# A TOOLKIT FOR WOMEN'S EMPOWERMENT AND LEADERSHIP IN HEALTH AND WELFARE



**World Health Organization**

Women and Health Programme
WHO Centre for Health Development
Kobe, Japan

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# FOREWORD

T his toolkit to enhance women's empowerment and leadership in health and welfare was developed as part of the implementation of the Kobe Plan of Action for Women and Health (WHO, 2002). The toolkit represents the latest step in the WHO Kobe Centre's effort to boost the involvement of women in the design of health and welfare policy and programmes, the delivery of health services, and the improvement of health outcomes.

The empowerment and participation of women on an equal basis in all spheres of society is fundamental to improving the health of women and their families, as well as to the advancement of human rights, social justice and sustainable development.

Health is critical to the issue of women and development. The health of women means not only their reproductive health. It includes their emotional, social and physical well-being too. This in turn is determined as much by the cultural, social, political and economic context of their lives as by biology. For women in many countries, biological vulnerability, lower social status, poor access to health services, low literacy rates, and lack of decision-making power all combine as determinants of ill-health (WHO, 2004a).

Existing gender imbalances and inequalities prevent countries from realizing their full potential in economic, political and social development. The achievement of equality between women and men is now more than a human right and a condition for social justice. Together with the empowerment of women, it is also a prerequisite for the attainment of economic, political, social, cultural, environmental and health well-being for everyone in society.

While most ongoing initiatives relate to equality between women and men, this project envisages women as agents of development. Women can have a considerable impact on factors such as nutrition and sanitation – at grassroots, regional and national levels – provided that women are both able and enabled to take on leadership roles at these different levels.

This project is an attempt to provide policy-makers with a toolkit that will assist them in their work on women's empowerment and leadership in health

and welfare. It identifies areas where further improvement can be made to empower women in the different aspects of their lives in order to better the health and quality of life of themselves and of their families.

Before taking action to empower women and to enhance their leadership in health and welfare, decision-makers need to ask themselves two key questions: "What are the felt and priority needs of women?" and "What can be done to meet these needs?"

Answers to these questions will ensure that women's voices are heard and that they are part of the design of projects. They will provide the basis for developing effective and actionable initiatives that will eventually lead to better health and welfare for women and their families.

We take a bottom-up approach in identifying areas of high need using a tool to elicit women's felt needs. The project also adopts a top-down approach in selecting and resourcing practical solutions based on findings about felt needs and recommendations from women.

It is envisaged that this toolkit will play an important role in addressing shortcomings in the achievement of the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action of the Fourth World Conference on Women, the Millennium Development Goals of the United Nations, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

The project focuses on women as "vulnerable populations". While women will be the principal participants in the process, it is important to understand that the beneficiaries will be women and families, communities and nations.

Recognizing the key role of women is invaluable to the health and welfare of all.

*Dr Wilfried Kreisel*
*Director*
*WHO Centre for Health Development*

# ACKNOWLEDGEMENTS

Why is a toolkit needed to enhance women's empowerment and leadership in health and welfare?

Good health is a prerequisite to achieving sustainable development. Investing in improving the health and welfare of women is the path to sustainable development.

Women can make a bigger contribution to public health when they receive better training and are more involved in programme and policy development. Investment in formal and non-formal education and training for girls and women has exceptionally high social and economic returns. It has proved to be one of the best means of achieving sustainable development, which in turn has a clear positive impact on the health of women and their families.

The Alma Ata Declaration of 1978, which called for health for all by the year 2000, brought the concepts of community ownership and participation into mainstream discourse. Further analyses and case studies have shown that women play crucial roles in fulfilling the Declaration and other global goals. Women's empowerment has emerged as a strongly felt need and was called for by the International Conference on Population and Development (ICPD) in 1994 and the Beijing Declaration and Platform for Action in 1995. These calls came as people recognized that women's powerlessness is manifested at many levels and in many ways. The importance of women in their role as health care providers to the community is one major reason why this lack of influence needs to be redressed.

In more recent years the Millennium Development Declaration has included gender equity and women's empowerment in its Millennium Development Goals. Both the 5-year and the 10-year Review and Appraisal of Implementation of the ICPD Programme of Action, as well as the recommendations of the 5-year review of the Beijing Declaration and Platform for Action, included similar calls. These fora have made specific recommendations that include: increasing women's access throughout the life cycle to appropriate, affordable, and quality health care; reducing maternal mortality by at least 75%

from 1990 levels by the year 2015; increasing resources for women's health; undertaking gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues; and encouraging both women and men to take responsibility for their sexual and reproductive behaviour (CEDPA, 1996:32).

Women's health is considered in its broad sense. It includes the social context in which women live and is not defined only by their biological reproductive role. To move towards gender equity in health implies not only the elimination of discrimination against women, but also attention to the differentiated needs of women – including, though not limited to, reproductive health (UNRISD, 2004). The existing gender imbalances and inequalities prevent society from realizing its full potential in economic, political and social development. Equality between women and men is not only a human right but a condition of social justice.

In spite of the efforts being made by governments to promote gender equality, barriers remain to the empowerment of women, and the status of the majority of women in some areas has remained low as a result of discrimination and other inhibiting factors. Women have been excluded from the process of decision-making. Many decisions have been made with no regard for gender differences and the health needs and social welfare of women. One way to change this could be to address these issues through positive/affirmative action aimed at involving women in the decision-making process in order to improve their economic, political and social status, and to promote equality so as to reflect the actual composition of society. The active participation of women and the recognition of their perspectives are essential inputs for the realization of development objectives (WHO, 2004a).

Judging by the experience of developed countries, the first important task in developing countries seems to be to secure equality of access to education, followed by making use of newly-learned skills in paid employment. There are also the social issues of male partners accepting (and eventually

welcoming) the employment and financial independence of their female partners, as well as their supportive efforts to limit the number of children born, their role in raising the children that have been planned jointly, and their willingness to embrace a "both-parents-working" lifestyle. In developed countries, this lifestyle has gradually led to an acceptance of shared decision-making regarding most family matters.

While women's empowerment is an issue in both developed and developing countries, it is generally accepted that women face greater hurdles in the developing world. Therefore, when considering possible strategies to encourage women to take on leadership roles in health in developing countries, it is useful to examine the processes used in the developed world over the past few decades. In developed countries, women eventually gained equal access to education and much improved access to jobs. Women now need to devote a considerably lower proportion of their lives to bearing and raising children (due to acceptance by couples of much improved contraceptive technology, labour-saving devices, and significantly greater involvement of male partners in domestic duties and child care).

This toolkit on women's empowerment and leadership was developed by the WHO Centre for Health Development in collaboration with the Ahfad University of Women in Sudan. To guide the development of the tools, the team used two frameworks as key references – the hierarchy of empowerment needs and capacities by Kar et al. (2001), and the Women's Empowerment Framework developed by Sara Longwe (1999). The topic indicators of women's felt needs were selected from topics suggested in the Health Information Framework developed by La Trobe Consortium (WHO, 2003).

The toolkit aims to provide the basis for addressing the gaps and triggering effective action. This may be achieved by identifying areas of urgent concern for women using a tool for assessing women's felt needs, by addressing these areas of concern, and by suggesting effective actions.

E nhancing the leadership and empowerment of women is a process that is both political and institutional and that requires certain conditions for success. Differences in local circumstances mean that these conditions will vary from one country or city to another.

This user-friendly toolkit for women's empowerment and leadership in health and welfare includes detailed steps to help users follow the different stages of empowerment. However, the successful implementation of the tools depends on the existence of an enabling environment and a clear and strong commitment to support women's empowerment, for otherwise its strategies will not have the desired effect. We suggest a preparatory phase before using the final empowerment and leadership tools.

Even though this phase is optional, it is strongly recommended to conduct a situation analysis of the conditions of women before implementing interventions to enhance women's empowerment and leadership. This will enable key issues for women's empowerment and leadership in health and welfare to be determined both in order of priority for women and according to the level of the interventions – whether individual, community or national. This phase will lay the groundwork for the design and development of effective interventions and will determine the focus of the interventions.

Two tools are being suggested to conduct a situation analysis – the tool for gender analysis and the tool for assessing women's felt needs.

If a situation analysis has already been conducted and women's priority needs for empowerment and leadership have been identified, users of the toolkit can move to the empowerment and leadership tool.

## Gender analysis

This analysis should answer the questions of who does what, when and where, and who owns and controls resources. It will entail using participatory methods at community level, as well as analysis of documents. The gender analysis can be achieved through the following methods:

- participatory rapid appraisal tools that can be used at community level (enabling the development of resources, and social and labour mapping at household and community levels);
- analysis of existing documents (e.g. policy documents, legal regulations, etc.);
- appraisal of existing national reports that may provide relevant information such as the proportion of males to females in different sectors (see http://www.fao.org for one example).

### Who can do the analysis?
Users of the toolkit must identify potential partners. These partners can assist in the gender analysis process that is required to assess which empowerment interventions are needed. Suggested partners for this task are organizations with expertise in gender issues as well as strong research skills (particularly qualitative methods) and content analysis. Possible partners may come from academia, research institutions and women's organizations.

## Assessment of women's felt needs
The purpose of the survey of women's felt needs is to identify the felt and priority needs of women, and to provide the basis for the type of interventions and strategies required and the level of intervention – whether individual, community or national.

While this tool focuses on felt needs (i.e. what people say they need) in the context of needs assessment, it should be noted that felt needs are one component of a comprehensive needs assessment. The other components include normative need (needs defined by experts), comparative need (group comparison), and expressed or observed needs (action that is expressed or inferred from observing how people use a service – e.g. long queues at a family planning clinic may mean the need for the service is greater than the capacity to supply that service) (Hawe et al., 1990).

Questions in the rapid assessment tool were determined using the Health

Information Framework (HIF) developed by La Trobe Consortium (WHO, 2003). The selected topics are seen in Table 1.

**TABLE 1**  Focus of the felt needs assessment tool

|  | TOPIC INDICATORS |
|---|---|
| Health status | Well-being, illness and injury |
| Determinants of health | Environmental, socioeconomic, social, community, household, health behaviours |
| Health systems performance | Availability of health care services |
| Community and health and welfare systems | Governance |

The assessment of felt needs and discussion of survey outcomes should lead to agreement among decision-makers on the priority issue(s), and on the scope, content and form of initiatives to enhance the empowerment and leadership of women. This should then be translated into designation of relevant agents and concrete operational procedures and actions, embodied in a formal agreement.

## Empowerment and leadership tool

The women's empowerment and leadership tool is intended to be broadly applicable to countries all over the world. It is recommended to look at the process in different contexts and situations. Local application of the tool can be modified to suit significant variations in rural and urban situations. Its basic concepts remain unchanged because they are valid for the full range of rural and urban circumstances. The ways in which this tool can be applied locally will depend on local circumstances and the types of interventions selected at individual, community and national levels.

### Selection of strategy, formulation of action plan, and implementation

The empowerment and leadership tool offers a list of interventions that

policy-makers can implement to empower women and enhance their leadership. The proposed steps for use of the tool build on the work of UN Habitat with tools to support participatory urban decision-making (UN Habitat, 2001). It is recommended to go through the following steps:

- ▸ formulating priority strategies;
- ▸ negotiating and agreeing on an action plan;
- ▸ designing and implementing interventions;
- ▸ integrating programmes/policies into strategic approaches;
- ▸ following up.

*Formulating priority strategies* begins with the further clarification of issues. This clarification, which can be aided by gender-based analysis and the felt needs assessment, will provide a firm basis on which intervention(s) can be selected. The approach should be multisectoral in order to ensure that the views and outlooks of the various stakeholders are considered when reaching consensus on the strategic vision to be pursued.

*Negotiating and agreeing on an action plan* is the crucial next step in translating strategies into concrete action. At this stage, the users of the tool engage in detailed technical work to develop a plan of action for implementing the agreed strategies. This requires extensive negotiation, since the action plan must be based on clear and specific commitments by stakeholders and must be time-bound with the application of agreed financial and other resources. This is often the most difficult stage of the process, but an action plan developed in this way is much more likely to be successful.

*Designing and implementing interventions* will depend on the level of the interventions. It refers to the translation of agreed actions into programmes and policies. The involvement of concerned stakeholders will both stimulate their participation and commitment and increase visibility of the results.

*Integrating programmes/policies into strategic approaches* is an important step because it generates awareness and ensures the development of effective and achievable strategies. This will help ensure that whatever the

agreed interventions (e.g. enactment of a law, or provision of skills training programmes) they will become officially established in the government apparatus and will be integrated into national or local legislation and budgets.

*Follow-up* is the final phase of the process where monitoring and evaluation takes place even though it should be an integral part of the ongoing implementation of strategies and plans. Monitoring and evaluation feed back a flow of systematic information that allows adjustments to be made during implementation. Furthermore, monitoring and evaluation provide a platform for recording lessons learned, thus offering a firm basis for replicating projects on a larger and wider scale.

### What is the most appropriate agency to test/implement the toolkit?

This toolkit can be tested/implemented by organizations/groups or agencies working in women's health and welfare, or by those wishing to build women's capacity for involvement in decision-making at various levels. It is also an important tool for advocacy groups and those targeting policy-makers, decision-makers, researchers, professionals, and health workers at local, regional and national levels.

### Who could be involved in the testing/implementation process of the tool?

The toolkit requires gender analysis as well as data collection in order to identify key and priority issues and determine the type of empowerment intervention needed. Thus it is recommended that this analytical stage be tackled by pairing a gender specialist with a social researcher.

Before rolling out the women's empowerment and leadership tool, there is a need first to explore the actual status of women by carrying out a gender analysis – who does what, when, where, who has what, and who controls what? This can be achieved by analysing the features and level of women's empowerment using the list of topic indicators in Table 2.

## How exactly can this be achieved?

In order to answer this question, a gender analysis is needed. This will entail using quantitative and qualitative data and participatory methods at community level. This gender analysis can be achieved by the following methods:

▶ participatory rapid appraisal tools which can be used at community level (enabling the development of resources, and social and labour mapping at household and community levels);

▶ analysis of existing documents (e.g. policy documents, legal regulations);

▶ perusal of existing national reports that may reflect such things as the proportion of males and females in different sectors (see http://www.fao.org).

**TABLE 2** Indicators of women's level of empowerment

| FEATURES TO BE EXAMINED | | YES | NO | PARTLY |
|---|---|---|---|---|
| **INDIVIDUAL LEVEL** | | | | |
| 1 | Capacity to participate in decision-making at the household level | | | |
| 2 | Access to health services | | | |
| 3 | Access to health information | | | |
| 4 | Access to education/literacy classes (when needed) | | | |
| 5 | Access to income/resources | | | |
| 6 | Access to micro-credit programmes or revolving fund | | | |
| 7 | Control over money for various purposes | | | |
| 8 | High self-esteem | | | |
| 9 | Participation in decision-making – particularly decisions concerning family planning and children (at individual and family levels) | | | |
| 10 | Women's attitudes toward wife-beating by husbands. Women's opinions on whether a woman can refuse sex to her husband | | | |
| 11 | Attitudes about gender roles | | | |
| 12 | Freedom of movement | | | |
| 13 | Membership in any association | | | |
| 14 | Existence of local women's groups, organizations or committees | | | |
| 15 | Ability to participate in women's organizations | | | |
| 16 | Ability to participate in or attend women's empowerment workshops or meetings | | | |
| 17 | Existence of counselling centres or women's development centres | | | |
| 18 | Ability of women to decide on household issues alone | | | |
| 19 | Ability to move around outside the household within the community (mobility) | | | |

*Continues...*

| FEATURES TO BE EXAMINED | | YES | NO | PARTLY |
|---|---|---|---|---|
| **COMMUNITY LEVEL** | | | | |
| 20 | Presence of women members on local or community committees | | | |
| 21 | Community tolerance and support for women's empowerment and leadership | | | |
| 22 | Ability of women to make decisions within local committees | | | |
| 23 | Women's representation in different community health structures | | | |
| 24 | Women's access to community resources | | | |
| 25 | Availability of community leaders sensitive to women's issues | | | |
| 26 | Availability of media channels that are accessible by women's groups | | | |
| 27 | Availability of women's organization at local level (district level) | | | |
| 28 | Active participation of women at local level | | | |

| FEATURES TO BE EXAMINED | | YES | NO | PARTLY |
|---|---|---|---|---|
| **NATIONAL LEVEL** | | | | |
| 27 | High participation of women in political and decision-making positions (e.g. 50% in African countries) | | | |
| 28 | Seeking access to new kinds of information and knowledge relevant to critical issues of one's life, as well as for understanding the world beyond one's horizons | | | |
| 29 | Existence of laws and regulations enhancing women's health, empowerment and participation | | | |
| 30 | Existence of active women's movement and institutions | | | |
| 31 | Existence of a gender policy | | | |
| 32 | Existence of gender-sensitive policies (welfare, health, education, labour) | | | |
| 33 | Existence of sensitive media channels supporting women's health and empowerment | | | |
| 34 | Existence of women's groups, organizations or networks at local level | | | |
| 35 | Existence of an office for women's affairs in different ministries | | | |

# TOOL FOR RAPID ASSESSMENT OF WOMEN'S FELT AND PRIORITY NEEDS

| A. HOW IMPORTANT ARE THE FOLLOWING ISSUES FOR YOU AND YOUR FAMILY? | VERY IMPORTANT | IMPORTANT | NOT IMPORTANT | NOT RELEVANT | REFUSE TO ANSWER |
|---|---|---|---|---|---|
| **Q1  Well-being** | | | | | |
| 1  Not being able to control own income | ○ | ○ | ○ | ○ | ○ |
| 2  Not being able to share decision-making in the home | ○ | ○ | ○ | ○ | ○ |
| 3  Not being able to travel out of the house | ○ | ○ | ○ | ○ | ○ |
| **Q2  Illness and injury** | | | | | |
| 1  Domestic violence against children | ○ | ○ | ○ | ○ | ○ |
| 2  Domestic violence against women | ○ | ○ | ○ | ○ | ○ |
| 3  Street violence and banditry | ○ | ○ | ○ | ○ | ○ |
| 4  Accidents outside the home | ○ | ○ | ○ | ○ | ○ |
| 5  Accidents in the home (e.g. fire) | ○ | ○ | ○ | ○ | ○ |
| 6  Communicable diseases (e.g. malaria, human influenza, SARS) | ○ | ○ | ○ | ○ | ○ |
| 7  Sexually transmitted disease (e.g. HIV/AIDS, STDs) | ○ | ○ | ○ | ○ | ○ |
| **Q3  Environment** | | | | | |
| 1  Safe drinking-water | ○ | ○ | ○ | ○ | ○ |
| 2  Inadequate sewage systems | ○ | ○ | ○ | ○ | ○ |
| 3  Solid waste | ○ | ○ | ○ | ○ | ○ |
| **Q4  Socioeconomic factors** | | | | | |
| 1  Education for children | ○ | ○ | ○ | ○ | ○ |
| 2  Skills training for adult women such as (cooking, caring for children, first aid, exercising weight maintenance, parenting skills) | ○ | ○ | ○ | ○ | ○ |
| 3  Learning to use new technology (e.g. computer skills) | ○ | ○ | ○ | ○ | ○ |
| 4  Life skills training specifically for women e.g. hairdresser, secretarial, sewing | ○ | ○ | ○ | ○ | ○ |

| A. HOW IMPORTANT ARE THE FOLLOWING ISSUES FOR YOU AND YOUR FAMILY? | VERY IMPORTANT | IMPORTANT | NOT IMPORTANT | NOT RELEVANT | REFUSE TO ANSWER |
|---|---|---|---|---|---|
| **Q4 Socioeconomic factors (continued)** | | | | | |
| 5 Not being able to access loans from bank or micro-credit | ○ | ○ | ○ | ○ | ○ |
| 6 Not having access to income-generation activities | ○ | ○ | ○ | ○ | ○ |
| **Q5 Social and community** | | | | | |
| 1 Transportation (e.g. better access to public buses) | ○ | ○ | ○ | ○ | ○ |
| 2 Not having access to associations dealing with women's affairs (e.g. NGOs for women) | ○ | ○ | ○ | ○ | ○ |
| 3 Not being allowed to participate in women's organization | ○ | ○ | ○ | ○ | ○ |
| 4 No social or family support to help women when in need | ○ | ○ | ○ | ○ | ○ |
| **Q6 Household factors** | | | | | |
| 1 Housing conditions (e.g. living space) | ○ | ○ | ○ | ○ | ○ |
| 2 Child care facilities (e.g. day care, babysitter) | ○ | ○ | ○ | ○ | ○ |
| 3 Men sharing responsibility for domestic duties | ○ | ○ | ○ | ○ | ○ |
| 4 Men sharing responsibility for child care | ○ | ○ | ○ | ○ | ○ |
| **Q7 Health behaviours** | | | | | |
| 1 Alcohol use and abuse | ○ | ○ | ○ | ○ | ○ |
| 2 Illegal drug use and abuse | ○ | ○ | ○ | ○ | ○ |
| 3 Tobacco use | ○ | ○ | ○ | ○ | ○ |
| 4 Being overweight | ○ | ○ | ○ | ○ | ○ |
| 5 Being underweight | ○ | ○ | ○ | ○ | ○ |
| 6 Malnutrition | ○ | ○ | ○ | ○ | ○ |
| 7 Being under stress | ○ | ○ | ○ | ○ | ○ |
| 8 Sedentary lifestyle (lack of physical activities) | ○ | ○ | ○ | ○ | ○ |

## A. HOW IMPORTANT ARE THE FOLLOWING ISSUES FOR YOU AND YOUR FAMILY?

VERY IMPORTANT · IMPORTANT · NOT IMPORTANT · NOT RELEVANT · REFUSE TO ANSWER

### Q8 Availability of health care services

| | | VERY IMPORTANT | IMPORTANT | NOT IMPORTANT | NOT RELEVANT | REFUSE TO ANSWER |
|---|---|---|---|---|---|---|
| 1 | No availability of quality health care services (including prenatal care) | ○ | ○ | ○ | ○ | ○ |
| 2 | Inappropriate health professionals | ○ | ○ | ○ | ○ | ○ |
| 3 | Screening and treatment of sexually transmitted disease | ○ | ○ | ○ | ○ | ○ |
| 4 | No access of birth control education | ○ | ○ | ○ | ○ | ○ |
| 5 | Access of contraceptive methods | ○ | ○ | ○ | ○ | ○ |
| 6 | Access of education in preventing diseases | ○ | ○ | ○ | ○ | ○ |

### Q9 Governance

| | | VERY IMPORTANT | IMPORTANT | NOT IMPORTANT | NOT RELEVANT | REFUSE TO ANSWER |
|---|---|---|---|---|---|---|
| 1 | Not or limited participation of women in political activity at the local/community levels (e.g. women participating in local or community assemblies) | ○ | ○ | ○ | ○ | ○ |
| 2 | Negative attitude and discrimination against women participating in public life | ○ | ○ | ○ | ○ | ○ |
| 3 | Culture barriers preventing women from participating in development | ○ | ○ | ○ | ○ | ○ |
| 4 | The inexistence of funds to finance women-specific programmes | ○ | ○ | ○ | ○ | ○ |
| 5 | Lack of knowledge and skills in participating in political sectors | ○ | ○ | ○ | ○ | ○ |
| 6 | Family and community acceptance of women participation in political activities | ○ | ○ | ○ | ○ | ○ |

### PLEASE GO BACK OVER THE LIST OF TOPICS AND THEN WRITE BELOW THE FOUR MOST IMPORTANT TOPICS FOR YOU IN ORDER OF PRIORITY

| 1 | | 3 | |
|---|---|---|---|
| 2 | | 4 | |

Additional comments:

## B. INFORMATION ABOUT THE RESPONDENT

**Q1  Age** _____

**Q2  What best describes your household? Check one answer**

- ⃝ **1** Single no children
- ⃝ **2** Married with children at home
- ⃝ **3** Married no children
- ⃝ **4** Female head of household, children at home
- ⃝ **5** Adult household
- ⃝ **6** Multigenerational household
- ⃝ **7** Other

**Q3  Which of the following best describes the annual income of your household? Check one answer [1]**

- ⃝ **1** Less than US$ 5000
- ⃝ **2** US$ 5000–10,000
- ⃝ **3** US$ 10,000–15,000
- ⃝ **4** US$ 15,000–20,000
- ⃝ **5** US$ 20,000–30,000
- ⃝ **6** US$ 30,000–40,000
- ⃝ **7** US$ 40,000–50,000
- ⃝ **8** US$ 50,000–60,000
- ⃝ **9** Over US$ 60,000

**Q4  What is the highest level of education that you have completed? Check one answer**

- ⃝ **1** No education/read and write
- ⃝ **2** Less than high school diploma
- ⃝ **3** High school graduate or equivalent
- ⃝ **4** Some college or vocational classes
- ⃝ **5** Graduate degree
- ⃝ **6** Postgraduate

# WOMEN'S EMPOWERMENT AND LEADERSHIP

T he tool covers several areas where actions may be taken at individual, community and national levels to enhance women's empowerment and leadership roles. Decisions on priority areas and solutions should be based on the outcomes of the rapid assessment survey.

For each area a list of practical actions is suggested for consideration, supported by a set of indicators to monitor progress. For validation, data should be collected both before and after the interventions.

## Interventions to enhance women's empowerment and leadership at the individual level

At the individual level, interventions to enhance women's empowerment and leadership must address three main challenges, namely:
► enhancement of the health and welfare status of women;
► capacity-building for women at the individual level;
► motivation for change;
► skills to participate in politics.

### Enhancement of the health and welfare status of women

This relates to:
► the material welfare of women relative to that of men;
► the satisfaction of women's basic practical needs with respect to equal access to health services, acquisition of information on health, reproductive health and rights, child care, nutrition, education, housing, water supply, sanitation and energy resources;
► the increase in employment opportunities and the ability to take advantage of opportunities that lead to increased income and income security;
► increase in women participation in politics.

### Capacity-building for women at the individual level

Capacity-building aims to equip women with the basic skills and knowledge to improve both their well-being and their leadership status. Capacity-building

may involve professional skills development or leadership skills training pro-
grammes to enhance women's perception of their own leadership ability and
to increase their self-confidence. Such training increases women's access to
production, land, labour, credit, training, marketing facilities, and to the con-
trol and ownership of assets and resources.

### Motivation for change

This intervention focuses on raising women's own awareness about the unfa-
vourable and unequal conditions in which they live, and on programmes that
enhance women's perception of their own individuality, interest and self-
esteem. These programmes will enhance women's sense of self-worth, con-
fidence and ability to think and plan ahead (having a vision for the future)
and will lead to increased recognition and respect for women as individuals,
to increased appreciation of their value and contribution, and to women's
increased participation in household decisions.

### Suggested actions

#### *Enhancing the health and welfare status of women:*

- Ensure equal opportunities for men and women in health and welfare
  interventions.
- Establish medical and reproductive heath centres and raise awareness to
  ensure women's access to and utilization of these facilities.
- Train women in reproductive health and reproductive rights issues, as
  well as health and nutrition, so they can act as health promoters in
  their communities.
- Raise awareness among men in order to change their attitudes towards wom-
  en and encourage them to take more interest in health and family issues.
- Design messages on population strategies, health and fertility for both
  women and men.

#### *Capacity-building for women at the individual level:*

- Provide basic education, adult education, and literacy sessions.

- Provide basic knowledge concerning reproductive health and reproductive rights.
- Introduce programmes that expose women to the use of technology.
- Provide life skills training.
- Develop income-generation activities and training programmes that provide the women participants with a reliable source of income, thus enhancing their financial independence and benefiting other women too.
- Provide credit facilities and credit partnerships.
- Train women in managing and in carrying out feasibility studies.
- Provide job training that links income-generation activities with improvement of women's quality of life, economic independence, and higher self-esteem.
- Create family-centred gender sensitization programmes to increase women's participation in decision-making at the household level (e.g. decisions concerning family size, family planning options).
- Provide training programmes that enhance women's leadership skills.
- Promote the formation of women's groups through which women can learn to organize themselves to think and decide collectively.
- Provide organizational skills training for women.
- Facilitate exposure to national and international dialogue and discussion on women's issues.
- Develop strategies to reduce violence against women.
- Promote autonomy in decisions about fertility, marriage and sexual practices.
- Present positive role models for women.
- Promote male responsibility for sharing domestic work, child caring and ending violence against women by focusing on men's behaviour.
- Recruit trained experts to conduct focus group discussions and workshops to promote women's sense of well-being by increasing their self-esteem, confidence, worth and autonomy.
- Provide selected examples of existing initiatives and models of women's empowerment and leadership at the individual level.

- Provide training for women in order for them to be able to participate in politics, and vote.
- Promote women participation in politics, and voting among men.

### *Motivation for change:*
- Gender sensitization workshops.
- Establishment of women's organizations and centres (gathering areas) where women can meet and discuss common issues (as well as increasing their ability to organize).
- Group discussions.
- Involve leaders in community to plan for women involvement in the political arena.

### Indicators
- Number of women reporting improved status within the family.
- Non-stereotypical change in gender roles (e.g. examples of women driving public buses).
- Positive attitudes of father/husband towards women being empowered and taking on a leadership role.
- Acceptance of group discussions by the broader community (e.g. availability of child care or mother-in-law offering to mind children for mothers to attend a group discussion).
- Number of women with access to income-generating programmes at home or outside.
- Number of training and skill development programmes and number of women benefiting from them.
- Number and percentage of women with access to national health care/ health services for women.
- Number and type of gender sensitization means, and access to information on gender issues and women's rights.
- Number of women's organizations/fora/structures at national and community levels.

- Number and percentage of women with access to knowledge/awareness of health issues, with special emphasis on reproductive health.
- Quality of access to counselling/training where relevant, and number of women who have access to these services/training.
- Women ability to report violence against them.

## Examples of interventions at the individual level

### Box 1    Educating women: Tostan

In Senegal, the NGO Tostan has empowered women through a 10-month adult education programme with a module in democracy and human rights – including the right to education. There are also modules on problem-solving, leadership skills, and women and community health. The Tostan programmes have empowered women, who are gaining the confidence to speak out in meetings and to take up leadership roles for change in the community through participation in family and community decision-making. In 1997 the women of Malicounda-Bambara publicly vowed to abandon the practice of female genital cutting (Path & UNFPA, 2003).

### Box 2    Training women: Projet d'Appui au Programme Sahel Burkinabé (PSB)

In Burkina Faso, specific training and workshops were conducted to equip women with literacy and rapid arithmetic skills in order to empower them. (http://www.pnud.bf)

## Box 3    Training in gender equality

In Albania, training on overall development issues such as gender equality, macro/microeconomics, democratic governance and leadership was held for all women interested. In Latvia, Kazakhstan, Kyrgyzstan and Moldova, training in leadership skills is being provided in cooperation with a Swedish consultancy firm, Springboard. (http://www.undp.org).

## Box 4    Enhancing women's incomes

In Bangladesh, through the implementation of group lending, the famous Grameem Bank has offered small loans to more than 3 million poor Bangladeshi women. These loans have provided the women with extra income through which they have gained greater financial autonomy, a firmer footing in their interactions with the outside world, and the ability to spend more on their health and on that of their families (Steele et al., 1998).

## Box 5    Sudanese Women General Union: Mahfazat project

A project implemented by the Sudanese Women General Union (SWGU) (Mahfazat project) was established in 2000 with the aim of reducing poverty among women and prioritizing female-headed households. The project was based on a micro-finance process following revolving fund procedures, through saving and development via an agriculture bank. One thousand women benefited. The average repayment rate was 85%, which is considered a high percentage. The project concentrated on upgrading the skills and management capabilities of women. It has covered around 10 states and has set up an organizational structure in each (SWGU, 2003).

## Box 6  Domestic violence an influencing factor for participation in credit programmes

Several studies have shown how women's participation in credit programmes can have a positive impact on their lives. Yet some studies indicate that women who may have been subjected to domestic violence are less likely to join a credit group or project. This is because they fear provoking their husbands, since participation in these activities may require the women to be more mobile. However, other studies in India indicate that women who may have suffered more threats or abusive treatment in a marriage may wish to join credit programmes to become more financially independent (Steele et al., 1998).

## Box 7  UNFPA population development projects in Sudan

Income-generation projects have shown that the length of training sessions for women, the nature of the training (i.e. type of activities) and the creation of sustainable marketing strategies were found to be essential for the success of these projects in creating any kind of financial autonomy among women (UNFPA, 1999).

## Box 8  Empowerment more than a slogan

It was shown that increasing women's education and income and breaking down cultural barriers to utilization of health services were important components of promoting families and community health. Moreover, these changes would not take place if there was no change in the institutional structure of society (Desai, 1993).

## Interventions to enhance women's empowerment and leadership at the community level

At the community level, interventions that are aimed at enhancing women's empowerment and leadership must address three main areas:

▶ organization for change;
▶ creation of a support system;
▶ empowerment as collective action, and networking.

### Organization for change

Women need to have a shared vision of what they want to achieve so that they can organize themselves to achieve it. The implementation of women's leadership and empowerment programmes at different levels and in different communities depends on the existence of women's organizations.

### Creation of a support system

This involves educating the community and the general public about the importance of gender equality and women's empowerment, and targeting community leaders committed to women's advancement to obtain their support. Women's participation in decision-making requires good governance and democracy as well as an enabling environment for empowerment.

### Empowerment as collective action, and networking

More can be achieved when people act together rather than by themselves.

### Suggested actions

*Organization for change:*
- Arrange face-to-face meetings with committed leaders, influential persons, religious leaders.
- Use mobile theatre and musicians to convey messages.
- Produce leaflets and brochures in local languages.

*Creation of a support system:*
- Train NGOs, community-based organizations (CBOs) and women's

organizations in gender sensitization.
- Sensitize the community and the public to the importance of women's empowerment and leadership, with a focus on health and welfare systems, through the use of media channels (radio, television, newspapers) aimed at mobilizing public opinion.
- Lobby local authorities to enable or institutionalize women's representation in various community structures (e.g. a quota system).
- Train female health professionals in community-based women-to-women services, and using them as a source of information.

### Empowerment as collective action, and networking:
- Encourage women to participate in community assemblies and committees.
- Build capacity for women's organizations on organizational and leadership skills.
- Initiate measures to prevent violence against women (e.g. by establishing crisis centres).
- Sensitize community leaders to influence women's access to community resources.
- Form groups for collective saving and credit.
- Ensure that women have access to training by setting a quota for participation.
- Form women's associations/groups dealing with women's issues.
- Train women's organizations in skills for lobbying, negotiation, fund raising and networking.
- Hold information, education and communication sessions on topics related to general health, reproductive health, education, nutrition, legal issues and human rights.

### Indicators
- Extent of women's participation in decision-making at household, community and national levels.
- Opportunities for women's association/group activities, and access to technical skills, new knowledge and information.

- Increase in women's mobility and social interaction without a related increase in violence against women.
- Increase in women's access to community resources.
- Number of women's organizations, fora and structures at national and community levels.
- Access to knowledge and awareness on health issues, with special emphasis on reproductive health.
- Access to counselling and training where relevant.
- Access to facilities that support women affected by violence.

## Examples of interventions at the community level

### Box 9    Empowering women through other organizations

In Indonesia, the Family Welfare Movement is a semi-governmental organization that is present in every village throughout the country. It carries out various welfare activities relevant to the needs of women at village level. It aims at self-reliance and self-improvement, including the elimination of poverty and illiteracy. Women take the lead in spearheading activities at village level and organize monthly health activities in collaboration with the programme (WHO 1998).

### Box 10   Women in politics

The Rwanda office of the United Nations Development Fund for Women (UNIFEM) has learned many lessons from the experience of women's participation in the political process at all levels. Rwanda currently holds the "world record" with the highest number of women in parliament globally (48% representation) and over 30% representation in the cabinet and senate. The Rwandans have drafted a very progressive, gender-sensitive constitution with the participation of civil society groups,

particularly women who are very committed to peace-building. Women were also involved in moves towards good governance (http://www.unifem.org).

## Box 11  Building capacities through women's organizations

In Bhutan, The National Women's Association of Bhutan (NWAB) is one of only two NGOs officially registered in the country. The NWAB seeks to improve the socioeconomic conditions of women throughout Bhutan by identifying the constraints that women face, and by providing appropriate solutions. Many of the activities of the NWAB are carried out by volunteer members both in the capital and in the dzong-khag (districts), while headquarters staff act as a link between the ministries and the dzongkhag women's associations of Bhutan. There are 407 volunteer members. The NWAB has established several income-generation programmes in selected areas. Training has been provided to improve women's skills in weaving, knitting and tailoring. Short-term credit has been given and market outlets provided through the handicraft emporium in Thimphu. The supply of raw materials has been improved by the establishment of yarn depots and subdepots. These activities have empowered women by providing them with an additional source of income, although some marketing constraints still persist. The NWAB has also worked closely with government departments to ensure that women are included in relevant programme and project design. In addition, the government has developed programmes directed specifically at women. For example, leadership training programmes have been initiated to promote health and hygiene through the production of "Facts for Life" booklets, and women's awareness of their potential role in development has been raised. The women who have been trained in turn train other women from rural areas (http://www.dop.gov, 2005).

## Box 12  Empowering women to reduce the impact of infectious diseases (1)

In Ghana, as in many African countries, Guinea worm has claimed many lives and

has become one of the major parasitic diseases to require a comprehensive erad-ication campaign. Formerly, male volunteers in rural villages were used to reduce the local incidence of disease by cleaning water and educating the community. However, as men were not familiar with all the sources of water, the Carter Centre commissioned the Ghana Red Cross Women's Club to reduce local infection. They used women volunteers in 393 villages to conduct door-to-door surveillance of Guinea worm, distributing filters, identifying potential water sources and educating the community. As a result, the incidence of the disease fell by 36% between 2002 and 2003 (Wilson, 2004).

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### Box 13    Gender and Development Center

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The Gender and Development Center (GADECE) in western Kenya started as a research organization and provider of literacy support to girls, since girls' educa-tion was a problem in the area. The organization became a facilitator for local wom-en, encouraging them to decide on their own priorities at household and community levels and helping them to find ways to overcome their problems with the support of others. The organization provides literacy teaching, civic and rights education, training in leadership and food production, and credit and savings schemes, as well as health and advocacy programmes for gender-sensitive policy. GADECE also sup-ports a number of small organizations for women to help empower them to assist each other at the local level (Womankind Worldwide, 2003).

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### Box 14    Empowering women to reduce the impact of infectious diseases (2)

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In Puerto Rico a programme to prevent dengue fever, in collaboration with WHO and the US Centers for Disease Control (CDC), used women leaders who were nominated by the community to act as promoters. They received training to help promote behaviour change within the community. They

made house-to-house visits, interviewing heads of households and inspecting areas around the houses for vector breeding sites. They also engaged in community awareness activities and campaigns including the creation of a dengue prevention exhibit at a local supermarket. Through this strategy, 20% of households joined the campaign (Wilson, 2004).

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### Box 15  Low-cost solutions to reduce maternal and neonatal mortality

In Makwanpur District, Nepal, 95% of women deliver at home without skilled care. An NGO in Nepal (MIRA) has used an innovative approach in collaboration with the Institute of Child Health in London. They used a woman facilitator with no training in health to work with women's groups. She set up nine women's groups which met monthly. The woman supported the groups as they identified prenatal problems and the strategies which could address them. These strategies included community-generated funds to provide better care for women and newborns (e.g. stretcher schemes, clean delivery kits, and awareness raising). The outcomes after two and half years among women who took part in the groups included large reductions in neonatal and maternal mortality, and more use of antenatal care and institutional delivery (Costello, 2004).

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### Box 16  The Self-Employed Women's Association (SEWA): building capacity for poor women in Banaskantha, India

The Self-Employed Women's Association (SEWA) is a member-based organization that for nearly 30 years has involved resource-poor women across India in grassroots initiatives to build individual capacities, create self-reliant organizations, and forge links between poor women, government departments, and markets. SEWA initiates programmes and facilitates the building of local organizations which then assume responsibility for programme implementation, expansion, and future plan-

ning. Because the sustainability and self-reliance of any programme or organization depends on its managers, SEWA works to build the capacity of a cadre of local managers. As a result, women are empowered and social capital is formed. By working from the grassroots up, SEWA has expanded opportunities for impoverished rural women's to manage their resources effectively and to increase their financial capacity. In its effort to serve the needs and interests of these women, SEWA built an organization through which women can access critical resources (such as credit and land) needed to promote the growth of their businesses (www.sewa.org, 2005).

## Box 17   Building capacity of women for elections

In Albania, specific training on gender equality, image building, public speaking, communication and negotiation skills, and conflict resolution was offered for women who registered as election candidates. Similarly, UNIFEM and the United Nations Development Programme (UNDP) in East Timor, in cooperation with the Gender Affairs Unit of the United Nations Transitional Administration in East Timor (UNTAET), provided training to women interested in contesting national and district-level seats in the first election to the Constituent Assembly. Women succeeded in capturing 26% of the seats in the Constituent Assembly. It is believed that the work of the Caucus for Women in Politics that was established by the trained women contributed to the willingness of political parties to nominate women candidates and of the voters to support them (http://www.unifem.org).

## Interventions to enhance women's empowerment and leadership at the national level

The implementation of women's leadership and empowerment programmes requires the existence and representation of women organizations at the national level with a shared vision of what is to be achieved. This depends on women's equal participation in decision-making processes, policy-making, planning and administration at different levels in order to realize the desired change and facilitate attainment of leadership roles. It also indicates the existence of a social space for women to develop a sense of independence and worth. The interventions enhancing women's empowerment and leadership at the national level relate to four main areas, namely:

- ▶ Creation of an enabling political environment;
- ▶ Increased women's participation in decision-making;
- ▶ Creation of enabling legal frameworks and rights for women's empowerment;
- ▶ Creation of social space for women to develop a sense of independence and worth.

### Creation of an enabling political environment

Women's civil and political participation means that women should be able to participate on an equal footing with men at all levels and in all aspects of public and political life and decision-making. Traditionally, political parties and governments are structured in such a way that they are men's domains. Continuing barriers to women's participation in public life may lead to women being discouraged from seeking political office because of discriminatory attitudes and practices. Socialization and negative stereotyping of women and men often reinforces the tendency for political decision-making to remain men's domain. Stories have shown that women have demonstrated considerable leadership both in the community and in public office. It is therefore important that the barriers to women's participation in public life should be removed.

### Increased women's participation in decision-making

The call for women's equal participation in decision-making is not merely a request for democracy. It reflects the need to ensure that women's voices are heard and their concerns taken into consideration. Without women's active participation and the integration of women's perspectives at all levels of decision-making, the goals of equality and development cannot be achieved (UN, 1995).

### Creation of enabling legal frameworks and rights for women's empowerment

The creation and effectiveness of legal and regulatory frameworks are essential and part of the empowerment of women and for promoting gender equality (UN Division for the Advancement of Women, 2005). The outcomes of the international conventions can be used as a reference for developing national legislations (i.e. the Beijing Platform for Action, and the Millennium Development Goals).

### Creation of social space for women to develop a sense of independence and worth

This refers to the creation of social space for women so that they may gain self-worth beyond just the family and community. This step requires transformation of space which would represent change in the social structure.

### Suggested actions

#### *Creation of an enabling political environment:*

- Establish women's development machinery in government.
- Formulate national development strategies for women.
- Formulate women's policy for women.
- Advocate and lobby for governments to commit to universal declarations in support of women's participation, such as CEDAW, the Beijing Platform for Action, and the Millennium Development Goals.
- Organize women's fora at the national level to reflect on women's situations and experiences, to recognize the strengths they possess, and to identify strategies to achieve change.

- Provide opportunities for women to participate in the working of their communities and countries at various levels.

## *Increased women's participation in decision-making:*
- Lobby central government for a quota system or for affirmative/positive action to promote women to top levels in government, public institutions, boards, committees, etc.
- Encourage quotas for appointments to decision-making and top-level positions.

## *Creation of enabling legal frameworks and rights for women's empowerment:*
- Advocate through women's groups and others for governments to create supportive laws and regulations.
- Train legal professionals in women's empowerment issues.
- Through government, implement legal reforms aimed at attaining equality.
- Educate decision-makers extensively on democracy, human rights and international declarations supporting women.

## *Creation of social space for women to develop a sense of independence and worth:*
- Form women's unions and associations calling for women's rights with a clear vision and mission, and advocate women's self-help initiatives.
- Establish networks among women's groups and organizations.
- Document and disseminate stories of role models (e.g. successful women leaders).

### Indicators
- ▶ Level of implementation and commitment to CEDAW, the Beijing Platform for Action, and the Millennium Development Goals.
- ▶ Monitoring mechanisms for CEDAW.
- ▶ Media attitudes towards women's empowerment and leadership.
- ▶ Percentage of women in decision-making positions (political/administrative).
- ▶ Number of women's associations, NGOs, networks, coalitions.

- Existence of a national women's committee or commission, ministry, women's desks, and gender focal points in ministries.
- Percentage of aid provided for gender/women's activities by donors.
- Policies on quotas for appointment of women to decision-making positions.
- Gender sensitivity of the legal framework and law enforcement system.

## Examples of interventions at the national level

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### Box 18  Women and good governance

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The UNIFEM Country Office in Mauritania is proposing ways to increase women's participation in politics under Islamic Sharia Law by drafting a law that could help increase the number of women in public administration. Although debatable, other countries have used quotas to boost women's representation as well.

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### Box 19  Gender equity and peace-building

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The UNDP office in the Republic of Congo is promoting gender equality in the peace-building context by promoting women's rights in democracy, providing economic opportunities for women, and implementing capacity support to women's organizations (http://www.undp.org, 2005).

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### Box 20  Violence Against Women Act

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The landmark Violence Against Women Act (VAWA), administered by the Department of Health and Human Services (DHHS) and the Department of Justice (DOJ) in the USA, provided funding to hire more prosecutors and improve domestic violence training among prosecutors, police officers, and health and social services professionals. It

also provided for more shelters, counselling services and research into causes of vio-
lence, as well as effective community campaigns to reduce violence against women. In
1995, the DHHS and the DOJ created the National Advisory Council on Violence Against
Women, consisting of experts from law enforcement, media, business, sports, health
and social services, and victim advocacy. Part of the programme for survivors includes
grants for battered women's shelters. The VAWA significantly expanded DHHS funding
for battered women's shelters. These resources also support related services, such as
community outreach and prevention, children's counselling, and linkage to child pro-
tection services (http://www.hhs.gov/news/press/2001pres/01fsdomviolence.html).

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**Box 21  Helping women legal workers to influence others**

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The Ethiopian Women Lawyers Association (EWLA) was set up in 1995 to eliminate
discrimination and to fight for equal treatment for women. Grants from the DFID
Partnership Fund and other donors helped EWLA to put women's rights on the gov-
ernment agenda, and to put in place practical measures to help poor women gain
access to legal services. The grant helped EWLA to make effective use of newslet-
ters, the media and internet to get its message across. This ensured that research
results on the social, economic and political impact of discrimination against women
reached key people in government and throughout civil society. EWLA also played
a key role in the drafting of a new family law and penal code reform, while a govern-
ment committee is now looking at issues such as sexual rights and violence against
women. On a practical level, the grant helped EWLA to set up regional branches and
voluntary support committees across Ethiopia, and improve poor women's access to
legal services (http://www.dfid.gov.uk, 2004).

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**Box 22  Collective action by women's organizations**

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In Sri Lanka, women's organizations work in different ways towards women's
empowerment – through income-generation, skills training, and saving and credit

programmes. A number of these women's NGOs have contributed to the drafting of the Women's Charter and National Plan of Action. Women's research centres carry out research and advocacy efforts to bridge the gap between local and religious laws and international instruments on gender and development issues. An NGO Forum was set up as an umbrella organization consisting of many women's groups and has been a major actor in networking and promoting international initiatives locally (United Nations, 1997).

## Box 22 Collective action by women's organizations

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## Box 23 Breaking down barriers: moving from bare survival to contribution

In the Kirinyaga district of Kenya, most women used to walk three to four kilometers to collect water or had to purchase it at a high price from water-sellers. Earlier self-help water projects excluded women and failed to deliver water. In response, the local women came together and formed the Kugeria Women's Group to improve their living standards by securing access to safe, affordable and reliable water. To achieve this, they requested support from the Ministry of Water Development to help in identifying what is needed to deliver water. They then requested funding from the Africa

2000 Network that fosters environmentally sensitive poverty reduction policies. The women have succeeded in supplying water to 300 families by learning the skills necessary to build and maintain a water system. Moreover, women have become leaders, moving from bare survival to contribution. Project management training for women's groups has resulted in further community development initiatives, including the building of a clinic (WEDO, 2003).

## Box 24 Money literacy in southern Asia

In India, WOMANKIND helps women to create village-level associations or sanghams. Sangham members meet to discuss community issues like the need for safe drinking-water or electricity, and issues of particular importance to women – such as cases of rape, wife beating, female infanticide or dowry murder. Lack of access to credit is a major problem for women who earn very little, so WOMANKIND helps sanghams to set up their own savings and credit schemes. These allow sangham members to save for expenses such as religious ceremonies, and receive credit for small income-generating activities and for family emergencies. Some sanghams bank their savings, while others immediately distribute the money to women who need it. Many testimonies show that women's lives have changed as they have become more confident and empowered to tackle their problems at household and community levels (http://www.womankind.org.uk, 2003).

## Box 25 CEDPA's Queen Mothers Initiative

The Centre for Development and Population Activities (CEDPA), through its Women's Leadership Program, set out to enhance the leadership skills of female traditional leaders from the six regions of Ghana to support people living with HIV/AIDS. CEDPA arranged the training. A total of 27 Queen Mothers and Magajias, and four representatives from other partner organizations participated. The main objectives of the training were: (1) to enhance the role of Queen Mothers and Magajias as community

leaders by strengthening their leadership skills with regard to women's issues; (2) to enable them to advocate on issues affecting women in their regions; and (3) to develop action plans on how to support people living with HIV/AIDS in their respective communities (http://www.cedpa.org, 2004).

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### Box 26  Women's role in government

One lesson learned from East Timor's election is the importance of the full participation of women and women's organizations in lobbying, advocating, and influencing decision-makers at the grassroots level, and clearly informing ordinary people about the importance of having women in government.

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### Box 27  Female participation in politics

UNDP Mauritania is planning a communication campaign through the mass media to encourage public support for a law to increase women's participation in politics. Many women tend to enter politics through the "side door" – by affiliation with male political leaders and relatives – and are often unaware of the constitutional, parliamentary and electoral processes. Such conditions make it hard for women to articulate their needs. Thus, building the capacity of women to enable them to "find a voice" during and after the peace negotiations is crucial. Such initiatives can be taken in cooperation with UNIFEM, the Inter-Parliamentary Union and ACCORD (http://www.unifem.org, 2005).

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### Box 28  Working toward the Gender Equality Act

Under the theme of "Women's Rights and Peace", a mass rally was organized as well as a function at City Hall in Kathmandu, Nepal. The function honoured the first Nepali women in the following categories: first headmistress of a school, first woman to join

the civil service at officer level, first woman to join the military, and first disabled (blind) woman to pass the school-leaving certificate examination. Three persons were recognized for their continual work on gender equality and the advancement of women – a male journalist of the national daily newspaper and two women at local level (a social worker and an elected ward representative). The day was complemented by an exhibition of Nepali goods and handicrafts produced by women and displayed outside the auditorium of the City Hall. At the district level, rallies were held along with an essay competition on the theme of Women's Rights and Peace. The government announced the formation of a Women's Commission, and the House of Representatives passed the much debated and protracted 11th Amendment by a majority vote of 147 to 1 (http://www.un.org/womenwatch/).

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**Box 29  GABRIELA: A women's coalition in the Philippines**

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In the Philippines, GABRIELA is a national coalition of 200 women's organizations with a mass membership of 20,000 women. Ninety per cent are women from the working class, peasants and urban poor who have their own mass organizations. The rest are women students, professionals, women from the religious sector, artists and indigenous women. The mass organizations of women workers and peasants who comprise the majority of Filipino women form the basis of the coalition. The coalition also reflects the national democratic aspirations of these members. With the widespread implementation of subcontracting and home-based flexible working arrangements, the organizations have expanded their membership from the factory to women and their families in workers' communities. GABRIELA has initiated and assisted trade unions in organizing women's committees through the Women Workers Movement (KMK), a GABRIELA member-organization of women workers (http://www.info.com. ph/~globalzn/lisa.htm, 2005; http://www.gabnet.org, 2005).

# DEFINITIONS OF MAIN CONCEPTS

**Empowerment**

Empowerment refers to individuals acquiring the power to think and act freely, exercise choice and thereby fulfil their potential as equal members of society. Empowerment includes:

▶ acquiring knowledge and understanding of gender relations and the ways in which these relations may be changed;

▶ developing a sense of self-worth, a belief in one's ability to secure desired changes and the right to control one's life;

▶ gaining the ability to generate choices and exercise bargaining;

▶ developing the ability to organize and influence the direction of social change in order to create a more just social and economic order, both nationally and internationally.

**Leadership**

Leadership refers to the transformative model of leadership and to changing the local environment for the common good. This is not the organizational model of leadership which is linked to a position within an organization, such as chief executive officer; rather, it is about enhancing women's skills to make connections, to nurture relationships, to encourage creativity and to work for change in households, communities and support groups in order to enhance the health of the population.

**Welfare and health**

These are defined as processes, systems or objectives that ensure that an individual has both formal and informal social organizations with accepted practices and norms to ensure the individual's well-being. Indicators used to measure these vary according to the definitions and settings, but most include basic developmental measures such as income, education and health status (Kar et al., 2001).

**How do leadership, empowerment, and health and welfare relate?**

As this toolkit focuses on women's empowerment and leadership roles, it is

important to understand how empowering women and giving them leadership skills can make them effective in improving the health and welfare of society. Sen (1999) has summarized this triple relationship as follows:

*"These different aspects (women's earning power, economic role outside the family, literacy and education, property rights and so on) may at first sight appear to be rather diverse and disparate. But what they all have in common is their positive contribution in adding force to women's voice and agency—through independence and empowerment. For example, working outside the home and earning an independent income tend to have a clear impact on enhancing the social standing of a woman in the household and the society. Her contribution to the prosperity of the family is then more visible, and she also has more voice, because of being less dependent on others."*

### Felt needs
Felt needs are those things that groups or individuals say they want, or the problems that they think need addressing. For example, many women from a community say that people are drinking alcohol too early in the morning. The community may decide to address this issue by having the alcohol sales outlet open later in the morning.

### Governance
Governance refers to the management of the course of events in a system.

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