

Advocacy for Women's Empowerment and Gender Equality: What's it All About?

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Over the past 10-15 years CARE, has been going through a fundamental redefinition of its mission from a needs-based to a more rights-based approach. We have understood that contributing to sustainable change means we have to address underlying causes — the socio-economic, cultural, and political systems and practices that restrict poor people's access to tangible (e.g., land) and intangible (e.g., education) resources and limit the realization of their basic human rights. And so CARE has embraced advocacy as a critical strategy in the struggle against poverty and social injustice.

Making changes in government policies is fundamental to providing greater access to assets and opportunities for poor and marginalized people. But new or revised policies aren't automatically implemented once they are passed. CARE needs also to focus on what Duncan Green at Oxfam calls **the implementation gap**, working in partnership with others (Government, civil society and the private sector) to show how these policies and laws can be put into practice, and supporting organized and empowered citizens to hold those responsible to account for such implementation. There are also practices (e.g., the acceptance of early marriage, and its sanctioning by traditional authorities) that will not be solved solely through legal or policy means. To address these issues, CARE also aims to change the social and cultural systems and practices that disadvantage people solely because of their gender, class, caste or other area of perceived "difference" to the dominant norm.

This is why the proposed Monitoring and Evaluation and Accountability Framework for CARE International's advocacy work, developed by the CARE International Advocacy Committee, says we need to measure change across four levels:

1. Impact level: longer-term - changes in the lives of priority impact populations, in particular women and girls;
2. Impact level: medium term - changes in policies, democratic space and social norms;
3. Outcome level - changes in knowledge, perceptions, attitudes, commitment and behaviour - target audience attitudes, our base of support, CARE's own organizational legitimacy and capacity, civil society advocacy capacity, and empowerment of impact populations to claim their rights and advocate for policy change;
4. Outputs of advocacy activities - concrete results from lobbying, research, public education and media campaigns, public mobilization, internal learning, accountability, building coalitions, capacity building of other organizations, and the participation of impact groups in advocacy strategies.

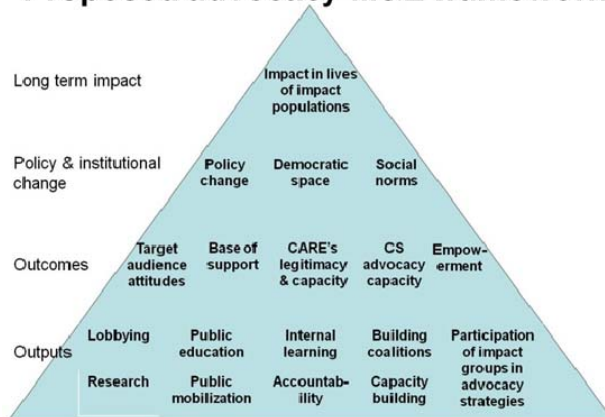
The framework recognizes that the ultimate goal of CARE's advocacy work is NOT policy change. Rather, the goal is concrete improvements in the realization of the rights of poor and excluded populations that result from fully implemented policies and changes in social and cultural norms. This combination of approaches can be seen in every major social movement. They are also increasingly part of our work to address problems such as gender based (GBV):

- Advocacy in partnership with other civil society organizations to promote policy change, such as the International Violence Against Women Act or the Preventing Child Marriage Act in the US, or the Anti Gender Violence Act in Zambia;
- Supporting civil society organizations to promote knowledge of laws and policies, and pressure Government to ensure their implementation;
- Innovative work to develop and show evidence of model approaches, that can be scaled up by Government or other donors, such as the Coordinated Response Centers in Zambia, a one-stop shop for legal, health, and psychosocial counseling support;
- Research with partners on key aspects of the problem, that broaden knowledge, awareness, and willingness to take action, such as CARE Bangladesh's recent Costs of Violence Against Women study;
- Widespread public media campaigns to change attitudes around GBV, that saw respondents in Zambia able to identify spouse battery as a form of GBV from 37% at baseline, to 67% in 2010 and 86.5% in 2011; and
- Community mobilization strategies, such as men's networks, boys' networks, survivor support groups and youth groups, as well as engagement with traditional leaders to change cultural norms and practices.

Such work to change policy, ensure its implementation, while also changing social and cultural norms and attitudes all takes a long period of time, well beyond the timeframe (and budget) of a normal development project. This is why CARE's shift from a project to program approach, coupled with flexible funding to support what cannot be fitted into a donor project is so essential.

And it is why we need a diversity of experiences and capacities in our teams: activists, experienced program and project managers, highly skilled field workers able to facilitate discussion and analysis of social change, and committed monitoring and evaluation and support services staff to enable and support such work. It is a combination of all of these, all working together, where CARE can really add value to what others are doing, towards the long-term goal of transformational change for women and girls.

Proposed advocacy M&E framework



We'd like to extend our thanks to the authors for their insightful submissions. Please send ideas or reflections for the next issue of the Gender Equity and Diversity Newsletter, focusing on measuring change, by January 15, 2013 to Doris Bartel at dbartel@care.org or Allison Burden at aburden@care.org.