## Women’s and girls’ human security in the context of poverty and inequality

Inputs from CARE

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### Context: CARE International

CARE International is a 75-year-old global confederation working to fight poverty and social injustice in the world, with a specific focus on gender equality and the empowerment of women and girls. We work side-by-side with communities to understand the root causes of poverty and find innovative, locally-led solutions. CARE seeks to ensure transparency and accountability and advance the quality and impact of our work. CARE’s [Vision 2030](https://www.care-international.org/resources/care-vision-2030) places [women and girls at the center of all we do](https://www.care-international.org/our-focus-gender-equality-and-rights-women-and-girls).

### Risks and structural barriers

#### Gender-based violence is a particular barrier for women and girls to access their rights

Gender-based violence (GBV) takes place in all spheres of life and is used to prevent people, particularly young women, from making choices about their bodies, health, education, work, and lives.

CARE believes eliminating GBV is critical for women’s human security. GBV is rooted in unjust and unequal power relations, structures and rigid social and cultural norms. Gender inequality and patriarchy fuel GBV by reinforcing unequal power relations between women and men, restrictive gender roles, and harmful social norms that lead to the acceptance of violence. This normalization of GBV can mean that people do not recognize that violence is wrong and harmful—this can further limit their rights by preventing them from accessing post-GBV care.

CARE’s [GBV Guidance for Development Programs](https://www.care.org/gbv-guidance) includes a set of **accompanying Impact Area Scenarios** which explore the specific ways in which GBV can be a barrier to women accessing their rights in relation to [climate justice](https://www.care.org/wp-content/uploads/2022/08/GBV-Integration_Impact-area-scenario_Climate-Justice_web.pdf), [education](https://www.care.org/wp-content/uploads/2022/08/GBV-Integration_Impact-area-scenario_Education_web.pdf), [food, water & nutrition](https://www.care.org/wp-content/uploads/2022/08/GBV-Integration_Impact-area-scenario_FWN_web.pdf), [health](https://www.care.org/wp-content/uploads/2022/08/GBV-Integration_Impact-area-scenario_Right-to-Health_web.pdf), [economic justice](https://www.care.org/wp-content/uploads/2022/08/GBV-Integration_Impact-area-scenario_WEJ_web.pdf) and [women’s voice & leadership](https://www.care.org/wp-content/uploads/2022/08/GBV-Integration_Impact-area-scenario_WVL_web.pdf).

#### Women and girls are exposed to greater risks and inequalities as a result of crises such as COVID-19

COVID-19 created special challenges for women and girls, above and beyond what men and boys faced. CARE’s [Women Respond](https://www.care.org/our-work/disaster-response/emergencies/covid-19/women-respond-leadership-covid-19-response/) initiative found **women are more likely to lose their incomes because of COVID-19, are facing higher rates of violence, and are more likely to be going without food than men**. Data published in March 2022, which represents the voices of more than 22,000 people in 23 countries, highlighted:

* **Significant gender gaps persist**. While impacts are increasing for men and women, the data shows that women are still bearing the brunt of the impact. Women are far more likely to lose their jobs and not be hired. Women have been less able to return to work than men. Women are also more likely than men to reduce their food intake to ensure that other family members, especially children, can eat.
* **Women are more likely than men to report impacts on their mental health**. 48% of women CARE surveyed said that mental health was one of COVID-19’s biggest impacts on them, compared to only 34% of men. Skyrocketing unpaid care burdens and unpredictable job and childcare situations are driving this problem. Women highlighted household tensions as a major cause of increasing stress.
* **Women are more likely than men to report impacts on their access to health services**. 48% of women CARE surveyed prioritized limited health care as the biggest impact in their lives, compared to 31% of men. Women respondents cited increasing cost, lack of transportation, and fear of contracting the virus as the main reasons for their reduced access.
* **Women in saving groups showed more resilience than women not in VSLAs**. Women in savings groups are substantially less likely to prioritize impacts in livelihoods, food security, health services, and mental health than their non-VSLA counterparts.
* **Mental health, food security, and livelihood are women's three top needs**. Many women are asking for mental health support, with 63% of women CARE spoke to prioritizing mental health support, followed by 59% requesting food security assistance and 55% livelihoods assistance.

Further information is available in CARE’s publication [She Told Us So (Again)](file:///C%3A%5CUsers%5Csamhitha.reddy%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CHUUDWRBN%5Ccare.org%5Cnews-and-stories%5Cresources%5Cshe-told-us-so-again%5C) and the data from CARE’s [Women Respond](https://www.care.org/our-work/disaster-response/emergencies/covid-19/women-respond-leadership-covid-19-response/) initiative.

### Promising practices

For advances in women’s and girls’ socioeconomic human security to be sustained, change must take place across all areas of an individual’s life— women’s individual agency, the power relations which affect them, and the structures which perpetuate injustice

Comprehensive [ongoing measurement](https://www.care-international.org/impact-data) of the impact of programming has enabled CARE to analyze how we’re addressing gender inequality and which [common approaches feature in gender transformative projects](https://www.care.org/wp-content/uploads/2022/09/Gender-transformative-impact-snapshot_external-summary-final-1.pdf) which are achieving change across all aspects of women’s lives. This highlighted that:

* **Advocacy and social norms change together can be powerful**
* **Addressing GBV is critical**
* **Men must be included**
* **Working in partnership is important**
* **Transformative change takes time**

The following initiatives illustrate examples of best practice models and interventions which advance women’s and girls’ socioeconomic human security, with particular reference to the GBV and social norms aspects of the approaches listed above.

#### Addressing intimate partner violence: Indashyikirwa

[Indashyikirwa](https://www.care.org/our-work/health/fighting-gender-based-violence/indashyikirwa/) was a collaboration between CARE Rwanda, Rwanda Men’s Resource Centre (RWAMREC) and the Rwanda Women’s Network (RWN) from 2014-2018 aiming to prevent and respond to intimate partner violence (IPV). Building upon CARE’s Village Savings & Loans Association (VSLA) model, Indashyikirwa consists of four components:

1. a couples’ curriculum
2. community activism
3. training and engagement of opinion leaders
4. women’s safe spaces.

Women who participated in the Couples’ Curriculum reported a **55% reduction in the odds of experiencing intimate partner violence**. [[1]](#footnote-1)

The model is now being adapted for further use in Rwanda, Syria, Iraq, Lebanon, DRC and Kenya. Contact Angella Agado (Angella.agado@care.org) for further information.

#### Addressing child, early & forced marriage: Tipping Point

[Tipping Point](https://www.care.org/our-work/health/fighting-gender-based-violence/tipping-point/) is 10-year initiative on child, early and forced marriage and promoting the rights and leadership of adolescent girls in Nepal and Bangladesh, and multi-level advocacy and cross-learning efforts across the globe.

Tipping Point uses use **gender-synchronized** and **norms-shifting strategies** to challenge inequitable practices and repressive norms.

Tipping Point has led to **tangible shifts in social norms which negatively impact the socioeconomic security of adolescent girls**—girls such as [Anannya and Sumaiya](https://www.care.org/news-and-stories/news/bangladesh-girls-fighting-child-marriage-tipping-point/). By the end of the third phase of the decade-long Tipping Point program, CARE expects over 9,500 people in Nepal and Bangladesh to directly participate, with roughly 6,500 women and girls. Indirectly, CARE expects the program to impact nearly 28,500 people, including approximately 21,000 women and girls, as well as 7,500 men and boys. Results of an RCT will be published in late 2022.

A wide range of briefs and resources on Tipping Point’s approach to [girl-led activism](https://www.care.org/news-and-stories/resources/technical-brief-girl-led-activism-and-structured-allyship/), [intergroup dialogue](https://www.care.org/news-and-stories/resources/technical-brief-intergroup-dialogues-for-gender-and-socal-norms-change/), innovative interventions and more is [publicly available](https://www.care.org/our-work/health/fighting-gender-based-violence/tipping-point/tipping-point-program-resources/). This page also includes policy briefs and analysis on child marriage laws in South Asia.

The model is now being adapted for use in other contexts, including a pilot in emergency contexts. Contact Anne Sprinkel (anne.sprinkel@care.org) for further information.

#### Addressing food insecurity and economic well-being: Win Win

The [Win-Win](https://careevaluations.org/wp-content/uploads/Win-Win-Final-Policy_Brief.pdf) project in Burundi implemented the EKATA approach – Empowerment through Knowledge And Transformative Action – integrated into an agriculture program to test its effectiveness against a typical gender mainstreaming approach.

CARE’s hypothesis was that a gender-transformative approach that focuses on **power relations and social norms** will not only yield **deeper, more lasting gender equality outcomes**, but also more profound and more **sustainable effects on sectoral outcomes**, specifically household food security and economic well-being.

This approach had a significant impact on **women’s access to food and income**. Households that went through the EKATA process more than doubled their rice production, saw a 166.5% increase in rice sold, and an overall increase in wealth.

Contact Abinet Tasew (abinet.tasew@care.org) for further information.

#### Promoting adolescent empowerment: Abdiboru

The [Abdiboru](https://careevaluations.org/wp-content/uploads/Abdiboru-Triangulated-Project-Evaluation-Final-Report_aug2020.pdf) project in Ethiopia aimed to reduce the vulnerability of adolescent girls aged 10-14, ensuring their agency and improving their health.

Abdiboru tested different sets of interventions to measure their relative impact. This project used CARE’s [Social Analysis & Action](https://www.care.org/wp-content/uploads/2020/08/saatoolkit_final_rights_reserved.pdf) (SAA) model for the community-level interventions which focused on social norms; SAA groups were found to be influential even under unfavorable political circumstances

The interventions which featured **strong social norms integration** alongside other components like sexual & reproductive health and economic empowerment showed the most impact on girls’ agency and shifting favorably social norms around marriage, education and nutrition—it achieved a **43% reduction in child marriage**.

1. A community randomized controlled trial was conducted by the London School of Hygiene and Tropical Medicine and the South African Medical Research Council as part of the What Works to Prevent Violence Against Women and Girls Programme [↑](#footnote-ref-1)