

World Vision

# GENDER EQUALITY STUDY



February 2014

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Front cover image: Study findings revealed that women and girls in World Vision project areas are achieving greater parity with men and boys in critical spheres like education. Photo by Ilana Rose/World Vision.



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- **Bijja, Burungura, Rushwa and Rwigembe** in Tanzania.

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To members of the study team from the Nossal Institute for Global Health and the Centre for Women's Health, Gender and Society, University of Melbourne – Dr Martha Morrow, Dr Tanya Caulfield, Mia Urbano, Dr Cathy Vaughan and Dr Linda Bennett – who were instrumental in helping us undertake this extensive piece of research, thank you for your partnership. This appreciation also extends to the peer reviewers: Professor Ruth Pearson (University of Leeds), Dr Annalise Moser (Dev Equity L.L.C) and Dr Patricia Morris (Morris Consulting) who reviewed the research methodology.

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**David Purnell**  
Director, Field Partnerships  
World Vision Australia

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## FOREWORD

Many thanks go to World Vision Australia for their vision and support for this important and timely research.

The recent adoption of a Gender Equality Policy by the Board of Directors of World Vision International is an important milestone on World Vision's journey. This research report will substantively inform our global efforts to put this policy into practice.

On behalf of World Vision International, we commit to using the findings in this report to improve our work and continue on the journey towards gender equality.

We encourage World Vision Regional and National Offices to review this report, carefully consider its implications for their strategy and programming, and identify key actions that they can take to advance gender equality based on the recommendations and lessons learned.

**Fatuma Hashi,**  
Director, Gender and Development

**Paul Stephenson,**  
Senior Director, Child Development and Rights

**Mark Lorey,**  
Partnership Leader, Child Development and Programme Effectiveness

# EXECUTIVE SUMMARY

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## Gender Equality Study

In June 2012, World Vision International commissioned a gender equality study, with support from World Vision Australia, to examine the organisation's influence on gender equality within its partner communities. The study was motivated by the organisation's desire to learn from past and current programming, and specifically: to identify whether World Vision has contributed to a change in gender equality, and if so, how this has occurred and what factors led to positive change. The study was also intended to strengthen the evidence base of how World Vision programs can address gender issues, and to demonstrate the organisation's commitment to being a credible, critically reflective contributor to global efforts towards gender equality.

World Vision Australia engaged a study team to design and undertake the study. The team comprised researchers from the Nossal Institute for Global Health and the Centre for Women's Health, Gender and Society at the University of Melbourne, Australia. The research took place over 18 months in collaboration with World Vision National Office staff in four sites, as well as an advisory team of gender staff from the World Vision Global Centre and selected Regional Offices and Support Offices.

The project sites selected for the study were:

- **Marigat Girl Child Promotion Project** – World Vision Kenya
- **Ruhita Area Development Program** – World Vision Tanzania
- **Community Involvement Strategy for the Empowerment of Women ("WARMI")** – World Vision Bolivia
- **Jaipur Area Development Program** – World Vision India

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## Methodology

The methodology used in the research was primarily qualitative, as baselines related to gender indicators were very limited. It relied upon the use of *indicators of gender equality*, refined for each setting. The study gathered respondents' perception of change across the gender indicators used. The study design did not enable the study team to verify either the degree or the significance of change. Focus group discussions with community members and key informant interviews with academic gender specialists, NGO/government representatives, and selected World Vision staff were also conducted.

Of particular interest, the methodology used contributed to the capacity of World Vision National Office and Area Development Program (ADP)<sup>i</sup> staff to conduct this type of research in the future. Thus, the actual field work undertaken by World Vision staff was used for the joint purposes of gathering data for the study, and utilising data to build skills in systematic thematic analysis.

**The study team used the following methods:**

- Two-day (three days in Tanzania) field work preparation workshops (including overviews of World Vision project and country-wide gender situation, techniques of data collection and management, refinement of question guides, process of thematic analysis [Bolivia and India only], and logistics);
- Focus group discussions (FGDs) with 6-10 participants per group (separate sexes) from the project or ADP community, facilitated by World Vision staff working in sub-teams;
- In-depth interviews with a range of stakeholders;

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i. An Area Development Program (ADP) is World Vision's long-term programming model for community development. ADPs consist of sectoral projects that address the specific development challenges facing children in communities.

- 1.5 day systematic thematic data analysis workshops (Bolivia and India only) using FGD transcripts (including coding by themes, summary and reflection); and
- final day reflection with core World Vision gender team members to discuss emerging findings and potential relevance for World Vision programming.

A video was developed explaining the methodologies used in the Kenya project site.

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## Kenya pilot study

The Kenya field site was established as the first and “pilot” site for the study. The focus of the Kenya study was to examine the contribution, if any, of the Marigat Girl Child Promotion Project (MGCPP) to gender equality, and to assess how (any) changes in gender equality had an effect on the achievement of three of World Vision’s four Child Well-being Aspirations and their associated Child Well-being Outcomes: that girls and boys enjoy good health; are educated for life; and are cared for, protected and participating.<sup>ii</sup>

Following the Kenya pilot study and considering the results of a research ethics review by the University of Melbourne, changes to the methodology were required and applied in the data collection process for Tanzania, Bolivia and India. Given these changes in methodology, the findings from the Kenya study and the study conducted in Tanzania, Bolivia and India are presented separately in Part I and Part 2 of this report.

A more detailed explanation of the methodology and the changes in the methodology are included in the body of the report.

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## Part I: Kenya findings

Study findings from Kenya revealed the Marigat Girl Child Promotion Project’s contribution to gender equality, related to areas where positive changes were reported, where little or no change had been reported, and where potentially negative impacts on gender relations had been reported.

### Positive changes

- **Increased access to education for girls** was the most frequently reported impact of the project. This study also found that community members reported that the education of girls was more highly valued than it had been, that there was greater retention of girls through the latter years of primary school, increased transition to secondary school and that an increased number of girls were entering higher education than there had been six years ago.
- **Incidence of female genital mutilation/cutting (FGM/C) had reduced** (although the reduction was not consistent across the communities, and was acknowledged to be small). There was increasing acceptance within the community of women who had not been circumcised and more open discussion of FGM/C than before.
- **Increasing participation by women and women’s groups** in community planning and decision-making meetings, including participation in decision making in the workplace.
- **Increased opportunities for income generation for women**, including participation in income generating activities previously only available to men.
- **Reduction in intimate partner violence.**

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ii. Child Well-being Aspirations and Outcomes are a practical definition of World Vision’s understanding of well-being for children. Each of the four Child Well-being Aspirations has a set of associated Child Well-being Outcomes.

- **Girls and boys now perceived different possibilities for their futures**, and local community members spoke of having new and higher aspirations for their girls across a range of opportunities.

### Little or no change

- **Domestic workloads continued to be higher for women and girls** than for men and boys, and women's increased involvement in income generating activities outside the home was not associated with any decrease in domestic responsibilities. Despite women's involvement in economic activities, they are still expected to perform their traditional roles at home.
- **Women were often unable to make independent decisions** about family size, birth spacing and when to access health services.
- In relation to the **age of marriage**, increased retention of girls in education and reduced or delayed FGM/C had resulted in fewer marriages at a "very" early age, though marriage for girls from the mid-teens was still common. The economic and material incentives for early marriage (ie, bride price) remain considerable.
- Whilst some reduction in intimate partner violence had been reported, general **exposure to violence** across all communities continued to be high. There was a perception that reports of rape and incest were increasing, possibly due to enhanced awareness of women's rights and their confidence in reporting procedures.

### Potential negative impacts on gender relations

- **Strained family relations** and reports that girls were less respectful of their parents were noted in particular. This was perceived to be the result of girls' increased access to education and awareness of their rights.
- There was also a perception by community members that **boys had been "left out"** or excluded from the project and that this had increased tension between girls and boys.

### Contribution of the MGCPP to World Vision's Child Well-being Aspirations

Findings in relation to World Vision's Child Well-being Aspirations and achievement of their associated Outcomes illustrated the connection between gender equality and children's well-being.

- **Children enjoying good health:** The MGCPP enabled some girls to avoid the substantial health risks associated with early marriage and FGM/C by assisting them through rescue centres<sup>iii</sup> and allowing them to continue their education.
- **Children are educated for life:** The MGCPP contributed to girls' increased access to education, and World Vision has been successful in persuading communities of the importance of girls' education. There was some concern expressed that World Vision had not sufficiently emphasised education as a *right* that girls are entitled to, with many in the communities still viewing girls' education as a means to improving the economic return to a family, rather than as something that girls are entitled to.
- **Children are cared for, protected and participating:** The study found that the rescue centres and the continuation of schooling enabled girls to enjoy a lengthened childhood, through delaying the age of marriage and protecting girls (who did not want to be circumcised) from harmful traditional practices.

iii. In the MGCPP, rescue centres served as safe havens or residential homes for girls who had resisted FGM/C but had either faced conflict or fled their families.

## Lessons learnt

An analysis of World Vision's contribution to gender equality, and the relationship between these contributions and World Vision's Child Well-being Aspirations, identified a range of lessons learnt.

- **Lessons regarding the MGCPP:** Lessons specific to the implementation of the MGCPP included:
  - a need for cultural specificity and adaptation of the program to different cultural groups within the project communities;
  - a need for greater analysis of change processes required to counteract FGM/C, rather than overemphasising one-off events;
  - a need to adapt to unanticipated outcomes (both budgetary and practical);
  - that external role models (eg, powerful women who had not been circumcised) can effectively shift community attitudes; and
  - the importance of greater engagement with a broader range of stakeholders (including church leaders) to foster awareness of, and support for, the MGCPP.
- **Lessons regarding the use of evidence:** A key finding of this study was the need to strengthen the data collection and analysis capacity of local staff members to provide a high quality evidence base to inform programs. There is also a need to better use World Vision's own program evaluations and recommendations, including those from similar programs implemented in other parts of Kenya, in project design and implementation.
- **Lessons regarding organisational contribution to gender equality:** The study highlighted that education is an effective entry point for contributing to gender equality; that engaging men and boys in programs aiming to improve the situation of women and girls will enhance the positive outcomes of the program; and that internal advocacy within World Vision, as to the impact of gender inequality on the achievement of Child Well-being Outcomes, continues to be required to enable the organisation to maintain and increase future contributions to gender equality.

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## Part 2: Bolivia, India and Tanzania findings

Study findings from the Bolivia, India and Tanzania project sites revealed that women and girls have achieved greater parity with men and boys in several spheres that are critical to life chances. Almost universal access to primary school education (with reportedly high completion rates for both sexes) and increasing age at marriage are fundamental shifts enabling children of both sexes to acquire literacy and girls to avoid the health risks (and diminished employment opportunities) of early pregnancy. These have been achieved despite the socio-economic context characterised by poverty and inadequate access to services, scarcity of good jobs for both men and women, and the focus of many families on basic survival. Nevertheless, these changes do offer hope of greater transformation in gender equality, which is not only a basic human right, but a key driver of social and economic development. It also can play a crucial role in child well-being.

It is important to note that reports of attribution to World Vision rarely offered concrete evidence about specific activities that logically led to the change. Nevertheless, World Vision was mentioned frequently enough – without prompting – to infer that its programs have made a contribution.

### Positive changes

- **Property rights:** Both men and women in Tanzania reported more equal rights and access to property. Women can now inherit property, unlike prior to the World Vision project.



- **Deciding on family size:** Bolivia and India respondents said use of contraception is now accompanied by more shared decisions on family size; previously husbands (and parents in India) had decided.
- **Age of marriage:** In all three project sites, respondents said marriage age has risen and teen marriage (or consummation) rarely occurs, a marked change from the past.
- **Access to primary education:** Almost all respondents agreed that, unlike in the past, educational opportunities were similar for boys and girls, with most children reportedly completing primary school. At least part of this change was attributed to World Vision activities.
- **Violence in family and community:** Most respondents in Tanzania and Bolivia agreed that violence against women had declined, especially at the family level.
- **Leadership:** In Bolivia and India, many stated that more women were now taking part in community committees and organisations, a change seen as partly arising from training and awareness-raising through World Vision activities. However, in both countries they usually take roles with less authority.

### Indicators showing little or no change

While the study found evidence of hopeful improvements in gender equality, women and girls remain greatly disadvantaged in some critical domains. Evidence that many women accept norms of subservience indicates the great challenge of social change. In addition, some traditions and norms are exacerbated by poverty and lack of reliable access to basic services including healthcare, water and sanitation.

- **Rest and free time:** In all sites, females still perform the vast majority of household work, sometimes in addition to paid work. Traditional division of labour still exists in communities. It is generally perceived that it is shameful for women if men do “women’s work”. Participants in the Nairobi Feedback Workshop conducted with World Vision partners in October 2013 highlighted the need to build the capacity of men, women, girls and boys on the importance of sharing roles and responsibilities.
- **Deciding on expenditure and family size:** In Tanzania, most respondents said it was rare for women to participate equally in household expenditure decisions because of male customary control of household assets. Most also agreed that women play little role in decisions on family size. The World Vision staff in the feedback workshop recognised the need to address attitudinal change in programming, particularly to engage both men and women in development activities and to emphasise the need for collective decision making on household expenditure.
- **Secondary education:** In all three countries, transition to and completion of secondary school was lower for girls. Various reasons were offered for this, including fears over girls’ sexual safety, risk of pregnancy; that higher education was unnecessary in light of low female workforce participation; and because girls move in with their husband’s family at the time of marriage.

The Bolivia project was a four-year project that focused on community health and was based on a model of working through women’s groups. It worked with women primarily as a means of achieving greater outcomes in health through better knowledge and practices, rather than for the benefit of women or for gender equality. Although the project focused on health, training was provided to women on broader themes, such as self-esteem, gender equality and rights. There was also livelihood training, mainly for women.

Bolivia: A promising model

The World Vision Bolivia team commented that this project had a more integrated approach than used in World Vision ADP; it targeted local health services in order to improve their quality, working with local leaders and within local systems.

The findings suggest that this project contributed to unintended positive consequences for gender equality, such as greater male involvement in housework, women's involvement in community organisations, and girls' increased access to education.

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## Key recommendations

Recommendations for World Vision programming and the wider organisation were generated during the Nairobi Feedback Workshop. The most critical recommendations follow (see full report for complete lists).

### Selected programming recommendations

1. Enhance gender equality awareness training for ADP staff.
2. Build gender analysis skills for World Vision staff involved in Design, Monitoring and Evaluation (DME).
3. Identify gender equality indicators for use in DME, including during annual review and project re-design.
4. Develop evidence-based community behaviour change strategies to challenge norms that devalue girls and women, and influence risky male behaviour.
5. Partner with local women's groups for project implementation and management.
6. Involve men and boys in project activities.
7. Undertake gender equality capacity building of partners.

### Selected organisational recommendations

1. Develop Action Plans to implement the updated World Vision International Board approved World Vision Gender Policy at all levels.
2. Develop Action Plans to achieve better sex balance of staff within all World Vision entities.
3. Initiate gender equality awareness training for staff at all levels, as necessary.
4. Include questions on gender equality attitudes in recruitment and performance assessment processes.
5. Replace "children" with "girls and boys" in the text of World Vision's Child Well-being Outcomes.
6. Develop gender equality indicators for use by World Vision's key sectoral advisors.
7. World Vision Support Offices should provide budget for gender equality activities.

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## Conclusion

This report demonstrates the complexity of, and interaction between, the factors that lead to gender inequality. As such, interventions that aim to address gender inequality issues require a deep understanding of these factors and their complexities. Your investment in reading this report carefully and learning from the reflections, experience and lessons articulated will enable you to contribute to advancing gender equality through your involvement in World Vision programs in many parts of the world.

# INTRODUCTION

*If I had a daughter, I'd hope she grows up in an environment where she is seen as equal to the boy ... equal such that there is no sex that is seen as superior to the other. That she be able to complete her education, get equal access to health facilities, the same way that a boy would get. – Female data collector on gender equality study*

In June 2012, World Vision International commissioned a gender equality study, with support from World Vision Australia, to examine the organisation's influence on gender equality within its partner communities. The study was motivated by the organisation's desire to learn from past and current programming, and specifically: to identify whether World Vision has contributed to a change in gender equality, and if so, how this has occurred and what factors led to positive change. The study was also intended to strengthen the evidence base of how World Vision programs can address gender issues, and to demonstrate the organisation's commitment to being a credible, critically reflective contributor to global efforts towards gender equality.

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## Gender Equality Study project

World Vision Australia engaged a study team to design and undertake the study. The team comprised researchers from the Nossal Institute for Global Health and the Centre for Women's Health, Gender and Society at the University of Melbourne, Australia. An advisory group was also formed to provide guidance to the project and review research outputs. This group is composed of gender and research staff from World Vision's Global Centre and selected World Vision National, Regional and Support Offices.

An inception workshop was conducted in August 2012 to discuss and agree on the scope of the research and to set the tone, expectations, and roles and responsibilities of participating World Vision staff and consultants. The workshop also provided a space to deepen the level of understanding and ownership of the research among key stakeholders and build their understanding of, and capacity to facilitate, the consultants' research and learning field visits.

The research took place over 18 months in collaboration with National Office staff in four sites selected by World Vision through a **shortlisting process using the following criteria:**

- program has a focus on a "child well-being" outcome (health, education, protection);
- availability of baseline data with sex disaggregated data;
- program not completed before 2011;
- evaluations have been done or are pending;
- demonstration of an explicit approach or effort to address gender issues;
- availability of a gender resource person within the respective National Office, or a Regional Gender Adviser to participate in the study; and
- availability of local staff to participate as researchers.

**The selected sites were:**

- **Kenya** (5-24 November 2012), where a Girl Child Promotion Project was implemented within the World Vision Marigat ADP;<sup>iv</sup>
- **Tanzania** (26 November-14 December 2012), where the Ruhita ADP was in phase one of a 15-year program;
- **Bolivia** (28 February-22 March 2013), where a Special Project had been implemented in San Antonio de Lomerío; and
- **India** (8-26 April 2013), where an ADP was nearing the end of its first six-year phase in Jaipur, Rajasthan.

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iv. An Area Development Program (ADP) is World Vision's long-term programming model for community development. ADPs consist of sectoral projects that address the specific development challenges facing children in communities.

The Kenya project site was the first of the four sites visited by the study team and this served as an opportunity to trial the training workshop, methodology and question guides prepared in Melbourne. The focus of the Kenya study was to examine the contribution, if any, of the Marigat Girl Child Promotion Project to gender equality, and to assess how (any) changes in gender equality had an effect on the achievement of three of World Vision's four Child Well-being Aspirations and their associated Outcomes: that girls and boys enjoy good health; are educated for life; and are cared for, protected and participating.<sup>v</sup>

As part of the research study, the University of Melbourne ethics committee reviewed the research methodology and recommended that the study team, rather than World Vision staff, seek community views on World Vision's role in change to avoid any potential or perceived conflict of interest. It also recommended the study focus on specific indicators of gender equality, an approach not used during the Kenya research. Based on these recommendations and the experiences in Kenya, the study methodology was changed for the other three sites. Consequently, the study team produced two separate studies – the Kenya study and the Bolivia, India and Tanzania study, which make up Part 1 and Part 2 of this report.

Two videos were also produced to show the methodology used in the Kenya research as well as provide an introduction on the Gender Equality Study.

A research feedback workshop was held in Nairobi in October 2013, attended by representatives from the four participating National Offices, regional gender advisers from the World Vision Partnership, as well as colleagues from World Vision's Global Centre and Support Offices who had supported the research. During this workshop, the research findings were presented and participants reflected on the findings' implications for World Vision programming and suggested organisational changes that could help support gender programming.

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## Defining gender equality

At the time of the study, World Vision had developed a draft Theory of Change relating to gender and development. This framework included elements of a gender equality definition – such as boys and girls having equal voice, agency and opportunity to participate – however the document had not been finalised and so the study team were unable to use it to define the terms of the study. **The study team therefore elected to use the definition of gender equality proposed by UN Women:**

Gender equality refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.<sup>vi</sup>

For the purposes of the Kenya study, "contribution to gender equality" has been interpreted to mean the project's effect on addressing disadvantage, disparities, deprivations or harms that are experienced by an individual or group on account of being male or female.

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v. Child Well-being Aspirations and Outcomes are a practical definition of World Vision's understanding of well-being for children. Each of the four Child Well-being Aspirations has a set of associated Child Well-being Outcomes.

vi. Current definition used by UN Women. Concepts and definitions (2013) retrieved from [www.un.org/womenwatch/osagi/conceptsanddefinitions.htm](http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm).

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## Methodology

The methodology used in the research was primarily qualitative as baselines related to gender indicators were very limited. It relied upon the use of indicators of gender equality, refined for each setting. The study gathered respondents' perception of change across the gender indicators used. The study design did not enable the study team to verify either the degree or the significance of change. Focus group discussions with community members and key informant interviews with academic gender specialists, NGO/government representatives and selected World Vision staff were conducted. Details of the specific methodology used in each study are provided in Part 1 and Part 2 of this report.

Of particular interest, the methodology used contributed to the capacity of World Vision National Office and ADP staff to conduct this type of research in the future. Thus, the actual field work undertaken by World Vision staff was used for the joint purposes of gathering data for the study, and utilising data to build skills in systematic thematic analysis.



# PART I: KENYA STUDY



Produced by Mia Urbano and Cathy Vaughan on behalf of the study team from Nossal Institute for Global Health and the Centre for Women's Health, Gender and Society, University of Melbourne.



## **ACRONYMS**

<b>ARP</b>	Alternative Rite of Passage
<b>ADP</b>	Area Development Program
<b>CBO</b>	Community-Based Organisation
<b>COH</b>	Channels of Hope
<b>CPA</b>	Child Protection Advocacy
<b>CVA</b>	Citizen Voice and Action
<b>FBO</b>	Faith-Based Organisation
<b>FGC</b>	Female Genital Cutting
<b>FGM/C</b>	Female Genital Mutilation/Cutting (preferred acronym for this study)
<b>FGM</b>	Female Genital Mutilation
<b>FY</b>	Financial Year
<b>GAD</b>	Gender and Development
<b>GoK</b>	Government of Kenya
<b>IGA</b>	Income Generating Activity
<b>IPA</b>	Integrated Program Area
<b>MGCPP</b>	Marigat Girl Child Promotion Project
<b>MPND</b>	Ministry of Planning and National Development
<b>MoE</b>	Ministry of Education
<b>NGO</b>	Non-Governmental Organisation
<b>OVC</b>	Orphans and Vulnerable Children
<b>PLA</b>	Participatory Learning and Research
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization
<b>WID</b>	Women in Development
<b>WVI</b>	World Vision International
<b>WVK</b>	World Vision Kenya

Part I cover image: Photo by Hyojung Kim/World Vision.



# I.0 STUDY OVERVIEW

The Kenya field site was established as the first and “pilot” site for the four-country study. It was intended that the study questions, methodology and training workshop for data collectors would be trialled and refined through the Kenya experience.

**The study questions that guided the Kenya field investigation were:**

1. What contributions have selected projects made, if any, towards gender equality?
2. How has this contributed to World Vision’s Child Well-being Outcomes?
3. Based on these findings, what are the lessons for World Vision to ensure that their programming contributes to gender equality?

The study in Kenya was focused on examining the contribution, if any, of the Marigat Girl Child Promotion Project to gender equality.

## I.1 Marigat Girl Child Promotion Project

The Marigat Girl Child Promotion Project (MGCPP) is a 10-year commitment by World Vision to improve the status and circumstances of girls through a focus on their education and protection from FGM/C and early marriage.<sup>1</sup>

The MGCPP is implemented within the Marigat Integrated Program Area [otherwise known as an ADP that is supported by World Vision Germany and World Vision Spain. This program started as the Marigat-Nginyang Program in October 1996.<sup>2</sup> From 2006-9, it implemented five child sponsorship-funded projects, in the sectors of HIV and AIDS, food security, water and sanitation, education and child sponsorship.

World Vision also identified a number of themes that would cut across this project portfolio, including peace building, disability inclusion, Christian commitment, “gender”, child protection, and environmental sustainability.<sup>3</sup> Although the scope or content of “gender” as a stand-alone term is not further defined in the program design, the World Vision Kenya National Office Strategy further provides that the organisation will endeavour to mainstream gender in all its programming interventions, including gender balance in staffing, especially at the management level.<sup>4</sup>

Significantly, the MGCPP was one of five FGM/C eradication and girl child education projects implemented in locations across the Rift Valley. The other four locations were Tot, Mt Elgon, Marich Pass and Olenton. The projects had strategies and cornerstone activities, such as the alternative rite of passage ceremony, in common, although these were intended to be tailored to local conditions and cultural precepts.<sup>5</sup>

The MGCPP commenced in 2006.<sup>6</sup> The first phase was implemented from 2006-11, and a second phase from 2012-16 was underway at the time of field work for this study. The project, as well as the ADP, will formally conclude and “transition” to community management in 2016. The MGCPP was last evaluated in August 2010.

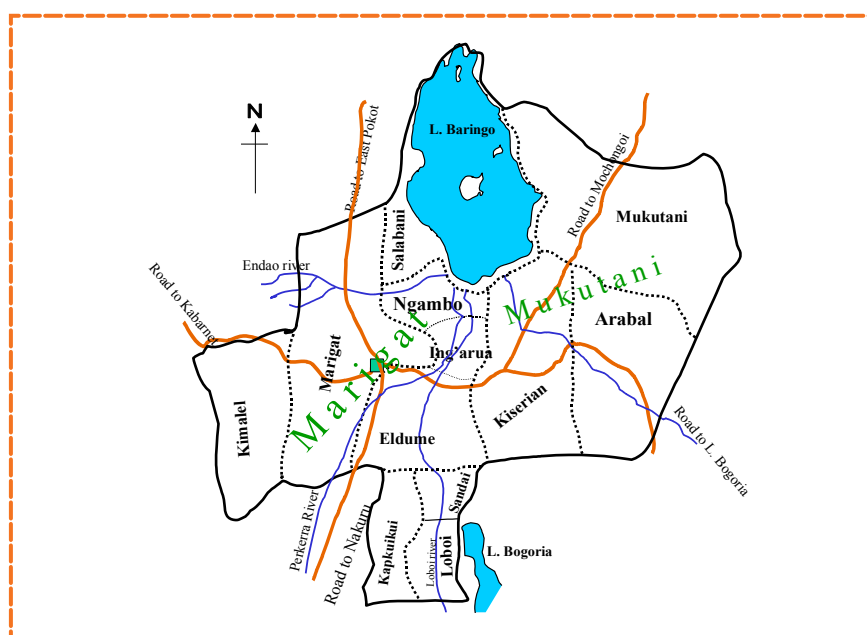
### I.1.1 Defining female genital mutilation

The goal of the MGCPP is to reduce the incidence of female genital mutilation. Female genital mutilation (FGM) is the term most commonly used by the United Nations and other international agencies, to describe all practices that “involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”.<sup>7</sup> The term “female genital mutilation” has been recommended by both the World Health Organization (WHO), and the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, for over 20 years to emphasise that the practice is harmful and a violation of the rights of women and girls. It is the term used in Kenyan legislation and by World Vision. However, the term FGM can be offensive to women who have experienced the practice but do not consider themselves mutilated, and it can be a barrier to engaging communities where female circumcision is traditionally practised. In the case of the MGCPP, the project interacts with girls and women who have been

circumcised, with girls and women who have not been circumcised, and with those who perform circumcision. During field work for this study, respondents used a variety of terms to describe the practice – FGM, FGC (female genital cutting), female circumcision, and local words that most directly translated to “cut” or “circumcision”. For the purposes of this report, the acronym FGM/C is therefore used – other than when directly quoting respondents or source documents – to acknowledge the variety of ways that girls and women who have undergone this practice may identify themselves or interpret their experience.<sup>8</sup>

## 1.2 The Marigat context

The MGCPP has been implemented in the divisions of Marigat and Mukutani in Baringo District. The project is implemented in eight locations across this predominantly rural and pastoralist region: Mukutani, Kiserian, Arabal, Sandai, Eldume, Ng’ambo, Inga’rua and Salabani.<sup>9</sup>



Marigat Area Development Program as at 2006.<sup>10</sup>

The ADP area encompasses an estimated population of 37,216 people<sup>11</sup> drawn from three major ethnic communities: Ilchamus (this pastoralist group, inhabiting lowland areas and the islands of Lake Baringo, is the smallest of the three ethnic groups with an estimated population of 27,440)<sup>12</sup>; Tugen (the largest in number and who are mixed farmers, settled on the hillside slopes of Marigat); and the Pokot (a pastoralist community based in Mukutani and East Pokot).<sup>13</sup> As of 2006, women and girls comprised 52 percent of the population (or 19,450 people). Additionally, the ADP evaluation undertaken in 2010 found that of 600 households surveyed for the evaluation, 17 percent were female-headed.<sup>14</sup>

Each group speaks their own ethnic language (Ilchamus, Tugen and Pokot, respectively). The national language of Swahili is widely spoken but not universal. English is also spoken by most village chiefs, government officials, and those with higher education levels. The population is overwhelmingly young, with an estimated 61.5 percent being under 20 years of age. Of those, 21 percent are believed to be under five years of age. Protestantism is the predominant religion across these groups, mirroring the national proportion of adherents at 68 percent.<sup>15</sup>

The ADP covers an area of approximately 3,000 km<sup>2</sup> comprising semi-arid and arid terrain. It spans flat plains in the Marigat region and rugged, hilly terrain in Mukutani. The region is prone to high temperatures and consequently, drought, but the parched land surface means that severe flooding also occurs during the rainy season. Farming is also hampered by poor infrastructure and road access to markets, as well as wildlife

invasion and high costs of production in remote areas. Livestock rearing is the most common form of livelihood.<sup>16</sup>

Poverty pervades life in Mukutani Division, with an estimated 65 percent of the population cited as living below the international poverty line of US\$1.25 per day. The rate is marginally lower in Marigat, at 52 percent of the population.<sup>17</sup> Prior to the re-drawing of administrative boundaries in 2008, the Baringo District Poverty Reduction Strategy noted that there was in fact an increase in the percentage of households classified as living in poverty in the area – from 32 percent of households in 1997 to 54 percent in 2000.<sup>18</sup>

Although divisional and sex-disaggregated figures were not available, the District Education Office noted that approximately 55 percent of the population was literate in Marigat Division, and 35 percent in Mukutani Division.<sup>19</sup>

The region experiences chronic low-grade insecurity. Armed banditry occasionally flares into violent incidents leading to population displacement, the destruction of social infrastructure such as schools, and even deaths. World Vision staff members have been targets of armed bandits and work in an environment of fluctuating risk. The trigger for much of the intra-group conflict is attributed to cattle rustling (ie, appropriation of livestock), and there is a strong perception among Ilchamus and Tugen communities that the main perpetrators come from the Pokot community.

Initially, the MGCPP identified the Ilchamus community as the focus of the program, owing to the high prevalence of FGM/C within this group, and because no previous advocacy had been attempted with this group. However, since Marigat Division is host to two major ethnic groups, (the Tugen and the Pokot), World Vision decided that it was important to undertake work with both groups, as well as with the Ilchamus – which is the minority in terms of population size. With the history of conflict between groups, it was important that World Vision was seen as neutral and not favouring particular communities. That said, it is notable that the original and second generation of MGCPP managers were women from the Ilchamus community, and that the MGCPP staff reported the greatest degree of project uptake in Ilchamus villages.

### 1.3 Selection of sites and ethnic communities involved

#### 1.3.1 MGCPP stakeholders

The MGCPP collaborates and interacts to varying extents with a broad range of community stakeholders within Marigat. At the district level, the MGCPP works with: Government Offices for Education, Health, Children, Gender and Social Services; the Police Commissioner and law enforcement officers; NGOs including ChildFund and ActionAid; and the United Nations Population Fund (UNFPA). At the community level, the project works with: village chiefs; local teachers and teachers' lobby groups; parent groups; and community-based organisations (CBOs).

In reviewing the gender equality contribution of the MGCPP to date, it is important to ground analysis in the overall objectives of the project. Project objectives have evolved over the six years of implementation. Review of the objectives yields insight into the rationale for the project, and into the shifts and accommodations made in language and strategy concerning women's and girls' rights and gender equality.

### 1.4 Objectives and approaches of the MGCPP

#### 2005 Baseline Assessment

In the 2005 Baseline Assessment, the MGCPP was clearly conceived as an “anti-FGM” project, centred on an advocacy campaign on the rights of the girl child. **The original objectives of the MGCPP as articulated at this time were:**

1. Increase change in attitude on FGM practice in eight sub-locations of Marigat and Mukutani where this practice is rampant.

2. Increase primary and secondary school enrolment of school-going children.
3. Enhance economic empowerment for role models and redeemed circumcisers.<sup>20</sup>

The preamble of the baseline report further explains that, “it was necessary to come up with an intervention to deal with FGM because it violates the rights of women and specifically the girl child.”<sup>21</sup> This unequivocal language contextualises the project as a rights-based initiative, and extends the ambit of concern to both children and women.

### 2006 Design Document

The overarching goal of the MGCPP, as ultimately expressed in the Design Document (2006),<sup>22</sup> was “to reduce the incidence of FGM among girls in eight (8) locations of Marigat and Mukutani divisions of Marigat ADP community”.

#### The project sought to achieve the following three outcomes by 2009:

1. Increased change of attitude and FGM practice among 30 percent of the eight locations of Marigat and Mukutani divisions of Marigat ADP community;
2. Increased primary and secondary school enrolment and retention rate for 30 percent of school-going children in Marigat ADP by 2009; and
3. Improved levels of economic empowerment of women and girls in Marigat ADP by Financial Year (FY) 09.

Two out of the three objective statements explicitly aim to ameliorate conditions for women and girls. Boys are included in the second objective; however men and boys are not explicitly mentioned. The objectives do not seek to uncover or address the gendered, relational dynamics that underpin FGM/C and the economic status of women.

Interestingly, during field work for this study, when asked whether World Vision broached the topic of gender equality as part of its community awareness-raising efforts, the following reply was given by a former senior staff member:

*It (gender equality) never came out with the community ... Because the communities are male-dominated and we were dealing with the very sensitive issue of FGM, we did not want to bring all these things together. – Former MGCPP team member*

It was further explained that gender equality was “always in the background”, but never directly broached. According to the same former staff member, World Vision chose to work indirectly to lead people to realise that a gender gap existed or that gender issues might explain a particular pattern. One such example was to highlight that the drop out of girls from school resulted in there being fewer female teachers, and that this perpetuated further drop out among girls, especially after the onset of puberty when girls felt less comfortable with male teachers.

In fact, in the beginning, even World Vision's approach to reducing the incidence of FGM/C was to advise the community to “delay” circumcision, rather than taking the more confrontational approach of advocating for it to stop. When World Vision met with stakeholders who were knowledgeable about gender equality and “on side” on the issue, it was easier to be explicit.

### 2011 Re-design Document

Following on from the evaluation in 2010, the Marigat ADP was re-designed. The goal for the MGCPP for the period 2012-16 was to reduce the incidence of FGM among girls in eight locations of Marigat and Mukutani Divisions of the Marigat ADP community. **The two project outcomes were described as being:**

1. Increased community engagement on child protection issues; and
2. Reduced economic dependency from girl child exploitation.

While the focus was expressly on the "girl child", World Vision staff explained that the approach adopted was to engage the whole community on these issues, and that there were discrete activities targeting boys, such as educating them on the effects of FGM/C.

#### 1.4.1 MGCPP activities

By the time of the field work for the present study, a suite of well-established activities were in place across the eight locations of the project to achieve these outcomes.

Table 1: MGCPP activities

Activities	Description
<b>Construction and operation of "rescue centres"</b>	Rescue centres served as safe havens or residential homes for girls who had resisted FGM/C but had either faced conflict from or fled their families. World Vision supports efforts to reconcile girls with their families. The rescue centres are located on school grounds, and the school fees for the girls are subsidised fully by the project up to Grade 8.
<b>Alternative Rite of Passage (ARP) preparation and ceremony</b>	The ARP is designed to cultivate an alternative cultural initiation ritual to cutting. The activity consists of girls undergoing a period of seclusion for education about womanhood, including relationships, family life, personal hygiene, reproductive health and sexuality, and personal empowerment. The ARP culminates in a graduation ceremony in December. Complementary education and awareness raising on the effects of FGM/C and early marriage is also provided to the community, particularly to parents, men and boys. <sup>23</sup>
<b>Community seminars</b>	World Vision leads sensitisation and capacity building of the community (namely political, civic, religious and opinion leaders) on child rights and protection particularly in relation to FGM/C and early marriage. Targets include CBOs, parents and male and female teachers, and seminars are also conducted through the barazas (community meetings).
<b>Capacity building of CBOs</b>	Training of CBOs on children's rights and protection, especially on FGM/C and early marriage, to create awareness in schools, churches and barazas.
<b>Training of children</b>	Facilitation of assemblies to create awareness on children's rights and protection. Support celebrations for the day of the African Child including an annual essay writing competition.
<b>Supporting alternative livelihood support for "redeemed" circumcisers</b>	World Vision supports former circumcisers in exploring sustainable alternative livelihoods such as beading, farming, beekeeping and goat rearing. World Vision engages the District Gender Officer to train former circumcisers on alternative livelihoods, animal health, beading and trading cereals. Part of the strategy is to identify and profile role models who have secured sustainable alternative livelihoods. World Vision partners with CBOs to engage redeemed circumcisers as sponsors of girls during the ARP. The final element is to partner with CBOs to engage redeemed circumcisers as mentors of maturing girls during the ARP.

## 1.5 Insights into gender equality and differences in Marigat

Although gender equality has never been an overt objective of the MGCPP, during the project design and evaluation of the wider ADP, World Vision has gathered information about women and girls that could be compared to men and boys, to identify the issues hindering women and girls' development and inform the direction of the MGCPP.

### 1.5.1 2005 Baseline Assessment findings in relation to gender equality

Prior to designing the MGCPP, World Vision commissioned an independent baseline assessment. The assessment was conducted in September 2005, with nine objectives that spanned the areas of health, education and community mobilisation potential. The following objectives were of particular relevance to the present gender equality study:

- to establish the current status of education, especially that of girls, with attention to literacy levels and school drop-out rates;
- to establish the prevalence of FGM and its effects on education, health and the community; and
- to assess the possibility of the economic empowerment of women.<sup>24</sup>

The baseline was a mixed method assessment, undertaken with a sample of stakeholders in both Mukutani and Marigat divisions. In each location, 36 focus group discussions and 100 semi-structured interviews were undertaken. Key findings included:

#### a. That the FGM “prevalence” in the Marigat ADP community was 94 percent.

*This finding became the raison d'être of the MGCPP for project staff. This finding was described as shocking for staff, and it compelled action.*  
– Former MGCPP staff member

The question that was put to the 18 baseline survey respondents sought “perceptions” on the prevalence of FGM. The survey asked, “Is FGM practised by the community?” The survey result shows that 94.4 percent (17 respondents) said yes.<sup>25</sup> This figure, obtained from a small number of respondents, is in no way an accurate measure of prevalence or incidence of FGM **but has been interpreted as such.**

Such “prevalence” would be very high compared with national data. Between the 1998 and 2008-9 Demographic and Health Survey (DHS) reports for Kenya, FGM/C prevalence declined from 32 percent to 27 percent among women and girls aged 15-49 years, nationally. The prevalence, “severity” of circumcision, and the age of a girl at the time of circumcision vary greatly by place and ethnicity.

In 2008-9, the reported prevalence of FGM/C in the Rift Valley was 32 percent. Although this figure is a provincial aggregate, of relevance to the MGCPP is that prevalence was reported in the DHS to be as high as 73 percent among Maasai groups – of which, the Ilchamus are a sub-tribe.<sup>26</sup> In the Rift Valley, the vast majority of circumcisions (approximately 75 percent) were performed on girls between the ages of 12 and 18 years.<sup>27</sup>

Baseline survey respondents identified that FGM is practised in the Marigat ADP communities for three main reasons: that it is a rite of passage from childhood to adulthood, that it improves marriage prospects and renders a girl eligible for marriage, and that it is a cultural practice.<sup>28</sup>

#### b. The attrition or “drop-out” rate for both girls and boys from primary school was high, but exceedingly so for girls in Mukutani.

The drop-out rates by sex, depicted in the table opposite, were based on analysis of Ministry of Education data on the absolute number of girls and boys enrolled in 1997 and the number who completed primary school to Grade 8 in 2004.<sup>29</sup>

**Table 2: Primary school attrition rates by gender**

	<b>Attrition rate of girls</b>	<b>Attrition rate of boys</b>
<b>Marigat Division</b>	43.3%	33.9%
<b>Mukutani Division</b>	70.3%	7.29%

Rates are exceedingly high for girls in Mukutani Division, being 10 times that of the drop-out figure reported for boys.<sup>30</sup> Obviously, the inability to complete a course of basic education will undermine the attainment of literacy and numeracy, and so women are likely to be disproportionately represented among the illiterate population in Mukutani from this generation. Data for Marigat illustrates that over one-third of the enrolled cohort does not complete primary school.

Interviews and survey respondents concurred on the reasons for the high drop-out rate of girls. The top factors identified were: early and “forced” marriage; early and unwanted pregnancies; and traditional cultural practices, namely FGM. World Vision later reported that early marriage and pregnancy “occasioned by FGM” is the primary reason for girls discontinuing their schooling.<sup>31</sup>

**c. That 59.7 percent of baseline survey respondents perceived that the community did not treat boys and girls, men and women equally.**

To substantiate this view, respondents cited the following: boys are valued (more); girls are overworked; women are not decision makers; women are denied property ownership; women are seen as less human; girls are discriminated against in education; and women and girls have less power in the community.<sup>32</sup>

Of the 40 percent who considered that the sexes were treated equally, they identified the examples of: equal access to education; that both sexes have basic needs provided for; equal work; and equal share of home duties. (These views contrast sharply with the perceptions of male and female stakeholders shared during field work for the present study.)

Interview respondents were asked the related question of what challenges women and girls faced in Marigat communities. The common responses listed were (no order specified):

- early and forced marriage
- FGM/C
- early pregnancies
- women being overworked
- domestic violence
- gender disparity and imbalance
- no right to property
- poor and inequitable distribution of family wealth
- cultural taboos and practices
- lack of awareness
- high illiteracy levels
- defilement and rape
- being denied freedom to join self-help groups<sup>33</sup>

Due to belated access to this baseline data and the need to balance the potential for harm or distress occasioned by exploring these issues with participants in the context

of a short data collection phase, these topics ultimately served to guide the study team's thematic analysis. These elements obviously lend themselves to being relevant domains of gender equality or "indicators of enquiry" for future study.

### 1.5.2 2010 ADP Evaluation findings in relation to gender equality

The other main source of secondary data on the intentions and influence of the MGCPP was the 2010 Marigat ADP/IPA Evaluation. Ultimately, the evaluation provides additional contextual detail on the status, circumstances and rights enjoyed by women and girls but since it was an evaluation of the Marigat ADP overall, it did not map neatly with the MGCPP 2005 Baseline Assessment.

The evaluation of the Marigat ADP was not used to measure the same things as the MGCPP Baseline Assessment. It included sex-disaggregated data on related aspects such as current school attendance, but it did not repeat measurement of perceived FGM prevalence, views on factors that hinder education completion of girls and boys, and views on whether the community treats girls and boys equally.

The Marigat ADP/IPA Evaluation noted (although did not cite) a survey conducted by East African Education Research in 2008, which involved 20 schools drawn from the Marigat and two neighbouring ADP areas. The survey identified the leading causes of school "drop out" in these three zones as FGM/C, moranism (ie, the initiation of young men), early marriage, early pregnancy, politics and cattle rustling.<sup>34</sup>

The Marigat ADP/IPA Evaluation further noted that early marriage is highly prevalent in Marigat immediately after the FGM/C "season" in December and January. This especially affects girls from Grades 6 to 8, who are commonly aged 12 to 15 years. It is imperative under culture for a girl to be circumcised before she is pregnant and so there is pressure to perform FGM/C once a girl reaches puberty.<sup>35</sup> Circumcised girls are seen as a source of respect for families, and circumcision was seen as a social safety net for families (with the dowry wealth received by parents being higher for circumcised daughters).<sup>36</sup> The symbolic, material and transactional value placed upon girls on the basis of whether or not they have been circumcised is illustrative of broader inequalities faced by women and girls in the Marigat and Mukutani divisions.

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## 1.6 Contextualising the MGCPP within developments in Kenya

Measurement of the MGCPP's contribution to gender equality, examined against the definition used in this study but also against the gender-specific objectives that the MGCPP had set itself, needs to be mindful of developments occurring in the broader context.

Kenya has confirmed a commitment to equality in rights and protections of girls and boys through a number of measures. Kenya ratified the United Nations Convention on the Rights of the Child (CRC) in 1990, within the first year that the instrument was open for signatories. The convention obliges state parties (ie, governments) to take measures to abolish traditional practices prejudicial to the health of children (Article 24[3]), and to prohibit discrimination against children of any kind, including on the grounds of their sex (Article 2). The Government of Kenya then enacted the Children's Act of 2001 (No. 8 of 2001), to "domesticate" its obligations under the CRC. Under the Children's Act, the practice of FGM/C was prohibited for any woman up to 18 years of age. FGM/C was again prohibited and characterised as a form of child abuse in the Sexual Offences Act of 2006.

In the two-year period prior to the Gender Equality Study, the Government of Kenya had enacted critical pieces of legislation that increased both the profile and the formal protection of girls and women from harmful practices.



In 2010, the government introduced a National Plan of Action for the Abandonment of FGM to extend the prohibition of the practice to all women. This plan was developed by the Ministry of Gender, Children and Social Development in collaboration with the National Committee on the Abandonment of Female Genital Mutilation (NACAF).<sup>37</sup> The Gender Adviser for World Vision Kenya is an active member of NACAF.

In 2011, this was expeditiously translated into law with the passage of the Prohibition of Female Genital Mutilation Act (No. 32 of 2011). The act was moved by a male Member of Parliament which was seen as sending a powerful message that FGM eradication is not just a women's concern.<sup>38</sup>

These developments have given national prominence to the issue and illegality of FGM, and it has also obliged provincial and district level law enforcement officials to prosecute cases. However, a report published in 2011 emphasised that the existence of laws did not necessarily equate to enforcement. To date, arrests in the Marigat area have been highly publicised but ultimately few in number.

Of relevance to the MGCPP, the United Nations has also been implementing a series of FGM eradication programs in two adjacent locations in the Rift Valley – Samburu and Baringo counties. This UNFPA-UNICEF Joint Program on Female Genital Mutilation/Cutting is part of a multi-country initiative that is being implemented in 15 countries across Africa.<sup>39</sup> The program shares activities in common with the MGCPP, including the hosting of alternative rite of passage ceremonies and anti-FGM education. However, the program is also notable for its collaboration with community elders to the extent that led to the Elders Declaration of Abandonment of FGM in June 2011, and for its close work with the Kenya Women's Parliamentary Association to lobby for the passing of the anti-FGM legislation.



Right to own property is now equal in that this woman owns these cows on her own. Before a woman was not allowed to own property but now they are actively involved in looking for means of increasing property ownership. This demonstrates gender equality in that the way men and women relate is almost equal in that women are also owners of property. The reason for the change is modernisation. Right now women are engaging in those income-generating activities to pay for their lives. Education has shown the community that the girls can be educated and becoming a teacher; having their own salary. – Photo by Lucy Murunga, text by Betty.

Shifts toward greater equality between women and men are supported by Kenya's recently redrawn Constitution (2010) which guarantees women unprecedented rights and protections. While many community members are unaware of these rights and protections, respondents described changes that are nonetheless slowly occurring.

## 2.0 METHODS

At the Kenya site the study team were fortunate to be able to draw upon the skills and local knowledge of a group of staff and community volunteers who had prior experience in conducting interviews, focus group discussions and surveys, and in the use of Participatory Learning and Action tools, from activities undertaken during previous data collection for project baseline assessments and evaluations. Some of the World Vision staff involved in this study, including those who had come to support the study from the National Office and other ADP locations, were quite senior personnel.



The field work team (minus Martha Tureti and Joseph Kimaiyos) on a ridge above Lake Baringo, returning from Mukutani on the last day of data collection in communities. Photo by Sean McPhilips.

All of the staff and volunteers involved in the data collection for this study spoke at least three languages (their mother tongue, Swahili and English). One of the volunteers spoke at least five languages (Ilchamus, Pokot, Tugen, Swahili and English).

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### 2.1 Data sources

Several qualitative research methods were used in the Kenya field site to gather data in relation to the three study questions. These included:

- **41 in-depth interviews** with a range of stakeholders (43 individuals, see Table 3). In-depth interviews were conducted by the two study team members and, in a few cases, by senior World Vision staff. The vast majority of interviews were conducted in English, with only five requiring translation (which was provided by community volunteers from across the three relevant language groups). Interviews were audio recorded and transcribed verbatim for analysis. They represent the primary data source for the Kenya field site.
- **10 focus group discussions** with community groups (see Table 3). Focus group discussions (FGDs) were facilitated by World Vision staff and community volunteers, all of whom had previous experience in running focus groups during project baseline surveys. FGDs were audio recorded to supplement the notes taken during the discussion by staff and volunteers. These notes were summarised and translated into English during the field work period. These notes did not represent verbatim translation of discussions, and were used to triangulate data collected during the in-depth interviews.
- **Photographs taken by community volunteers.** Those community volunteers who contributed to data collection by facilitating or note taking during FGDs were also provided with digital cameras and asked to take photographs during the field work period. Volunteers were asked to take photographs (and write short explanations

to accompany them) that they felt captured change in relation to gender equality, or illustrated persisting gender inequalities.

- Field notes taken during training activities and at the daily debrief during data collection.** Study team members took field notes during training activities (for example a gender sculpture exercise, or small group discussion on the impact of gender inequality on World Vision's indicators of child well-being) to capture the perspectives and reflections of staff and volunteers. Staff and volunteers were also asked to complete daily data collection debrief sheets at the end of each day in the field (see Annex 1). The reflections contained in these sheets were then discussed by the entire group on return to Marigat town, with the study team members taking notes to capture key issues raised during these reflective discussions. This daily exercise was a rich source of data throughout the study, highlighting recurrent themes, contradictions and diversity emerging from the field.



Members of the field work team and the external consultants during a debrief and reflections exercise at the end of a day's data collection. Photo by Sean McPhillips.

- Review of secondary data sources.** A range of documents were reviewed prior to, and after, the field work period. These include World Vision documents (eg, MGCPP project documents, Marigat ADP documents, and national and international policies) that were made available to the team, as well as a range of other relevant material from both the peer-reviewed and grey literature.<sup>4,5,7,8,13,16,55,57,59,60,61,66</sup>

The purpose and scope, and potential benefits and risks, of the project were explained to all participants prior to the interviews and FGDs, and they then gave their informed consent (which was audio recorded). Participants are not referred to by name in this report.

**Table 3: Research participants**

Participants in in-depth interviews	Participants in focus group discussions (no. of groups)
Head teachers and teachers (7)	Community-based organisations (2)
Chiefs (5)	Women's groups (3)
Elders (5)	Female "beneficiaries" (2)
World Vision staff (5)	Male "beneficiaries" (1)
Local government employees (4)	Men's group (1)

<b>Participants in in-depth interviews</b>	<b>Participants in focus group discussions (no. of groups)</b>
NGO representatives (4)	“Redeemed” circumcisers (1)
Community volunteers (4)	
National government officials (3)	
CBO leaders (2)	
Relevant Nairobi-based academics (2)	
UN agencies (1)	
Pastor (1)	

## 2.2 Data analysis

Initial analysis of data was conducted during the daily debriefs with the field work team, and during a full day of facilitated reflection upon the data at the completion of Marigat-based interviews and FGDs. This enabled all team members to share their perspectives on the recurrent themes that they could identify in the data, and to clarify issues for the study team. This included providing the study team with a crash course in the Ilchamus (in particular), Pokot and Tugen cultures and explanation of the social organisation of communities based on age sets (and how this affects women and men in these communities). The field work team’s local knowledge and cross-cultural expertise was invaluable to later interpretation of the data.

Early review of the data was framed by theoretical concepts about gender and recognised indicators of gender equality, as well as the local team’s interpretations of the data. After leaving the field, the study team entered the data into the qualitative analysis software QSR NVivo 10. Data analysis then moved from the deductive and conceptually driven early review undertaken in the field, to a more inductive “data-driven” coding of the text identifying codes from the details of the empirical material.<sup>40</sup> Following the steps for thematic analysis outlined by Braun and Clarke (2006),<sup>41</sup> codes were collated into themes associated with changes in gender inequality; relationships between gender inequality and child well-being; and strengthening World Vision’s efforts to contribute to gender equality.

## 3.0 FINDINGS IN RELATION TO GENDER EQUALITY

Challenges associated with attribution notwithstanding, there were a number of areas where positive changes in relation to gender equality in Marigat communities were consistently reported. Other domains of gender equality had proved more resistant to change. These are summarised below.

### 3.1 Perceived positive changes

Positive changes in relation to gender equality, which were attributed at least partly to World Vision's programming and specifically the MGCPP, were reported in the following areas:

#### 3.1.1 Access to education

Among both World Vision staff and community members, increasingly equal access to school for girls and boys was the most frequently reported impact of the project.

*I will say the biggest achievement of the Marigat Girl Child Promotion Project is that the enrolment for the girl child in schools has improved. – World Vision staff member*

All communities where the MGCPP was being implemented reported that education of girls was more highly valued than it had been prior to the project starting work in their communities six years ago.

*The boys also saw, they're talking, even the community has now seen the importance of girls being educated. And also the parents saw that girls need [education], [the importance] of having also girls acquiring education. And knowing that ok, a girl and a boy have a same [needs], they are the same. There is no difference between a girl and a boy. Both of them need education. Education is for all, not only for boys. Education for a girl, and for a boy. So now there's that acceptance. – Community chief*

All communities reported greater retention of girls through the latter years of primary school, increased transition to secondary school, and increased numbers of girls entering higher education.

*World Vision organised seminars for the parents ... so that they can tell them the importance of education. And when they are done, we see that dropping out of school is now becoming very minimal ... That's the most thing[s] they have done. A very good thing they have done. – Head teacher*

A number of activities implemented by World Vision were repeatedly reported to contribute to increased access to education for girls. These activities included sensitisation seminars and awareness raising for parents, facilitating income generating activities for women (with women's increased income contributing to keeping daughters in school), and contribution to distribution of sanitary towels (now budgeted for by government).

*Because we are now seeing some women are selling vegetable, others are selling chicken, eggs, and we see at least these changes. And that's why now we have good enrolment of girls in schools I think. – Deputy head teacher*

However, it was acknowledged that there continues to be inequality in the number of girls and boys completing high school, and that not all ethnic groups had shifted in their views on the value of girls' education (with the Pokot reporting minimal change). Review of enrolment numbers at local schools did not support the strong community perceptions of increasingly equal access to education for girls and boys across Marigat Division. Local government data suggest retention of students from year to year is inconsistent across the division, with some schools showing increased retention of girls and others showing no, or negative, change. However, analysis of enrolment data is highly problematic – figures are only available since 2009 (when local government administrative boundaries were redrawn), are incomplete for some schools, and are substantially affected by the population movements between communities that are associated with local conflicts.

Community respondents associated increased access to education for girls with a range of benefits (for girls themselves, as well as for their families and communities). These included reduced incidence of FGM/C; later age of marriage; increased opportunities for girls to earn cash income, and therefore provide support to their family. Some also noted that it was a girl's right to receive an education and to earn her own income, rather than just a means for parents to diversify the sources of income that they could derive from their children.

*She doesn't want her girls to come and undergo to the difficult life she undergone. So she want them to go to school, get education and earn a better living to provide for themselves rather than to do it for their husbands or for other people.*  
– Translator for female community leader

### 3.1.2 Exposure to harmful traditional practices

*I've said no to FGM because when I was in high school we happened to have a book that we did in that year for our national exam that was talking about the effects of FGM. And also because of these activities that World Vision has been carrying out, that when you undergo FGM they're those effects that come with it. So having learnt those, one of them is the effect on child when you are delivering or maybe complications that come with it. So I decided to say no, and so far I've seen the benefits. I've been able to complete my high school.* – Community volunteer

There was a perception in all communities visited that the incidence of FGM/C had reduced to some degree over the last six years, though it was acknowledged (again in all communities) that change was slow and modest.

*Girls are always being educated on the disadvantages of FGM, or they are being told the effects of FGM. For now, we are seeing that people are trying to change. Though, I'm still repeating that it is not 100%. It's not 100%.* – Head teacher



There are more girls going to school now. This is a significant change in children's education in the community. Girls are supported to attend class and to do private studies at home so they can compete equally with boys in academic matters unlike before where they are assigned kitchen duties and other chores. Photo by Ashley Jonathan Clements/World Vision, text by Alfred.

Respondents reported changing attitudes in the communities, with increasing acceptance of women who had not been circumcised. This included employment, and in particular, successful marriages for uncircumcised women – something that was previously unheard of in these communities.

*They [uncircumcised girls] go to high schools. They go to colleges and the parents are beginning to see the positive side of it, the goodness. Because those who graduated actually have ended up in a university and when they get jobs, they come home and they do things for their parents. And when they get*

*husbands they get educated people who have money, who uplift the standard of living of the parents of this girl, so that the change is there, it is quite positive now, yes. – Teacher*

*The attitude of the boys has changed. Because having someone who has got married to, a girl who has not undergone FGM, is an attitude change. – Community chief*

Change was not uniform across the Marigat and Mukutani divisions. It was perceived (by both World Vision staff and community members) that the most progress in reducing incidence of FGM/C had been made in Ilchamus communities. This was attributed to both the Ilchamus' history of prioritising education, and the fact that the majority of (female) MGCPP staff had been recruited from Ilchamus communities. However, in Pokot communities it was perceived that there had been minimal, if any, reduction in the incidence of FGM/C. This was attributed to cultural conservatism and, in particular, entrenched poverty.

*The Pokot see the girl child as their stock, their bank. They can sell a child and get a lot of cows. They receive 10 cows and 40 goats for early marriage. They don't see the importance of taking their girls to school. – Community elder*

Both World Vision staff and government officials consistently reported that discussion of FGM/C was more open than it had been six years prior, that there was greater community awareness of the negative consequences of the practice, and that there was increased willingness to acknowledge that FGM/C could be viewed as a violation of a girl's rights. However, a family's (and girl's) ability to resist the very real pressure to circumcise their daughters is heavily influenced by the family's resources (with families that are desperately poor more dependent on the bride price that will be received after the early marriage of their circumcised child); the family's access to social networks and social supports outside those associated with cultural rituals and ceremonies (with families that were Christian having the most obvious access to alternative support networks that did not depend on circumcision status); and the parents' level of education (with more educated parents having greater awareness of the harms associated with FGM/C).

### 3.1.3 Participation in community life

*We did not have a voice. That's several years ago, women could not actually, they could not talk, they could not be one with men. Now there are women leaders in, uh particularly in, women groups. So things have actually changed. – Local government employee*

It was generally acknowledged that men and women remain quite entrenched in traditional roles, and that men continue to dominate decision-making and positions of leadership within community. However, there were reports of increasing participation by women in barazas (community planning or decision-making meetings) and that women's groups were now more likely to be consulted and listened to by community leaders.

*From the traditional point of view, gender relationship is improving. People are talking together. I see it in meetings, barazas. Women are allowed to stand and talk. In our culture, a woman does not stand in front of men. Completely a taboo. It's not allowed ... but today, this time, because we have political leaders who are women, women groups, and they, they are allowed. They are listened to. – Teacher*

Women had also been involved in peace-building activities supported by World Vision (through a separate project). This was seen to be particularly important given the particular impacts that the ongoing local conflicts have on women and children, and that women had previously been excluded from efforts towards conflict resolution with little opportunity to have their perspectives considered in peace negotiations.

*And we thank god because of the project [a past peace building initiative supported by World Vision], because of that, ah, opportunity to build the women. And we are now networking so well, ah even in peace building we are trying to take part as women. Initially we were not allowed to take part in anything, we were just there to be seen. I wanted to be heard but at least because of this we can now be listened to when we are solving issues in, in the society. – Deputy head teacher*

Respondents working in local organisations, including local government, reported that women were increasingly able to participate in, and in some (few) cases lead, decision-making in the workplace. This did not necessarily translate to women having greater decision-making power in the home, though it did for some community members.

*The women can even have a say, even in the decision making at home they can have a say. And for example even for the leadership, in this school, I'm the headmistress of this school. And it was very rare for a lady to become even a head teacher. So, from we have learnt from World Vision we are equally the same, even when we are at our homes. – Head teacher*

Most respondents highlighted that decision-making within the home was highly influenced by the level of education of both parents, and that increasing retention of both boys and girls in school would ultimately increase women's participation in decision-making and community leadership.

*It [who makes decisions in the family] depends. The families who have gone to school will discuss it together. Otherwise it is the man. Our fathers were traditional but we are different with our wives ... In an educated family, they can share. – Community elder*

While it was perceived that there were more opportunities for women to participate in community decision-making forums, it is also clear that considerable inequalities remain. This photo and text provided by one of the data collection team members illustrates the current situation well.



Men and women are sitting down together, but the men are all sitting on chairs. The women have to sit on the floor. The men all have very beautiful shoes, but the women have no shoes or poor quality ones. Photo and text by Joseph.

### 3.1.4 Opportunities for income generation

*When I was first in this district I never saw a lady running a butchery for example. Running a butcher, you know? But this time if you go there, some butchers are run by local women. I never saw a Pokot girl or woman sailing or working in a hotel. This time I have seen them there. Yeah. The number of, for example women now, even who are, they're doing handmade business. Women are also trying out things that were previously reserved for men. They are taking on roles that were previously appointed to men, yeah. For example it used to be, among the Pokot, it used to be some kind of a shame for a girl to go and work in another person's*



*home. That was taken as servitude, yeah? But today it's seen as a source of income. – Academic with extensive field work history in Marigat and Mukutani*

Several of the communities visited reported that there were increased opportunities for women to generate an income, and that they had increasing (though by no means complete) control of the income that they generated. Some women were participating in types of income generating activities that had previously only been possible for men, and this included in communities considered to be resistant to the influence of “modernity” and other factors driving social change.

Women's increased opportunities for income generating were perceived to have a range of benefits for women and their children, including facilitating increased access to education for daughters, and reduced vulnerability to family violence.



It is a change in our communities - women are now getting involved in some economic activities to get income. Photo by May Ondeng/World Vision, text by Joseph.

*Because for sure we've been trying to economically empower the women so that they can support the girls ... maybe the girls are lacking the basics like sanitary towels ah, maybe the detergents, such a small small things that can keep girls in school. – Head teacher*

*So World Vision has been training people in income generating projects and has been assisting them to start on all that, so and this one has been enabling, uh, has been enabling especially women, the girl and women to be independent. You know, one of the reasons that violence is rife is because of economic dependency. So we've been assisted on issues to do with income generating by World Vision. This is a big plus. – Local government employee*

However, it should be noted that there was little concrete evidence that increasing income generating activities for women who traditionally perform circumcisions in communities had resulted in reduced incidence of FGM/C. The income available to circumcisers in the FGM/C “season” is far greater than that available to women through small-scale agriculture and animal husbandry, and the status (and networks of social relations) derived from playing this important cultural role is something not associated with other income generating activities.

### 3.1.5 Family violence

While overall exposure to violence in Marigat and Mukutani divisions has possibly increased (see page 34), some communities reported a reduction in intimate partner violence, with “wife-beating” being increasingly seen as unacceptable. Respondents in the majority of communities reported an increased awareness of women's rights in relation to violence, and increased awareness that this could be reported to authorities.

*The community before, or rather in the past, they believed that when a woman was astray, or rather when the wife goes astray from the expectations of the husband – what the husband would do is to beat the woman physically ... World Vision are teaching them that now, when a woman does wrong or goes astray, what you are supposed to do, the best thing is to converse. You see it's not that battering that you do. You have dialogue. – Community volunteer*

Community members were most likely to report a reduction in family violence in contexts where World Vision had worked in partnership with other stakeholders (ie, churches and chiefs) to specifically address violence against women.

### 3.1.6 Perceived possibilities

One of the most frequently reported (and highly valued) changes in all communities was that girls and boys now perceived different possibilities for their future. When, for example, female World Vision staff from local communities were seen working as drivers, as project managers, conducting meetings with elders and chiefs, and in the media, this inspired girls and boys in those communities to envisage a broader range of possible futures for themselves. The project had also supported visits and the engagement of women and girls (including "role model girls", as well as better known community leaders) who had not been circumcised, who could share their experience.

*I want to encourage the girls of communities who practice FGM that it is possible to be uncircumcised and still be respected. I have made it, they can make it. They appointed me as, they ah they elected me as a member of parliament for my constituency now twice. I have been a minister, now I'm an assistant minister. I'm still going strong in politics because of the space that education has given. – Politician representing a neighbouring division*

Locally, community members spoke of having new and higher aspirations for their girls – in relation to education, employment, leadership, community contribution and hope.

*But ah, you may find girls getting good jobs even than boys. So that one, that one actually encourages them to, to think that, to think otherwise ... Girl is now getting employed a good job, she is living well with her family ... And they've actually seen now ok, we need to accept ah women's participation yeah in the family and in the community. – Teacher*

*Not only they going to school, but attending an education level and **having a hoping future**, being somebody responsible in the community. Being a productive person in the community. Being also a role model to the rest who are coming. – Community chief*

It should be noted that while World Vision's programs were seen as promoting community members' sense of a range of different futures for girls (with female employees representing concrete examples of possibility), recent changes to the Kenyan Constitution – aiming to increase women's rights to property, political representation, and participation in decision-making – were also frequently acknowledged as contributing to an environment in which community attitudes were undergoing substantial change.

## 3.2 Areas where little or no change was reported

There was overall acknowledgement that change toward gender equality was slow and far from complete. This was particularly the case in the following areas.

### 3.2.1 Rest and free time

*I went to class and she was shedding tears and I was asking her what was happening and she said, "I've no peace at home. I'm overworked. My mother has left me. I'm alone with a small sibling. Now, I work alone and have no time to read. I have no time to revise. I sometimes even go without breakfast and I*

*come here.” So in a situation like that you don’t expect a child to perform, but boys can do well because they are not involved with a domestic course. – Teacher*

Domestic workloads continue to be higher for women and girls than for men and boys. This was reported to be true regardless of whether girls continued in education or not, so that girls living at home and going to school faced the double burden of trying to complete household chores whilst also attending to their studies. The strain associated with this was described in terms of its significant negative impacts on girls’ mental health, as well as on their educational achievements.

Women’s increased involvement in income generating activities outside the home was not associated with any decrease in domestic responsibilities – while respondents still felt the benefits of women’s increased participation in the community and in income generating was positive, the “double burden” of this was acknowledged.



It seems like women still have the main responsibility for all the work at home. This is backbreaking for women and an inequality. Photo by Jon Warren/World Vision, text by Lydia.

*So it is good, it is a disadvantage and in another way it is an advantage because it has empowered women but overworking them, yeah. – Head teacher*

Participants noted that small changes in domestic responsibilities were increasingly apparent and these changes were described as very positive, but participants also noted that things were far from equal, with women’s subservient position in the home quite entrenched.

### 3.2.2 Decision making about health

*In the communities, there is a discrepancy, a very clear one that uh females have to consent to the males before making very simple decisions like in family-planning options, whether to have their children immunised or which school to take their children, such kind of things. – Local government employee*

Community members reported that women were often unable to make independent decisions about family size, birth spacing, and when to access health services (including

for themselves). Community members and health workers reported minimal change in this area, and described the frequently disastrous health consequences of impeded or late healthcare seeking, particularly during childbirth.

*Women many times don't even make decisions on going to health facilities. The decision is made by, even when they are giving birth, many men think ... you can give birth at home. So what are we saying? We are saying gender equality will not be realistic if they cannot make a decision to access health facilities even when it is life threatening, men will only accept when they realise it is a life threatening case. There are complications. That's the time they will rush. Sometimes it's too late and they will die. – Local government employee*

### 3.2.3 Age at marriage

*For girls my age and for boys there is a major challenge, in that the boys have a great access to education compared to the girl, because the girl at this age is always seen as a grown up to a point where she's supposed to be married and to be not even just being married but also to have had kids. – Community volunteer*

Community members reported that the increased retention of girls in education and reduced or delayed FGM/C had resulted in fewer marriages at a “very” early age, though marriage for girls from the mid-teen years was still common. Change towards increased age at marriage appears to be very slow, with limited evidence that the MGCPP has been able to achieve this objective. It continues to be common for girls under the age of 18 to be married to considerably older men and, while quantitative data was not available, complications of early pregnancy (such as obstetric fistula) were also reported to be common. The economic and material incentives for early marriage (ie, bride price) remain considerable.

### 3.2.4 Safety and community violence

*It's this cattle rustling. For male fraternity it's now their time to be warriors in this society. For the women it's now their time to just survive, to live under harsh conditions because they cannot go far outside so they are now displaced, they are living in tents. So women and children are really affected with the situation at the moment. For the male, they're now out fighting. – Local government employee*

Exposure to violence overall in communities continues to be high, with violent conflict and displacement associated with cattle rustling common and possibly increasing. This affects both men and women in communities. Women and children are frequently displaced and left to try and sustain themselves in the absence of the male head of household, whilst away from land and oftentimes livestock. Men are more likely to be directly involved in the conflict as combatants, or away from the family whilst involved in peace negotiation activities (though there was some evidence of increasing involvement of women in peace-building in recent times).

Reports of rape and “defilement” (incest and/or rape of children) were frequent and thought to be increasing, though it was also perceived that this was due to increased awareness of girls’ and women’s rights, and their confidence in reporting procedures.

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## 3.3 Potentially negative impacts on gender relations

Community members reported that some of the changes that were starting to occur towards gender equality had (at present) negative impacts on relations between men and boys, and women and girls in the community.

### 3.3.1 Strained family relations

Some community respondents reported that girls were less respectful of their parents than in previous times, and perceived that this was because of the girls’

increased access to education and increased awareness of “rights”. This tension was most evident in families where girls had sought outside help to prevent FGM/C and early marriage, and to continue their education. Where these girls were then living in “rescue centres”, there were usually ongoing efforts (by local authorities, teachers and World Vision staff) to reconcile the child with her parents, whilst enabling her to stay in school.

*You see, long time ago, girls were actually respecting their parents. They knew very well that before I am circumcised, before I'm married, I have actually to respect my parents. But this time you see, through this education they seem to be now, they have now freedom ... there is old people, in fact they at times they say that in education there are some disadvantages which has come out as a result of education ... they consider themselves to be educated, so they can read anything, they are free ... several years ago children were actually respecting their parents. – Local government employee*

### 3.3.2 Resentment that boys were “left out”

*When these children [adolescent males] are undergoing initiations, many tend to rebel. To look down upon their teachers, especially the female teachers. So for the male that's it, they become a moran ... most of them end up leaving schools. – Teacher*

Whilst better than for girls, retention of boys in education is also poor, with limited numbers of boys continuing in education after becoming a moran (or “warrior” – the morani age-set are the traditional physical guardians of society in Maasai and related cultures). A boy becomes a moran after he is circumcised at approximately 14 or 15 years of age. At this time a boy is often given livestock. Several community respondents described boys selling these newly acquired resources, using the income to buy a motorbike and establish a motorcycle taxi business (for example), and to leave school. The link between truncation of education and FGM/C is well known and commonly discussed by government employees, NGOs and service providers in Marigat. The impact of male circumcision on boys' education is also significant, though less often discussed.

All communities reported that there was a perception that boys had been excluded from the benefits of the MGCPP, and that this had in some instances increased tension between girls and boys (particularly between girls who were in school and boys out of school). It was recognised that increasing boys' access to education would have positive impacts not only on the boys themselves (and realise their right to education), but have a positive impact on the girls in their communities as well.

*A generation of girls and generation of boys completing education. They come back, they marry, and then trusting, that kind of stereotype will just change completely. – Teacher*

The question guides for interviews and focus group discussions in Kenya were developed collaboratively by the study team, World Vision staff and volunteers during the initial workshop. Questions related to key domains of gender inequality, and to the study's overall questions. Through the process of the Kenya pilot, it was decided to use a common set of indicators to measure gender equality change across the remaining sites. Indicators specific to the Kenya site have been added to the table on page 36 to capture dimensions of gender inequality that are particular to that setting and project. The table aims to provide a snapshot of whether the study identified positive, negative or no change in relation to the specific indicator; and if change was identified, whether there was evidence of World Vision project contribution to that change.

## 3.4 A summary of findings in relation to indicators of gender equality

**Table 4: Summary of change in indicators of gender equality in the Kenya project site.**

**Legend:**

- ✓ Reported positive change
- W Change partly attributed to World Vision
- X No change reported
- ? Uncertainty

Indicator	✓	✓W	X	?	
<b>Indicators used across the four study sites:</b>					
Rest, free time			X		
Food intake				?	Effect of conflict and displacement noted
Property rights, access				?	
Deciding on expenditure		✓W			
Deciding on family size			X		
Child preference by sex			X		Greater celebration at birth of boy noted
Age of marriage	✓	✓W			Delay for some girls, especially those in rescue centres. Overall change very modest.
Care of children, elders, sick			X		
Access to education	✓	✓W			
Safety, violence in family and community				?	Effect of conflict and displacement noted
Participation in family discussions	✓	✓W			
Multiple partners			X		Polygyny and its effects noted
Health access			X		
Livelihood and training opportunities		✓W			
Involvement in organisations and leadership	✓	✓W			
Use of banking and loans				?	
<b>Specific to Kenya:</b>					
Transition to secondary level	✓	✓W			
Reduction in FGM/C	✓	✓W			Complicated by measurement and verification issues
Breaking the silence/ greater openness regarding FGM/C	✓	✓W			
Women's participation in community forums	✓	✓W			

## 4.0 FINDINGS IN RELATION TO CHILD WELL-BEING OUTCOMES

*With gender equality, we're looking at issues and relationships between men and women, fathers and mothers, boys and girls ... Our goal is to have children grow up in a safe and nurturing environment where they experience the love of their family, love of their neighbours and the love of God. – World Vision staff member*

*I hope for young girls in Kenya to grow up in an environment where they're treated the same as the boys, and also an environment where they're able to get a good education ... and feel good about where they have been born. – Female data collector for Gender Equality Study*

World Vision is an organisation with a paramount focus on the survival, development and well-being of children. For gender equality to be a meaningful concept within World Vision's existing mandate, it was therefore important for this study of the MGCPP to illustrate the connection between gender equality and outcomes for children. **That task was approached in three stages:**

1. How is gender equality relevant to child well-being outcomes in general?
2. How does World Vision conceptualise child well-being and the relevance of gender influences?
3. How is gender equality relevant to three of World Vision's four Child Well-being Aspirations and their associated Outcomes (health, education and protection) in the context of the MGCPP in particular?

In recent years, a number of child-focused, international development agencies have released position papers on the relevance of gender equality efforts for improving children's development.<sup>42</sup> Based on a review of this and supplementary literature, there are two primary expressions of the linkage between gender equality and child well-being:

- the intimate association between the health and development status of a mother and that of her child; and
- how being born male or female affects a child's life chances and progression to adulthood.

### Health and development status of a mother and her child

Women carry, bear and are the primary carers for children, and so their fates are deeply entwined. In settings where girls marry early, the risk of maternal and infant death and disability associated with pregnancy, childbirth and the first year of an infant's life is much greater than for their older peers. Arguably, both cases – the adolescent mother and her child – concern child well-being. Globally, infants born to adolescent mothers are two times more likely to die before their first birthday than those born to mothers aged 20-29 years. Their babies are 33-55 percent more likely to be pre-term (before 37 weeks of gestation), stillbirth or of low birth weight (<2,500 grams).<sup>43</sup> Their babies are also at higher risk of acquiring HIV.<sup>44</sup> In data from Ethiopia and Nigeria, more than 50 percent of obstetric fistula patients had become pregnant before the age of 18, and 25 percent before the age of 15.<sup>45</sup> As a child bearing a child, adolescent mothers are at increased risk of maternal death and fistula, and adolescent girls in a sexual relationship with a much older partner (as is often the case after early marriage) are at increased risk of acquiring sexually transmitted diseases and developing cervical cancer.<sup>46</sup> The gender norm of early marriage for girls therefore strongly undermines child survival and well-being.

Maternal education is now well established as a predictor of a child's nutritional and health status. A systematic review of child mortality in 175 countries between 1970 and 2009 concluded that 51.2 percent (or 4.2 million) of the 8.2 million fewer child deaths in this period was attributable to improved educational attainment among women of reproductive age.<sup>47</sup> A cross sectional study conducted by the WHO

### 4.1 How is gender equality relevant to child well-being outcomes in general?

across 24 countries of Africa and Asia found that women with no education had 2.7 times the risk of maternal mortality than women with 12 years of education.<sup>48</sup> A recent study in Nairobi also confirmed the linkage between low maternal education and infant stunting for the Kenyan context.<sup>49</sup>

Although the causal links are less well understood, it is suggested that there are three reasons for this correlation between maternal education and child health status: 1) that mothers acquire vital health knowledge through formal education; 2) that literacy and numeracy assist mothers in recognising signs of illness in their children, in having the confidence to seek/request healthcare for the child, and that they are better equipped to read and follow medical instructions; and 3) that formal schooling renders women more amenable to modern medicine, and advice about breastfeeding, immunisation and healthcare seeking.<sup>50</sup> Education also has a positive impact on the status of women in communities. Research has demonstrated that where women have low status this compromises their nutritional status, knowledge levels and healthcare seeking practices and hence that of their children.<sup>51</sup>

Disparities in women's health knowledge, decision-making power and control of household resources are also an impediment to them accessing sexual and reproductive health services, including family planning.<sup>52</sup> A failure to acknowledge the influence of gender inequality in outcomes for mothers and their children will ultimately impede efforts to improve child survival and well-being.

### **Being born male or female affects life chances**

In many cultures, the intrinsically low value of females is made evident in their fates. At its most extreme is sex selective abortion and infanticide through the neglect or maltreatment of the girl child. Klasen and Wink (2003) estimate that 101 million women are "missing" due to these factors.<sup>53</sup> Less extreme, but more pervasive, illustration of the low value of females in many communities are the health and development disparities experienced by girls across the world.

While gender inequality is typically thought to pertain to women, gender discrimination occurs at all stages of the life cycle. This can commence from the foetal period where the technology to determine the sex of a child exists. However, it also influences their passage through infancy and childhood. The practice of FGM/C serves as one such example. In the research undertaken by the UNFPA-UNICEF Joint Programme in Kenya, 71.5 percent of survey respondents said they knew a woman who had experienced health complications or complications at the time of delivery, as a result of FGM/C.

Experiences of violence and sexual assault are also likely to differ between males and females in terms of forms, frequency, settings and perpetrators. Attention to gender inequality throws a spotlight on the harms that only one sex faces. It can be used to challenge practices that are deemed traditional and acceptable despite the pain and complications they cause, and provoke consideration as to whether this is because they are inflicted upon a population without power and voice.

Gender discrimination therefore has profound impacts for the survival and formative development stages of children. Improving child well-being requires attention to inequalities for both girls and boys in their development outcomes across the life course.

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## **4.2 World Vision's conceptualisation of child well-being and the relevance of gender influences**

World Vision has identified four Child Well-being Aspirations and 15 Well-being Outcomes (in Table 5). These are intended to provide a holistic and practical definition of child well-being for programs to strive towards. They are also intended to serve as a touchstone for engagement and dialogue with governments, churches, community partners, parents and children themselves.



Table 5: World Vision’s Child Well-being Aspirations and Outcomes

Goal	Sustained well-being of children within families and communities, especially the most vulnerable			
	Girls & Boys			
Aspirations	Enjoy good health	Are educated for life	Experience love of God and their neighbours	Are cared for, protected and participating
Outcomes	Children are well nourished	Children read, write, and use numeracy skills	Children grow in their awareness and experience of God’s love in an environment that recognises their freedom	Children cared for in a loving, safe, family and community environment with safe places to play
	Children protected from infection, disease, and injury	Children make good judgments, can protect themselves, manage and communicate ideas	Children enjoy positive relationships with peers, family and community members	Parents or caregivers provide well for their children
	Children and their caregivers access essential health services	Adolescents ready for economic opportunity	Children value and care for others and their environment	Children celebrated and registered at birth
		Children access and complete basic education	Children have hope and vision for the future	Children are respected participants in decisions that affect their lives
Foundational Principles	Children are citizens and their rights and dignity are upheld (including girls and boys of all religions and ethnicities, any HIV status, and those with disabilities)			

Importantly, the framework identifies that these aspirations apply to “girls and boys”. This is specific and significant encouragement for programs to be attentive to both girls and boys in efforts to realise children’s optimal health, education, protection and experience of faith.

The value of this formulation was highlighted by a World Vision Kenya staff member:

*One of World Vision’s 15 well-being statements is that “boys and girls should enjoy good health”. If we just said “children should enjoy good health”, in most of the African communities, in most of the Kenyan communities, the boy is going to get the priority on enjoying good health, and so gender is key. – World Vision staff member*

The National Office Strategy (FY10-FY12) for World Vision Kenya acknowledges the impact of gender dynamics on children’s outcomes across a number of areas. The strategy notes the direct link between girls’ education and child health and survival, citing the DHS data that children whose mothers had no education had the highest

prevalence of being underweight. The children of mothers with some secondary education have higher levels of antenatal care access and they were twice as likely to be immunised as those whose mothers had no formal education.<sup>54</sup>

Compellingly, the National Office Strategy also articulates the influence that gender has on the opportunities and adversities faced by Kenyan boys and girls. It notes that Kenya is “patriarchal”, “male dominated” and that male decision-making prevails. It highlights gender disparities in basic outcomes such as health, nutrition and education. The upbringing of girls is affected by practices such as FGM/C, early marriage and polygyny; whereas boys are affected by cattle rustling (and the related danger and violence), moranism and inter-communal conflict. It also draws the link between the dispossession of widows (of property and inheritance rights), and the impoverishment and other effects that this has on the upbringing of girls and boys.<sup>55</sup>

Alongside the fact that the Kenya National Office has a full-time Gender Adviser, these documented references show that there is an appreciation of the bearing that gender issues have on children’s lives, as well as on the organisation’s programming efforts to deliver outcomes for children.

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### 4.3 How is gender equality relevant to child well-being outcomes in the context of the MGCPP?

*It’s the girls who do a lot of things. So when boys are revising their (school) notes, girls – they are milking the cows, cutting the vegetables, cooking for the family ... in the cow shed milking, making tea, and by the time she arrives here (at school), she is very tired. – Teacher*

In order to answer this question, the study team undertook an exercise with the World Vision data collection team in the course of the four-day workshop prior to data collection. Slips of paper with the 15 Child Well-being Outcome statements were displayed on a table. In pairs, data collectors were asked to select two statements to describe how gender inequality (or equality) affected World Vision’s ability to achieve these outcomes in the local context. Staff responses are presented below. The exercise, and the collective examples of gender inequality that staff readily identified, was eye-opening and sobering for staff and the study team alike.

Table 6: Project staff responses to how gender issues affect Child Well-being Outcomes

<b>Child Well-being Aspirations</b>	<b>Enjoy good health</b>	<b>Are educated for life</b>	<b>Are cared for, protected and participating</b>
<p><b>Child Well-being Outcomes</b></p>	<p><b>Children are well nourished</b></p> <p>Women do a lot of work and are not well fed. They consume a lot of calories because of workload. They are not well nourished especially at pregnancy and while breastfeeding.</p> <p>Men are distanced from child well-being. They can't assess nutrition.</p> <p>Boys are fed more than girls because they are seen to need to grow strong to provide security for the community.</p> <p>Women have a lack of decision-making power or money to supplement their own or family's diet.</p> <p>Polygyny has an effect on nutrition.</p>	<p><b>Children read, write, and use numeracy skills</b></p> <p>Girls receive less formal education. Girls can be denied education because of their protected role, because they are an "asset".</p> <p>Parents prefer to pay school fees for the boy, since a girl is perceived as taking the wealth to her husband's family.</p> <p>For the girl child, they are born to be married off and a source of bride wealth, but not to be educated.</p>	<p><b>Children cared for in loving, safe, family and community environment with safe places to play</b></p> <p>Women have responsibility for taking care of children.</p> <p>Men are the decision makers, but they are not directly involved with their children, and so perhaps cannot make good decisions because they do not know their needs.</p> <p>Women are involved in the construction of houses. So the houses are not strongly constructed.</p> <p>Most of the community members are polygynous and so women take care of their house and animals, men wander.</p>
	<p><b>Children protected from infection, disease and injury</b></p> <p>Mothers are responsible for protecting the child from infection and disease – taking the child to immunisation, to hospital.</p> <p>If mothers are not educated, they will not know about nutrition. If fathers spend money, there will be less money for food.</p> <p>FGM causes injury to the girls.</p> <p>Boys are expected to be more adventurous in nature, so they have more accidents and are expected not to cry when hurt.</p>	<p><b>Children make good judgments, can protect themselves, manage emotions and communicate ideas</b></p> <p>Child abuse against girls is more common than against boys. There are few options for them to leave the house.</p> <p>If there is a sexual assault against a young girl, it affects her bride wealth to some extent. If she gets married, she will get married to an older person and not as a first wife. So her status and bride price is reduced because of the sexual assault.</p> <p>If there is a 12-year-old boy and 12-year-old girl in the house – boys can bring ideas, girls are not able to bring ideas.</p>	<p><b>Parents/caregivers provide well for their children</b></p> <p>Men control the money produced by women.</p> <p>Women can't make decisions at the family level.</p>

<b>Child Well-being Aspirations</b>	<b>Enjoy good health</b>	<b>Are educated for life</b>	<b>Are cared for, protected and participating</b>
<p><b>Child Well-being Outcomes</b></p>	<p><b>Children and their caregivers access essential health services</b></p> <p>To access health services, you need money and women do not have resources.</p> <p>Women caregivers are not in charge of decision making – family planning, on skilled delivery – it is the husband who makes the decision to deliver in a facility and must provide the resources.</p> <p>Men have poor health keeping practices. They are expected to endure it.</p>	<p><b>Adolescents ready for economic opportunity</b></p> <p>Boys are given property and possessions from about 12 years of age.</p> <p>Boys can build their own houses, have their own shelter. Girls are not allowed. Why not? Because they will be married away.</p> <p>Girls are perceived as material donors to the family.</p> <p>Boys will inherit their father's property and assets.</p> <p>Widow disinheritance is common. There may be multiple wives.</p> <p>Boys have beehives. It is a taboo for a girl to have a beehive. Boys can keep the money or sometimes give to the family – they can decide to give money to the family. Girls can become housemaids but the money flows back to the family.</p>	<p><b>Children celebrated and registered at birth</b></p> <p>Boys are more celebrated at birth than girls, elders attend.</p> <p>Boy child is given names that belong to the clan; the girl is given names of the location and times at which she was born – so not as meaningful.</p> <p>Most perceive women who give birth to sons as more blessed. Boy is seen as family security, as continuity of the family line.</p> <p>Birth registration is equally uncommon for boys and girls.</p> <p>A mother who gives birth to girls will continue giving birth until she has sons.</p>
		<p><b>Children access and complete basic education</b></p> <p>Early pregnancies mean that girls stop attending school. Boys can continue their education.</p> <p>Both young men and young women are leaving school too early – but the reasons are different.</p> <p>Girls who have had FGM do not go to school. Only in the instance of a girl who has FGM at tertiary level will they be able to continue.</p> <p>Normally girls do the housework, fetching water. Parents leave responsibility to these young girls. Girl might decide to leave school because she can't see any benefit for her in completing school.</p> <p>Boys are given property, for example young boys are given three or four cows, and so at age 14, he will have herds of cows. This sometimes stops them continuing school because they already have assets.</p>	<p><b>Children are respected participants in decisions that affect their lives</b></p> <p>Girls are married off at an early age and they can't decide this. Boys can make their decision about when they can marry.</p> <p>Girls are forced to undergo FGM – and their parents decide. A boy is not able to refuse to be circumcised. If a boy refuses, he is seen as a coward, and is stigmatised. Obviously FGM and male circumcision is different in terms of long-term health consequences. Boys are all circumcised in one month of the year, at 10 years of age and above. Girls are circumcised when there is a lot of harvest because there is a feast.</p> <p>Children are not consulted on issues that affect them, such as the location of schools. Neither boys nor girls.</p> <p>Both girls and boys may be kept from school for a period of days to help the family farm. This is caused by poverty, rather than gender since it affects both.</p>

Analysis of study findings enabled the study team to assess relationships between the MGCPP's gender equality efforts and child well-being outcomes. Key points are noted below under the respective headings of World Vision's aspirations for child health, education and protection. Both positive and negative relationships are cited, where they emerged.

### 4.3.1 Gender equality and children enjoying good health

*For women, any income they get, they first think about the children. It is not pocket money. They support children and the family level, basic needs for school and food. So even the health and nutritional status of the family improves, and also the accessing of health services. – World Vision staff member*

The health status, knowledge and decision-making autonomy of women is critical for the fate of children. As noted by the data collection team in the table above, most of the critical health decisions in families affect women and children, and so if women are better educated, informed and able to act, this bestows benefits for the health of the entire household. It augments the resource and knowledge base upon which households make decisions affecting the well-being of children.

#### Positive examples of the MGCPP's contribution to gender equality and health outcomes

- Girls in Marigat face significant harms to their health, particularly in relation to FGM/C and early marriage. By providing a limited number of girls with a residential or "rescue" centre in order for them to continue their basic education, the MGCPP enabled some girls to avoid the health risks associated with early marriage and FGM/C.
- Although too early to verify, it is foreseeable that the benefits of education for these girls will translate to improved health knowledge, autonomy and outcomes for these girls and for their children.

#### Negative relationship between the MGCPP's contribution to gender equality and health outcomes

- No examples were found of the MGCPP's contribution to gender equality having negative repercussions for health. However, in other settings, challenging gender inequalities and empowering women and girls has incited violent, controlling responses from men and so programs would be prudent to consider this potential ramification.

### 4.3.2 Gender equality and children being educated for life

*In our community, in our culture, we never value a girl child. And maybe the boys, because they see their fathers are not valuing the girl child, even the boys are not valuing the girl child ... But since this education from World Vision, now they see themselves as equal ... I even see it in the classroom. But now they are mixing because they see themselves as the same. – Teacher*

The MGCPP was intentional in its identification and redressing of gender inequalities in relation to educational outcomes for girls as compared with boys. Both positive and adverse effects of this approach were discerned.

#### Positive examples of the MGCPP's contribution to gender equality and education outcomes

- Improving girls' access to education and transition between primary and secondary levels was a pinnacle achievement of the MGCPP. Using sex-disaggregated data, the MGCPP observed the high attrition rate of girls, as compared with boys. The project acted on this data and managed to make a contribution to the higher rate of girls transitioning to secondary levels, where functional literacy and numeracy is more likely to be assured.

- Apart from in Mukutani, where the footprint of the MGCPP was much less pronounced, World Vision had been successful in persuading the community (including parents and girls themselves) of the importance of girls' education. In a number of communities, World Vision had been able to convince families about the value of education as an investment, and how the short-term sacrifice of girls' domestic labour would result in long-term material and development gains for the household and community with an educated, employable woman.

*Most communities are on semi-arid land. You'll get a lot of cows, a lot of cattle, goats, sheep and camels from giving out your daughter. But sometimes when drought creeps in, all these animals die. But if you sent your daughter to school and she graduated, the returns are tremendous and high, and the returns are there for every other year. – World Vision staff member*

### **Negative relationship between the MGCPP's contribution to gender equality and education outcomes**

- It was conceded that the MGCPP had focused on the educational access and attainment of girls, to the neglect of boys. A gender equality focus would have revealed that boys are also disadvantaged educationally by gender norms. Boys were given assets, such as animals, at a young age. This had the dual effect of diverting boys' attention from schooling to caring for these animals, and it also made them question the value of completing schooling when they already had assets. The perceived neglect of boys had increased tension between boys and girls in school and in the community in some instances.
- Although too early to discern, there are questions as to the life prospects awaiting those girls who had been supported to transition to secondary school and beyond. It is not clear whether they have options for further study, and there was equivocation as to whether they were perceived as eligible wives. In some cases, it was noted that educated girls had a higher bride price; other stakeholders noted that less educated men would be reluctant to marry them.
- One final risk with the promotion of girls' education is that it is seen as a means to improving the economic returns to a family, rather than a basic and capacitating good that girls are entitled to enjoy. This instrumentalism – ie, education as a means to the end, namely paid employment – is universal. However, the narrow promotion of girls' education for family gain misses the opportunity to underline their equal right to the benefits of an education, and it may circumscribe how they can exercise those benefits and informed choices in future. The risk also exists that if you promote girls' schooling for family financial benefit, if girls don't perform well at school, then parents don't want to pay anymore.

*The community should look at education not like bringing back in terms of money to me, but look at it as the child's right for the betterment of her life and whoever she will be in contact with. – National stakeholder*

### **4.3.3 Gender equality and children being cared for, protected and participating**

For the most part, health and educational status can be defined by objectively verifiable measures such as mortality, functioning, years of schooling and literacy. Agreement on desired attainment levels can be reached across cultures, albeit with local characteristics. However, in the case of child protection, interpretations and aspirations can diverge. In the context of Marigat, FGM/C serves as one such contested example. As discussed above, FGM/C is primarily defined as a harmful practice by the United Nations and international development interlocutors –

in other words, a violation of child protection. However, for some families within Marigat, FGM/C is a means of assuring the initiation of their child into adulthood, and of their purity; of facilitating their eligibility for marriage and for their admission into cultural rites, and is therefore seen as protective of a child's future opportunities and status.

Early marriage is another example. For some, early marriage is viewed as a form of security and protection for the girl's status and honour in the community, and for her future livelihood. In other words, it has an underlying "cultural and material logic".<sup>56</sup> However, others view these occurrences as detrimental, particularly where they are forced, coerced and against the will of the girl, or occurring at very young ages for girls. In these cases, the terms "early" marriage and "early" pregnancy don't convey the magnitude of the physical, psychological and emotional prematurity of girls for both these life events, and the harm that may ensue from their underdeveloped states.

While it was not the place of this study to pass judgement upon or reconcile these interpretive differences, it is important to note that the measures of child protection were less defined and proved to be more subject to cultural difference.

### **Positive examples of the MGCPP's contribution to gender equality and protection outcomes**

- The establishment of "rescue" centres provided a shelter and access to continued schooling for those girls who did not want to be circumcised. The centres also provided a refuge for girls from early marriage, and so the age of marriage for these girls was delayed.
- Beyond learning, education also meant that a girl experienced a peer network (as opposed to the isolation and restricted mobility that is a feature of village life for women), and recreation and rest from household chores.
- In essence, the rescue centres and the continuation of schooling meant that girls were able to enjoy a lengthened childhood. FGM/C signifies that a girl is considered sufficiently grown to enter a sexual relationship and marriage. This commonly occurs at the age of 10 years and above (but in rarer cases, younger). FGM/C is therefore the precursor to her becoming an adolescent mother. The MGCPP and its focus on girls' education has permitted these girls to have a longer childhood.

*It doesn't matter the age, once you're circumcised, the rite of passage says that you are no longer a child, you are an adult. – Female Member of Parliament*

### **Negative relationships between the MGCPP's contribution to gender equality and protection outcomes**

- World Vision acknowledged that their support for girls who refused FGM/C and their efforts to ensure that girls have access to schooling had led to family estrangement and conflict in some cases. They responded to these cases by arranging for staff from the same ethnic community to meet with families and talk about these issues together. Many families relented and eventually supported their daughters; however there were cases where families were not able to be reconciled. This creates estrangement and conflict within families, and means that the girl faces an uncertain future. World Vision was providing holistic support to these individual girls in the rescue centres, however it was for a limited duration. A couple of staff and community members remarked that norm change does create conflict, but that good can come of this conflict. However, the issue is whether the repercussion of this norm change should be shouldered by the very girls that the project seeks to support.

- In the Marigat area, the refusal to be circumcised results in your exclusion from cultural rituals. For women, a refusal to be circumcised means that they are forever considered a child. On this basis, they are excluded from positions of leadership, as are their husbands. Superstitions also surround uncircumcised women, with communities believing that they can render people's children blind and bring bad luck. These women are generally excluded from important cultural occasions such as births, initiation ceremonies and public meetings. Men who marry uncircumcised women also suffer exclusion from positions of community leadership and from important cultural occasions, since they are regarded as married to a child, and will be subjected to ridicule and shaming by "age-mates" (peers who were circumcised at the same time).<sup>57</sup>

*There will always be conflict when you are challenging cultural beliefs, cultural practices that have been enjoyed since time immemorial ... Anytime you challenge an awful cultural practice like FGM, there is going to be resistance. Nobody is going to like you. But sometimes it reaches a time where we are, we have to weigh – "which one is better?" – World Vision staff member*



## 5.0 LESSONS LEARNED

Analysis of findings in relation to World Vision's contribution to gender equality, and the relationship between these contributions and child well-being outcomes, suggests a number of "lessons learned". These are described below, under three main domains, to answer the third research question for this study, namely – **what are the lessons for World Vision to ensure that their programming contributes to gender equality?**

### 5.1 Lessons regarding the Marigat Girl Child Promotion Project

#### 5.1.1 Need for cultural specificity and adaptation

As noted, the MGCPP is one of several FGM/C prevention projects that have been supported by World Vision over the past decade. Many of the key strategies used for preventing FGM/C in the MGCPP were based on those used in the projects implemented by World Vision in Mt Elgon, Marich Pass and Tot.

World Vision's experience of implementing FGM/C prevention programs in neighbouring regions is obviously a valuable resource for the design and implementation of related initiatives. However, as the cultural practices and rituals surrounding FGM/C differ greatly between settings and ethnic groups, it is important that projects are genuinely adapted to be relevant to the local context. Basing FGM/C prevention on an "alternative rite of passage" (ARP) will not be appropriate in all cultures, particularly those where FGM/C takes place privately within households, unaccompanied by community ritual. Even when and where it is an appropriate strategy, care is needed to adapt it to the specificities of the local context. This did not happen in the MGCPP where, for budgetary reasons among others, the ARP ceremony for girls from Tugen, Pokot and Ilchamus communities used the same model and was often a combined event. Therefore the ARP ultimately did not resonate with the "coming of age" practices in any of these cultural groups.

There has been a spike in the volume of program literature and analysis over the last five years on effective approaches to FGM/C.<sup>58</sup>

However, some key sources existed at the time of the MGCPP design process in 2005 that would have provided insight into the limitations and potential pitfalls associated with ARP ceremonies.<sup>59</sup>

PATH, a US-based non-government organisation that was working to eradicate FGM/C in partnership with the Kenyan national women's organisation – Maendeleo Ya Wanawake Organization – is credited with introducing alternative rites into Kenya from 1995.<sup>60</sup>

Evaluation of this program in 2001 highlighted the differences in the cultural meaning and practice of FGM/C between ethnic groups. It concluded that within ethnic groups such as the Kalenjin, where FGM/C is on the decline, the ARP provides social support to girls who had already decided to refuse FGM/C. The ARP ceremony therefore represented the transition from attitude change to behaviour change, and provided the public manifestation of a decision that had already been contemplated. The ARP itself had not triggered a change in attitude towards FGM/C – suggesting that it may not be an effective approach where attitudes towards FGM/C are still widely positive. The evaluation also stressed that greater attention needs to be paid to the way an ARP process is introduced and tailored within different ethnic communities, and that ARPs need to be preceded by a process of community-wide sensitisation, including with leaders, parents and men.<sup>61</sup>

#### 5.1.2 Overemphasis on events rather than change processes

As described above, one of the key MGCPP strategies to prevent FGM/C is the ARP ceremony, which aims to provide a rite of passage without circumcision. However, a number of stakeholders noted that the MGCPP has perhaps overemphasised the importance and efficacy of ARP. Whether a girl is able to resist circumcision during one "season" is only the starting point. Beyond this she will need to sustain her

resistance to family and cultural pressure for an extended period. This was affirmed in interviews with the World Vision “role model” girls (young women who had successfully resisted circumcision and were now in their early 20s), who noted the ongoing pressures from extended family in particular. While these young women were enthusiastic in recounting the benefits that they had experienced because of “saying no” to FGM/C, they also described the continuing implications of their decisions in terms of strained relationships and exclusion from aspects of cultural and community life.

Greater analysis of the change processes required to counteract circumcision, rather than overemphasising one-off events, would enable World Vision to identify strategies for supporting girls, their families and communities to reduce circumcision over time.

### 5.1.3 Need to adapt to unanticipated outcomes

*We didn't plan, as World Vision, to really have a budget for rescued girls. We thought it would take a long time before we would reach a point of girls accepting saying no to FGM, and even running away. So we didn't factor in as much for that ... and the contrary happened. As soon as we started raising awareness, girls started running free, running for their safety and so World Vision was not able to cushion that. – Former World Vision staff member*

Consistent with the international literature, and experience in other locations nearby, World Vision had anticipated that change related to FGM/C would be slow. This has indeed proved to be the case at a population level. However, a number of individual young women were able to resist circumcision and assert their rights to education from quite early in the life of the project. The longer-term implications of this (both budgetary and practical) were perhaps inadequately considered in the initial planning of the MGCPP.

In further discussion of unanticipated outcomes of the project, stakeholders also raised the question that if FGM/C was being used to control women's supposed promiscuity, would eradication efforts lead to an increase in other practices aiming to control women's sexuality, such as serial pregnancies. Close monitoring is warranted when fostering potentially contentious social changes toward gender equality, in order to be able to rapidly respond to unanticipated outcomes. While it was clear that MGCPP staff had extremely positive relationships with women and girls who had resisted circumcision, there was less evidence that the project had the capacity to closely monitor and respond to any potentially negative outcomes associated with the social changes that the MGCPP is aiming to support.

### 5.1.4 Value of a holistic perspective

The MGCPP has made important contributions to gender equality in Marigat and Mukutani divisions. This is particularly true in the area of increasing girls' access to education. However, there is scope for a more holistic perspective to be used that would enable the project to strengthen its contribution to the objectives of increasing community engagement on child protection issues, and reducing families' economic dependency on the exploitation of girl children. It would also enable the project to more strongly contribute to World Vision's Child Well-being Aspirations. Taking a more holistic perspective would involve:

- Mid-term analysis of who is benefiting from the MGCPP, and who is being left out. At present, the project supports those girls (and families) who have been able to resist FGM/C to remain in school, but there is neglect of those (arguably more isolated and vulnerable) girls who have undergone circumcision and dropped out of school. This diminishes the project's ability to contribute to Child Well-being Aspirations for all children.

*If a girl drops out of school, that is the end of her. She becomes a reject and that is the end of her. So I wish there could be support even after girls drop out of school. – Teacher*

It should be noted that findings of this study suggest that it is easiest for girls and families to “say no” to circumcision if the parents are relatively more educated, if the family has access to a range of social networks including faith-based ones, and if the family is not desperately poor and dependent on a girl’s bride price (ie, those families with relatively more social and economic assets to begin with).

- Avoidance of pejorative or discriminatory language in describing girls who have undergone circumcision, or describing the act of circumcision itself. There is a strong potential for the MGCPP to inadvertently increase inequalities within communities, by widening the gap between girls with access to education and support and a corresponding capacity to resist FGM/C, and those who are isolated and unreached by schooling or development program benefits.
- Taking a longer-term outlook in relation to project outcomes. At present, there does not appear to be systematic follow-up of those girls graduating from ARP ceremonies. This makes it impossible to be conclusive about the efficacy (or otherwise) of this FGM/C prevention strategy. Whether girls have the support and capacity to pursue their aspirations once they complete basic education (and transition to high school) is also unclear.

### 5.1.5 “Sustainability”

At present, it is planned that the Marigat ADP, as well as the MGCPP will transition to community management in 2016. It is important to highlight that this study did not find sufficient evidence to suggest that changes associated with the MGCPP – in relation to FGM/C and girls’ education specifically, and to gender equality indicators more broadly – would be sufficiently entrenched to be “sustainable” after 2016. This is particularly the case in an environment of chronic, and perhaps escalating, conflict and community displacement. Local conflicts were described as destabilising the gains that women and girls had made in communities, with these being eroded in the name of “protection” or maintenance of “community” or “cultural identity”.

Stakeholders and community members interviewed all emphasised the “generational” nature of change required to see a sustained reduction in FGM/C, and an increased ability for women and girls to realise their rights to education (and other rights including in relation to decision-making, participation, freedom from violence and access to sustainable livelihoods). According to the 2008-9 DHS data, 87.7 percent of women aged 15-49 years in the Rift Valley (more than four women in five) believe that circumcision should be stopped. However, it is clear that in Marigat circumcision continues. This contradiction between belief and practice reflects the strength of social and cultural forces that uphold the tradition.<sup>62</sup> Boyden et al (2012) suggest that if families cannot protect girls against the stigma associated with refusing valued cultural practices (even if harmful), they will continue these practices even if it is against their better judgement.<sup>63</sup>

Transformation of entrenched social norms that legitimate FGM/C (and early marriage) is not likely to occur in a project timeframe of 5-10 years, but requires an ongoing and sustained commitment to create the conditions believed to support a “tipping point” of change in the community. Education is believed to be one of the key drivers towards such a tipping point. National level stakeholders emphasised the important contribution made by organisations, such as World Vision, to supporting increased access to education for girls and for boys, and that this commitment needs to be maintained across generations.

### 5.1.6 Need for greater engagement with stakeholders

The MGCPP has established strong and effective relationships with elders in the communities where the project works. As custodians of culture and tradition, elders possess great influence over customary practices and roles, and can lead and shape social change (as demonstrated by the effectiveness of Ilchamus elders deciding that the community should prioritise education). Elders have been pivotal in providing permission for the MGCPP's work within communities. As one MGCPP staff member recalled, *"As we continued to press on with advocacy, the old people, particularly were so much against it. But when we started picking one on one, and strategically inviting them for meetings, slowly we were able to win them over."*

The MGCPP's investment in the engagement of elders now needs to be replicated to ensure engagement of other stakeholders – in particular parents and religious leaders. Without fostering the awareness and support of parents for alternatives to FGM/C, the project risks increasing rifts between girls and their families. A number of stakeholders reported a surprising lack of engagement by the project with religious leaders and felt that, given their leadership role in communities, religious leaders could potentially be powerful change agents in support of the MGCPP's objectives.

The World Vision peace-building project in the Rift Valley focused on a framework of "reducing the dividers and increasing the connectors" in communities, and this approach could be usefully adapted to the conflict associated with the social changes required to reduce FGM/C (and increase gender equality). The active engagement of parents and religious leaders would be one way of supporting this approach, as would the greater engagement of men and boys (discussed further below).

A number of MGCPP staff reflected that the community meetings facilitated by the project may have ultimately been more effective (at reducing FGM and early marriage) than other activities, such as the ARP. Community meetings had a modest allocation in the budget, and staff felt it would be advisable to ensure that community engagement was accorded a higher budget allocation within programs aiming to increase gender equality.

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## 5.2 Lessons regarding the use of evidence

### 5.2.1 Need to strengthen the quality, interpretation and use of data collected

A key finding of the gender equality study at this site was the need to strengthen World Vision staff members' capacity to collect, interpret and use high quality evidence to inform programs. This is particularly true in relation to collection and interpretation of quantitative data. For example, the methodology used for calculating the prevalence of FGM/C throughout the life of the MGCPP was not rigorous, and yet very large claims have been made about the impact of the project on prevalence. This is not to say that measuring prevalence of FGM/C is straightforward, reliable or even cost-effective – it is not. However, the value of quantitative data collected from an often small, convenience-based sample, and using questions that are not able to give a best estimate of current behaviours, is negligible. It is unfortunate that these data have been used to make claims that cannot be substantiated, as this undermines the credibility of the project (and its positive outcomes) and it makes future measurement of World Vision's contribution to change very difficult.

World Vision makes considerable investment in the collection of baseline and evaluation data throughout their ADPs and projects – this is to be applauded. However, the return on this investment would be substantially increased if staff involved in design, and especially implementation, of programs were supported to develop greater capacity to gather and interpret reliable data and incorporate this evidence into their day-to-day

work. This is particularly true in relation to organisational capacity to assess contribution to gender equality, and to analyse the impact of gender inequalities on child well-being outcomes. Ensuring (some) baseline data can be disaggregated by sex is an important first step, but genuine assessment of individual projects' and ADPs' impact on gender inequalities will require identification and prioritisation of specific indicators of gender equality, and repeated collection of data that can demonstrate change in relation to these indicators over time.

### **5.2.2 Need to better use World Vision's own program evaluations and recommendations**

The core features of the MGCPP, especially the approaches to addressing FGM/C, were for the most part borrowed from the FGM/C eradication projects implemented by World Vision in Mt Elgon, Marich Pass and Tot. These projects were initiated prior to the Marigat project being designed, and their evaluation reports highlighted dilemmas and issues that would have been instructive for tailoring the MGCPP approach.

The evaluation reports from the "anti-FGM" projects in Tot and Marich Pass urged the need to nurture greater community level participation and ownership of the projects.<sup>64</sup> It was stressed that an approach centred on raising FGM/C awareness of the girls alone places a heavy onus on them to resist the practice, independent of the support of their community. The Tot evaluation report also highlighted that boys and men had been disenfranchised by the project and that their engagement was important.<sup>65</sup>

In reflecting on the outcomes of the ARP graduation ceremony used in the Tot project, the evaluation report notes that a concerted effort was needed to better induct the community and CBOs on the purpose of the ARP. Tracking the outcomes of the girls who graduated was also identified as a priority, in order to genuinely substantiate the impact of the project for girls.<sup>66</sup> These observations have many parallels with the experience of the MGCPP and could have been better drawn upon in the design (and re-design) of the project.

### **5.3.1 Education is an effective entry point for contributing to gender equality**

The platform of education has been critical to the penetration and community acceptance of the MGCPP. Despite the varying school completion levels in Marigat, access to education is accepted as a normatively good thing (and is actively prioritised by the Ilchamus community). By emphasising the project's objective of increasing access to education, World Vision has been able to engage with communities on something that is a priority to them. If the project was perceived by the community to explicitly focus on "gender equality", it is likely that the project would have faced more outright resistance. While education is an effective entry point for this work, it remains important to generate community conversations around gender inequalities in order to support change across a range of domains.

### **5.3.2 Leading by example**

Numerous interview participants described changes in attitudes towards gender equality that had stemmed from "exposure" to new ideas or to the practices of outside groups. For example, it was described that when people visit other communities and see that roles and relations between men and women can take different forms, this can serve as an awakening to new possible futures.

## 5.3 Lessons regarding organisational contribution to gender equality

*In class four, we had a teacher who came from college ... and he told us stories about a place called Nairobi. You know, when you are in your own village, you don't know about other villages. So he comes and tells us, "Ah, in Nairobi, the ladies are not circumcised, they drive cars, they're lawyers." So when he talked about uncircumcised ladies that have cars to carry their luggage – when the duties of a girl child was to go down to the valley to pick water and carry it up the hill for the goats and the cows, and this is the walk we always did ... then I was resolved (to resist FGM in order to leave the village). – Female Member of Parliament*

MGCPP staff commented how, at the outset, community members were antagonistic to the project, “because they couldn't imagine girls not being circumcised” [World Vision staff member]. World Vision's facilitation of visits to communities by outsiders (including women from similar ethnic backgrounds who have achieved success despite not being circumcised, such as the female Member of Parliament quoted above), and support for members of Marigat communities to visit and be exposed to other places was highly valued by community members and stakeholders alike. Exposure visits were felt to be effective in facilitating change.

World Vision staff themselves were also regarded as a powerful example of different possible futures for community members. World Vision exemplified how women could be project leaders and managers of male staff members, could ride motorbikes and act as drivers for the World Vision team, and could hold their own in interactions with men.

*So that's another message that (World Vision) is passing. The community, they now see, “oh, women can do things.” – Local government employee*

World Vision's support and promotion of “role model” girls and boys was also described by a number of stakeholders and community members as an effective strategy in promoting change. Interviewees often described the role models as a source of inspiration and strength, and noted that they were important examples for community members to draw from in thinking through what is required to change cultural norms.

Because MGCPP staff members and role models are drawn from the same ethnic communities as those “targeted” by the project, it means that they are familiar with local power structures and protocols, and livelihood realities for community members. It also means they understand local cultural norms and values. The role models represent an important resource, in that they are well placed to help local level staff and volunteers to think through how to adapt program strategies to specific local contexts.

Challenges to cultural practices and gender norms in many settings are rebuffed by claims that change agents don't appreciate local traditions and values. By mentoring role models from within communities, World Vision has ensured that change is being fostered from “within” and cannot simply be dismissed as the agenda of outsiders.

*(World Vision) has always gone to that community and got one of their own to participate in the project, and that is huge because the community will say, “oh, this one is from the Lake region – what is she telling us?” So this was one of the best, best practices that World Vision is doing ... to build that kind of acceptance. – Local government employee*

However, a risk of utilising staff from the same ethnic community is that this may jeopardise their standing in the community, and may lead to them being rejected or ostracised. One staff member expressed that the greatest challenge she experienced in advocating for an end to FGM/C was being regarded as “betraying the community”. Since FGM/C had been practised as far back as living memory extended, had been performed on relatives and was valued as an important part of identity, it was seen an act of betrayal to speak about its harm.

In a community with a number of cultural groups, as in Marigat and Mukutani, challenges also arise when staff recruitment is predominantly from one ethnic group, thus leading to perceptions of bias or unequal access to the benefits and resources associated with the project. In the MGCPP there are perceptions in some communities that the Ilchamus have had greater support from the project. There is a need to prioritise further engagement with other ethnic groups – in particular the Pokot who perceive that they received few benefits from the project (a perception supported by findings of this study).

### 5.3.3 Inclusion of men and boys

The MGCPP was not designed to specifically address “gender inequality” per se, and as such it would be unfair to judge the project against contribution to the full range of gender equality indicators listed on page 36. However, findings do suggest that projects seeking to achieve outcomes that are directly linked to gender inequality (for example, increasing girls’ access to education and reducing their exposure to harmful cultural practices) need to be based on an understanding of gender roles, relations and power – rather than a more limited focus on women’s disadvantage. Drawing on a more in-depth analysis of the roles, relations and power of women and men, girls and boys in the MGCPP communities would strengthen strategies to support sustained social change.

There is a strong perception among community members in all target communities that men and boys had been “left out” of MGCPP activities, and excluded from its benefits. Since the project’s re-design in 2011, greater efforts have been made to include men and boys in project activities. The findings of this study suggest this should be continued and expanded.

Greater engagement of men and boys is likely to directly benefit women in the MGCPP communities. Where World Vision has involved men in projects, particularly those brothers and community members who “stood by” sisters and girls in resisting FGM/C, these men are viewed as a source of encouragement and motivation for girls who are defying tradition. A number of respondents in Ngambo (in particular) reported that there had been several marriages in recent years where a young man had married an uncircumcised young woman – something previously unheard of. This particular social change is likely to be more influential in facilitating long-term and community-wide abandonment of FGM/C than individual project activities (such as ARPs or income generating activities with circumcisers), given that ensuring marriageability is a key rationale for the practice in all the communities in which the MGCPP works. Engaging with young men to increase their awareness of FGM/C and its negative consequences, as well as those of early marriage, particularly for girls, and their awareness of the possibility of successful marriages between members of their community and uncircumcised women, needs to be sustained into the future.

There is also a strong argument to deepen engagement with men and boys in order to respond to the life challenges that males face – in particular the drop-out of boys from education, particularly after they become a *moran*. The harms associated with cultural practices such as circumcision are of a different magnitude for girls and boys, but the harms for boys that are associated with moranism are not addressed by community development initiatives, including those implemented by World Vision. A holistic approach to community development would include strategies to increase education for both girls and boys. An educated cohort of young people would also be more likely to support shifts towards gender equality in the longer term.

### 5.3.4 Internal as well as external advocacy required

Findings of the study suggest that World Vision Kenya has put in place some key strategies to increase the likelihood that programming is able to impact upon gender inequalities in the communities in which they work. This includes, in particular,

recruitment of a full-time, experienced National Gender Advisor, and placement of that Gender Advisor in the “quality improvement” section of the organisation. This means that the Gender Advisor is able to review all projects and programs supported by the National Office, to identify ways to strengthen the contribution of programming to gender equality. It was very clear to the study team that the National Gender Advisor is well aware of the factors underlying gender inequality in communities, and has taken a strategic approach to trying to facilitate change.

However, it was also clear to the study team that there is a need for ongoing internal advocacy within World Vision as to the importance of working towards gender equality. This is needed at multiple levels, including the National Office, at the regional level, and internationally. A key strategy for this will be raising awareness throughout the organisation of the impact of gender inequalities on Child Well-being Aspirations (given the child focus of the Partnership). Building gender analysis into the design of all activities aiming to contribute to the Partnership’s Child Well-being Aspirations will strengthen how projects and programs interact with all children and support their well-being. Analysis should not be confined to the disadvantage experienced by girls, but it should question and consider how gendered roles, responsibilities and agency affect both girls’ and boys’ lives. It will also be important to build the capacity of a core group of staff to independently conduct meaningful gender analyses. Ideally, these staff would be based at a sub-regional level within the National Office, would be brought together regularly in order to draw on their collective experience and foster a culture of organisational learning, and would be mandated to support the National Gender Advisor in her work.



## 6.0 OPPORTUNITIES FOR STRENGTHENING GENDER EQUALITY PROGRAM OUTCOMES

In October 2013, there was a workshop held in Nairobi with participants from the World Vision National Offices that had been involved in the four-country study (Kenya, Tanzania, Bolivia and India), as well as participants with gender expertise from World Vision International. The purpose of this workshop was to provide feedback and discuss the results of the study, as well as to identify opportunities to strengthen gender equality program outcomes.

Participants discussed areas where change in relation to gender equality had, or had not, been reported. Discussions focused on attribution of change to World Vision, and/or to others, and on the lessons learned from the approach taken. They were informed by data collected during the study, and the experience and perceptions of World Vision Kenya staff. A summary of the workshop discussions (prepared by participants) is included in the tables below.

**Table 7: Positive changes linked to the MGCPP**

<b>Equality indicator</b>	<b>Attribution to World Vision? If yes, what was the approach?</b>	<b>Attribution to others? If yes, what was the approach?</b>	<b>Lessons learned</b>
<b>Access to basic education for girls</b>	Yes <ul style="list-style-type: none"> <li>• Sensitisation seminars and awareness raising in the community through ARPs, chief barazas (forums), community meetings</li> <li>• Women supported to initiate IGA</li> <li>• Distribution of sanitary towels</li> <li>• Existence of three rescue centres/ boarding facilities in the project</li> </ul>	Yes <ul style="list-style-type: none"> <li>• Government education policy on Free Primary Education</li> <li>• Government initiative in supporting girls with sanitary towels</li> <li>• Area Advisory Councils in every location supported in awareness creation and sensitisation on child rights and protection</li> </ul>	<ul style="list-style-type: none"> <li>• Need for continuous dialogue with the community through sensitisation and engagement of role models to sustain what has already been achieved</li> <li>• Strengthen the existing systems like children's clubs, with emphasis on children's right to education and towards increased retention</li> </ul>
<b>Exposure to harmful traditional practices –incidence of FGM had reduced</b>	Yes <ul style="list-style-type: none"> <li>• Attitude change due to sensitisation in the community on the effects of FGM</li> <li>• Targeting of circumcisers and those who are redeemed supported with alternative livelihoods</li> <li>• Involvement of the Church in educating the community</li> </ul>	Yes <ul style="list-style-type: none"> <li>• Prohibition of Female Mutilation Act 2011 where chiefs have been trained on the same</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive and multiple sensitisations in the community through different avenues</li> </ul>

Table 8: Challenges – What did not change

Equality indicator	Evidence explaining lack of change, if any	Reflections for future programming
Rest and free time	<ul style="list-style-type: none"> <li>• Tradition; role division; shameful for women if men do “women’s work”</li> </ul>	<ul style="list-style-type: none"> <li>• Need to empower men and boys in positive masculinity through sharing household tasks</li> <li>• Importance of strengthening informal monitoring structures like churches, women’s groups in the community, and at household level</li> <li>• Consider different models in our programming like fatherhood initiatives such as Celebrating Families</li> </ul>

Recommendations that emerged from this workshop, in relation to the Kenya program, are outlined below.

Table 9: Programming recommendations

	Recommendation	Rationale
1.	Include gender equality indicators in assessment, design, monitoring and evaluation of gender programming	To track changes in gender equality relations To influence program design on gender equality
2.	Develop a clear community behaviour change strategy incorporating all the good approaches that are already being done at the ADP level: eg, Community Change Methodology	Coherence, easy replication, communities will come up with their own action plans and implement using their own resources
3.	Identifying existing community structures (formal and informal) that can be used to carry on continuous dialogue like CBOs, teachers lobby groups, Sandai Special groups <sup>vii</sup> , AACs <sup>viii</sup> , Nkakitok Women groups <sup>ix</sup> , faith-based organisations	Sustained dialogue, monitoring and community ownership at the local level

vii. Sandai Special groups are anti-FGM groups in the Tugun area.

viii. Area Advisory Councils (AACs) are government bodies tasked with addressing issues affecting children at the district and local levels.

ix. Nkakitok Women are groups of redeemed female circumcisers involved in anti-FGM awareness-raising activities.

	<b>Recommendation</b>	<b>Rationale</b>
4.	Incorporate local level advocacy eg, CVA <sup>x</sup> and CPA <sup>xi</sup> in gender programming	To be able to influence local laws and services To create informal protection mechanisms that are not harmful
5.	Incorporate Channels of Hope for Gender <sup>xii</sup> and Channels of Hope for Child Protection <sup>xiii</sup> in gender equality interventions	To increase the influence base through engaging faith-based organisations and churches To engage men and boys to address the gender relations between women and girls
6.	Training communities on Celebrating Families <sup>xiv</sup>	To encourage sharing of work and resources in the household
7.	Utilise Peace Road Curriculum <sup>xv</sup>	To change knowledge and attitudes on harmful beliefs and values regarding gender equality among young people To reach male and female out-of-school youth with value-based life skills

A number of positive suggestions are included in these recommendations from the Nairobi workshop, particularly in relation to drawing on other work being done by World Vision Kenya. The recommendation to include gender equality indicators in ADP monitoring and evaluation systems is particularly positive. However, given the weaknesses in collection and interpretation of data that were identified during this study, any efforts to increase the use of gender equality indicators would also need to be accompanied by concerted efforts to increase organisational capacity to collect robust, high quality data, and to ensure that the analysis and use of this data is based on rigorous research principles.

It is difficult to comment on the appropriateness of the strategies recommended by the workshop and described in this matrix (Community Change Methodology, Citizen Voice and Action, Celebrating Families etc), as the study team have not been able to review documentation or evaluation of these approaches. In light of the limitations in the use of data described above, it is equally important that these strategies generate, and are adapted on the basis of, rigorous evidence as to their efficacy.

- 
- x. Citizen Voice and Action (CVA) mobilises and equips citizens to monitor government services, and facilitates an advocacy methodology that results in the improvement of inadequate government-provided services.
  - xi. Child Protection Advocacy (CPA) is a set of specific interventions that focus on strengthening the child protection system (both formal and informal elements) at the community level, thus empowering communities and local partners to strengthen the protection of children from abuse, neglect, exploitation and other forms of violence.
  - xii. Channels of Hope for Gender is an innovative approach to exploring gender identities, norms and values from a faith perspective. The program methodology challenges faith leaders to acknowledge and act upon gender injustices in their communities.
  - xiii. Channels of Hope for Child Protection (CoH CP) is a program methodology that motivates and builds capacity in faith communities to address harmful traditional practices toward children, to support and advocate for children's rights, to become better child protectors, and to ultimately strengthen the local child protection system.
  - xiv. Celebrating Families is a three-day workshop for parents that helps them reflect on their childhood and their present relationship with their children. The aim is to better equip parents to create a safe and loving environment for child well-being and spiritual nurture.
  - xv. Peace Road Curriculum is an intensive life skills program for youth.

Participants in the Nairobi workshop also made recommendations with regard to organisational changes that will be required to strengthen World Vision Kenya's contribution to gender equality work. These include:

**Table 10: Recommendations for organisational change**

<b>Organisational changes and actions required</b>	<b>Rationale</b>
Strategy for engaging staff in gender reflections, eg, Celebrating Families	To support staff to go through their own transformation as agents of gender equality
Resource allocation and intentional inclusion of gender in main technical approach	To ensure gender mainstreaming has sufficient resources
Partnership engagement at all levels on gender issues at local and national level	To ensure we do not duplicate efforts and sharing of resources To improve advocacy for gender
Build evidence around program interventions eg, Channels of Hope for Gender and Celebrating Families	To show effectiveness of the models and the impact in the community To capture the baseline values of the gender indicators

The study team agree that these organisational changes will be required, and particularly emphasise the need to strengthen the evidence base for program interventions and note that this requires sustained resources.

## 7.0 CONCLUSION

The MGCPP has contributed to increasing gender equality in communities around Marigat in a number of areas. There is strong evidence that the project has contributed to girls' increased access to education (and transition to secondary level), and moderate evidence that the project has contributed to: an increase in women's participation in community forums, organisations and leadership; income generating and deciding on expenditure; and in family discussions, including about FGM/C. There was also evidence of a modest, but nonetheless important, contribution to girls' reduced exposure to harmful cultural practices. Assessing the extent of the MGCPP's (and World Vision's) contribution to gender equality was hampered by shortcomings in baseline and evaluation data, and because contribution to gender equality was never a specific objective of the project.

The 2010 evaluation of the Marigat ADP found that, "The communities in Marigat are still vulnerable and phasing out might impact on the advances achieved. They should have an extension of their activities and continue with their planned focus in Mukutani."<sup>67</sup> This study would concur in relation to the MGCPP specifically. The gains made in relation to the project's objectives do not appear to be sustainable in the absence of external supports at this stage. Continued support is warranted to ensure that the changes that have occurred become new social norms in the Marigat communities.

# ANNEX I. DATA COLLECTION DAILY DEBRIEF

## DATA COLLECTION DAILY DEBRIEF

If using your laptop to take notes, please copy the following details to the top of each transcript:

<b>Date:</b>	<b>Location:</b>
<b>Activity:</b> e.g. Interview/FGDs	
<b>Participant Group Type:</b>	
<b>Number of participants:</b>	
<b>Gender of participants:</b> e.g. Female / Male / Mixed	
<b>Age range of participants:</b> e.g. 14-18 years or 18+	
<b>Researchers present:</b>	
<b>Note-taker:</b>	
<b>Time commenced:</b>	<b>Time finished:</b>

1. Main issues that were raised in today's session:

2. **Issues to discuss on the research process** (e.g. issues with using the tool, interruptions, group dynamics and body language, impact of location of the research)

## REFERENCES

1. World Vision Kenya (June 2006), Marigat Girl Child Promotion Project, Baringo District, Provisional Design Document, FY 2006-2009, Nairobi: World Vision Kenya, p.6.
2. Obare, L. & Owino, D. (2010), Marigat Area Development Program (ADP)/ Integrated Program Area (IPA): Evaluation Report, Nairobi: World Vision Kenya, p.18.
3. Ibid 8
4. Liaison Development Associates (December 2005), A Baseline Study on Prevalence of FGM in Project Area and its Effects to Health, Education and General Living Standards. A Final Report Submitted to World Vision Marigat ADP, Nairobi: Liaison Development Associates, p.40.
5. Docker, M. (2012), Overcoming Female Genital Cutting by Reference to the Girl Child Promotion Project from World Vision in Kenya, Nairobi: World Vision Kenya, p.40.
6. Ibid, note 5: 8
7. World Health Organization (February 2013), Female genital mutilation: Fact sheet N°241. Retrieved from <http://www.who.int/mediacentre/factsheets/fs241/en/>
8. Multicultural Centre for Women's Health (MCWH) (6 February 2013), Female genital mutilation/cutting: A position paper, Melbourne: MCWH.
9. Ibid note 4: 6
10. Map sourced from Resource Potential Analysis in ASALs (Baringo District) by JICA, 2001 and reproduced in Ibid note 4: p.64.
11. Ibid note 4: 6
12. Mutsotso, B. (July 2011), Study on Socio-Cultural Dynamics and Community Structures that Promote MFGM/C in Samburu and Baringo Counties, Nairobi: Government of Kenya, UNFPA and UNICEF, p.54.
13. Ibid note 5: 14-15
14. Ibid note 5: 31
15. Kenya National Bureau of Statistics (June 2010), Kenya Demographic and Health Survey 2008-9, Kenya National Bureau of Statistics: Nairobi, p.30.
16. Ibid note 5: 9-10
17. Figures cited without source in Ibid note 5: 8
18. Ibid note 7: 44
19. Ibid note 5: 10
20. Ibid note 7: 2
21. Ibid note 7: 2
22. Ibid note 4
23. Ibid note 7: 40
24. Ibid note 7: v
25. See Question 6 of 26 in the baseline survey in Ibid note 7: 4
26. Ibid note 16: 265
27. Ibid note 16: 266

28. See Question 6 of 26 in the baseline survey in Ibid note 7: 4
29. Ibid note 7: 33
30. Ibid note 7: viii
31. Ibid note 8
32. Ibid note 7: Personal Interview Annex-2.
33. Ibid note 7: 47
34. Ibid note 5: 55
35. Ibid note 5: 56
36. Summary of focus group discussion themes in Ibid note 5: 57
37. Ibid note 8: 25
38. Observation made by participant at Evaluation Feedback Meeting of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting, 23 November 2012, Nairobi.
39. The 15 countries are: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan and Uganda. Cited in UNFPA and UNICEF (2012), UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting – Accelerating Change: Annual Report 2011, New York, UNFPA and UNICEF.
40. Gibbs, G. (2007), *Analysing qualitative data*, London: SAGE.
41. Braun, V. & Clarke, V. (2006), *Using thematic analysis in psychology*. *Qualitative Research in Psychology*, 3: pp.77-101.
42. See: UNICEF (2010), *Working for an Equal Future: UNICEF Policy on Gender Equality and the Empowerment of Girls and Women*, New York: UNICEF; Save the Children (2011), *An equal start: why gender equality matters for child survival and maternal health*, London: Save the Children Fund; PLAN International (2011), *Plan's Policy on Gender Equality Building an Equal World for all Children*, London, PLAN International; UNICEF (2011), *Promoting Gender Equality through UNICEF-Supported Programming in Young Child Survival and Development – Operational Guidance*, New York: UNICEF.
43. World Health Organization (2007), *Adolescent pregnancy – Unmet needs and undone deeds. A review of the literature and programmes*, Geneva: WHO Department of Child and Adolescent Health and Development, pp.68-70.
44. Nour, N.M. (2006), *Health Consequences of Child Marriage in Africa*. *Emerging Infectious Diseases*, 12(11):p.1644, p.1647.
45. Braine, T. (2009), *Adolescent pregnancy: a culturally complex issue*, *Bulletin of the World Health Organization*, 87: p.410.
46. Ibid
47. Gadikopu, E. et al (2010), *Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis*. *Lancet*, 376: pp.959-74.
48. Karlsen, S. et al (2011), *The relationship between maternal education and mortality among women giving birth in health care institutions: Analysis of the cross sectional WHO Global Survey on Maternal and Perinatal Health*. *BMC Public Health*, 11: p.606.
49. Abuya, B.A., Ciera, J. & Kimani-Murage, E. (2012), *Effect of mother's education on child's nutritional status in the slums of Nairobi*, *BMC Pediatrics*, 12: p.80.



50. Glewwe, P. (1999), Why Does Mother's Schooling Raise Child Health in Developing Countries? Evidence from Morocco, *Journal of Human Resources*, 34(1): pp.124-159.
51. Ramalingaswami, V., Jonsson, U., & Rohde, J. (1997), Malnutrition: A South Asian Enigma, in *Malnutrition in South Asia: A Regional Profile - ROSA Publication No 5*. Kathmandu: Regional Office for South Asia, UNICEF.
52. Raj, A. (2011), Gender equity and universal health coverage in India, *Lancet*, 6736(10): p.619.
53. Klasen, S. & Wink, C. (2003), Missing women: revisiting the debate. *Feminist Economics*, 9: pp.263-300.
54. World Vision Kenya (November 2009), National Office Strategy FY10-FY12 – Long Version, Nairobi: World Vision Kenya, p.27.
55. Ibid note 55: 27
56. For further discussion of the cultural and material justifications for FGM/C and early marriage, see Boyden, J., Pankhurst, A. & Tafere, Y. (6 June 2012), Harmful Traditional Practices and Child Protection: Contested Understandings and Customs of Female Early Marriage and Genital Cutting in Ethiopia, *Development in Practice*, 22(4): pp.510-22.
57. Ibid note 13: 14-16
58. Recent, significant contributions to knowledge on effective programs for FGM/C eradication include: UNICEF. 2005. *Female Genital Mutilation/Cutting – A statistical exploration*, New York: UNICEF; UNICEF (2010), *The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries*, Florence: UNICEF Innocenti Research Centre; Tobin, J. (2012), *The International Human Right to Health*, Oxford, Oxford University Press, Chapter 8; For a contemporary summary of the main advantages and challenges of popular approaches towards the abandonment of FGM, see Johansen, R.E.B., Diop, N.J., Laverack, G. & Leye, E. (2013), *What Works and What Does Not: A Discussion of Popular Approaches for the Abandonment of Female Genital Mutilation*, *Obstetrics and Gynaecology International*, Volume 2013, Article ID 348248, <http://dx.doi.org/10.1155/2013/348248>, p.3.
59. World Health Organization. (1999), *Female Genital Mutilation: Programmes to Date: What Works and What Doesn't – A Review*, WHO Doc WHO/CHS/WMH/99.5.
60. Chege, J.N., Askew, I. & Liku, J. (2001), *An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya*, Washington: USAID, p.3.
61. Ibid note 61: 45-6
62. See Johansen et al in Ibid note 59.
63. Ibid note 57: 15
64. Ibid note 8: 59
65. World Vision Kenya (2009), *Tot Anti-FGM Project, Final Report – End of Project Evaluation*, Nairobi: World Vision Kenya, p.21.
66. Ibid note 66: 25
67. Ibid note 5: 11



## **PART 2: TANZANIA, BOLIVIA AND INDIA STUDY**



Produced by Martha Morrow, Tanya Caulfield and Mia Urbano from the Nossal Institute for Global Health and Cathy Vaughan from the Centre for Women's Health, Gender and Society, University of Melbourne.



## **ACRONYMS**

<b>ADP</b>	Area Development Program
<b>ANC</b>	Antenatal Care
<b>CBO</b>	Community-Based Organisation
<b>DME</b>	Design, Monitoring and Evaluation
<b>FGD</b>	Focus Group Discussion
<b>GDP</b>	Gross Domestic Product
<b>GEM</b>	Gender Empowerment Measure
<b>GII</b>	Gender Inequality Index
<b>GNI</b>	Gross National Income
<b>HDI</b>	Human Development Index
<b>IDI</b>	In-Depth Interview
<b>IMR</b>	Infant Mortality Rate (deaths in children up to one year per 1,000 live births)
<b>MMR</b>	Maternal Mortality Ratio (maternal deaths per 100,000 live births)
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NMR</b>	Neonatal Mortality Rate (deaths in first 28 days per 1,000 live births)
<b>NGO</b>	Non-Governmental Organisation
<b>SHG</b>	Self-Help Group
<b>SRH</b>	Sexual and Reproductive Health
<b>WVB</b>	World Vision Bolivia
<b>WVI</b>	World Vision India
<b>WVT</b>	World Vision Tanzania



Part 2 cover image: Photo by Suzy Sainovski/World Vision.

# I.0 STUDY OVERVIEW

This section summarises key facts about the three study sites and World Vision activities.

## I.1 Tanzania: Ruhita Area Development Program

Regarded as one of the most politically stable nations of Sub-Saharan Africa, Tanzania has a population of 43.6 million, of whom approximately 21.5 million are women and girls.

Poverty in Tanzania is pervasive. More than two-thirds (68 percent) of the population live below the international poverty line of US\$1.25 per day.<sup>1</sup> However, poverty is disproportionately felt by women, as evidenced by GDP per capita of US\$1,630 for men versus US\$1,096 for women.<sup>2</sup>

The UNDP classifies Tanzania as a nation with “Low Human Development”. In the Human Development Index (HDI), which measures the composite of life expectancy at birth, mean years and expected years of schooling and Gross National Income (GNI) per capita, Tanzania was ranked 152nd out of 187 countries. This has been a consistent development ranking for Tanzania. Despite some recent economic growth, the country has had to contend with high HIV prevalence and resulting mortality rate, significant population growth and a chronically malnourished and under-educated workforce.<sup>3</sup> An estimated 25 percent of households are headed by females, partly owing to the toll of the HIV epidemic on the nation.<sup>4</sup> On the Gender Inequality Index (GII), Tanzania is 119 of 146 countries.<sup>5</sup> The GI measures nine dimensions that illuminate the status of women and girls, relative to men and boys. These are: maternal mortality ratio; adolescent fertility rate; percentage of female seats in Parliament; sex-disaggregated percentage of population with at least secondary schooling and of labour force participation rates; contraceptive prevalence rate (any method); at least one antenatal care visit; births attended by skilled health attendants; and total fertility rate.<sup>6</sup>

While the HDI measures “a long and healthy life, knowledge, and a decent standard of living”, in 1995 the UNDP introduced a Gender Empowerment Measure (GEM) to measure the economic and political participation and resource control by women and men. The GEM comprises three indicators: percentage share of parliamentary seats; percentage share of positions as legislators, senior officials and managers as well as professional and technical positions; and women’s and men’s estimated earned income. Tanzania rates 0.539 on the GEM scale (in a scale of 0 to 1, where 1 represents empowerment).<sup>7</sup>

The sex ratio at birth in Tanzania is 1.03 males to every female, which is within a natural biological range. The ratio changes to 0.98 males for every female aged 15-64 years. Tanzania has a youthful population with 42 percent of Tanzanians being less than 15 years of age.<sup>8</sup> The average life expectancy for a Tanzanian is 58.2 years.<sup>9</sup>

Host to a diversity of religious faiths, Tanzania’s population is 35 percent Muslim, with 35 percent denoted as having indigenous beliefs, and 30 percent Christian. Politically, Tanzania is a democratic republic and the legal system syncretises common, customary and Islamic law.

In 2000, Tanzania adopted the National Development Vision 2025, which was aimed at achieving gender equality in socio-economic, political and cultural life by 2025. Thirty percent of parliamentary seats are reserved for women under the national constitution.<sup>10</sup>

### Ruhita ADP

The Ruhita ADP is a 15-year program, supported by World Vision Canada, that began in October 2008 in the Muleba district, Kagera region in Tanzania. The program area is characterised by a high degree of poverty and is difficult to access, particularly during the long rain season (March to May). The area does

not have permanent roads which are passable for the whole year and the seasonal roads are not well maintained. During the rainy season, some of the more distant villages are difficult to reach for this reason.

A 2012 World Vision Tanzania evaluation report put the population of the Ruhita area at 51,402 (20,414 males and 22,421 women), including approximately 8,567 children (4,760 girls and 3,807 boys). The total number of households was 9,430. The main ethnic group of the project sites is Haya, who speak Kihaya and Kiswahili.

The majority of communities in Ruhita practise subsistence farming. The main crops grown are banana, maize, beans, cassava, sweet potatoes and yams, while some grow coffee as a cash crop. The area does not have a hospital although there is a health clinic in Ngenge which provides medical services at a reduced cost. The clinic, however, is under-staffed, lacks equipment, and drugs are in short supply. In most areas, there are limited electricity and telecommunication networks. There are a small number of water sources, which provide water seasonally.

The Ruhita ADP originated from the Rushwa Hope Project, which was implemented in 1996 in the Rushwa ward, followed by Ngenge and Burungura in 2002, and ended in 2009. These wards were badly impacted by HIV and AIDS in the late 1980s and approximately 3,000 children were left without parents. The Rushwa Hope Project focused on HIV and AIDS awareness and assisting orphans to access social services, including health and education. The Ruhita communities requested World Vision to extend the project for a longer period and into other communities. Subsequently, World Vision decided to expand the project into an ADP.

In 2008, the Ruhita ADP was implemented with the goal to improve the quality of life of children, their families and communities living in Ruhita by the end of 2023. The project covers 12 villages of three wards: Rushwa, Ngenge and Burungura. The program addresses the main socio-economic problems of the area in accordance with the Tanzanian National Strategy for Growth and Poverty Reduction. The focus areas of the ADP include the following:

- **Agriculture and livestock:** The objective of the agriculture and livestock project is to improve household food security and livestock products of communities in project areas. The project works to improve the capacity of small-scale farmers to ensure households have adequate food; livestock keeping systems; and the development outcomes of the community. Project activities focus on increasing farmers' knowledge of and skills in crop production; increasing farmers' skills in the preservation and marketing of agricultural products; increasing farmers' knowledge of and skills in proper livestock husbandry; increasing community understanding of SACCOS (a community financial institution) functions; and increasing community skills on CBO (community-based organisation) formation, resource mobilisation and management.
- **Education:** The project goal is to improve the quality of education in primary schools by enhancing the learning environment and providing learning materials and furniture to support student performance. World Vision Tanzania, in collaboration with local government, sensitises the community about the importance of education so that all children of school age are enrolled in primary school, including children with a disability. This has resulted in an increased number of pupils enrolled in standard one and more classrooms have been constructed.
- **Health and nutrition:** The project aims to improve the health status of children and families by increasing community knowledge on child nutrition, immunisation services, mothers' knowledge on the importance of breastfeeding and child spacing, and knowledge about malaria prevention.

- **HIV and AIDS:** World Vision Tanzania has been working with the Ruhita community to reduce the impact of HIV and AIDS on people and families. The project sensitises the community and community caring groups to support those who are HIV positive and their families and to reduce HIV transmission among youths and women of childbearing age. The project campaigns for HIV and AIDS prevention among community members, dealing mostly with community groups at greater risk of HIV and AIDS. These groups include women of childbearing age, people living with HIV and AIDS, and other vulnerable groups in the community. In addition, the project works with the Rushwa dispensary to provide information to women of childbearing age in order to prevent mother-to-child transmission as well as providing knowledge and skills to community youth about potential high risk situations and/or environments for HIV transmission.
- **Sponsorship management:** The goal of the sponsorship management project is to improve the capacity of families and communities to care for all children including children registered for child sponsorship. The project addresses child rights, child protection and advocacy issues in the community.

A landlocked, altitudinous country, Bolivia has a population of 10.2 million. It is one of the poorest nations in Latin America, with an estimated 20 percent of people living under the international poverty line of US\$1.25 per day. There is marked economic disparity between men and women, with the average GDP per capita in 2011 being US\$4,986 for men and US\$3,856 for women.<sup>11</sup> The UNDP ranked Bolivia 108th out of 187 countries in its 2011 Human Development Index. On average, Bolivians have a life expectancy of 67 years.<sup>12</sup>

In terms of gender, Bolivia was ranked 88th out of 146 countries included in the UNDP's Gender Inequality Index. The sex ratio at birth is 1.05 males for every female, falling within the natural biological range.<sup>13</sup> On the Gender Empowerment Measure scale, Bolivia rates 0.511.<sup>14</sup> Thirty percent of parliamentary seats under the current socialist government are held by women; however, the UN notes "insufficient representation" of women at senior posts.<sup>15</sup> Women obtained the right to vote in 1952. Bolivia has a dual legal system that includes indigenous customary law.<sup>16</sup>

Institutionally, there has been a proliferation of government agencies relevant to gender equality and to children.<sup>17</sup> Bolivia has also enacted several gender-related policies.<sup>18</sup> However, the UN has pointed to the lack of coherence between these agencies and initiatives, and poor implementation.

After Haiti, Bolivian women face the highest risk of maternal mortality in the Latin American region. The Maternal Mortality Ratio (MMR) is 180 women per 100,000 (as compared to an MMR of 98 in neighbouring, economically comparable Peru).<sup>19</sup> In some indigenous communities within World Vision project sites, the MMR is estimated to be 680 per 100,000 live births.<sup>20</sup> The MMR is high despite near universal access to antenatal care (90 percent), with relatively high rates of the recommended four antenatal visits (72 percent). Despite antenatal care coverage levels, in Concepción and San Antonio Lomerío, a small community survey by World Vision revealed that only 10 percent and 32 percent of women in those localities respectively knew two or more danger signs during pregnancy.<sup>21</sup>

Mortality rates among newborns and children are also high, as compared with Latin American regional figures. The Neonatal Mortality Rate (NMR) is 23 per 1,000 live births,<sup>22</sup> and for every 1,000 infants under 12 months of age, 49.8 will die. Mortality

## 1.2 Bolivia: Community Involvement Strategy for the Empowerment of Women ("WARMII") in San Antonio de Lomerío

rates for children under five are steeper again, with 63.1 deaths per 1,000 live births. The Committee on the Rights of the Child noted with concern the persistently high MMR and Infant Mortality Rate, particularly among indigenous communities where skilled birth attendance takes place for more than 50 percent of all births.<sup>23</sup>

### The WARMI project

The Community Involvement Strategy for the Empowerment of Women (“WARMI”) was a special project funded by USAID and PROCOSI (health NGO), implemented in several municipalities of largely rural populations, mainly indigenous Chiquitanos. The site explored for this study was the municipality of San Antonio de Lomerío (population 6,293), around six hours drive from Santa Cruz in the lowlands of the country (but its largest city). Some inhabitants live in the township, but the project focused on those living in small, scattered villages. The terrain and weather create challenges for accessing services.

WARMI commenced its health and gender activities in January 2008; the project finished in July 2011. The project goal was to: Reduce rates of maternal and infant mortality through developing skills in mothers’ sexual and reproductive health (SRH) decision-making. Its objectives included:

- increased demand and use of SRH;
- better knowledge and self-care practices in women;
- strengthened capacity of women to defend SRH rights;
- community participation of women in decision-making and local management;
- respect for traditions and customs; and
- sustainability.

The project focused on gender as a cross-cutting issue, but the overall focus was on health rather than gender equality. The primary project activities included:

- strengthening of social networks, health linkages, strategic alliances;
- participation of representatives of social networks;
- increasing the number of women and men accessing services;
- implementing a training program for Community Health Agents (CHA);
- information packages for making individual and collective decisions about health;
- training for increasing women’s decision-making in community health; and
- promoting birth registration.

The project did collect limited gender-related baseline and endline data. Of interest are the following positive changes identified:

- stronger gender equity and improved relationships of women with husbands and family;
- increased access by women to health services including pre- and post-natal services; and
- effective participation of women in community organisations and increased capacity to propose health policy changes and utilise SRH programs in communities.

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## I.3 India: Jaipur Area Development Program

The second most populous nation globally, India has a population of 1.2 billion.<sup>24</sup> India is characterised by great diversity between and within state regions, socio-demographic groups and the sexes. India is ranked 134th out of 187 countries in the UNDP’s 2011 Human Development Index. In a scale of 0 to 1, where 1 represents high human development, India is rated at 0.547 and Rajasthan state (home to the ADP) is marginally lower at 0.541. India is a lower middle income country, with



GDP levels at US\$3,700 per capita. However, as this is an averaged figure deriving from the extreme levels of income wealth and poverty in India, it should be noted that 41.6 percent of the population live below the international poverty line of US\$1.25 per day.<sup>25</sup>

India is a multi-faith nation. Most (80.5 percent) of the population observe Hinduism, and although minorities in percentage terms, India's total population quantum means that there are sizeable Muslim (13.4 percent), Christian (2.3 percent), and Sikh (1.9 percent) communities.<sup>26</sup>

Although India has a quota system in place, reserving one-third of national and local government seats for women, there are persistently low levels of political representation by women. Currently, only 10.7 percent of parliamentary seats are held by women,<sup>27</sup> and there are no women judges on the Indian Supreme Court. Women obtained the right to vote in 1950. Gender measures reveal the enormous gap that exists in the survival, health, education and economic participation rates between women and men. India is ranked 129th out of 146 countries included in the UNDP's Gender Inequality Index.<sup>28</sup> India rates lower on the Gender Equality Measure at 0.497 and Rajasthan is at 0.442.<sup>29</sup>

One of the starkest indicators of gender inequality in India is the sex ratio of the youngest cohort. Nationally in 2011, among children aged 0-6 years there were 914 girls for every 1,000 boys; the natural ratio is approx. 954 girls: 1,000 boys.<sup>30, 31</sup> The gap has actually grown in the 10 years since the previous Census (2001), when it was 927 girls:1,000 boys.

India's Maternal Mortality Rate is high at 230 deaths per 100,000 live births.<sup>32</sup> The Neonatal Mortality Rate is 32 deaths per 1,000 live births and the Infant Mortality Rate is 48 deaths per 1,000 live births. For children under five years, there are 63 deaths per 1,000 live births.<sup>33</sup> Adult literacy has increased over the past decade. However, the gender disparity between levels attained by women and those attained by men has not diminished. Among youth aged 15-24, 88 percent of men are literate and 74 percent of women are literate. However, for the adult population overall, an estimated 77.5 percent of men are literate and only 55 percent of women. In Rajasthan, 74 percent of men aged 15-49 are literate, but only 36 percent of women.<sup>34</sup>

## Jaipur ADP

Jaipur is the capital of Rajasthan. It is a well-known tourist place and famous for its gem polishing industry, handicrafts and garments. According to the 2011 Census, Jaipur has a population of 6,626,178. There are 910 females per 1,000 males; the national average sex ratio is 940 females per 1,000 males. The average literacy rate of the Jaipur population is 75.51 percent (males: 86 percent; females: 64 percent). Just over half of Jaipur's population reside in urban zones.

The Jaipur ADP, supported by World Vision Australia, is working in 20 slums and provides support to 18,000 households and a slum population of approximately 100,000 people (World Vision Jaipur ADP Evaluation 2011). A World Vision project commenced in this area in October 2004 and evolved into the current ADP, which is nearing the end of its first six-year phase. Its goal is, by 2013, that people in target communities would experience holistic development to independently run their families and live life in all its fullness with peace, justice, dignity and hope. The ADP is focusing on three sectors: health, education and economic development.

- **Health:** The goal is to improve the survival, health and nutritional status of children and adolescents in the 20 slums. The health project focuses on:
  - improving feeding practices among children aged 0-11 months;
  - improving home management of diarrhoea among children aged 0-5 years;

- increasing immunisation coverage among children below 18 months of age; and
  - improving care among adolescent girls and pregnant women for safe motherhood.
- **Education:** The goal is to achieve equitable quality education for all disadvantaged children in the project slums with an intended outcome of improving quality education in primary schools. Project activities include:
- establishing early childhood centres for children aged 3-5 years;
  - establishing bridging schools for children aged 6-14 years;
  - establishing child friendly environments in schools;
  - strengthening school management committees; and
  - sensitising communities on child rights and child labour.
- **Economic development:** The goal is to reduce the number of the poorest households in the slum project areas. The activities include:
- forming and strengthening Self-Help Groups to promote credit and saving;
  - upgrading skills of community members for better livelihood activities;
  - forming Common Interest Groups (community-based business groups) for economic development; and
  - linking the community with improved business development services, eg, market information, job opportunities, service providers, raw materials.

## 2.0 METHODS

The Gender Equality Study involved capacity building (as necessary) of World Vision staff, logistical preparation for work in the field, securing of interpreters, and preliminary data management and reflection on the implications of emerging findings for programming. The process was similar, but not identical, in the three countries, and is summarised below.

### 2.1 Capacity building process

In each country the study team used the following approach for research and gender analysis capacity building among the World Vision team, who had varying levels of previous experience. The study team used the actual field work undertaken by World Vision staff for the joint purposes of gathering data for the study, and utilising data to build skills in systematic thematic analysis.

- **Two-day** (three days in Tanzania) **field work preparation workshop** (including overviews of World Vision project and country-wide gender situation, techniques of data collection and management, refinement of question guides, process of thematic analysis [Bolivia and India only], and logistics);
- **Focus group discussions (FGDs)** with 6-10 participants per group (separate sexes) from a project or ADP community, facilitated by World Vision staff working in sub-teams (minimum two FGDs conducted per sub-team);
- **1.5 day systematic thematic data analysis workshop (Bolivia and India only)** using FGD transcripts (including coding by themes, summary and reflection); and
- **Final day/1.5 day reflection with core World Vision gender team members** to discuss emerging findings and potential relevance for World Vision programming.

### 2.2 Study design and tools

The study design was qualitative, using both FGDs and in-depth interviews. Prior to field work, the study team drafted semi-structured question guides for both methods; these incorporated gender equality indicators from international and national benchmarks. The drafts were revised with World Vision partners during field work preparation workshops in Bolivia and India (see example from India component, Annex 1). In Tanzania, this occurred after the community FGDs. This process resulted in slightly different indicators for each country.

Preliminary questions were devised to elicit perceptions of current levels of equality according to each indicator, with additional questions asking about change over time. Follow-up and probe questions were used to seek additional detail. Two Kiswahili- and Kihaya-speaking (Tanzania), two Spanish-speaking (Bolivia) and two Hindi-speaking (India) interpreters were used during interviews. Existing moderate levels of Spanish/Hindi fluency within the study team were also utilised during workshops and field work. Data from all sources were organised and analysed using standard methods of thematic analysis during the workshop and once the study team returned to Australia.

Data were collected in two phases, outlined below. Because the research question assesses World Vision program impact, World Vision team members did not ask specifically about the role of World Vision in change (where change was perceived) to prevent a perceived conflict of interest. Instead, the study team covered this point during community interviews.



Field work team members in San Antonio de Lomerío. Photo: J Schipper.

### Phase I:

- **Key informant interviews** (conducted by the study team) with academic gender specialists, NGO/government representatives and selected World Vision staff to gather evidence on gender inequalities and contextual information. Sample size per site:
  - 11 in Tanzania: seven in Dar es Salaam, four in Muleba
  - eight in Bolivia: three in La Paz, five in Santa Cruz
  - 16 in India: four in Chennai, 12 in Delhi
- **FGDs with men and women from the community** (conducted by the World Vision team) to gather perceptions of: current equality between men/women and boys/girls using agreed indicators; change in equality (if any) over time; and opinions on change (if any). Sample size per site:
  - 12 in Tanzania: two with women and two with men in the Ruhita ADP office, one with women and one with men per site (Rushwa, Biiija, Burungura and Rwigembe)
  - five in Bolivia: one each with men and women in San Pablo and Fatima, and one with women in Monterito
  - 12 in India: two with men, two with women (divided by age) per site (Banda Basti, New Sanjay Nagar and Bapu Basti)

### Phase II:

- **In-depth interviews** with approximately equal numbers of men and women, conducted by the study team, in the same sites as FGDs. These used a similar question guide to FGDs, with the addition of questions on attribution of change. Total sample size per site:
  - 24 in Tanzania: 12 with men, 12 with women (three per site for each sex: Rushwa, Biiija, Burungura and Rwigembe)
  - 22 in Bolivia: 10 with men (two in San Pablo, three in Fatima, five in Monterito); 12 with women (four per site: San Pablo, Fatima and Monterito)
  - 28 in India: 14 with men, 14 with women, as follows: six men/six women in Bapu Basti (majority Hindu population); four men/four women each in Banda Basti and New Sanjay Nagar (majority Muslim populations)

## 2.3 Process, logistics and personnel: Tanzania

The study team conducted key informant interviews with World Vision Tanzania staff and relevant NGOs and academics in Dar es Salaam on 25-26 November 2012. The study team flew to Bukoba and then drove to Muleba on 27 November, where the study team was based for the field preparation workshop and data collection. The guesthouse in Muleba was approximately a 45 minute drive from the Ruhita ADP office. From the ADP office, community sites were approximately a 10 minute drive to the closest and up to 40 minutes to the furthest site.

The workshop was held from 29 November to 3 December with approximately 10 World Vision staff attending. During this time, World Vision staff and the study team discussed gender equality within the context of the ADP and World Vision staff were instructed on the qualitative methods that would be used in the research. The study team worked with Ruhita ADP staff to identify four sites for community research and a diverse selection of individuals in order to understand a range of experiences and perspectives. Community FGDs were facilitated by World Vision staff on 4 December. Following the FGDs, the study team discussed findings with World Vision staff before finalising the gender equality indicators.

The study team conducted 24 in-depth interviews from 5-10 December and World Vision staff conducted further FGDs with men and women in the four research sites. Whilst not ideal, two World Vision staff (one current and one retired) acted as interpreters for the study team. The two interpreters participated in the field work preparation workshop, which provided them with an introduction to gender concepts as well as the methods used in the study. The study team briefed the translators on translating questions and answers, prior to and following each day's interviews, to clarify issues related to prompting responses from participants and the need to translate full responses, as much as possible. Due to the number and duration of interviews conducted in each site, the interpreters became tired and apparently (at times) anticipated and summarised community responses, which meant the study team were unable to obtain full and detailed responses at some points. In addition, the interpreters occasionally prompted individuals to cite World Vision's contribution to change in the community, which did not reflect the original interview question.

On 11 December, the study team interviewed district government staff working in the areas of education and community development. Afterwards they worked with World Vision staff to review and discuss all data collected. On 12 December, the study team returned to Dar es Salaam and conducted additional interviews with key informants from NGOs and universities who had been unavailable previously.



Men's focus group discussion, Ruhita ADP.  
Photo by Mia Urbano.

## 2.4 Process, logistics and personnel: Bolivia

The study team arrived in La Paz on 28 February 2013 and, after a period of altitude adjustment, conducted key informant interviews (4-5 March) with an academic gender specialist and a representative of a women's NGO coordinating committee. The study team then flew to Santa Cruz on the afternoon of 5 March and held interviews (6 March and evening of 7 March) with two academic gender specialists and a departmental (state) government minister with gender equity responsibilities.

The study team held the two-day field preparation workshop (7-8 March) in Santa Cruz with the eight World Vision Bolivia staff assigned to collaborate on the project. On 10 March the study team and World Vision staff drove six hours via 4x4 to San Antonio de Lomerío, where the study team slept each night. Field sites were between 20 minutes and 1.5 hours journey by car. Community FGDs were conducted by World Vision staff on 11 March. FGD transcripts were analysed on 12-13 March, with the World Vision team returning to Santa Cruz on the afternoon of 13 March. The study team conducted in-depth interviews from 13-16 March, and returned to Santa Cruz on 17 March. One additional key informant interview, preliminary data analysis by the study team, and the review meeting with the core gender team were held during the final week. The study team departed on 23 March.

Two interpreters were assigned throughout to assist during workshops and in field interviews, as noted above. Both were congenial and highly conscientious, and fully understood the professional and technical nature of their role. They were also excellent sources of background and contextual information. However, their English fluency was not at a level sufficient to enable full and accurate exploration during interviews. World Vision Bolivia took great pains to ensure the smooth running of workshops and data gathering and analysis, including in the more remote sites of field work.



Typical house in Monterito community, San Antonio de Lomerío. Photo by Martha Morrow.

## 2.5 Process, logistics and personnel: India

The study team conducted key informant interviews with World Vision National Office staff in Chennai on 8 April and flew to Delhi that evening. On 9-10 April, further key informant interviews were held with World Vision staff and a group of academic, NGO and UN agency gender specialists in Delhi. The entire team travelled on 10 April by train to Jaipur, the city in which the study sites (slums) are located.

The study team held the two-day field preparation workshop with approximately 15 World Vision staff from midday on 11 April to midday 15 April. Three of the 20 slum communities covered by the ADP were selected purposively for field work to represent religious diversity and variable geographic points in the city. A smaller team of 12 World Vision staff commenced FGDs on the afternoon of 15 April and completed these on 16 April. Data analysis of transcripts occurred on 17 April and the morning of 18 April. The study team conducted in-depth interviews from midday on 18 April to 23 April. The remaining days of that week were spent in preliminary data analysis and review discussion with the core gender team in Delhi, departing on 27 April.

In relation to interpreters, World Vision staff reported difficulties in engaging suitably qualified people available for the task. This situation meant that interviews were sometimes conducted through World Vision staff, which was undesirable due to their connections to the ADP, and at other times with inadequately qualified external interpreters.



The study team conducted field work in slum communities in Jaipur. Photo by Ilana Rose/World Vision.

## 3.0 FINDINGS IN RELATION TO GENDER EQUALITY

This section brings together the study's main findings related to change and stasis in gender equality in Tanzania, Bolivia and India and the challenges of attribution of change. The main source of findings is the field work conducted in each country. In addition, as relevant, available secondary data, as well as the results of discussions held during the October 2013 Feedback Workshop in Nairobi, have been included in this overview. Note that although this report does not include findings from the Kenya arm of the study, recommendations relating to programming from the Kenya representatives at the Nairobi workshop have been incorporated because all teams participated in the same brainstorming and plenary discussions. Comprehensive documentation of recommendations enables learning across countries for future work.

### 3.1 Summary findings on change

The analysis of field work data indicates that respondents perceived positive change in some, but not all, gender equality indicators since World Vision programs commenced. The table below provides an overview of the majority view on each indicator of gender equality. As can be seen, there is both overlap and difference across the three countries. The table also summarises reported attribution of change to World Vision programs ("W"). Greater detail and quotations as illustrations from each site can be found in Annex 2.

**Table 1: Perceived change in gender equality in Tanzania, Bolivia and India, and World Vision's contribution**

**Legend:**

- ✓ Reported positive change
- W Change partly attributed to World Vision
- X No change reported
- ? Uncertainty
- Did not explore
- \* Historically equal; no change reported
- \*\* Not explicitly explored but discussed within the context of other indicators

Indicator	Tanzania	Bolivia	India
Rest, free time	X	✓W	X
Food intake	–	X*	✓W
Property rights, access	✓W	✓?	X
Deciding on expenditure	X	✓	✓
Deciding on family size	X	✓W	✓?W
Child preference by sex (India)	–	–	X
Age of marriage and decision-making on age	✓W	✓W	✓W
Access to education	✓W	✓W	✓W
Education achievement (Tanzania)	✓?W	–	–
Safety, violence in family and community	✓W	✓W	✓?
Participation in family discussions (India)	–	–	✓?W
Multiple partners (Bolivia)	–	✓W	–
Health access	X*	✓W	✓
Livelihood and training opportunities	✓W	✓?W	✓?W
Involvement in organisations and leadership	–	✓W	✓?
Use of banking and loans (India)	✓?W**	–	✓W



## 3.2 The challenges of attribution

It is important to note that reports of attribution to World Vision rarely offered concrete evidence about specific activities that logically led to the change. Other prominent actors, in particular the government and some NGOs, were actively campaigning and sometimes offering training relevant to gender equality in these sites. Nevertheless, World Vision was mentioned frequently enough – without prompting – to infer that its programs have made a contribution. This impression was reinforced during discussions of emerging findings with the core gender teams in each country. In Bolivia, for example, change has come during a period when national policies on indigenous rights, education and gender have been introduced to improve the rights of disadvantaged groups. In all countries, people were able to talk about the role of government in influencing change and often mentioned laws as the first reason for change. There was also the recognition of work by other organisations working with a similar focus. Some individuals, often those with more education, were better at articulating World Vision's role in the perceived change, whilst others, such as men in Jaipur, were unaware of or not involved in the World Vision ADP.

## 3.3 Perceived positive changes

In this section we summarise evidence of positive change in gender equality in relation to particular indicators (see Table 1). **Please note that this section describes change attributed (at least partly) to World Vision programming.** Some positive changes were reported for some indicators, but respondents did not see this as an outcome of World Vision activities. It is important to emphasise that change does not necessarily mean achievement of equality; indeed, for most indicators, inequality has remained in place despite improvements.

### 3.3.1 Food intake

India's son preference (discussed further in section 3.4.4) has manifested in under-feeding and even starvation of girls. Respondents were adamant that a major change has occurred in Jaipur, and noted World Vision activities, such as nutrition and education programs, and children's clubs.

*Ten years ago there was a differentiation ... but since my work [as World Vision volunteer] this has changed.* – India, older Muslim man

### 3.3.2 Property rights

Participants – both men and women – in Tanzania reported a change towards more equal rights and access to property. The majority said that women are now able to inherit property, unlike prior to the World Vision project. A World Vision research report on widows and orphans in the Ruhita ADP (2010) indicates that after the death of a father, the father's clan members generally take possession of the deceased man's property.<sup>35</sup> Following on from the Rushwa Hope project, the Ruhita ADP provided education and awareness-raising sessions on property laws that gave women and, in particular, widows and orphans, rights and access to property. The project established Human Rights Committees, which advocate on behalf of the widows and orphans at ward development committee level (2010). World Vision Tanzania worked with partners, such as legal aid centres, to register properties in the names of widows and resolve problems of land grabbing by male relatives. Also, World Vision partnered with the government to encourage communities to develop by-laws on women's property rights and access to ensure the sustainability of project outcomes. The partnering approach enabled World Vision to fill gaps in areas where they lacked expertise and/or capacity to effect change.

In Tanzania, women's access to property is improving. Widows can now retain possession of family-owned land. Photo by Jon Warren/World Vision.



*Women can inherit land and property. Before it was different ... because all property and land was given to the boy child. – Tanzania, woman*

### 3.3.3 Deciding on family size

In both Bolivia and India, respondents said widespread use of contraception is now accompanied by more shared decisions on family size between husbands and wives. Historically, husbands in both countries, along with husbands' parents in India, primarily determined the number of children. In Bolivia, World Vision trained female facilitators to deliver educational sessions about sexual health and reproduction to existing women's groups. The design of the materials and methodology of the sessions were based on women's educational level and cultural context. In some instances, husbands were not happy about women attending the classes and some used violence to stop women attending. With the continuation of the group meetings, men soon recognised the educational and health benefits for families. The women's group approach was central in raising awareness about the contribution of reducing family size to improved education and wellbeing.

*WV [World Vision] taught people here not to have so many children, made them conscious of how hard it is to educate and feed so many. – Bolivia, man*

In India, many indicated that due to the cost of raising and educating children, families in the younger generation are having fewer children. This change was partly attributed to the information from World Vision volunteers about contraception. However, the reported change in Jaipur may be minor, and dependent on the sex ratio of existing children, given that most acknowledged son preference remains strong (as the unbalanced sex ratio in the 2011 Census makes clear).

*Most families desire sons because boys earn and bring money to the family and the family's name will continue. – India, younger Muslim woman*

### 3.3.4 Age of marriage and shared decision-making on marriageable age

There was almost universal agreement in the three project sites that marriage age has risen and teen marriage (or consummation of marriage) rarely occurs, which is a marked change from the past.

The education of girls was cited as a key influence in Ruhita. The majority of respondents attributed this partly to the Ruhita ADP. The Ruhita ADP provided training on life skills and the value of girls and boys in the community to children, both in school and out of school. Children of both sexes were said to understand the benefits of remaining in school, and girls learnt the consequences of early marriage, such as pregnancy problems. Government policy, which requires every village to have a primary school providing free education, has increased education access for girls and boys.

*Education and seminars play a major role in this change. Girls are learning that marrying older is a more responsible thing to do as they continue their education to have a better life. – Tanzania, man*

In Bolivia, this change was attributed to activities by World Vision as well as the municipal government, the catholic church and another NGO; respondents specifically identified greater access to education for girls as an influence. Marriages are now by choice, whereas previously parents arranged them, and many children now want to be “professional” or “mature” before marriage. Even though early pregnancy still occurs, girls can remain in school and are not forced to marry.

In India, many attributed change to greater education, seen as partly the result of World Vision activities such as children's clubs, where boys and girls learnt about the benefits of education and the impacts of child marriage. The clubs participated in the Life School for Transformational Development activity, where children received training on child rights via classroom teaching, puppet and magic shows, and street plays that developed children's self-confidence and encouraged school participation (World Vision India ADP Evaluation Report 2011).

### 3.3.5 Access to education

Virtually every respondent agreed that unlike in the past, educational opportunities were similar for boys and girls in all three countries, with most children reportedly completing primary school. At least part of this change was attributed to World Vision activities.

In Tanzania, many reported that access was equal, but some boys and girls do not complete primary school; however, the drop-out rate was higher in the past. Drop out was explained in terms of both boys and girls finding paid work, pregnancy, and families keeping girls home to help with domestic work.

*There is a change in community attitudes about girls' education. World Vision has played a big part in that, to make the community realise that given the chance a girl can do as well as a boy, if not better. – Tanzania, man*

Before the Ruhita ADP began, there were very few primary schools, with inadequate learning materials. World Vision Tanzania provided desks and books to school-aged children and held awareness-raising sessions on early pregnancy and the importance of education for children, particularly girls. World Vision baseline survey data (2008) indicates that only 52.5 percent of boys and 52 percent of girls in the age group 6-11 years were enrolled in primary school. While this indicates parity in school enrolment, it also indicates low enrolment rates for both boys and girls in the Ruhita area. Unfortunately, an evaluation report was not available at the time of writing to compare current data for primary school enrolment.

In Bolivia, the change in equal access to schooling came at a time when government policies made schooling compulsory and free to Year 8 for all children. This has enabled both boys and girls to go to school, particularly when the cost of schooling was a barrier for many families. Respondents indicated that women learnt about the law and their right to an education from the women's group discussions.

*I did this [World Vision exercise to draw body of male, female] in front of the children to show both sexes can do everything except three things.<sup>xvi</sup> The kids and teachers liked it. Even my husband liked it. – Bolivia, woman*

In India, almost everyone said that enrolment in primary education was now equal and high for both boys and girls. Indeed, the World Vision education project had introduced strategies that specifically addressed identified barriers to education for both sexes. Strategies included:

- remedial education where the quality of education was poor;
- early childhood care and development centres;
- school infrastructure development to ensure appropriate learning environments;
- life-skills training;
- children's clubs which incorporate a child-to-child learning approach;
- self-help group loans to reduce economic barriers; and advocating with the Rajasthan State Government and (public) *madrasas* (Islamic schools) to ensure sustainability of quality education through adequate resourcing stipulated by government policy (Nairobi workshop 2013).

At the end of Phase I in 2011, 85 percent of girls were enrolled in primary education, compared to 67 percent at baseline (2008). For boys, the figures were 82 percent and 67 percent respectively (World Vision Jaipur ADP Evaluation Report 2011).

*Education is the way for development and the community realises this ... Society runs because of women – ladies are the main ones. – India, younger Hindu man*

### 3.3.6 Safety, violence in family and community

Respondents in Tanzania and Bolivia generally agreed that overall, violence against women had declined in families and within communities, but change was perceived with greater certainty at the family level. Many claimed these changes were partly thanks to World Vision advocacy. (Evidence was more ambiguous from India.) In both countries there is greater recognition of the law against violence and many individuals are reporting cases of violence to authorities.

In Tanzania, World Vision delivered seminars about violence against women and related laws. At the same time, the government was conducting similar awareness-raising sessions. Respondents also referred to World Vision's Community Care Coalitions, which follow up cases of violence against women and support individuals to report cases to appropriate authorities. However, it was noted that girls and women are sometimes at risk of sexual assault when they walk long distances.

*Girls might face the danger of rape when walking long distances from school, particularly in unsafe areas. For women, this is happening when they go for recreation purposes, particularly if they are unmarried, they will be chased by men. – Tanzania, man*

In Bolivia, the World Vision project provided information about laws that criminalise violence against women. The women's groups provided a supportive environment for women who had experienced violence, as well as acting as an alert system by reporting cases of violence to relevant authorities. This is a significant change given that previously it was reportedly common for women to have visible injuries resulting from beatings by drunken husbands.

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xvi. The exceptions pertained to sexual and reproductive differences.

*There is a law on mistreatment and violence. Most people know the law here. The project also spoke about rights. – Bolivia, woman*

However, in Bolivia, it was asserted that many men still do not allow women to move freely outside the home.

### 3.3.7 Health access

Health access in Ruhita was considered equal historically and although improved access for women and girls was reported in India, it was attributed solely to the government, and not to World Vision. Positive change was observed in Bolivia, and although World Vision was not named as responsible, the project itself had a primary focus on health. Lack of attribution may be explained by the fact that World Vision did not provide health services, but helped strengthen existing systems through capacity building of government health staff. At the same time, recent government policies mandate free healthcare for pregnant and post-partum women and children under five, as well as men and women over the age of 60.

Respondents reported that in the past men forbade women from seeking medical attention.

*In the past, it was prohibited for women to go to the health centres because their husbands didn't trust them to go. They thought they would find another man, or had to disrobe. – Bolivia, woman*

While access has improved, participants reported a lack of drugs and staff at local health posts, and most needed to travel relatively long distances to the municipal capital for care.

### 3.3.8 Livelihood and training opportunities

In all three countries perceptions about both livelihood and training opportunities were mixed; however, in all three it was clear that respondents perceived both of these opportunities as grossly inadequate compared to the need.

Prior to the Ruhita ADP, very few people were involved in small business or entrepreneurial activities with the main source of income coming from cash crops and livestock; women were rarely involved in any economic activity (World Vision Tanzania Ruhita ADP Baseline Survey Report 2009). Many respondents said women now have more opportunities to earn income through activities such as operating small businesses or tilling plots for other landowners. World Vision and the government provided seminars to assist women to establish livelihood groups; these groups approached financial institutions for loans to enable women to work jointly to develop small businesses. In Tanzania, many men acknowledged women as important contributors to the family income as a result of the Ruhita ADP.

Although many claimed that there were equal livelihood opportunities in Bolivia, very few women actually worked outside of the home, apart from some who worked in the family fields or washed clothes at other people's houses.

*There is equal opportunity to get jobs but women don't take these chances ... Some women are timid or don't leave home because their husbands don't let them. – Bolivia, woman*

Although the World Vision project was not focused on income generation, World Vision Bolivia approved project proposals from the women's groups to use project money for income generation activities, such as sewing handicrafts for the local market supported by the Central Organisation for Chiquitanos and local government. In the Nairobi workshop discussions, the World Vision Bolivia team recognised the importance of project flexibility to provide opportunities for additional activities to be developed during the project cycle.

Like in Bolivia, many respondents from the Jaipur ADP stated that there are now equal opportunities for outside employment, despite the low rates of employment for women. Again, as in Bolivia, some said this was because men did not allow women to leave the home. Many respondents said that there were few or no training opportunities, while others indicated that there had been gender-specific training, including sewing and bangle making for females, and electronics training for males. The Jaipur ADP Evaluation Report (2011) states that various trainings related to skill development, business development, microenterprise, and economic development assistance were provided during phase I. The ADP formed common interest groups and provided specific skill training and financial assistance to each group. The disparity between respondent perceptions and the ADP report may be due to the fact that ADP training did not cover the entire population.

### 3.3.9 Involvement in organisations and leadership

In Bolivia and India, many stated that more women were now taking part in community committees and organisations, a change seen as partly arising from training and awareness-raising through World Vision activities. During the Nairobi workshop, World Vision Bolivia staff explained that there were women's organisations in the zonal area administering educational projects who had benefited from World Vision's capacity building activities for community-based organisations.

However, in both countries women usually take roles with less authority. In Bolivia, many said that thanks to project trainings on rights and equality in women's groups, women were now confident to speak in public meetings; furthermore, in the past husbands would not allow women to play this role, but this had now changed.

*The elders complained because WV [World Vision] asked women to go out. Only WV did this awareness-raising. It's very important ... many are still unaware.*  
– Bolivia, woman

In India, many were unaware of the existence of community organisations, and thus could not comment on involvement or leadership of such groups.

### 3.3.10 Use of bank accounts and access to loans (Tanzania and India)

Although this indicator was not explicitly explored in Tanzania, indirect reference to a change in access to loans for both sexes was mentioned by a few respondents. Prior to the Ruhita ADP, there were no financial institutions where people could access credit.

*The change is due to WV [World Vision] facilitating women to form groups to increase their income. Women have started to form groups to have access to loans ... Men have received this opportunity from WV as well.* – Tanzania, man

In India, both sexes are more likely to have bank accounts than in the past but this is still not commonplace. The reason cited for this was they lacked personal identification required by banks. Most agreed that not many people actually have accounts, but women have fewer than men. By contrast, the majority knew about banking institutions and/or moneylenders who provided loans, but these were primarily to women. The formation of self-help groups (SHGs) also provided women with an opportunity for borrowing money through a revolving credit system. Many suggested that there was a bias towards women in accessing loans in the slums,

with some men feeling resentful for that reason; World Vision India has proposed establishing SHGs for men to increase their access to loans.

*Women have formed SHGs and all put one-hundred rupees each month. Members can borrow when needed and repay it ... There is an idea to have men's SHGs and WV has encouraged [this]. – India, older Muslim woman – World Vision volunteer*

### 3.3.11 The promise of change

While it is difficult to ascertain the contribution of World Vision to change (discussed below), it is indisputably pleasing to see widespread agreement that women and girls have achieved greater parity with men and boys in several spheres that are critical to life chances. Almost universal access to primary school education (with reportedly high completion rates for both sexes) and increasing age at marriage are fundamental shifts enabling children of both sexes to acquire literacy and girls to avoid the health risks (and diminished employment opportunities) of early pregnancy.

Perception of change, however, is subjective, and except where rigorous secondary data exists, the study design did not enable verification of either the degree or the significance of change. It must be remembered, as well, that even where change was perceived, disparities remain for most indicators. It is also important to consider the wider socio-economic environment of the study sites, which are characterised by poverty and inadequate access to services. Good jobs are scarce for both men and women, and many families focus on basic survival. Nevertheless, these changes do offer hope of greater transformation in gender equality, which is not only a basic human right, but a key driver of social and economic development. It also can play a crucial role in child well-being.

#### Bolivia: a promising model emerging from the study?

A glance at the summary table indicates greater levels of overall improvements in gender equality in the San Lomerío community of Bolivia. The Bolivia project was a four-year project that focused on community health and was based on a model of working through women's groups. It worked with women primarily as a means of achieving greater outcomes in health through better knowledge and practices, rather than for the benefit of women or for gender equality. Although the project focused on health, training was provided to women on broader themes, such as self-esteem, gender equality and rights. There was also livelihood training, mainly for women.



By focusing on healthcare, the Bolivia project was able to address issues of gender equality. Photo by Jon Warren/World Vision.

The World Vision Bolivia team also explained that this project had a more integrated approach than used for ADPs; it targeted local health services in order to improve their quality, working with local leaders and within local systems. Such an approach may also assist in sustainability, although it also meant many in the community were not consciously aware of World Vision itself. Findings suggest that this project contributed to unintended positive consequences for gender equality, such as greater male involvement in housework, women's involvement in community organisations, and girls' access to education. This supports an argument that the process, mechanisms and focus of a project (including a focus on social determinants) can be critical for social change even in the absence of an explicit gender equality objective.

## 3.4 Areas where little or no change was reported

During the Nairobi Feedback Workshop country teams discussed evidence relating to lack of change for selected indicators, and the implications for National Office programming. Groups lacked time to consider every indicator. This section summarises key points from plenary presentations and the study team's analysis (which included discussion during the field work phase).

### 3.4.1 Rest and free time

Overwhelmingly, there was little evidence that equality had improved in relation to rest and relaxation. The traditional division of labour persists in all sites, with females performing the vast majority of household work, sometimes in addition to paid or unpaid work outside the home. Because women rarely work outside the home (or family farm, in Tanzania and Bolivia), they inevitably assume caring duties for children, elders and the sick. Such duties, especially childcare, were cited as another constraint on women's rest and free time in all countries. Some respondents in India and Tanzania asserted that female children took on caring responsibility for siblings to a greater extent than male children, although others claimed there was no distinction.

Men were said to have comparatively greater time "off-duty" from their outside jobs (eg, evenings and weekends), often spent relaxing with friends. More women than men noted this disparity, but men generally concurred. Many women also raised this point indirectly during discussions on expenditure, when they reported that men used a portion of household income to drink with friends.

The majority in Tanzania agreed that "tradition" explained the division of labour. As the quote below reminds us, women themselves often perpetuate harmful gender norms because these are socially sanctioned.

*This is a tradition, the way of life. The wife doesn't feel good if men do this work.*  
– Tanzania, woman

Disparity by sex in free time extends to children as well. In all sites, many participants volunteered the view that girls undertake more housework than boys.

*If studying, girls also have to do housework. My brothers don't do any chores but I did when I was their age.* – India, younger Hindu woman

The indicator on rest and free time received a tick for Bolivia because of a noticeable change in male involvement in housework over recent years, particularly in heavy tasks like carrying water. Respondents attributed this change to various interventions including the World Vision project, which did community awareness-raising and used women's groups to discuss rights and self-esteem.

*One difference from our parents is that the men dominated out of machismo. The youth understand better that women have a right to rest.* – Bolivia, man



*I think they learned about sharing housework in school, but also in the project. In the project they taught that men should do the same things as women. And that women can do the same as men if they are able. – Bolivia, woman*

Despite evidence of greater equality, a counter trend for Bolivia is the absence of local jobs leading to temporary – weekly, monthly or even longer – male migration for work in regional towns. Men's absence obviously means they cannot share household and caring duties.

### 3.4.2 Decision-making (expenditure and family size)

In Tanzania, most said it was rare for women to participate equally in household expenditure decisions because of male customary control of household assets, although a few cited examples of men starting to consult wives in this domain. Most also agreed that women play little role in decisions on family size. It was notable that many husbands said contraception is physically harmful to their wives, but several respondents said some women were secretly using it, suggesting men typically want more children than women.

*If the woman doesn't want to have more but the man does, the woman may make her own arrangements about birth control at the dispensary. Men don't know about this and there would be trouble if he found out. – Tanzania, man*

### 3.4.3 Secondary education

At the national level in all three countries, transition to and completion of secondary school is low overall, especially among the poor. The UNESCO Education for All online World Inequality Database on Education<sup>36</sup> reports that in Tanzania, 71 percent of youth (74 percent of girls and 68 percent of boys) did not complete lower secondary school. Among the poorest, 90 percent did not complete. For the poorest quintile in Bolivia and India the figure was 47 percent and 74 percent, respectively.

Gender disparities combine with poverty to amplify low rates of post-primary education. Among the poorest sub-population Santa Cruz, Bolivia (the "department" or state that includes the study site), 48 percent of girls and 38 percent of boys did not complete secondary school. This compares to the five percent of the richest girls and two percent of the richest boys. World Vision India's evaluation of the Jaipur ADP<sup>37</sup> found improved enrolment for both primary and secondary school. At baseline (2008), 67 percent of girls and 67 percent of boys attended primary school, rising to 85 percent of girls and 82 percent of boys at endline (2011). For secondary school the increase was from 47 percent for girls and 55 percent for boys at baseline to 55 percent of girls and 60 percent of boys at endline.

However, these figures indicate that a large minority do not transition to secondary education, and girls continue to have lower enrolment rates than boys (but change was proportionately greater among girls).

While the data summarised above are indicative, official secondary school enrolment figures at baseline and at the time of the study are not available for any of the three specific study sites. However, study respondents (and World Vision staff) generally corroborated the impression of lower rates for girls compared to boys. When asked to explain this disparity, various reasons were offered, including:

- fears over girls' sexual safety (Bolivia, India);
- pregnancy (Tanzania, Bolivia);
- perception that higher standards of education were unnecessary in light of low female workforce participation (Bolivia, India); and
- in Jaipur girls moved in with their husband's family at marriage, so the birth family reaped no rewards from this "investment".

At the Nairobi Feedback Workshop, several participants suggested a lack of sanitary towels was another explanation for low secondary attendance among girls. Certainly, global evidence suggests that lack of privacy when girls reach menarche in schools that lack toilets and water is as an impediment to secondary school retention; the other barriers mentioned by respondents have also been found elsewhere.<sup>xvii</sup>

Primary schooling is clearly insufficient to prepare young people for anything other than unskilled, low-paid occupations in today's world. Low secondary school attendance will inhibit the development of human potential in these poor communities. However, the disparity by sex is both a reflection of gender inequality and a phenomenon that will exacerbate stereotypes that females are less able than males to assume employment opportunities and leadership roles.

#### 3.4.4 A life within the four walls: inequality and its impacts in the India study site

As noted above, despite some positive change, gender inequality remains in place in all three countries. And while each site has its special concerns in this domain, evidence suggests that the pervasive effects of traditional norms on life chances for girls and women in Jaipur are particularly acute and deserving of special attention. These effects are discussed in relation to the study indicators in this sub-section.

- **Property rights and access:** Jaipur respondents reported that inheritance followed the male line, and normally girls got nothing besides their dowry and marriage expenses. While a few Muslims claimed this had changed with the advent of a new law, it remained unequal.

*Previously girls got nothing. But because the law has changed, girls get a little bit, but not equal to boys. Girls might get about twenty-five per-cent. – Older Muslim woman, World Vision volunteer*

Widows were identified as particularly vulnerable because most or all of the property goes directly to the children on the husband's death, and very few women have skills or opportunities for reasonable livelihoods. The social standing of a woman is derived from her marital status. When she becomes a widow, she may lose this status and even be evicted by his family. A (male) World Vision volunteer in the mainly Hindu slum has counted 120 indigent widows abandoned by their children, suggesting this may be a widespread problem; he hopes to set up a retirement home for this group.

- **Child preference by sex:** This indicator was identified as profoundly important by World Vision India staff. Large discrepancies in age 0-6 sex ratios (sometimes called "missing girls") due to sex-selective abortion (or infanticide) have existed historically, and actually increased nationally in recent years (from 927 girls per 1,000 boys in 2001, to just 919 girls in 2011). The aborting or killing of female foetuses or infants (though illegal today) is itself the most extreme marker of inequality, and the declining ratio is strong evidence that traditional norms are firmly in place. Sex ratios do vary substantially by region. Jaipur's ratio is worse than the national average: the 2001 Census counted 899 girls per 1,000 boys; this had declined to just 861 in 2011.<sup>38</sup> During FGDs and interviews, respondents were asked whether families welcomed the birth of sons and daughters equally. Interestingly, a few Muslim informants argued strongly that this was the case. However, the large majority of Muslims and Hindus agreed that sons are greatly preferred. Poverty does not fully explain son preference, as the distorted sex ratio in the more affluent parts of India makes clear. Yet for poor families, the concrete economic impacts of having a girl versus a boy child are profound. Girls are almost invariably viewed as a complete financial liability. They must be fed, clothed and schooled but will permanently leave the family at marriage. Moreover, parents must find their husband and pay the enormous expenses of weddings and dowry,

xvii. [http://www.iiep.unesco.org/fileadmin/user\\_upload/Cap\\_Dev\\_Technical\\_Assistance/pdf/Guidebook/Guidebook%20Chapters/GB\\_2009\\_2.2\\_17%20Nov%2009.pdf](http://www.iiep.unesco.org/fileadmin/user_upload/Cap_Dev_Technical_Assistance/pdf/Guidebook/Guidebook%20Chapters/GB_2009_2.2_17%20Nov%2009.pdf)

which often leads families into permanent indebtedness. By contrast, boys are a financial windfall. At marriage the parents receive the bride's dowry, and normally remain with the parents as social security in old age. Throughout life they earn higher wages than women and can be employed in any occupation. Real efforts to address these practical concerns may be needed before improvements in the sex ratio in India occur, given that so much is at stake.

- **Safety, violence in family and community:** Although the study team accorded a tick to India, the adjacent question mark reflects the contradictions between respondents. Even where change was perceived, it was seen as relative, and violence against adult women persists (though is said to have declined against children). When asked directly, some participants said such violence is accepted as legitimate not just by men, but by many women. Arguments over money, particularly where husbands were seen to “waste” it on alcohol and cigarettes, reportedly precipitated some of the violence. Alcohol abuse was reported by most participants in all three slums (two of which have overwhelmingly Muslim populations), and was seen as an influence on violence against women. Some respondents cited violence by mothers-in-law against daughters-in-law, and by husbands at the instigation of their mothers. The study team did not elicit data on violence related to dowry, as widely reported in India.

While family violence is damaging to victims (and perpetuates unhealthy gender norms for the next generation who witness it), *the spectre of sexual harassment and sexual violence outside the family* seemed equally damaging for life chances of girls and women. Almost all respondents expressed great anxiety over the potential for sexual assault or unwanted advances on women (especially young women). Anxiety extended to public comments with flirtatious or sexual overtones. When asked directly whether pervasive media coverage of recent brutal rape cases was a factor, respondents denied it, but such publicity may serve to reinforce anxiety. What is particularly striking, however, is that these fears were largely expressed not in terms of bodily or psychological damage, but in terms of family reputation.

A preoccupation with reputation has its genesis in the cultural value of “honour”, or *izzat*, which is upheld as paramount across much of India. And male family members generally see themselves as protector of honour, probably because it is primarily ensured by female “modesty”. Any hint of behaviour involving men outside the family that could be deemed immodest must be avoided at all cost. It is through this lens that female victims of sexual harassment – even unwanted mild flirtation – find themselves accused of compromising their reputation, and therefore that of their family. The gravity of this potential outcome and the need to ensure it cannot occur has dramatic consequences in these slums (and elsewhere), as girls around puberty are withdrawn from school and kept home until their marriage – and afterwards as well, to protect the reputation of the family they have joined.

*“There's an alcohol shop where men sit and play cards and drink. Women can't go there because they're frightened; even if she passes straight by people will talk and think she is having other relationships. The husband will find out and there will be fights.”* – India, older Muslim woman

It is little exaggeration to say that the norms arising from *izzat* result in severely restricting the movement of girls and women and their opportunities for personal growth, education and employment.

- **Participation in family discussions:** The inclusion of this indicator may provoke surprise to those unfamiliar with traditional Indian (especially North Indian) culture, where *pardah* (Persian for curtain) is widely practised among both Hindus and Muslims. Customs of dress and behaviour were readily apparent in these slums. *Purdah* is a kind of prescription for female modesty, and typically involves, variously, draping the sari scarf over the face and hair when outside and at home in front of the husband's parents and brothers, confinement in the home,

and not speaking in the presence of in-laws. The latter custom reportedly was shifting in some families in the study site, but upheld in most. Even an outspoken young Hindu university student with strong objections to gender inequality said she would follow this upon marriage “because it’s the custom here”. The quote below, from an older Muslim woman, describes this dynamic in some detail, along with the risk of transgression.

*“Women are not allowed to talk at home. They put the veil on and keep quiet. Men and women don’t sit together when decisions are made. Fathers-in-law and husbands’ brothers are the most important; what they say, happens. If a woman has a different opinion she can’t even tell her husband. If a woman says her opinion they would send the woman back to her [birth] home.”*  
– India, older Muslim woman

Being “sent home” is code for loss of status and public humiliation, because the woman’s identity is derived from becoming part of her husband’s family. After providing a dowry for this purpose, her birth family may also hesitate to allow her to return.

### 3.4.5 Impacts of continued gender inequality across the sites

While the study found evidence of hopeful improvements in gender equality in some critical domains, apart from primary education and small increases in opportunities for loans and livelihoods, girls and women remain greatly disadvantaged. Inequalities are apparent in ways that act as barriers to the achievement of individual potential for girls and women, particularly in relation to housework and caring burdens, relatively lower rates of education, less autonomy in making decisions on expenditure and family size, lack of leadership opportunities, and persistence of violence.

Evidence that many women accept norms of subservience (and even men’s “right” to use violence) indicates the great challenge of social change. It is also clear that the specific context within each study site is another major challenge to change. Context includes extreme poverty and lack of reliable access to health services, water, sanitation or electricity, and the rainy season causes flooding and disruption to movement in all. In addition, some traditions and norms in each site that reinforce inequality are exacerbated by poverty. When families lack disposable income, norms propel them to prioritise education for male children over female, for example. Women’s lower educational levels then make it more difficult for them to be competitive for (scarce) employment opportunities. And traditional norms in some sites also discourage work outside the home. And in Jaipur, non-involvement in family discussions: excludes women’s views from social exchange as well as decision-making; constrains opportunities for housebound women to learn and grow intellectually through verbal interchange; and models a norm of female passivity for both male and female children that perpetuates gender inequality. The similarities (and differences) across sites that relate to inequality highlight the need for contextual analysis to ensure greater relevance of programs.

## 3.5 Challenges for tracking gender equality

To strengthen World Vision National Offices’ work in advancing gender equality, one of the first requirements will be good data that enables the identification of baseline conditions and change over time. In all three countries, baselines lacked sex-disaggregated data and a full set of gender equality indicators; therefore, there was only limited quantitative and/or secondary data to corroborate perceptions of change reported in FGDs and interviews.

Without gender equality indicators used in the design and baseline, National Offices have not been able to track gender equality at different points within the life of a program. A generic set of indicators is only of marginal use because they may not

be relevant to the local context. Rather, indicators ideally should be developed on the basis of a preliminary contextual analysis, and then refined in reference to the ADP/project aims and content. If indicators are used in all phases of a project, they can accentuate unknown factors that contribute to specific gender inequalities in a community, and provide opportunities to manage these challenges early on. In Bolivia, for example, project staff discovered that family violence was a concern in communities approximately two years after commencement of the project; although a baseline was conducted, it did not include questions that might have highlighted this problem.

Even more critically, a baseline that elicits gender information can illuminate underlying obstacles to gender equality which could then be addressed in project activities, thus contributing to appropriate design of strategies. Once in place, gender equality indicators will be particularly helpful for annual reviews and decisions on project extension and modification.

There is increasing evidence that gender-inclusive development leads to more effective program outcomes. Specific skills in gender analysis and research are essential for robust program design, monitoring and evaluation (DME). While most World Vision study team members had received training in gender concepts and terminology, few were confident in undertaking gender analysis. Fewer still understood the strengths and limitations of different types of research. While these particular individuals do not regularly work in evaluation, World Vision staff who work in DME may need training to utilise robust quantitative and qualitative methods in their own work or in interpreting research by others.

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World Vision staff involved in the study provided feedback on the study methodology used in each country during the field work process as well as at the Nairobi workshop. This section summarises perspectives primarily from the Tanzania, Bolivia and India teams, although comments offered by the Kenya team (which used a different methodology) during the workshop are also included. More detailed reflection on the Kenya experience appears in Part I of this report.

In each country, an icebreaker was developed during the field preparation workshop to create a more relaxed environment that fosters communication during FGDs conducted by World Vision staff. In Kenya, Tanzania and India, the teams initiated conversation about general topics, such as weather, time taken to reach the FGD, and participants' health, to develop rapport with the group. The teams considered this icebreaker method to be useful, with a suggestion that songs and games could be included to make it more entertaining in Tanzania. In Bolivia, a game involving making sounds of animals was used as an icebreaker. While the Bolivia team did not express reservations about the effectiveness of the game, the study team observed that FGD members did not participate fully, and appeared somewhat uncomfortable. In the feedback workshop, the Bolivia group mentioned the advantages of warming up the group and of having two facilitators who had worked in the project and were known to the community.

During field work preparation workshops in Tanzania, Bolivia and India, question guides were developed using gender equality indicators as the framework for interviews and FGDs (see Annex 1 for an example of the interview guide used in India). These tools were divided in two sections – *Inside the Family and Outside the Family* – to explore perceived change. The three teams said that this division made it easier to focus discussion more concretely on these distinct contexts, each of which may reflect gender equality differently.

Teams from all three countries strongly endorsed using an indicator tool for documenting gender equality and change within program design, monitoring and evaluation. The Kenya team, which did not use indicators, concurred after

### 3.6 Reflections on the study methodology

presentations on its use. It is important to note that the tool is one that can (and should) be adapted to different contexts. Teams noted it could also be redesigned to include the participation of children<sup>xviii</sup>.

The Kenya study involved the World Vision team in asking about gender equality, change and attribution of change using FGDs, in-depth interviews and photography with members of the community. By contrast, as explained earlier, in the other three countries World Vision staff did not ask about attribution during FGDs; this was explored by the study team in community interviews. While the Kenya team enjoyed the field work and found methods and tools useful, they stated at the Nairobi workshop that non-World Vision staff should have facilitated the FGDs and interviews to avoid perceived conflict of interest, and ensure more objectivity in findings.

The study team provided instruction on thematic analysis during the field preparation workshops in Bolivia and India. This analysis method was then applied to actual transcripts from World Vision-conducted FGDs. Both teams considered this particular approach to data analysis as an effective, systematic and inexpensive way to evaluate perceived change in gender equality. Based on the study's gender equality indicators and training in thematic analysis, World Vision India has incorporated specific gender equality indicators to undertake a gender analysis in other ADPs.

### 3.7 Recommendations for National Office programming

In this section we highlight some considerations for future programming by World Vision National Offices. It captures discussion with core gender teams in the field, further analysis by the study team, and participant feedback during the Nairobi workshop in October 2013. Please note that these recommendations are arranged thematically, not in order of priority.

**Table 2: Programming recommendations and rationale**

	<b>Recommendation</b>	<b>Rationale</b>
1.	Initiate gender equality awareness training for ADP staff including understanding of gender as social norms for each sex.	<ul style="list-style-type: none"> <li>• ADP staff will be better equipped to recognise existing barriers to equality and ensure greater responsiveness of programs to different needs of women, men, boys and girls.</li> <li>• More awareness of priority of marginalised and less visible populations.</li> <li>• ADP staff act as role models and are World Vision's direct link to community.</li> </ul>
2.	Build gender analysis skills for World Vision staff involved in program DME.	<ul style="list-style-type: none"> <li>• Enables more rigorous investigation of disparity linked to gender norms to inform program cycle, including contextual analysis.</li> <li>• Few World Vision staff currently have this capacity.</li> </ul>

xviii. The study team acknowledges the potential application of the tool with children, but suggests careful thought be given to the possible distress that could arise for certain indicators.

	<b>Recommendation</b>	<b>Rationale</b>
3.	<p>Identify relevant gender equality indicators (as part of contextual analysis) for use in baselines and DME, including annual review, final evaluation, re-design.</p> <p><i>Suggest indicators be manageable in number (eg, 3-7). Test with all communities to ensure wording conveys intended meaning for each.</i></p>	<ul style="list-style-type: none"> <li>• Contextual analysis, which maps local circumstances and needs, offers an appropriate opportunity to understand gender norms and levels of equality. Findings can be used to draft gender equality indicators for program cycle.</li> <li>• Measurable indicators enable National Offices to track gender equality within and across programs, yielding evidence for action and lessons to be shared.</li> </ul>
4.	<p>Baseline and monitoring and evaluation data should be sex-disaggregated.</p> <p><i>Consider additional disaggregation, eg, location, ethnicity, social class that may be relevant for gender equality.</i></p>	<ul style="list-style-type: none"> <li>• Produces rigorous evidence to supplement data from gender equality indicators.</li> <li>• Helps identify sub-populations at greater risk.</li> <li>• Enables project focus to be targeted and evidence-based.</li> <li>• Useful for documenting links between gender equality and child well-being.</li> <li>• Useful for collation at national, international level.</li> </ul>
5.	<p>Develop evidence-based community behaviour change strategies to challenge traditional beliefs, norms and practices that devalue girls and women, and influence risky male behaviour.</p> <p>Behaviour change is a long-term process. Strategies and tools should be grounded in contextual analysis and DME data, and informed by secondary evidence of effectiveness.</p>	<ul style="list-style-type: none"> <li>• Can challenge norms perpetuating inequality in: <ul style="list-style-type: none"> <li>• division of household labour and rest time;</li> <li>• decision-making on expenditure, family size;</li> <li>• education and employment;</li> <li>• leadership opportunities;</li> <li>• population sex ratio;</li> <li>• participation in public life.</li> </ul> </li> <li>• Masculine norms lead to harms for women (including violence) and for boys and men (violence, smoking, alcohol abuse, etc).</li> <li>• Evidence-based strategies are more promising.</li> </ul>
6.	<p>Build flexibility into program design to enable adjustment to emerging needs and opportunities to promote gender equality.</p>	<ul style="list-style-type: none"> <li>• Flexibility was successful in Bolivia (small grants from project for new livelihood opportunities identified in community consultation).</li> <li>• Enables rapid response for greater effectiveness.</li> </ul>

	<b>Recommendation</b>	<b>Rationale</b>
7.	<p>Partner with local women's groups for project implementation and management.</p> <p><i>Women's groups have been used with great success in urban slums of Delhi by the Asha Community Health and Development Society. This model, using women as "lane volunteers" to build bridges, share information, and mobilise for advocacy, is documented by the Nossal Institute in a monograph.<sup>39</sup></i></p>	<ul style="list-style-type: none"> <li>• Builds capacity in various areas, eg, gender awareness, peer education, administration.</li> <li>• Helps build skills and thus challenge stereotypes and improve status of women in family.</li> <li>• Ensures local relevance, enhancing sustainability.</li> <li>• Creates role models for women and girls.</li> <li>• Successfully used in Bolivia and elsewhere.</li> <li>• Fosters positive networks within communities.</li> <li>• Enables greater coverage and reach of project.</li> <li>• Conduit to households.</li> </ul>
8.	<p>Involve men and boys in project activities, including benefits such as livelihood opportunities.</p>	<ul style="list-style-type: none"> <li>• Builds awareness of "gender" for both sexes.</li> <li>• Prevents or reduces adverse reactions and misunderstandings.</li> <li>• Creates opportunity for gender awareness-raising, including "positive masculinities" and healthy role models.</li> <li>• Demonstrates World Vision's commitment to equality.</li> <li>• Contributes to child well-being.</li> </ul>
9.	<p>Devise positive messages on key aspects of gender equality, targeting both men and women, for use in World Vision outreach activities, eg, children's clubs, youth groups, women's groups.</p>	<ul style="list-style-type: none"> <li>• Enables mainstreaming of gender equality principles within projects.</li> </ul>
10.	<p>Develop awareness-raising activities for males who migrate for work.</p> <p><i>Could include materials that sensitise men to family impacts of their absence and encourage them to spend quality time with family during their visits home. Could be included in World Vision packages, eg, Celebrating Families.</i></p>	<ul style="list-style-type: none"> <li>• Regular or longer-term absence of males places extra burden on women and children, which men may not understand.</li> </ul>



	<b>Recommendation</b>	<b>Rationale</b>
11.	Undertake gender equality capacity building of partners, eg, health workers, teachers, religious leaders, community-based organisations, local leaders, employees from justice system.	<ul style="list-style-type: none"> <li>• Partners can positively or negatively influence community in understanding gender equality depending on their attitudes, awareness.</li> <li>• Partners also act as role models.</li> <li>• Religion plays an influential role in most societies.</li> <li>• Complements World Vision efforts and capacity.</li> <li>• Contributes to sustainable change.</li> </ul>
12.	Form networks of partners with existing commitment to gender equality.	<ul style="list-style-type: none"> <li>• Helps fill gaps in World Vision capacity, boosts effectiveness.</li> <li>• Contributes to sustainability of local partners.</li> <li>• Complements World Vision efforts.</li> <li>• Used successfully in Tanzania (eg, legal aid centres to support property rights for women) and Bolivia (eg, NGO Procosi active in World Vision project in villages).</li> </ul>
13.	Design advocacy program directed at government enforcement of existing relevant laws (eg, violence, compulsory education, age of marriage, property rights).	<ul style="list-style-type: none"> <li>• Laws promoting equality exist in most countries, but unevenly implemented;</li> <li>• Contributes to awareness-raising in governments.</li> <li>• Contributes to sustainability of positive change.</li> </ul>
14.	Use social media and celebrities to promote equal preference for daughters and sons (especially in India).	<ul style="list-style-type: none"> <li>• Distorted sex ratio shows persistence of foeticide.</li> <li>• Celebrity culture strong in India (previously used for public health issues, including gender).</li> <li>• Social media cheap and effective way to disseminate promotional material.</li> </ul>
15.	Develop coalitions to support land rights for women to create livelihood opportunities (especially in Tanzania).	<ul style="list-style-type: none"> <li>• Lack of land access constrains economic autonomy for women in some countries.</li> <li>• Approach used with some success in Tanzania.</li> </ul>

## 4.0 OPPORTUNITIES FOR STRENGTHENING GENDER EQUALITY PROGRAM OUTCOMES

World Vision National Offices operate within structures created by a combination of World Vision global and regional policies<sup>xix</sup>, civic laws and regulations, and prevailing political, social and cultural norms. These structures may create both opportunities and constraints for promoting gender equality. World Vision staffing and human resource allocations, and approaches to program development, implementation and evaluation, reflect these various influences.

During the Nairobi Feedback Workshop, participants were asked to identify specific changes or actions that World Vision could implement at a national, regional or global level to achieve more equitable gender outcomes both within programming and for staff working in National Offices. The sections below summarise the specific challenges identified and recommendations proposed by workshop participants (including those from Kenya) and the study team.

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### 4.1 Staffing and human resources

In order to embed commitment to gender equality within World Vision, staff need awareness and skills. The policies that determine recruitment as well as performance assessment are critical opportunities to modify organisational culture. These issues are discussed below in turn.

#### 4.1.1 Staff gender imbalance

Some World Vision India staff noted the much higher percentage of World Vision male employees to females (80 percent versus 20 percent) working in communities and across the National Office. Some explained that the disparity was partly linked to safety concerns for women working in and/or travelling alone to communities. While this ratio reflects gender social norms, it is clearly desirable for all World Vision National Offices and the wider World Vision Partnership to review gender balance with a view to redressing it where needed and where possible.

#### 4.1.2 Conceptualising gender as women

During field visits in Tanzania, Bolivia and India, staff often used the term “gender” to mean women and girls. During the training workshop, for example, some World Vision Tanzania staff acknowledged that they had been unaware that gender refers to both sexes. This may explain the minimal involvement of men from the target communities in project activities. It is important to highlight this concept, and to retain the word “sex” when referring to biological differences as opposed to socially constructed norms, expectations and opportunities (gender). This has the potential to cause misunderstanding, backlash and – at the least – less general enthusiasm for programs than might otherwise exist at community level.

In India, several men told us that they felt “left behind”; some particularly referenced loan schemes (including self-help groups) that at present are offered only to women. One respondent linked this to social changes he sees as very undesirable:

*Earlier men had loans. The government is making new laws and forgot about the husband; it only thinks about the wife. If women are given so many privileges men won't be able to live ... Even the wives today are not ready to listen to their husbands. Earlier she thought “my husband is my god”, but not any longer. Previously ... if they had a fight the wife wouldn't say anything. But now the neighbour will encourage her to go to police, who will come and beat him. Now the husband is always quiet. – Older man, Hindu majority slum, Jaipur*

Similarly, in Tanzania, men said that they felt that their rights and wealth had been reduced, particularly with women being able to inherit property due to a change

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xix. “Policies” is used loosely here, and in reference to frameworks, guidelines and more formal regulations.

in law. Such perceptions could contribute to adverse project outcomes, such as placing greater controls (and even using violence) on women, if not handled with sensitivity. It is pleasing to note that the Jaipur ADP is planning to expand self-help groups to men. While the ultimate aim is to foster shared responsibility for family welfare rather than competition between men and women, gender undoubtedly plays a significant part in men's lives and self-concept. Men's involvement is essential in all countries and settings.

World Vision is a worldwide community development organisation that works with communities to ensure the well-being of children. Driven by its Christian values, World Vision staff engage with people from different cultures, faiths and sexes to work towards eliminating poverty and its causes. These organisational features are the basis for promoting gender equality throughout the World Vision Partnership and with its partner communities.

The diversity of World Vision's working contexts can be both a challenge and an asset for promoting gender equality. Like people everywhere, World Vision staff are at different places along the path to recognising the imperative for gender equality, and being able to play an effective advocacy role. At the same time, World Vision's deep understanding of the complexities of individual contexts and their relationship with communities can greatly assist the development of promotional activities that are appropriate to the setting. Through sharing of experiences within and across settings, the Partnership will learn where and how to direct awareness-raising efforts. To alter attitudes as well as practices that reflect age-old assumptions will take time. However, World Vision is clearly committed to change as an organisation. This commitment is made tangible through the new Gender Policy and Framework, together with the invoking of the Christian commitment to equality, and a growing acceptance that gender equality is essential for achieving the primary goal of child well-being.

## 4.2 World Vision's impetus for gender equality

The table below summarises recommendations (and rationale for each) that emerged during the study and at the Nairobi workshop. Please note that these recommendations are arranged thematically, not in order of priority.

## 4.3 Recommendations for organisational change

**Table 3: Recommendations and rationale for organisational change**

	<b>Recommendation</b>	<b>Rationale</b>
1.	Consider invoking universal human rights as a rationale for gender equality to complement scripture-based rationale.	<ul style="list-style-type: none"> <li>• Promotes and affirms universal understanding that all human beings have equal inherent worth and should be supported to reach their potential.</li> <li>• Human rights argument is currently used as rationale for World Vision child well-being focus.</li> </ul>
2.	Develop Action Plans with timelines and responsibility to implement new Gender Policy at all levels. <sup>xx</sup> <i>May require mentoring and quality assurance from gender equality experts.</i>	<ul style="list-style-type: none"> <li>• Ensures commitment is reflected in visible actions.</li> <li>• Builds shared understanding of gender equality and its importance across World Vision entities.</li> </ul>

xx. World Vision Global Centre, Regional Offices, Support Offices, National Offices

	<b>Recommendation</b>	<b>Rationale</b>
3.	Develop Action Plans with timelines and responsibility, and regular monitoring (using Gender Self-Assessment) to achieve better sex balance of staff within all entities.	<ul style="list-style-type: none"> <li>• Reflects World Vision commitment.</li> <li>• Ensures better utilisation of talents of all staff and promotional pathways for women.</li> <li>• Males dominate senior levels in most entities.</li> <li>• Ratio of 80:20 male/female staff in World Vision India, including at senior management level.</li> <li>• Serves as positive role modelling for junior staff.</li> </ul>
4.	Conduct Organisational Gender Self-Assessment.	<ul style="list-style-type: none"> <li>• Allows identification of disparities, as well as tracking of changes in staff sex ratios, attitudes and awareness to inform capacity building and hiring priorities.</li> </ul>
5.	Initiate gender equality awareness training for staff at all levels <sup>xxi</sup> as necessary.	<ul style="list-style-type: none"> <li>• Assists interpretation and implementation of new Gender Policy and Framework.</li> <li>• Demonstrates World Vision commitment to gender equality.</li> <li>• Will support transformation of staff attitudes and, therefore, reflected in actions and decisions.</li> <li>• Traditionally was a lesser priority for World Vision.</li> </ul>
6.	Ensure gender equality principles (including sexual harassment and equal opportunity for advancement) are reflected in organisational policies.	<ul style="list-style-type: none"> <li>• Elevates and formalises expectations of staff work practices.</li> <li>• Demonstrates organisational commitment to gender equality.</li> </ul>
7.	Incorporate questions on attitudes and awareness about gender equality in recruitment process and staff performance assessment.  Recognise major contributions to equality with annual award.	<ul style="list-style-type: none"> <li>• Some World Vision staff do not yet support gender equality.</li> <li>• Staff seen as endorsing alternative lifestyles (eg, having children outside of marriage) sometimes face sanctions.</li> <li>• Ensures recruitment panel, applicants and staff recognise issue as an organisational priority.</li> <li>• Assists in recruitment decisions relating to values.</li> <li>• Motivates staff to prioritise gender equality in work.</li> </ul>

xxi. World Vision Global Centre, Regional Offices, Support Offices, National Offices

	<b>Recommendation</b>	<b>Rationale</b>
8.	Notification of job vacancies includes statement of commitment to gender equality in hiring.	<ul style="list-style-type: none"> <li>• Encourages women to apply for jobs.</li> <li>• Signals organisational commitment to gender equality in public sphere.</li> </ul>
9.	Mainstream gender in Child Well-being Policy by replacing “children” with “girls and boys” in Outcomes and Indicators.	<ul style="list-style-type: none"> <li>• Enables identification of disparities that arise through gender norms within different geographic and cultural contexts.</li> <li>• Generates sex-specific data to enable tracking of gender equality among children at indicator level.</li> </ul>
10.	Develop gender equality indicators for use by key sectoral advisors, including child protection, WASH (water, sanitation and hygiene), livelihoods, education, health, disability, and emergency response.	<ul style="list-style-type: none"> <li>• Raises profile of gender focus across sectors.</li> <li>• Mainstreams gender across programs.</li> <li>• Generates sector-specific data to enable tracking of change in gender equality.</li> </ul>
11.	Support Offices provide budget for gender equality activities.	<ul style="list-style-type: none"> <li>• Some gender equality activities will be postponed or omitted if financial resourcing is insufficient.</li> <li>• Demonstrates commitment to gender equality.</li> </ul>
12.	Use rigorous methods to evaluate the impact of activities such as Channels of Hope and Celebrating Families on gender equality attitudes and outcomes.	<ul style="list-style-type: none"> <li>• Builds evidence to inform decisions on use and/or modification of such activities.</li> <li>• Potential to contribute to organisational and international evidence base on attitude and behaviour change.</li> </ul>

## 5.0 CONCLUSION

World Vision Australia, World Vision National and Regional Offices and the Global Centre are to be congratulated on the decision to undertake a study on the impacts of World Vision programs on gender equality. World Vision is a very large, widely respected organisation operating in some of the poorest communities worldwide. The findings from this study provide reasons for optimism as well as for major, systematic action on gender equality. The willingness of World Vision staff to offer substantial time and resources to this project, and to the Nairobi Feedback Workshop that produced concrete recommendations for action, demonstrates a firm intention to effect change in this critical domain.

Given the stated commitment to change by workshop participants, and the compiling of recommendations summarised in this report, there is every reason to expect that World Vision can start to play a more active leadership role on gender equality, transforming its own programs, communities and staff, and enabling it to share important lessons with the international development community. These aims will require taking responsibility and setting timelines and action steps. It is now up to World Vision to carry out this process.

# ANNEX I. QUESTION GUIDE USED IN INDIA, IN-DEPTH COMMUNITY INTERVIEWS

## (Introductions, information and consent)

**(Project introduction summary)** We would like to talk about the differences between girls and boys, and men and women in the family in this community. We are going to focus first on inside the family, then outside the family. We also want to talk about whether there have been changes in recent years.

## 1. Equality Within the Family

### 1. Rest and free time:

In this community, do men and women have the same amount of free time to rest and relax, without doing any work? How about boys and girls?

### 2. Food intake

We know that in this community some families do not have enough food. But do you think women and girls get the same chance to eat food, compared to men and boys?

### 3. Property ownership and rights

Do both sons and daughters inherit property equally? (prompt) What about if there is a widow in the family?

### 4. Decision-making on household expenditure

Who decides how to spend household income, men or women or both together? Are there arguments about money, and if so, why? (prompt) What about if there is a widow in the family?

### 5. Decision-making on family size, son preference

Who makes the decision about how many children to have in the family: husbands, wives, both, or other family members? Do you think in this community that families are equally happy when a boy is born compared to a girl?

### 6. Decision-making on marriageable age

These days, at what age do most girls get married? What about boys? Who decides at what age the children will marry, husbands, wives, both, or other family members?

### 7. Care of children, elderly, sick

Who usually takes care of young children, the elderly or sick family members?

### 8. Education of children

Do boys and girls here usually attend primary school for the same number of years? What about secondary school?

### 9. Violence, safety in the family

Who is more likely to be victims of violence in the family? In what ways?

### 10. Participation in family conversations/discussion

Do women feel comfortable to speak when the husband and husband's family members are present? (prompt) What about if there is a widow in the family?

**11. Other inequalities?**

Are there any other ways in which men and women (and boys/girls) are different in the family?

**12. Equalities?**

Are there examples of men and women (and boys/girls) being equal in the family?

**2. Equality outside the Family**

Now we're going to talk about the situation of men and women, girls and boys, outside the family. Outside of the family, how are women and men (and boys/girls) different/unequal in this community?

**1. Access to health care**

Is there any difference in the way families care for sick girls compared to sick boys? What about for men and women in the family?

**2. Opportunities for livelihoods and access to training (non-school)**

Is there any difference in the opportunities for men and women to get paid employment?

Do men and women get the same types of jobs? If so, do men and women get the same pay for the same job?

What about getting the chance to do job training? Is there any difference?

**3. Use of banking facilities (e.g., accounts, loans)**

Is there any difference between men and women in getting bank accounts? What about loans?

**4. Involvement in community based organisations, ward committees**

Is there any difference between men and women in becoming active in local CBOs?

What about in membership of Ward Committees? What about as the President?

**5. Violence, safety in the community**

In some places, women and girls are not allowed to move through an area, such as where men play cards or drink. What about here? If so, does this stop girls or women from undertaking daily activities? Who is more likely to be victims of violence outside the home, men or women, boys or girls? In what ways?

**6. Other inequalities?**

Are there any other ways in which men and women (and boys/girls) are unequal in the community?

**7. Equalities?**

Are there examples of men and women (and boys/girls) being equal/same in the community?



### 3. Perceptions of Change

We have talked a lot about equality and inequality between men and women, boys and girls today. Do you think there have been any changes in equality or inequality in recent years?

#### ■ What about within the family?

- **(if yes)** what are the most **notable** changes? **(prompt)** any more?
  - Do you think most men in this community accept or want these changes?
  - Do you think most women in this community accept or want these changes?
  - What has brought about these changes, in your view?
  - (if WV not mentioned): Has World Vision been involved?
- **(if people say there have been no changes)** Why do you think there hasn't been any change?
  - Do you think most men in this community are happy with things as they are now?
  - Do you think most women in this community are happy with things as they are now?

#### ■ What about outside the family?

- **(if yes)** what are the most notable changes? **(prompt)** any more?
  - Do you think most men in this community accept or want these changes?
  - Do you think most women in this community accept or want these changes?
  - What has brought about these changes, in your view?
  - (if WV not mentioned): Has World Vision been involved?
- **(if people say there have been no changes)** Why do you think there hasn't been any change?
  - Do you think most men in this community are happy with things as they are now?
  - Do you think most women in this community are happy with things as they are now?

### 4. Additional comments

Is there something you would like to add or tell us that you think is important that we have not considered?

Thank you very much for your participation.

## ANNEX 2. SUMMARY OF FINDINGS BY INDICATOR

Perceptions of gender equality, change and attribution by indicator (quote source indicates sex, first initial/s of site, older/younger age [India])

Legend:

\*TANZANIA:

Ru = Rushwa;

Bi = Bija;

Bu = Burungura;

Rwi = Rwigembe;

M = male;

F = female

\*\* BOLIVIA:

f = female;

m = male;

SP = San Pablo;

F = Fatima;

M = Monterito

\*\*\* INDIA:

BP = Bapu Basti;

BB = Banda Basti;

N = New Sanjay Nagar;

F = female;

M = Male;

O = age 26+;

Y = age 18-25.

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Within the family			
	Tanzania*	Bolivia**	India***
Rest, free time			
Equal or unequal? (and evidence)	<p><b>Unequal</b></p> <p>Nearly all said that men get more time to rest than women</p> <p>Women do majority of household work while husband spend time with friends</p> <p><i>"I think my wife has less time to rest because she gets involved in household chores – care of the children, cooking, because it is a woman's domain." (Bi, M)</i></p>	<p><b>Unequal</b></p> <p>Women agreed they do more work, but this is slowly changing</p> <p><i>"If he's lazy he won't help and even gets angry if the food isn't ready on time." (f, M)</i></p> <p>Some men (minority) said women have more rest</p> <p>Men share housework – mainly in minor ways</p>	<p><b>Unequal</b></p> <p>Most people agreed that men and boys get more rest and free time</p> <p><i>'Men get more rest because women have to care for children and visitors.' (BPMO)</i></p> <p><i>"If studying, girls also have to do housework. My brothers don't do any chores but I did when their age." (BPFY)</i></p>
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>No change</b></p> <p>In the past, men had more rest time than women</p> <p>The majority said that tradition was the reason for why things don't change</p> <p><i>"It is a shame to have men doing these things for the woman. If someone comes and sees this, they will laugh and say that the woman has power over the man. This is a tradition, the way of life. The wife doesn't feel good if men do this work". (Bi, W)</i></p>	<p><b>Change</b></p> <p>In the past, men had more time to rest than women</p> <p><i>"In the project they teach men to do the same things as women. And that women can do the same as men if they are able." (f, SP)</i></p> <p><i>"One difference from our parents is that the men dominated out of machismo. The youth understand better that women have a right to rest." (m, M)</i></p>	<p><b>No change</b></p>
Food intake/provision			
Equal or unequal? (and evidence)		<p><b>Equal</b></p> <p>No difference in the food eaten historically or now. Men provide through hunting, fishing and crops. Many women work in fields but not seen as main providers</p>	<p><b>Equal</b></p> <p>Most people agreed that families eat together and there is no preference given to males</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?

Within the family

	Tanzania*	Bolivia**	India***
Food intake/provision (cont.)			
Evidence of change in past approx 5 years, attribution, opinions of change		No Change	Change In the past, girls (and women) had less access to food "10 yrs ago there was a differentiation ... but since my work [as WV volunteer] this has changed." (BBMO) Some attribution to WV nutrition and education programs, including Children's Clubs
Property rights, access			
Equal or unequal? (and evidence)	Equal Women now able to inherit land and property "Women can inherit land and property. Before it was different as women could not inherit from the husband because all property and land was given to the boy child." (Bi, W)	Equal House and contents is considered jointly owned – most said was the same before "Both helped to build the house, so ownership is shared" (w, SP) A widow and children remain in the house but the house is owned by the youngest child	Unequal Most people said that girls do not inherit property but are given a dowry and wedding "Only boys look after parents, so property is given in their names." (FGD BPFO)
Evidence of change in past approx 5 years, attribution, opinions of change	Change In the past, only men could inherit property and land "In the past, women couldn't own land, it was not even thought of. All property went back to the clan and a woman without babies was sent back to her family." (Bi, M) Change attributed to government laws but also WV, government departments and religious institutions Some men unhappy with change in law "Men don't think the law is good because before they controlled everything but now men's wealth is being reduced. Women are gaining and man is at a loose end." (Ru, M)	Unclear Some said it was different before, and men owned property "In the past there was more machismo, so it belonged to the man." (m, M)	No change While the majority said there has been no change, some recognised the new law which gives girls a share in property "Previously girls got nothing but because the law has changed girls get a little bit, but not equal to boys. Girls might get about 25%." (NFO – WV volunteer)

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Within the family			
	Tanzania*	Bolivia**	India***
Deciding on expenditure			
Equal or unequal? (and evidence)	<p><b>Unequal</b></p> <p>Majority said men make the decisions but are starting to consult their wives about expenditure</p> <p><i>"The man decides how the money is spent. He has always done this because the final decision is made by him as he is the head of the household."</i> (Bu,M)</p> <p>A minority said that both men and women plan together how money is spent</p> <p><i>"Conflicts are fewer because now women are involved in decision making on household spending."</i> (Rwi, M)</p>	<p><b>Equal</b></p> <p>Almost all said that both men and women decide on how money is spent:</p> <p>Men give women their income to keep</p> <p>Women decide what to buy for family</p> <p>Personal purchases usually discussed</p> <p>In some cases, men take money from family budget for coca/tobacco/alcohol</p>	<p><b>Equal</b></p> <p>Most said both husband and wife decide on expenditure and more than half reported men giving wages (or most of wages) to wives for household expenditures</p> <p><i>"The wife decides how to spend the money. The husband says 'this is what I've earned; you take care of the household'."</i> (BBFO)</p>
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>No change</b></p> <p>In the past, men made the decisions about how money was spent but this is slowly starting to change</p> <p>A few cited WV seminars and training as a reason for some change</p>	<p><b>Change</b></p> <p>In past, men held the money. Now women manage it in many families.</p>	<p><b>Change</b></p> <p>Previously, women almost never managed household expenditure, but this was reportedly commonplace, though not in all families. In some families, husband holds cash and wife must ask for expenses for household.</p> <p>Some women said men "waste" money on alcohol, cigarettes and marijuana and almost all agreed that couples argue over money</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?

Within the family

	Tanzania*	Bolivia**	India***
<b>Deciding on family size; preference by sex</b>			
<b>Equal or unequal? (and evidence)</b>	<p><b>Unequal</b></p> <p>Majority said that men make final decision on number of children</p> <p><i>"The man decides the number of children because he is the head of the family. This is how it has always been but things are starting to change".</i> (Bu, M)</p> <p>In a few cases, women make the decision</p> <p>Many said that due to economic hardship, they cannot afford to have many children</p> <p><i>"Now women have realised that by having fewer children, they can manage them better and take care of their health."</i> (Rwi, F)</p>	<p><b>Equal</b></p> <p>Most said both decide on family size today; with contraception family size is reducing</p> <p><i>"WV taught people here not to have so many children, made them conscious of how hard it is to educate and feed so many."</i> (f, M)</p> <p><i>"Men usually want more. Women can prevent pregnancies and men may not know about it (e.g., Depo)."</i> (f, F)</p>	<p><b>Equal (in most families)</b></p> <p>Slim majority said both husband and wife decide on number. Others cited husband or wife or in-laws in final say</p> <p><b>Sex preference:</b> Majority agreed that sons are preferred</p> <p><i>'Most families desire sons because boys earn and bring money to the family and the family's name will continue.'</i> (NFY)</p> <p><i>"Girls are seen as liabilities, and investing is considered useless."</i> (FGD - NMO)</p>
<b>Evidence of change in past approx 5 years, attribution, opinions of change</b>	<p><b>No change</b></p> <p>Men have always made the decision about the number of children in family</p> <p>Some men are reluctant to accept contraception; some women secretly take contraception as husband wants more children</p> <p><i>"If the woman doesn't want to have more but the man does, the woman may make her own arrangements about birth control at the dispensary. Men don't know about this and there would be trouble if he found out."</i> (Ru, M)</p> <p><b>Attribution:</b> WV and government seminars, health dispensary but family planning only provided to women; men not involved</p>	<p><b>Change</b></p> <p>Previously, men and women did not discuss how many children they would have and did not know about contraception</p> <p><i>"Many women think contraception is a good thing but they also think it is a source of disease"</i> (f, F)</p> <p><i>"Men think contraception is good because when they get drunk, they don't think about these things"</i> (m, F)</p>	<p><b>Partial change</b></p> <p>Previously, the husband or in-laws would decide the number of children a woman would have</p> <p>Change attributed to cost of raising children, education, information from WV volunteers on contraception</p> <p><b>Partial change (sex pref)</b></p> <p>In the past, the majority said sons were preferred. However, a minority (esp Muslims) said equal happiness is felt for both at birth; sex balance is 'ideal'</p> <p>A few women said women prefer daughters</p> <p>A few mentioned financial incentives for girls provided by government</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Within the family			
	Tanzania*	Bolivia**	India***
Age of marriage and decision making on age			
Equal or unequal? (and evidence)	<p><b>Equal</b></p> <p>Majority said girls and boys are marrying at an older age</p> <p>Many said education for girls has contributed to girls marrying at older age</p> <p><i>“Education and seminars play a major role in this change. Girls are learning that marrying older is a more responsible thing to do as they continue their education to have a better life.”</i> (Ru, M)</p>	<p><b>Equal</b></p> <p>Most say age is increasing for girls and boys</p> <p>Many children want to be “professional” or “mature” before marriage</p>	<p><b>Equal</b></p> <p>Almost universal agreement marriages comply with the law</p> <p>Some are married younger but consummate only after reaching legal age</p> <p>Many mentioned multiple weddings of sisters (some below age) to save money</p>
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>Change</b></p> <p>In the past, many said girls and boys married at an early age</p> <p><i>“Before, girls and boys would be married at an early age as they didn’t look ahead to the consequences of marrying younger but now many are realising that if they marry older, they have a better vision for their lives and the decisions they make around their life.”</i> (Ru, M)</p> <p>WV, MoH, and other NGOs were cited as reason for change</p>	<p><b>Change</b></p> <p>Before, marriages were arranged by parents, now marriages are by choice</p> <p>But early pregnancy still occurs but girls may not have to marry and can remain in school</p> <p>Attributed to municipal government, CICOL, church, and WV (Procosi)</p>	<p><b>Change</b></p> <p>In the past, people said that girls and boys would marry at an early age</p> <p>Change attributed to education, TV spots and programs, and (a few) to WV</p> <p><i>‘I also learned about this in the WV children’s club. We also discussed how to develop the society.’</i> (BPMY)</p>
Care of children, elders, sick			
Equal or unequal? (and evidence)	<p><b>Unequal</b></p>	<p><b>Unequal</b></p> <p>Women almost always at home, so do the caring</p> <p>Children of both sexes said to care for younger siblings. Daughters take care of elderly parents</p>	<p><b>Unequal</b></p>
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>No change</b></p>	<p><b>No change</b></p>	<p><b>No change</b></p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?

Within the family

	Tanzania*	Bolivia**	India***
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Access to education

Equal or unequal? (and evidence)	Tanzania*	Bolivia**	India***
	<p><b>Primary:</b></p> <p><b>Equal</b></p> <p>Majority said both boys and girls have equal access to primary education</p> <p>Many said both boys and girls drop out but dropouts for both were higher before</p> <p><i>"Boys tend to go to the island where there is fishing. Boys see others doing this who have new clothes and money ... For girls, there is a tendency to look at other girls who may be doing housekeeping activities and may have new clothes ... Girls are influenced by these girls and want to have the same."</i> (Bi, W)</p> <p><b>Secondary:</b></p> <p><b>Equal</b></p> <p>Majority said access is equal for boys and girls but completion is less likely for girls</p> <p><i>"Boys are more likely to finish than girls are as girls face more challenges, such as getting pregnant by boys at school or from the community."</i> (Ru, M)</p> <p>Learning environment in secondary schools is not good for girls</p> <p><i>"100% are men teachers. Because Biiija has uncondutive living conditions, so women teachers tend to stay away."</i> (Bi, M)</p>	<p><b>Equal</b></p> <p>Both boys and girls have access to primary and secondary school</p> <p><i>"Fathers would do anything to make sure both sons and daughters can go to school"</i> (m, P)</p>	<p><b>Equal</b></p> <p>Almost all said primary school enrolment was equal (and high) for both sexes</p> <p>Most said girls leave school by age 13-14 due to security concerns</p> <p>A few cited child labour, esp for boys</p> <p>A few said families did not send girls due to cost (waste of money)</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Within the family			
	Tanzania*	Bolivia**	India***
Access to education (cont.)			
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>Primary:</b> <b>Change</b></p> <p>In the past, there was a high number of drop outs of primary school for both boys and girls WV and government cited as the reason for change "WV has given children writing materials and given children education about pregnancy so there are very few who don't complete now." (Ru, M)</p> <p><b>Secondary:</b> <b>Some change</b></p> <p>In the past, more boys attended secondary school</p>	<p><b>Change</b></p> <p>Girls in the past would not go to school due to concern that she would get pregnant</p> <p><b>Before, the cost of education was a concern:</b> "I wasn't able to study because my parents couldn't afford it. Now they have fewer children, can afford it better." (f, F)</p> <p>"I did this [World Vision exercise to draw body of male, female] in front of the children to show both sexes can do everything except 3 things. The kids and teachers liked it. Even my husband liked it." (f, F)</p>	<p><b>Change</b></p> <p>In the past, girls were not sent to school because parents did not want to invest money in the girl child as she would go to another family at the time of marriage</p> <p>"Education is the way for development and the community realises this ... Society runs because of women – ladies are the main ones." (BPMY)</p>
Education achievement (Tanzania)			
Equal or unequal? (and evidence)	<p><b>Unequal</b></p> <p>Many said that boys perform better in school than girls because girls have more commitments in the home</p> <p>"Girls always have had to do domestic work when they get home from school but boys have free time to do homework." (Ru, M)</p>		
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>Minor change</b></p> <p>Some said that girls are doing better in school than before</p> <p>"Before girls didn't think they could do as well as boys. After the government intervened and said that girls have to go to school, they do well." (Bu, M)</p> <p><b>Attribution:</b> government laws , WV seminars</p>		



Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?

Within the family

	Tanzania*	Bolivia**	India***
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Safety, violence in family and community

Equal or unequal? (and evidence)	Tanzania*	Bolivia**	India***
	<p><b>Unequal</b></p> <p>Majority said incidences of violence against women are decreasing</p> <p>Majority said that girls are exposed to rape when walking long distances or walking to school</p> <p><i>"Girls might face the danger of rape when walking long distances from school particularly in unsafe areas. For women, this is happening when they go for recreation purposes, particularly if they are unmarried, they will be chased by men."</i> (Ru, M)</p> <p>Many said cases of violence against women are being reported to relevant authorities</p> <p><i>"Before, cases of rape were not reported and the issue was kept quiet, as people didn't want others to know about it."</i> (Ru, M)</p>	<p><b>Equal</b></p> <p>Almost all said VAW is rare</p> <p><i>"It's hard for older men to accept it but do accept it reluctantly. Now this is a new generation, and the heads show another way."</i> (m, M)</p> <p>However, some men still do not allow women to move freely outside the home</p> <p>Little violence against children</p>	<p><b>Unequal</b></p> <p>Most said violence exists (primarily directed at wives) but has declined</p> <p>40-yr old widow said most men and most women feel husbands have right to beat wives</p> <p>Violence attributed to conflict over expenditure, esp on "unnecessary" purchases (alcohol, cigarettes, gambling)</p> <p>There is acute anxiety about sexual assault</p> <p>Overwhelming belief it is highly prevalent</p> <p>Reason for keeping girls, women at home</p> <p><i>"There's an alcohol shop where men sit and play cards and drink. Women can't go there because they're frightened; even if she passes straight by people will talk and think she is having other relationships. The husband will find out and there will be fights"</i> (BBFO)</p> <p>Most said physical punishment of children was rare and meted out equally to boys and girls, but not all agreed</p> <p><i>"The son is beaten but not the daughter. If you do, the community questions you."</i> (BPMO)</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Within the family			
	Tanzania*	Bolivia**	India***
Safety, violence in family and community (cont.)			
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>Change</b></p> <p>Majority said that in the past there were more cases of violence against women</p> <p><i>"Years back, violence against women was common but now it is low scale."</i> (Bu, M)</p> <p>Recognition of law against violence</p> <p><i>"Law has been enforced which states that it is an offence to beat a woman. Men think that if they beat a woman, they are now scared of the law and its consequences."</i> (Bu, M)</p> <p>Change attributed to government laws, WV and media</p>	<p><b>Change</b></p> <p>There was more family violence in the past</p> <p>Visible injuries were observed</p> <p>Men would get drunk and hit their wives</p> <p>Change attributed to WV project and the law on VAW</p> <p><i>"There is a law on mistreatment and violence. Most people know the law here. The project also spoke about rights."</i> (f, SP)</p>	<p><b>Change – but fear persists</b></p> <p>Most people said that, even though violence exists now, there was more violence towards women in the past</p> <p>Changes attributed to education and TV</p>
Participation in family discussions (India)			
Equal or unequal? (and evidence)			<p><b>Unequal</b></p> <p>Custom of silence and purdah around in-laws for both Hindus and Muslims</p> <p>University student with strong views on gender equality acknowledged she would adopt this too "because it's the custom here" (BPFY)</p> <p><i>"Women are not allowed to talk at home. They put the veil on and keep quiet. Men and women don't sit together when decisions are made. Fathers-in-law and husbands' brothers are the most important; what they say, happens. If a woman has a different opinion she can't even tell her husband. If a woman says her opinion they would send the woman back to her home."</i> (BBFO)</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?

Within the family

	Tanzania*	Bolivia**	India***
Participation in family discussions (India) (cont.)			
Evidence of change in past approx 5 years, attribution, opinions of change			<p><b>Minor change</b></p> <p>In the past, women were not able to participate in family discussions due to purdah. Some claims of changes (women able – even encouraged – to speak)</p> <p><i>“In my family I’ve given [daughters-in-law] equal freedom to share their views. I told them even if my sons do something wrong they should tell me and they have done so. I’ve told them there’s no need to wear purdah, but because of the community they have to do this.”</i> (BBMO)</p> <p><i>“Women were afraid of in-laws but now they are educated so they’ve lost that fear.”</i> (NFY, div13y)</p> <p>Some men said women may speak, with conditions <i>“If she is expressing a good thought she can.”</i> (NMO). Those who claimed change had occurred cited education, TV, WV volunteers</p>
Multiple partners			
Equal or unequal? (and evidence)		<p><b>Equal</b></p> <p>General agreement this is rare, but used to occur (and may occur outside) among men</p> <p>Two women said husbands have other families</p> <p><i>“One wife is enough- more than one creates arguments.”</i> (m, SP)</p>	

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Within the family			
	<b>Tanzania*</b>	<b>Bolivia**</b>	<b>India***</b>
Multiple partners (cont.)			
Evidence of change in past approx 5 years, attribution, opinions of change		<p><b>Change</b></p> <p>People said that, in the past, men had more than one partner</p> <p><i>“There is more education now. In the past men didn’t respect the church much, but now there’s a law about financial responsibility for the family. The project also talked about this with the women, who spoke to their husbands.”</i> (f, SP)</p>	
Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Outside the family (in the community)			
	<b>Tanzania*</b>	<b>Bolivia**</b>	<b>India***</b>
Health access			
Equal or unequal? (and evidence)	<p><b>Equal</b></p> <p>The majority agreed that both men and women have equal access to health</p> <p>Almost everyone said that, as heads of household, men decide what action to take if wife or children are ill.</p>	<p><b>Equal</b></p> <p>The majority agreed that health access is equal for men and women, boys and girls</p> <p>Pregnant, post-partum women and children under 5 get free care (change). Men and women over 60 get free car</p> <p><b>Access difficult:</b> <i>“We have a good health post but it doesn’t have anything in it, like drugs or staff. We have to go to San Antonio.”</i> (m, M)</p> <p><i>“Most of the time we don’t have enough money to go to the hospital, so we try traditional medicine first”</i> (f, SP)</p>	<p><b>Equal</b></p> <p>Almost all said care was provided equally to men and women, boys and girls</p> <p>However, a few disagreed</p> <p><i>“There is a difference between boys and girls because girls are given less attention when sick. This is because boys will run the family in the future but girls will go to the in-laws.”</i> (BPMY)</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?

Outside the family (in the community)

	Tanzania*	Bolivia**	India***
Health access (cont.)			
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>No change</b></p> <p>Majority said that WV and government have provided seminars and trainings about women's and children's health, but no seminars on men's health</p>	<p><b>Change</b></p> <p>Previously, men did not allow women to seek medical attention from the health centre</p> <p><i>"In the past, it was prohibited for women to go to the health centres because their husbands didn't trust them to go. They thought they would find another man, or had to disrobe."</i> (f, M)</p>	<p><b>Change</b></p> <p>Previously, females did not receive equal attention when sick. Things were different previously (or are different elsewhere)</p> <p><i>'In other communities they say, "oh, it's a girl, we don't need to treat her", but it's different here.'</i> (NMO)</p> <p>Change attributed to government</p> <p><i>"There was pressure by the government and then the public changed."</i>(BPMO)</p>
Livelihood and training opportunities			
Equal or unequal? (and evidence)	<p><b>Equal</b></p> <p>The majority said that both men and women have equal opportunities to get work</p> <p><i>"Men and women have the same opportunities. Before men had more opportunities. The change has occurred as a result of the seminars and workshops where women are recognised as important contributors to income."</i> (Bu, M)</p> <p>Minority said only men have access to livelihoods</p>	<p><b>Unclear</b></p> <p>Claims of equal opportunities, but very few women work outside the home (except in fields and some women wash clothes for other families)</p> <p>Some women sew and make handicrafts to sell for an extra income but resources are limited</p>	<p><b>Equal</b></p> <p>Most claimed there are now equal opportunities for employment despite low rates of outside work among women</p> <p>A few said women were disadvantaged</p> <p>Some cited male suspicions and pride as factors in low female employment</p> <p><i>"Men are never happy when women go out to work because they're afraid their wife will have an affair. And they also worry that others will gossip that he cannot provide for his family."</i> (BPFY)</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Outside the family (in the community)			
	Tanzania*	Bolivia**	India***
Livelihood and training opportunities (cont.)			
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>Change</b></p> <p>In the past, men had more opportunities to get work</p> <p><i>“Before, women didn’t have this opportunity. Men did not have the knowledge on how women can help provide an income and thought that if women provided, he would lose power so didn’t give the woman permission to work.”</i> (Bi, W)</p> <p>Many cited WV as contributing to change, as well as government</p>	<p><b>Unclear</b></p> <p>Previously, women were unable to leave the home to find work.</p> <p><i>“In the past women didn’t have the capacity. Girls just stayed at home.”</i> (f, SP)</p> <p>But change is slow</p> <p><i>“Not equal in terms of training. Equal opportunity to get jobs but women don’t take these chances.”</i> (m, F)</p> <p><i>“Some women are timid, or don’t leave home because husbands don’t let them.”</i> (m, F)</p>	<p><b>Minor change</b></p> <p>Previously, women were not allowed to go outside the home for work</p> <p><i>“Before, only men worked outside but now women are going to factories. Girls are also going to factories. Before, women were uneducated and hesitant and felt shy about going. Men wouldn’t let women go outside. Men thought women were born to be inside the 4 walls.”</i> (NFO – WV volunteer)</p> <p>While most said that both had equal opportunities to receive job training, there is little/ no training available</p> <p>Attribution was to WV and a Gujarat NGO</p> <p><i>“Training is mostly for men/boys. If it’s near-by women can go, but if not women can’t go because they fear Eve Teasing or incidents will occur.”</i> (BPFY)</p> <p>One man perceived opportunities for women as disadvantaging men</p> <p><i>“Earlier men had more opportunities ... Even the wives today are not ready to listen to their husbands. Earlier she thought ‘my husband is my god’, but not any longer. Previously when the husband came home if they had a fight the wife wouldn’t say anything. But now the neighbour will encourage her to go to police, who will ... beat him. Now the husband is always quiet.”</i> (BPMO)</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?

Outside the family (in the community)

	Tanzania*	Bolivia**	India***
Involvement in organisations and leadership			
Equal or unequal? (and evidence)		<p><b>Equal</b></p> <p>All agreed women more active today in community organisations</p> <p>But few women hold top authority</p> <p><i>“There are cases where women are afraid to participate in meetings – because husbands argue or fight with them. But this has started to change.”</i> (m, M)</p>	<p><b>Equal</b></p> <p>Most said both sexes could, or do, take part in community committees or organisations, but many were unaware of such groups</p>
Evidence of change in past approx 5 years, attribution, opinions of change		<p><b>Change</b></p> <p>In the past, women were not involved in community organisations</p> <p><i>“Before women couldn’t speak due to shyness at meetings and husbands didn’t allow this.”</i> (f, M)</p> <p><i>“Women were trained on rights, trainings on equality in intelligence.”</i> (f, M)</p> <p>Change attributed to WV. <i>“The elders complained because WV asked women to go out. Only WV did this awareness raising. It’s very important ... many are still unaware.”</i> (f,F)</p>	<p><b>Unclear</b></p> <p>Some said that in the past women were not involved in community committees and/or organisations; however, some disagreed. Most agreed women as leaders was new</p> <p><i>“Women and men both have equal opportunity to stand for leadership positions but the decisions are taken by men.”</i> (FGD BBFO)</p>

Indicator Q: In your community, are men/ women, and boys/girls, equal in ... ?			
Outside the family (in the community)			
	Tanzania*	Bolivia**	India***
Use of banking and loans (India)			
Equal or unequal? (and evidence)	<p><b>Equal</b></p> <p>Many said that both men and women can access loans  <i>"Before women were not serious about income generating opportunities and couldn't see it as a way forward. From seminars, women have formed groups which borrow money from institutions to run small businesses."</i> (Bi, W)</p>		<p><b>Equal</b></p> <p>Most said anyone is free to open a bank account. However, most said few have accounts, esp women  <i>"It's difficult for them to get one because many questions will be asked. But here people use the 'lottery system' so they don't use banks."</i> (BBFO)</p> <p>Most knew of private banks and/or money lenders offering loans, primarily to women  <i>"There are 6 private banks here that only give to women but require a guarantee from men. Men can't get loans here."</i> (BPMO)</p> <p>About half knew of Self Help Groups, used mainly by women  <i>"Women have formed SHGs and all put Rs 100 each month. Members can borrow when needed and repay it ... There is an idea to have men's SHGs and WV has encouraged [this]."</i> (NWO – WV volunteer)</p>
Evidence of change in past approx 5 years, attribution, opinions of change	<p><b>Change</b></p> <p>Before, only men could access loans            Many cited WV as reason for change  <i>"The change is due to WV facilitating women to form groups to increase their income. Women have started to form groups to have access to loans ... Men have received this opportunity from WV as well."</i> (Bu, M)</p>		<p><b>Change</b></p> <p>Most said that previously only men had bank accounts and access to loans            World Vision cited as initiator of SHGs by most            Different opinions (mainly positive) on bias towards women for loans  <i>"Men are happy that women are being given these because it's helping families. And women are also happy."</i> (NFY)</p> <p><b>By contrast:</b> <i>"Earlier men had loans. The govt is making new laws and forgot about the husband; it only thinks about the wife. If women are given so many privileges men won't be able to live."</i> (BPMO)</p>



## REFERENCES

1. UNDP (2011), Tanzania Country Profile. Available at: <http://hdrstats.undp.org/en/countries/profiles/TZA.html>
2. Ibid 4
3. World Bank (undated), Tanzania Country Brief. Available at <http://go.worldbank.org/7SUHE823V0>
4. National Bureau of Statistics (April 2011), Tanzania Demographic and Health Survey 2010, National Bureau of Statistics: Dar es Salaam.
5. Ibid 4
6. Table 4: Gender Inequality Index and related Indicators. UNDP (2011), Human Development Report 2011-Sustainability and Equity: A Better future for all, UNDP: New York. Available at: [http://hdr.undp.org/en/media/HDR\\_2011\\_EN\\_Table4.pdf](http://hdr.undp.org/en/media/HDR_2011_EN_Table4.pdf)
7. Table: Gender empowerment measure and its components. UNDP (2009), Human Development Report 2009, UNDP: New York. Available at: [http://hdr.undp.org/en/media/HDR\\_2009\\_EN\\_Table\\_K.pdf](http://hdr.undp.org/en/media/HDR_2009_EN_Table_K.pdf)
8. CIA World Factbook for Tanzania (last updated 15 August 2012). Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/tz.html>
9. Ibid 142
10. Committee on the Elimination of Discrimination Against Women (16 July 2008), Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Tanzania, CEDAW/C/TZA/CO/6.
11. Hausmann, R., Tyson, L.D. & Zahidi, S. (2011), World Economic Forum Global Gender Gap Index, World Economic Forum: Geneva.
12. Table I: Human Development Index and its components in United Nations Development Programme, UNDP (2011), Human Development Report 2011-Sustainability and Equity: A Better future for all, UNDP: New York. Available at: [http://hdr.undp.org/en/media/HDR\\_2011\\_EN\\_TableI.pdf](http://hdr.undp.org/en/media/HDR_2011_EN_TableI.pdf)
13. CIA World Factbook for Bolivia (last updated 5 July 2012). Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/bl.html>
14. Table: Gender empowerment measure and its components, UNDP (2009), Human Development Report 2009, UNDP: New York. Available at: [http://hdr.undp.org/en/media/HDR\\_2009\\_EN\\_Table\\_K.pdf](http://hdr.undp.org/en/media/HDR_2009_EN_Table_K.pdf)
15. Committee on the Elimination of Discrimination Against Women (8 April 2008), Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Bolivia. CEDAW/C/BOL/CO/4.
16. Committee on the Rights of the Child (16 October 2009), Consideration of the Reports submitted by States Parties under Article 44 of the Convention – Concluding Observations The Plurinational State of Bolivia. RC/C/BOL/CO/4.
17. Ibid 8
18. Ibid 7
19. Ibid 5
20. Zegarra (2011), Final Strategy Document 2011-PSC Gender, World Vision Bolivia: La Paz.
21. World Vision Bolivia (2008), Datos de indicadores: Linea base, World Vision Bolivia: La Paz.

22. UNICEF (March 2012), Country Profile: Bolivia-Maternal, Newborn and Child Survival, UNICEF: New York. Available at: <http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Bolivia.pdf>
23. Ibid 8
24. CIA World Factbook for India (last updated 15 August July 2012). Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/in.html>
25. UNDP (2011), Human Development Report 2011-Sustainability and Equity: A Better future for all, UNDP: New York.
26. Ibid 50
27. UNFPA Country Profile India: Population and Reproductive Health Profiles, Statistics and Indicators. Available at: <http://www.unfpa.org/public/countries>
28. Ibid 5
29. Ministry of Women and Child Development-Government of India (2009), Gendering Human Development Indices: Recasting the Gender Development Index and Gender Empowerment Measure for India, Government of India: New Delhi.
30. UNDP (2011), India Factsheet: Economic and Human Development Indicators, UNDP: New Delhi. Available at: [http://www.undp.org/content/dam/india/docs/india\\_factsheet\\_economic\\_n\\_hdi.pdf](http://www.undp.org/content/dam/india/docs/india_factsheet_economic_n_hdi.pdf)
31. Ibid 50
32. Ibid 5
33. Ibid 64
34. Ibid 71
35. World Vision Tanzania (2010), Participatory Action Research for Widows and Orphans Project, Tanzania: World Vision International, December.
36. UNESCO Education for All online World Inequality Database on Education. Available at <http://www.education-inequalities.org/>
37. World Vision India (2011), Evaluation Report, Jaipur Area Development Program.
38. Jaipur District Census Data. Available at [www.census2011.co.in/census/district/435-jaipur.html](http://www.census2011.co.in/census/district/435-jaipur.html); [www.census2011.co.in/sexratio.php](http://www.census2011.co.in/sexratio.php)
39. Asha: Hope and Transformation in the Slums of Delhi. 2011. Nossal Institute for Global Health, The University of Melbourne. [http://ni.unimelb.edu.au/about\\_us/publications](http://ni.unimelb.edu.au/about_us/publications)



