families later and have healthier families than their peers who drop out. But how do you keep them in the classroom?

Making sure schools are nearby, adequately staffed with teachers and supplied with books encourage families to enroll girls. But girl-friendly learning environments are critical too, researchers have found. That means: assuring safety from harassment and violence; providing private toilet facilities with good sanitation; promoting attitudes and behaviors of mutual respect among students; and supporting mentors and teachers who challenge girls and boys equally. Community and home support also encourages girls to stay in school. CARE’s own research on leadership among young adolescent girls in eight countries underscores the importance of parents, female mentors, coaches and peers who provide support for staying in school and excelling.

Other interventions have produced quick gains. A 2011 study tracking 2,064 secondary school-aged children in Ghana revealed that enrollment for academically qualified girls shot up from 12 percent to 75 percent when they were offered scholarships. Of course resources aren’t always available to pay tuition. So researchers in Madagascar set out to document what happens when families are given formal explanations about the full economic and social benefits of educating their children, including the difference in wages between those who do and those who don’t finish primary school. They found a 3.5 percentage point increase in enrollment, making it a particularly cost-effective intervention. Because the researchers were collecting sex-disaggregated data, they could call it a win — for boys and girls.
The boundaries of Rina Begum’s independence were clearly defined. She could go anywhere — inside the four thatched walls of her home. Like millions of other poor Bangladeshi women, Rina was not allowed to walk the streets of her village without a male escort. Few people in Shahjahan, located in northwest Bangladesh, ever got to experience the warmth of her smile, the glow of her cherub face or the quiet intensity that burns in her eyes.

Even inside her home, Rina was rarely in control. She was prohibited from taking a leisurely stroll or even going to buy food at the market. For many in Bangladesh this isolation starts early in life, under local interpretations of purdah, a tradition that forbids a woman from making basic decisions on how to spend her own time. Parents restrict the movements of adolescent girls they fear will be subject to public sexual harassment. They confine them to the house and marry them off as early as possible — often before the age of 18. Without being able to move freely, these girls grow into Bangladeshi women less likely to earn an income, access health services or obtain an education. Many end up divorced or widowed — and thus will find themselves among the poorest and most marginalized groups in Bangladesh.

But 5 years ago, Rina and other women in Shahjahan discovered they already had something that could break the cycle of seclusion: each other. Through SHOUHARDO, she joined a so-called EKATA group (EKATA stands for Empowerment, Knowledge and Transformative Action and translates as “unity”). These groups of 20 women and 10 teenage girls get together regularly, analyzing their own circumstances and generating solutions to the problems they face. Girls learn from the women’s life experience and the women commit to protect the girls from violence and abuse. Their slogan: I am not alone. Together we can achieve something. Together we can change our lives.

The groups drew graphs and maps to outline their status and their power relations within their family and their village. They discussed barriers holding them back, such as the lack of decision-making power, violence against women, early marriage and the lack of education. They received literacy and numeracy training and learned the basics of Bangladeshi law. Many were surprised to learn it’s actually illegal for girls to marry before 18.
A poster hanging in the room where Rina Begum's EKATA group meets describes key elements of an empowered woman. The phrases, translated roughly from Bangla, include “able to speak anywhere with courage,” “is a hard worker,” “participates in the general election process,” and “is accepted in society and the community.”
But the groups didn’t just learn. They took action. In some villages EKATA members formed support networks to confront young men who sexually harassed women and girls in the streets. The result: The cat-calling stopped. And teenage girls began walking freely. The women’s groups also sought legal action when men beat their wives, sending a strong signal in the community that the violence had to stop. They were even able to reduce the number of child brides in their villages. Rina beams with pride over one of her group’s greatest successes: They blocked four child marriages by bringing them to the attention of police.

Perhaps the most important changes were the ones that started taking hold inside of women such as Rina. She grew into a leader. “This room was not the only destination in my life,” she said, motioning at corrugated metal walls covered with empowerment flowcharts, inspirational diagrams and other blueprints for carving out a better life. “I had to explore beyond it.”

Today, Rina heads her EKATA group. She serves on three school management committees and is a member of the executive committee of the People’s Organization Convention, an annual meeting that brings together more than 400 community organizations. She has travelled across Bangladesh, representing both women and men in their struggle against poverty.

But Rina is more than a story. She’s a statistic — in a good way. The data tell us her experience — of greater empowerment, higher income and a family that eats three healthy meals a day — is a story of thousands, not one.
Documenting women’s empowerment

Rina was among the more than 2 million women, men, boys and girls who participated in SHOUHARDO, which from October 2004 to May 2010 identified the poorest families in three regions of Bangladesh: the upper and mid Char; the Haor and the Coast (see map on page 10). Many of these families have no land titles. They live on land masses that form along river banks, on temporary islands called chars that can submerge during flooding, or on man-made islands in the tectonically depressed hoar areas that are waterlogged for several months of the year and can be even more difficult to reach in the dry season due to lack of roads and communication systems. The coastal belt comes with its own set of challenges as communities here face the ever-present danger of cyclones that hit with devastating force. Many a fishing or farming family has seen their livelihood washed away with one tidal wave, one cyclone or one bad rainy season.

SHOUHARDO used what is called a “rights-based, livelihoods” approach to reducing malnutrition. That means instead of solely handing out food and livestock or explaining how to better grow agricultural produce, SHOUHARDO drilled deeper to strike at the roots of poverty in 2,342 villages and urban slums. Interventions reflected a comprehensive understanding of how households in Bangladesh survive with limited income (livelihoods approach). They also address the notion that families, no matter how poor or discriminated against, need their rights protected in order to navigate their way out of poverty (rights-based approach). In other words, SHOUHARDO is about giving poor women and men the tools to sow the seeds of change in their lives. This meant tackling structural causes such as poor sanitation, recurrent natural disasters and, most notably, deeply entrenched inequalities between women and men.

“Women with a low status tend to have weaker control over household resources, tighter time constraints, less access to information and health services, poorer mental health and lower self-esteem,” TANGO International’s Smith wrote in a 2000 paper on women and child nutrition. “These factors are thought to be closely tied to women’s own nutritional status and the quality of care they receive, and, in turn, to children’s birth weights and the quality of care they receive.”12
SHOUHARDO’s promise was twofold: Given the tools, women will elevate their own status in society, and their children, as a consequence, will grow healthier and taller.

The EKATA groups that helped transform Rina’s life were just one of the three major women’s empowerment interventions within SHOUHARDO. Another developed special child care centers with school preparation traditionally denied to girls. And, indeed, when those students entered formal schools, data showed they received higher grades than those who did not attend the centers. The third intervention promoted women’s participation in parent-teacher associations, thereby elevating the role of mothers in their daughters’ formal education.

Together these efforts had a broad range of goals, including increasing women’s decision-making power; reducing gender-based violence; raising awareness of education entitlements for women and girls; building women’s advocacy, leadership and literacy skills; and developing a collective consciousness around important social issues such as dowry, early marriage, divorce and violence against women.

Data collected through surveys conducted at the beginning and toward the end of the project showed impressive results. A score measuring women’s overall decision-making power within the household increased by 23 percent. The women of SHOUHARDO experienced an increase in their say over the use of loans or savings, buying or selling major household assets, and expenditures for clothing and personal items for themselves and their children (see Figure on page 10). Also noteworthy was the jump in women’s contribution to decision making about expenses for family planning. Women grew more active in local village courts too.13
The EKATA groups, in particular, appear to have had a strong influence, the data showed. Of the 2,342 villages and slums in the SHOUHARDO program, only 408 had EKATA groups. That allowed researchers to track how effective they were on their own. In fact, the researchers found a direct correlation between participation in an EKATA group and indicators of women’s empowerment, including women’s decision-making power, freedom of movement, freedom from patriarchal beliefs and women’s likelihood of earning cash income.14

The score for women’s decision-making power increased by far the most (41 percent) in Rina’s North Char region, where EKATA meeting attendance was highest.

SHOUHARDO helped support EKATA members and men establish new markets in their villages, each with a well, a latrine and, most critically, spaces just for women to buy and sell their products. Markets are expensive to build, but they are critical to promote women’s economic participation. In remote areas of Bangladesh, markets are sometimes a full day of travel away, and in a country where few people possess refrigerators, food loses its nutritional value quickly. Many men were much more comfortable with their wives trading in the markets when seeing them work side by side with other women. And as a market gains female vendors, other women will gain their husband’s approval to travel and purchase their own goods. Although the fact that many women needed such approval indicates that gender inequalities still exist, their increased ability to sell goods in a public space represented a critical step forward.

Inside many of the women, confidence was rising. Their opinions and skills were reshaping their homes, the streets outside and community institutions such as schools and village councils. These are tremendous achievements on their own of course. But one of SHOUHARDO’s overarching goals was to ensure that more than 400,000 households in Bangladesh have sufficient and sustained food sources so that their children grow up healthy. And that could be measured with precision, centimeter by centimeter.
Reaching new heights

Development experts have found it extremely difficult to reduce child stunting in places mired in severe poverty. In Bangladesh, like many places, malnutrition is a chronic condition with two or more generations malnourished — in essence families are trapped in a cycle of hunger. Malnourished mothers tend to give birth to malnourished children.

Malnutrition during pregnancy and a child’s first 2 years has a lasting impact that hinders children not only physically, but also hampers their future health and development. Children deprived of good nutrition during the first 1,000 days of life often have stunted growth, poor cognitive development and low immunity to diseases. This period is therefore incredibly important for a child’s mental and physical development (see more on page 13).

So leaders of SHOUHARDO were shocked — and heartened — to see how height measurements changed for young children in the program. In February 2006, some 56.1 percent of children were stunted. By November 2009, only 40.4 were. The stunting rate had fallen by 15.7 percentage points, or a 28-percent drop, in less than 4 years.

The annual stunting reduction of 4.5 percentage points stood out because Bangladesh, a country of 150 million, saw stunting stay roughly the same during this period, edging down just 0.1 percentage points per year in the first decade of the new millennium. The drop also raised eyebrows among development professionals, as the average USAID food security program produces a 2.4 percentage point annual decline in stunting.

The progress was even more impressive when considering what was going on in Bangladesh at the time. Global grain and fuel prices had spiked just as heavy monsoon rains and Cyclone Sidr, which hit coastal Bangladesh in 2007, damaged the rice crop. In fact, the price of rice and cooking oil doubled in Bangladesh. National surveys showed household incomes and purchasing power deteriorated. Yet, amidst all this, nutrition in the SHOUHARDO areas improved at unheard of rates. The proportion of households with three square meals a day skyrocketed from 32 percent to 74 percent over the life of the project.

Faheem Khan, the head of SHOUHARDO, said those results can’t be underestimated. “If we are able to significantly reduce stunting, we are able to change a population for the better for the rest of their lives,” he said. “The children will grow up more healthy and intelligent, enabling them to be more productive members of society. Their households are more likely to graduate out of poverty, and the positive effects are felt widely in their communities and beyond.”

If we are able to significantly reduce stunting, we are able to change a population for the better for the rest of their lives...

Faheem Khan, head of SHOUHARDO
BIG GAINS IN WOMEN’S DECISION-MAKING POWER

The percentage of women reporting that they participate in various types of decisions rose sharply in several categories during the course of SHOUHARDO.

Panchu Banu shows off the title to the farmland she owns with her husband. Joint ownership of land by wives and husbands, promoted through SHOUHARDO, has helped bolster women’s decision-making power. Banu, for instance, convinced her husband that they should continue to send their 16-year-old son to school.
Women stand taller. So do their children. And there’s a link.

SHOUHARDO researchers gathered data from thousands of randomly selected households through 10 surveys. Two surveys were completed before any program activities began (baseline), six were spaced across the life of the project and two came at the end (endline). The surveys captured information about participation in SHOUHARDO interventions, food security, economic security, agricultural production, women’s empowerment, and the health and nutrition of young children in the home. Secondary data came from national household surveys, publications on nutrition and qualitative data from project administrators.

The results painted a picture of a program where direct nutrition-focused interventions such as child feeding were combined with indirect interventions — most notably women’s empowerment — to produce great impact.

No result stood out more than the reduction in child stunting. So to determine each intervention’s role in that improvement, researchers used a statistical method called “propensity score matching,” which uses statistical techniques to create comparable groups that act much like control groups.

For every woman who was part of the women’s empowerment interventions, for instance, they would find a SHOUHARDO participant who was not but who did share a wide set of common characteristics with that woman (age, amount of education, primary occupation, household size, gender of head of household, etc.). They then compared stunting results for the children of the group of women who received the empowerment intervention with those from the group of similarly situated women who did not.

WHAT CAUSED THE REDUCTION IN STUNTING?

Impact of Interventions on their Own and Together

SHOUHARDO researchers found that combining other interventions with efforts to improve child health and nutrition (MCHN) produced big results. And no single intervention reduced child stunting more than women’s empowerment.
The data showed that the women’s empowerment interventions led to greater reductions in stunting than other interventions, such as those that improved sanitation and hygiene and those aimed at boosting a family’s agricultural production. Also significant were the synergies between interventions. Women who participated in both the empowerment activities and the direct interventions related to maternal and child nutrition saw a greater reduction in the stunting of their children than those who participated in only one of these.

Many women said that before SHOUHARDO started they had trouble providing their families two or three meals a day. In fact, they often had to watch their children go to bed hungry during times of drought, flooding or other external shocks when their husbands could not earn a living. Today these women report that they can afford fish or meat at least once a month, new clothes and their children’s education. Many started small businesses such as grocery stores, tree sapling nurseries or tailor shops. Through 2,320 established savings groups, they collected small amounts of money and took loans from the group to establish their enterprises.

But the women earned more than just money. They earned the respect of their husbands, their neighbors, their village. For the first time, many women were able to make decisions on the family budget, the data showed. They could decide together with their husbands where to invest the family’s money.

“A great indicator of a household’s well-being,” Khan said, “is whether the woman has at least an equal say.”

During the course of the project, the SHOUHARDO team offered training and awareness-raising sessions on topics such as maternal and child health, monitoring and promoting children’s growth, and child feeding. Mothers realized that attending antenatal visits during pregnancy is an important factor for a child’s development, and the portion of mothers having at least three antenatal visits rose from 16 to 58 percent — far higher than the national average — by the end of the project. Mothers who were healthy and well-nourished during pregnancy had a better chance of giving birth to healthy children. Fathers saw the benefits with their own eyes, as their children grew stronger and taller.

Each piece of evidence told the same story. Want healthier children and a brighter future for Bangladesh? Then help empower, educate and engage the country’s mothers.
Empowerment is as varied as the people in which it resides. We can never hope to develop a metric that captures all facets. But that shouldn’t stop us from trying to measure, in new and innovative ways, how well women and girls are able to navigate their worlds, what helps them along the way and how quickly we are gaining ground in giving them equal chances and choices.

Data broken down by sex is fundamental to these efforts. Sex-disaggregated data on surveys, for example, allow evaluators to compare men’s answers to those of women. But, as discussed earlier, disaggregated statistics that compare women and men remain much neglected around the globe. Wondering how many women get turned down for loans in a particular country? Or how many have legal title to land? The answers are hard, if not impossible, to find.

One bit of good news comes from officials at Organization for Economic Cooperation and Development, the World Bank and the United Nations. In recent months they have developed a list of core indicators to track women’s status in education, employment and entrepreneurship. Through the aforementioned EDGE initiative, they will partner with governments around the world to start collecting the data. The idea is to start measuring progress for women — or lack of it — in a systematic way.

But that’s just one step. Governments, poverty-fighting groups and donors also have to demand that disaggregated data and measurements of gender equality be part of their regular monitoring and evaluation. And researchers must seize opportunities to use those figures, create data of their own and measure what happens when inequalities between women and men are reduced or erased.

Among the most effective ways to do this is to conduct a randomized control trial, or RCT, which involves randomly assigning people to either receive an intervention (the treatment group) or not (the control group). Because the two groups are randomly selected from a larger population, they should be statistically identical to each other at the start of a program. If, after a program is complete, the treatment group shows some difference, it can be attributed to the intervention, because this should be the only significant difference between the two groups.
THE MANY FACETS OF EMPOWERMENT: CAN WE MEASURE THEM ALL?
This approach was applied in India after a 1993 constitutional amendment mandated one-third of village chief positions be reserved for women. The villages that implemented reservations were selected randomly by the government, creating an unprecedented opportunity for researchers to gather large amounts of data to help them understand how female leadership quotas affect overall political participation of women. Worldwide, women remain woefully under-represented in political positions globally. In 2006, for example, only 17 percent of the world’s parliament members were women.

In 495 villages in West Bengal researchers tracked changing attitudes about female leadership in villages that had female leaders, comparing them to the attitudes of residents of villages that did not have female chiefs. When asked directly about their beliefs, villagers’ stated attitudes about female leaders didn’t improve after being exposed to female village chiefs. However, when people’s beliefs and preferences were measured implicitly — through word-association tests and voting patterns — it became clear that a significant shift had occurred. Men who lived in villages that had been reserved for female chiefs were more likely to recognize leadership traits in women than men who did not live in villages with female chiefs. And in just 5 years (1998 to 2003) the villages that had been required to have female chiefs elected more than twice as many female village council members in subsequent elections as the villages not required to have female chiefs.

In empowerment research, understanding the cultural context is critical, too, said Dr. Rachel Glennerster, director of MIT’s Abdul Latif Jameel Poverty Action Lab (J-PAL), whose network of affiliated professors around the world is united by the use of randomized evaluations. “If you ask about empowerment directly,” Glennerster said, “people will often tell you what they think you want to hear.”
Sometimes, she said, measuring big concepts like empowerment requires asking detailed questions about small, specific behaviors. In southern Bangladesh, for instance, one useful indicator of empowerment might sound frivolous: visiting the local fair. Ask if adolescent girls are allowed to go to school, and you’ll likely get the socially desired response: yes, of course. Determine if they can visit the fair alone or with friends — that’s better. “Out of context, this may look like we think empowerment is about frivolous activities,” said Glennerster, an economist whose ongoing research includes studies on community-driven development in Sierra Leone and empowerment of adolescent girls in Bangladesh. “But it’s really a reflection of how much mobility a girl has for her own goals and satisfaction.”

Randomized controlled trials are not always possible. There are many practical constraints to implementing an RCT, and some interventions, like fiscal policies or export regulations, can’t be randomized. The impact of a project, such as one designed to change government responsiveness, can also have a spillover effect onto neighboring areas, making it harder to establish a control group.

Sometimes, a project’s design makes establishing a control group extremely difficult, even impossible. Planners of the SHOUHARDO project in Bangladesh did not apply RCTs, for instance, because doing so would have excluded eligible households. This would have violated one of the basic principles on which SHOUHARDO was based: to reach the poorest households in Bangladesh. Instead, the project team used the propensity score-matching method described earlier and analyzed results from thousands of survey questionnaires. This approach allowed for an approximation of the comparisons done through an RCT and produced rigorous evidence about impacts of SHOUHARDO’s interventions.

Women were asked very specific questions such as whether they could travel to the market alone or buy and sell jewelry without their husband’s permission. And, as their answers to those questions changed, so did the wellbeing of the people and communities around them.
CARE’s commitment to measurement and evaluation

Last year, CARE worked in 84 countries and reached 122 million people around the world. It would be challenging and perhaps wasteful to research the added value of improvements in gender equality in each project. The same goes for evaluating efforts to empower women and girls. But CARE has picked some strategic areas to invest in evaluation measurement that goes well beyond the normal requirements for a project. A few are highlighted below.

Measuring the Benefits of Economic Empowerment in Africa
CARE is conducting a rigorous evaluation of its Access Africa microsavings program. Access Africa brings people in extremely poor communities with no access to formal financial services into member-directed savings groups called Village Savings & Loan Associations (VSLAs). Most of the participants in the VSLAs are women. Once well established, the program then links the individuals and their groups to existing financial institutions so they can open savings accounts and access credit and insurance. The nearly completed analysis covers villages in Malawi, Rwanda and Uganda, comparing a control group to randomly chosen people in those villages who are not participating. Included in the analysis is a poverty score card approach to classify savings groups by poverty level before and after the intervention. Indicators include changes in household relationships, women’s leadership, decision-making, health and education. Access Africa will extend the findings of this assessment to all 26 countries where it operates.

A New Measure of Girl’s Leadership
CARE is leading on developing several measures of gender equality, leadership and empowerment of young adolescent girls (age 10 to 14) and their male peers. The Girls’ Leadership Index (GLI) is a unique measure developed after careful study with experts and through analyzing information from girls and boys aged 10 to 14 about their self-perceived leadership skills. The tool has been tested and is now being refined for wider use.22 In addition to analyzing improvements in leadership, the GLI can help those working with youth analyze how leadership capacities can contribute to adolescent educational attainment.

Assessing Best Methods of Supporting Girls’ Attainment in School
With funding from the Patsy Collins Trust Fund Initiative, CARE is researching four innovative complementary education projects aimed at reaching marginalized girls and improving their educational attainment in Cambodia, Honduras, Mali and Tanzania. Through operational research, each of the sites has gathered extensive situational, baseline and monitoring data on girls’ educational attainment. A partnership with the University of Minnesota fostered development of common indicators (applied with the use of common tools) to be compared across these four contexts. The 10-year initiative is in its seventh year.23
Pregnant Women’s Access to Health Care
In partnership with the Google Foundation and Emory University, CARE is conducting research to document the effectiveness and added value of interventions that address underlying social attitudes and norms that influence a pregnant woman’s ability to access quality health care. One district in Mali will receive a basic package of maternal health service. A second district will receive the same basic package, plus interventions to identify and challenge key social norms around power, decision making, and gender roles as they influence pregnancy care. The evaluation will measure changes in social norms and maternal health behaviors, while monitoring health-service availability and quality across both districts.

Economic Empowerment and Sexual Reproductive Health: Impact on Child Brides in Ethiopia
This 3-year development and research project funded by the Nike Foundation is designed to reach 5,000 “ever-married” girls under the age of 19 in the Amhara region of Ethiopia. Ever-married is a local term used to describe girls currently married, widowed, or divorced. Ever-married girls experience barriers to gender equality due to limited economic opportunities, harassment, violence and threats to sexual and reproductive health. CARE’s objective is to help the participating girls strengthen their economic and reproductive health rights and their ability to make financial decisions for themselves and their families. The program is in its early stages, but focus-group research shows participants are having success challenging social norms, such as early and forced marriage and ending a girl’s education once she is married.

Connecting Women to Dairy Markets in Bangladesh
CARE’s Strengthening the Dairy Value Chain (SDVC) project was launched in 2007 with funding from the Bill and Melinda Gates Foundation to double the dairy-related incomes of smallholder farmers in northwest Bangladesh. Outcomes indicate an unexpectedly large number of women engaging as dairy producers, farm group leaders, milk collectors, and livestock and health workers. In fact 79 percent of the 25,863 producers are women. A mid-term evaluation of SDVC shows that the project is having a positive effect on women’s asset ownership, decision-making power, and human, social and political capital.24
CONCLUSION

Sex and age matter

Measuring and analysing project results according to the age and sex of the person being assisted is essential to measuring women’s empowerment in long-term development and in emergencies. In partnership with Tufts University and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), CARE International’s 2011 report “Age and Sex Matter,” outlined the importance of age and gender in evaluating operational effectiveness during humanitarian response. Studies have shown that people experience natural disasters and armed conflict differently depending upon their age and gender. Indeed, the distribution and access to essential, life-saving services varies greatly according to these factors. According to the study, the end result is that this allows “operational agencies to deliver assistance more effectively and efficiently.” To view the report, and its recommendations on how to ensure sex-disaggregated data is included in humanitarian responses, visit care.ca/newsroom/publications.

Strong results require strong teams

It is essential that donors, governments and NGOs at national and international levels make long-term commitments, including funding of long-term programs to empower women and girls. This funding is more efficiently targeted when it prioritizes gender equality expertise and skills development for program management and monitoring and evaluation staff. Measuring women’s empowerment and gender equality is a professional skill that requires expertise and experience, in the same way that reading blueprints and determining progress on a new bridge requires the expertise of an engineer. Gender equality specialists provide their development colleagues with the skills and knowledge necessary to collect sex-disaggregated data and to identify changes in gender relations. Expertise is also needed to undertake the detailed analysis that identifies where and how women’s empowerment is making a difference. In order to ensure entire teams are able to see international programs through a “gender lens”, funding mechanisms need to allow for appropriate training and capacity within organizations.

Canada helping to lead the way

CARE Canada's project Improved Health and Nutrition for Vulnerable Women and Children in Ethiopia and Zimbabwe, funded through the Canadian International Development Agency’s (CIDA) Muskoka Initiative, includes both women's empowerment and gender equality objectives and uses a comprehensive set of indicators to track whether women’s increased authority and capacity to make decisions regarding breastfeeding and nutrition are key to strengthened health outcomes for girls and boys. The project also measures intra-household feeding dynamics and compares men’s and women's knowledge on pre-natal care and disease prevention, to determine whether more equal knowledge and power between men and women leads to a decrease in illness among girls and boys.

The World Bank’s agenda for global action on gender equality includes supporting evidence-based public action as a priority area for funding, innovation and partnership. CIDA works with national and international partners to measure gender dynamics in agriculture, food security and nutrition. CARE Canada works in harmony with these agendas by supporting, for example, Cuban farming and dairy associations to keep sex-disaggregated membership data, to ensure that women and men are equally involved in leadership, by tracking equality trends in land ownership in Mali and Ghana, and by measuring change in community values around girls’ education in Zambia. CARE Canada, with the support of partners such as CIDA, will continue to work to improve women’s empowerment and gender equality, with measurement playing a vital role in the process.

Acting in partnership

Measuring women’s empowerment can produce astonishing results and valuable lessons for future development efforts. Such a notion transcends any individual organization. Recently CARE, in tandem with more than a dozen Canadian NGOs, has begun to look at the most effective ways to measure women’s empowerment and gender equality in project monitoring and evaluation. These ongoing meetings are a time for sharing and collaboration among NGOs in order to identify what works best to meet women’s empowerment and gender equality objectives. By strengthening dialogue among development practitioners, Canadian NGOs are cooperating to ensure that gender equality and women’s empowerment remain at the forefront of their development efforts.
Children play on a ladder in the village of Kwabadha, located in the North Char region of Bangladesh.

ENDNOTES


3 Smith, Khan, Frankenberger, Wadud.


7 U.S. Secretary of State Hillary Clinton, Fourth High Level Forum on Aid Effectiveness, Special Session on Gender, (speech, Nov. 30, 2011), Busan Exhibition and Convention Center, Busan, South Korea.


14 “SHOUHARDO Final Evaluation Report,” 158.

15 Smith, Khan, Frankenberger, Wadud, 8.


17 Smith, Khan, Frankenberger, Wadud, 31.


