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IMPACT EVALUATION OF WOMEN FOR WOMEN INTERNATIONAL'S ECONOMIC AND SOCIAL EMPOWERMENT PROGRAMME IN AFGHANISTAN: AN EVIDENCE BRIEF

BACKGROUND

For over 40 years, Afghanistan has experienced ongoing conflict and insecurity. This insecurity has increased in recent years, exacerbating household poverty and further entrenching women's subordinate position in the home [1, 2]. Afghanistan remains a deeply patriarchal and heteronormative society with strict codes of gender segregation and policing of women's mobility and sexuality. Women's economic autonomy is severely limited and many women experience intimate partner violence (IPV). The International Men and Gender Equality Survey (IMAGES) in 2018, conducted nationally, found that in the past year half (49.6%) of married women in Afghanistan had experienced physical IPV, and two-thirds (69.7%) had been stopped from working outside the home [2].

PROGRAMME DESCRIPTION

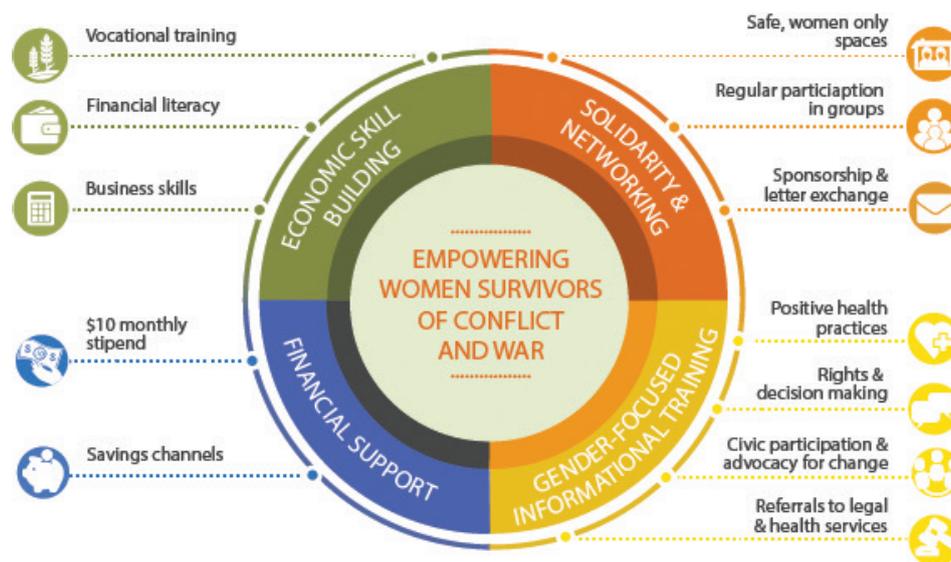
Women for Women International (WfWI) works with the most marginalized women in conflict-affected countries to support self-sufficiency and empowerment. WfWI recognizes that violence against women (VAW), and specifically IPV, is a significant barrier to women's social and economic participation and wellbeing.

SUMMARY OF FINDINGS

Women for Women International's social and economic empowerment training programme:

- Increased women's earnings and savings and improved household food security;
- Improved women's attitudes towards gender equality, their participation in household decision-making, and their mobility;
- Reduced the risk of women experiencing physical intimate partner violence among those who are moderately food insecure; did not significantly decrease the risk in the overall study population.

Figure 1. WfWI 12-Month Social and Economic Empowerment Training Programme Components



WfWI has been implementing its intensive 12-month economic and social empowerment programme in Afghanistan since 2002. This integrated, rights-based programme aims to build women's self-reliance in every aspect of life: economic stability, health and wellbeing, family and community participation and decision making, and social networking.

The bundled approach supports social and economic empowerment through:

1. **Foundational training** in modules that include: the value of women's work, ways to save money, ways to earn income and improve income-generating activities, basic business skills, ways to improve health and well-being, women's rights and prevention of VAW, strategies to make decisions and negotiate, civic action and advocacy, social networks and safety nets;
2. **Skill-building** in numeracy and a chosen vocational skill (e.g. sewing);
3. **Resource provision** in the form of a monthly cash stipend (USD \$10), formal and informal mechanisms to save money (e.g. self-help groups, microfinance institutions), and referrals to health, legal, and financial services; and
4. **Connections** to other women through safe spaces for women to learn and share together, support to women-led social and economic groups, and a letter exchange with international supporters.

Over 12 months, participants are involved in 90 to 180 minutes of programming weekly, delivered to groups of 25 women in community-based training centres. The programme components are: weekly numeracy classes for the first three months (12 sessions), biweekly business skills training for months four to twelve (16 sessions), weekly vocational skills sessions (up to 36 sessions) and biweekly social empowerment training (24 sessions). The programme evaluated through this research was not specifically designed to prevent and respond to IPV.

STUDY METHODS

As part of the DFID-funded What Works to Prevent Violence Programme, the South African Medical Research Council (SAMRC) undertook an individually randomised control trial (RCT) in six communities in Kabul and Nangarhar Provinces in Afghanistan from 2016 to 2018. Many women in these communities had been refugees during the period of Taliban rule, returning only after the end of the Taliban, or had migrated to their current communities because of poverty. In addition, insecurity remained a constant concern during the project period, with some communities facing ongoing attacks by non-state actors. The primary objective of the study was to evaluate the impact of WfWI's social and economic empowerment programme on married women's experiences of IPV and women's earnings and savings.

Between October 2016 and March 2017, SAMRC recruited 1,461 eligible women living in six communities and randomly allocated them to receive the intervention (n=747) or be part of a control group (n=714). For this research, participants were 18-45 years old and only one woman per household was able to participate. Before starting, all participants were given an explanation of the study and their participation in the research and were told they could decline participation or withdraw from the study at any time. Participants provided informed consent by putting a thumb print on a form, witnessed by staff. If participants reported distress, the research team referred them to support services. SAMRC interviewed participants at baseline and two years later, retaining 83% of women at endline. In addition, 28 in-depth interviews were completed with randomly selected women in March 2019 who had been intervention participants.

RESULTS

Baseline findings about study population

At baseline, almost two-thirds of the participants (64%) were married. Over 80% of participants had never received any formal education, and 70% had borrowed food or money in the past month. A quarter (23%) of married women reported experiencing physical and emotional IPV in the past 12 months, an additional 12% reported experiencing emotional IPV (without physical IPV) in the past 12 months, and 2% reported experiencing only physical IPV in the past 12 months. Severe physical IPV was reported by 16% of women in the past year. We only assessed IPV amongst married women, as it was not appropriate to ask about intimate relationships with unmarried women, and we did not assess sexual IPV in this study as it was deemed too sensitive to measure during piloting of the questionnaire. Amongst participants, 57% reported lifetime trauma exposure (e.g. witnessing a family member or friend being killed) [3].

Married women's risk of experiencing IPV was shaped by a range of factors including experiences of traumatic events linked to conflict, gender inequitable attitudes, physical and emotional violence in childhood and her husband's controlling practices [4] [5]. In addition, 14% of women experienced physical violence from their mother-in-law in the past year, and 7% had experienced both IPV and mother-in-law violence [6]. These findings demonstrate the multiple forms of violence that Afghan women face in their lives.

Study results

Women reported increased earnings and savings and less food insecurity. Women who had been through the WfWI intervention were almost twice as likely to report having earned anything in the past month, compared to the control group (10% vs 6%) at endline, although the proportion earning was still small (Figure 2). Women's mean earnings in the intervention arm were 248 Afghani (US \$3.31) in the past month, compared to 178 Afghani (US \$2.41) in the control.

Women in the intervention were approximately five times more likely to have savings compared to women in the control group (29% c.f. 4%) at endline. In addition, women in the intervention group had significantly less household food insecurity compared to the control group at endline (Figure 3). Food insecurity in the intervention arm decreased during the study period, while increasing among those in the control arm.

In the qualitative research, all the women reported that the US\$10 stipend they received every month for attending the intervention was incredibly welcome. Women reported money was often spent on immediate needs: *"When I was in the course, it was better. They gave us Dollars. I wouldn't bring it home...I would change it and buy things we needed, like tea, sugar etc."* Some women also reported using the money to start saving: *"I learned to save and am still in a saving group."*

Figure 2: Women reporting any earnings in the past month, and any savings at endline

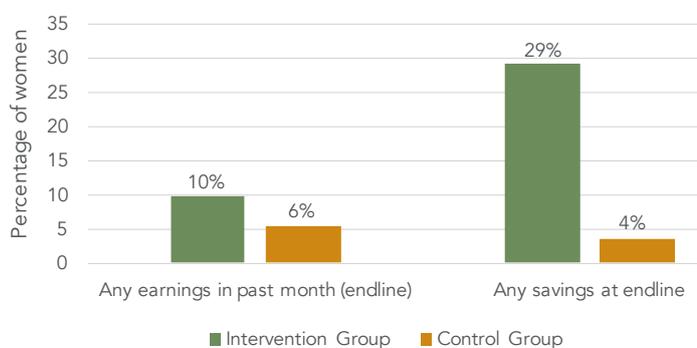
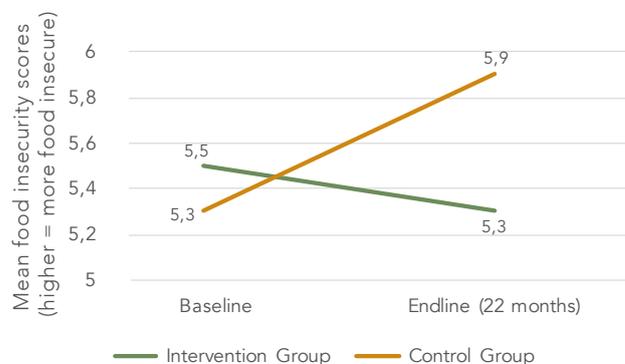


Figure 3: Changes in food insecurity score over 22 months, by trial arm



Women reported new connections with other women and greater self-efficacy. Qualitative data highlighted the importance of the intervention in enabling women to get out of their homes and make new connections with other women: *"The year that I was in this course, when we came here once a week, we met other women and made friends, it was a good change for me."* Given the overall lack of mobility for women in Afghanistan, this new set of networks was important for women's sense of self and wellbeing. Some women also reported how the programme improved their self-efficacy: *"This group, the course itself, made me feel empowered in a special way. It made me feel I could make something of myself, and be self-dependent. Before that I was very timid; I couldn't even talk properly to express myself."*

Women reported more equitable gender attitudes and perceived community gender norms. Amongst women who had participated in the WfWI intervention (Figure 4), a significantly greater proportion reported more gender equitable attitudes at endline, compared to the control group (71% c.f. 61%). In addition, women from the intervention group were much more likely to assess the community as having more gender equitable norms. In qualitative interviews, women spoke about knowing more about their rights and what legal protections existed for women in Afghanistan.

Women reported improvements in household decision-making and mobility. Married women in the intervention reported greater decision-making within the household in relation to healthcare, schooling and purchasing (Figure 5). They also reported significantly greater mobility, with 63% more women in the intervention reporting traveling outside of their Province in the past year, compared to the control group at endline.

Figure 4: Changes in the percentage of women reporting the most gender equitable attitudes over 22 months, by trial arm

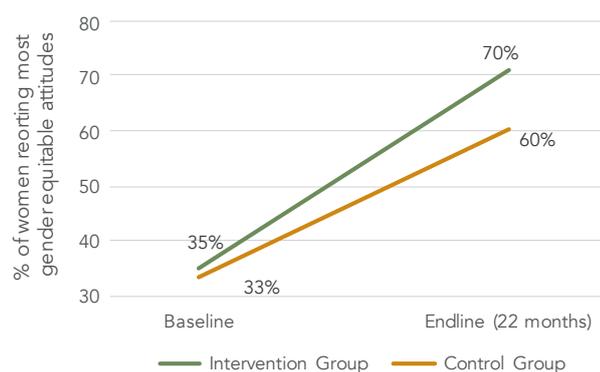
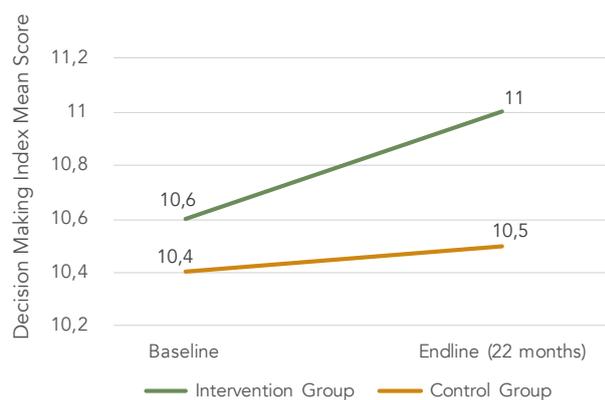


Figure 5: Changes in household decision-making score over 22 months, by trial arm



Married women’s experience of IPV did not change in the project timeframe. Despite positive changes in some of the pre-cursors to violence (e.g. gender attitudes, women’s livelihoods, participation in decision-making, and mobility), there was only a small reduction in married women’s experiences of physical or emotional IPV in the past year that was not statistically significant. This is not particularly surprising given the highly patriarchal context of the study with rigid gender norms and roles, and a lack of economic opportunities, as well as the fact that the intervention was not intentionally designed to reduce VAW. Below, WfWI puts forth considerations for future programming to improve the impact of the intervention on VAW.

It is positive that the intervention did not increase women’s experiences of IPV, especially in light of other studies which have suggested that increasing women’s economic position can increase their risk of IPV [7, 8]. In the qualitative research, women conveyed the limited options available to women facing a violent or unhappy marriage:

Interviewer: *What can the woman do if she is unhappy with her husband? Can she leave him? What could happen if she left him?*

Respondent: *She has no choice but to tolerate it. What can she do? She has nowhere to go. She must put up with it.*

A sub-group of married women with moderate levels of food insecurity reported a reduction in experiences of physical IPV and severe IPV. Amongst women with moderate levels of food insecurity at baseline, there was a 44% reduction in their experience of physical IPV at endline, and a 55% reduction in severe physical IPV at endline. The impact of the intervention in reducing IPV amongst this sub-group is potentially linked to the reduction in food insecurity through participation in the intervention, which led to less stress and conflict related to food insecurity in the household, in turn reducing IPV.

REFLECTIONS ON RESULTS

In the context of worsening gender norms and deteriorating security across Afghanistan, these positive outcomes in women’s lives are promising. The research shows that WfWI’s 12-month combined economic and social empowerment intervention results in demonstrable economic and social benefits for participants, including improvements in women’s food security, increased earnings, more access to work and savings, more gender equitable attitudes, greater household decision-making and increased social networks and mobility outside the home, 10 months after the intervention had been completed. Key elements of WfWI’s programme that may have led to these positive impacts are:

1. An integrated social and economic empowerment approach.

The programme design addressed the complex set of barriers and challenges faced by ultra-poor women in conflict-affected settings, including social and economic vulnerability, isolation, loss, and trauma. Study results show that WfWI’s combination of social and economic interventions – cash, new knowledge and skills, and supportive networks – can help Afghan women overcome these barriers to improve their lives. Developing women’s agency, improving wellbeing, and supporting the pursuit of economic activities, are all intertwined as necessary ingredients for women’s empowerment.

2. Tailored support to build women’s knowledge, skills and self-confidence.

As Afghan women have been systematically excluded from the formal education system, the programme starts by addressing women’s knowledge and skills gaps in numeracy and literacy. The training programme is tailored for illiterate women: facilitators use graphics, role play, discussions and case studies to deliver important messages. Going beyond knowledge and skills, WfWI includes components on self-confidence, communication, goal setting and planning. These topics are vital to support women’s agency, decision-making, and resilience to economic shocks.

3. Grassroots leadership, local social networks, and connections with other women.

WfWI works with grassroots leaders and trainers with direct knowledge and experience of local contexts. Trainer and programme coordinator positions, as well as operational and management teams, are largely staffed and/or led by local women who are trusted by the women in target communities. Trainers are recruited from the target communities. As a result, front-line staff create direct and personal relationships with the women participating in the programme. Through the sessions, WfWI gathers women in groups of 25, creating a safe, women-only space, for learning where women create tight connections with one another. In areas of conflict with weak government services and market instability, networks are also key for women to access savings vehicles and generate income as well as building important social capital.

While the research showed that WfWI's programme did not significantly reduce IPV in the study population, it is important that there was no increase in IPV. In a context that seems to be worsening for women overall, it is possible that WfWI's combined social and economic empowerment approach may have helped mitigate risks. Further inquiry and learning is planned to investigate this more.



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RECOMMENDATIONS FOR FUTURE PROGRAMMING TO EMPOWER WOMEN AND PREVENT VAW

Poverty, violence, and gender inequality are intertwined; therefore, solutions must address the multifaceted challenges that women face. WfWI has the following considerations for future programmers seeking to empower women and prevent VAW and to strengthen its programmes.

Remove barriers to economic participation. While economic measures significantly improved due to the WfWI intervention, the absolute benefits of these economic gains were small. It is understandable that some women may not pursue economic activities during or following the programme or be limited in their success in a highly restrictive environment like Afghanistan. Women face a multitude of barriers to economic participation including social exclusion, isolation and restricted movement, lack of economic opportunities and access to markets, limited education and low levels of numeracy and literacy, and unmet household needs due to poverty. Programmes working to support ultra-poor women in highly patriarchal societies must aim to address the wide and complex set of challenges women face or impact will be limited.

Intentionally programme for IPV prevention. The programme evaluated through this research was not specifically designed to prevent and respond to IPV. Since the intervention was delivered in 2016, WfWI has increased content on VAW and IPV within the curriculum, and expanded its complementary community advocacy activities and male engagement to strengthen the enabling environment for women's rights, participation, and empowerment. In a highly patriarchal context like Afghanistan, women's empowerment programming must consider more intentional programming that goes beyond working with individual women if it is to successfully reduce IPV. The portfolio of research under **What Works** includes several studies where IPV has been reduced through intentional programming, and such programming should include providing support to survivors of VAW [9].

Engage men and community leaders for social norm change. All members of society are affected by patriarchal attitudes and have a role to play in promoting gender equality. WfWI's men's engagement activities target male family members through male traditional and religious leaders in the community. However, evidence suggests that gender attitudes in Afghanistan are becoming more restrictive, which makes fundamental normative changes across all members of society a key priority [2]. Because of the central role of households in enforcing gender relationships and the very significant barriers to women leaving abusive relationships, working only with individual women appears to be insufficient in fundamentally changing household relationships. To reduce IPV and change social norms in Afghanistan, it may be necessary to work directly and intensively with husbands and whole households.

Address multiple forms of VAW. Seeking to address violence within marital relationships in Afghanistan is extremely challenging due to social norms and associated sensitivities. However, Afghan women are also vulnerable to other forms of VAW such as early and forced marriage and violence from in-laws. Further research into what works to prevent multiple, compounding forms of VAW are needed, as well as further study of interventions to reduce IPV.

Connect VAW survivors to services. WfWI's target population in Afghanistan is at particularly high risk of experiencing VAW in their lives due to conflict, high-levels of poverty and gender inequality, low levels of education, and restricted opportunities for financial and/or social autonomy. There are very few resources for survivors of VAW or options for recourse. Alongside supporting longer-term changes to prevent VAW, it is critical to strengthen the community services and structures that support the immediate needs of survivors of VAW.

LESSONS FROM CONDUCTING RESEARCH

Implementing an RCT in Afghanistan was challenging due to extreme need and a paucity of opportunities within the communities, lack of formal identification cards to confirm participant's identity, lack of access to contact details to track participants, and security restrictions on research personnel. In one community, we were unable to complete endline data collection due to security challenges. Despite these challenges the RCT was successfully completed with high levels of participant retention. Many methodological lessons have emerged.

1. *Rigorous participant recruitment, eligibility screening and randomisation are critical for effective RCTs* and we faced multiple challenges. First, large numbers of women assembled for recruitment at enrolment sites leading to unsettled and sometimes aggressive crowds that were difficult to manage. Second, the majority of women did not have any form of identification proving their age, which is common in Afghanistan, leading to difficulties in screening for age and women outside of the age eligibility criteria lying about their age in attempts to be recruited. Third, during randomization women sometimes escalated tensions in the crowds if they were assigned to the control group. Additionally, it became evident that women were leaving the site and explaining the randomization process to other women, which led some women trying to intentionally select themselves into the intervention group.

The team implemented a number of procedures to overcome these challenges and ensure the project adhered to study protocols: (1) women were allowed into the sites for briefing, registration and randomization in smaller groups (rather than one large group), with staff positioned at key points to monitor women's entry and departure from sites; (2) WfWI and research staff made visual assessments and asked questions about life histories to best assess participant ages; (3) registration and randomization was conducted on the same day; (4) a permanent marker was used on women's wrists to ensure they could not be registered twice in the study; and (5) when processes became too difficult or unsafe for WfWI and research staff, the team stopped working that day and returned the following day.

2. *Learning about intimate partner relationships is very challenging in Afghanistan.* Questions on sexual relations within marriage were seen as too sensitive to be included in the questionnaire. In the qualitative study, women were reluctant to speak about their personal experiences of violence, preferring to talk about violence in the community. Culturally-appropriate and creative ways to pose questions about experiences of IPV were necessary to learn about sensitive topics. There is a risk this led to under-reporting of IPV experience in the quantitative data. The research team worked to minimize this through well-trained fieldworkers, who developed skills in building rapport with participants and probing if answers seemed inconsistent. The assessment of IPV in this study is in line with other studies.
3. *Tracking and verifying women for endline follow-up required a number of verification procedures given the lack of identity documentation and contact details.* The research team designed and implemented a monitoring and screening protocol to ensure that all women at endline were the same participants who completed baseline surveys. The protocol included screening for women's name, age, marital status, number of sons and daughters birthed, father's name and husband's name (if married), and also provided for independent monitors to assess the decisions made by field staff.

By using multiple questions for verification, the research team found that some women had sent family members or friends to complete follow-up surveys. Researchers also learned about limitations of some screening questions. Participants' lack of literacy and numeracy made age a highly unreliable screening tool. Asking about number of children also proved unreliable as some women admitted to having misreported the number of children they birthed at baseline assuming that more reported children would confer additional aid. Further, women sometimes excluded children who had died, or married daughters who had left the household, and included children from co-wives or other household members. Thorough verification protocols uncovered these issues and yielded additional strategies and triangulation methods to ensure the correct women were being interviewed. A key lesson was that tracking, screening and monitoring tools and protocols are effective when they are tested and grounded in the cultural context.

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Women for Women International (WfWI) works with the most marginalized women in conflict-affected countries to help them move from poverty and isolation to self-sufficiency and empowerment. WfWI has worked with over 500,000 women across eight conflict-affected countries since 1993. Further information about WfWI is available at www.womenforwomen.org.

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