Women for Women International’s Economic and Social Empowerment Program in the Democratic Republic of Congo: Impact Evaluation Results and Next Steps

2 December 2020
3-4:30 pm CAT / 1-2:30 pm GMT / 8-9:30am EST
Logistics for Captions in English or French

- For **English captions**, press the [cc] button at the bottom of the Zoom pane and select Show Subtitle.

- For **French captions**, click this link: bit.ly/WfWI_DRC_RCT_Webinar. In the top bar, change language from English to French using the dropdown menu.
In countries affected by conflict and war, Women for Women International supports the most marginalized women to earn and save money, improve health and well-being, influence decisions in their homes and communities, and connect to networks for support.

By utilizing skills, knowledge, and resources, she can create sustainable change for herself, her family, and community.

WfWI enrolls its participants from the lowest economic level in the country. Many are displaced persons, survivors of conflict, and have trauma exposure. Women are recruited with the help of community leaders.
Event Speakers

Opening Remarks:
Hinke Nauta
Coordinator of the Taskforce for Women’s Rights and Gender Equality, Ministry of Foreign Affairs of the Netherlands

Audry Shematsi
DRC Country Director, Women for Women International

Eva Noble
Associate Director of Research, Women for Women International

Megan O’Donnell
Assistant Director, Gender Program and Senior Policy Analyst, Center for Global Development

Moderator:
Sabreen Alikhan
Director, M&E, Research and Learning, Women for Women International
Context for women in Eastern DRC

• DRC has initiated a process of revision of laws to comply with the spirit of international and regional legal instruments that promote equal rights between men and women. However, indicators do not show significant progress in reducing inequalities (equality index between gender ranks the country 144th out of 148 countries).
• Conflict and uncertainty for over 25 years, primarily in the eastern provinces, have claimed over 5.4 million lives and displaced millions more, challenged progress, disrupted markets, and destroyed assets.
• Women are excluded from education at a young age: 68% of women did not complete primary school. The illiteracy rate for women is 40% (vs. 17% for men).
• Women are almost 7x more likely than men to be “survivalist” entrepreneurs, meaning they operate low-growth businesses and live well below the global poverty line.
• Almost half of the women have experienced physical violence and one-third have experienced sexual violence in their lifetime.
• Women’s vulnerability to poverty is reinforced by a complex web of barriers: lack of ownership of assets, limited personal income, requirements of husband permissions to work or receive financial services, restricted mobility, and lack of inheritance of assets or wealth.
Women for Women International in DRC

Signature Program: Twelve-month social and economic empowerment program

- Economic skill building
  - Vocational training
  - Financial literacy
  - Business skills

- Solidarity & networking
  - Safe, women-only spaces
  - Regular participation in groups
  - Sponsorship & letter exchange
  - Positive health practices
  - Rights & decision making
  - Civic participation & advocacy for change
  - Referrals to legal & health services

- Financial support
  - $10 monthly stipend
  - Savings channels

- Gender-focused informational training

Empowering women survivors of conflict and war
Men’s Engagement Program (MEP) Intervention

- Is a program designed to engage men to become active allies in support of women’s social and economic empowerment and rights.
- Male community leaders are trained to share knowledge and facilitate weekly discussion groups with the women’s male spouses, partners, or other household members.
- 4 months of weekly discussion groups, led by community leaders (16 sessions).
- 80% of the participants were spouses of WfWI participants.
- An additional “Couple’s Dialogue” session for couples identified as needing extra support (groups of ~25 couples).
Research Study Design

- As part of cross-country learning agenda, WfWI worked with researchers at the University of Washington and University of Texas at Austin to conduct a 24-month randomized control trial (RCT) of the Signature Program + MEP.
- Impact evaluation conducted under five-year investment, “Engaging women as agents of change against gender-based violence and poverty in Afghanistan, DRC and Nigeria”, by the Ministry of Foreign Affairs of the Netherlands under the Funding Leadership and Opportunities for Women (FLOW) programme.
- **Primary objective:** to measure the impact of WfWI’s Signature Program on women’s livelihoods, savings and assets, social empowerment, well-being, and social assets, one year after program completion.
- **Secondary objective:** to examine how men’s engagement activities for male spouses and other household members impacted women’s economic and social empowerment outcomes.
- 4 locations in South Kivu, DRC: Kamanyola, Cihero-Luciga, Nyangezi & Mumosho.
- Participants were 18+ years old; only 1 woman per household.
- **Ethics:** informed consent, choice to participate at each step; review and approval from RDC Ministere de la Sante Publique Comite National D’Ethique de la Sante (CNES) and University of Texas at Austin Institutional Review Board.
- Control group participants waitlisted to participate in WfWI program after research study.
- Data collection activities conducted by Marakuja Kivu Research and Innovative Hub for Research in Africa (IHfRA).
24 Month Study

Baseline (BL) - 2017:
- Data was collected before any program participation.

Midline (ML) - 2018:
- Data was collected immediately after the treatment group completed the program.

Endline (EL) - 2019:
- Data was collected one year after the completion of the program
- Qualitative data collection – interviews with 32 program participants and 16 spouses
Study centered on the long-term outcomes of WfWI’s Signature Program theory of change:

<table>
<thead>
<tr>
<th>Savings, assets, access to credit</th>
<th>Earnings and ways of working</th>
<th>Health and well-being</th>
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<tbody>
<tr>
<td>Self-confidence and agency</td>
<td>Decision-making in the home</td>
<td>Social support &amp; networks</td>
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<td>+ Gender attitudes</td>
<td>+ Intimate partner violence</td>
<td>+ Mental health</td>
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Baseline findings

- **Average age:** 33 years old (48% between 18 and 29);
- **Literacy rate:** 57% of participants are illiterate.
- **Education:** Only 14% of women attained education higher than primary school.
- **Marital status:** 66% were married or cohabitating.
- **Average household size:** 6.4 people.
- **Income generation:** Across all respondents, average weekly earnings were $1.57 USD (2510 CDF).
- **Savings:** 9% of participants held any personal savings.
- **Gender attitudes:** 63% of women agreed that man should have the final say on household decisions; 62% of respondents agreed a man could beat his wife for refusing sex.
- **Almost all participants (98%)** have experienced **economic shocks** in the past year including significant price changes in the market, income loss, illness, and household displacement.
In this section, we present the main effects of the overall treatment group – both the MEP and no MEP arms together – as compared to the control group, one year after the end of the program (EL). Therefore, everyone who was in the WfWI Signature Program is part of the treatment group. This answers the primary research question. The secondary research question results (MEP vs no MEP) are presented afterwards.

All reported results are statistically significant (p < 0.05) unless specified.

<table>
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<th>Control</th>
<th>Overall treatment group</th>
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<td>n = 1039</td>
<td>n = 1000</td>
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Women in Signature Program (n = 500)  
Women in Signature Program + Spouse in MEP arm (n = 500)
Women increased their income and shifted towards entrepreneurship.

- Women who had been through the WfWI intervention had weekly gross earnings 1.6 times higher than women in the control arm at endline ($2.75 vs $1.70).

- This may be due to a shift towards more lucrative entrepreneurial endeavors: the treatment increased self-employment by almost 40 percent (18% vs 13%).

- Though average earnings increased significantly, the percent of women who reported any earnings in the prior week remained between 40 and 50% at each point in time and across treatment arms.

Women reported that the new skills gained from training allowed them to start new businesses: “The important thing I’ve learned is] the skill I’ve acquired through weaving baskets. Today, I can go out here to Luvunge. If I have a little money, for example $10, I can buy threads, weave, and sell. In addition, the WfWI program helped a lot in transmitting work intelligence.”
Women reported increased personal and household savings, assets, and more access to credit.

The WfWI intervention led to:

- Twice as many households with savings (79% in treatment group vs. 42% in control group)
- Doubled amount of household savings ($22.61 vs $12.19);
- Significant increases in household livestock value ($70.36 vs $53.64);
- Significant increases in average women’s personal savings ($15.30 v. $5.20).
- VSLA participation that doubled and was sustained one year after the intervention (79% vs 38%), providing a vehicle for savings and access to loans.
- Increased women’s land ownership (15% vs 11% reported having their name on a land deed).
Women reported feeling more in control of their lives, increased participation in household decisions, and improved self-confidence.

- Women in the treatment arm had locus of control index scores that were 10% higher than women in the control arm (2.2 vs 2.0, out of 4).
- The program increased participation in household decision-making, measuring 0.15 standard deviations difference on the decision-making index (p<0.01).
  - Decision-making participation increases with age, and the program has given women in one year the same gains that they would have likely achieved in six years without the program.
  - Example scenario: woman is involved in decisions regarding her working outside the home e.g. location, hours, type of work (T: 81% vs C: 74%)
- Interviews confirmed an increased sense of self-reliance: “I did not know women could manage money. I used to expect everything from my husband. But now I hear nothing from him; I prefer to develop my own ways of feeding my children instead of waiting for the return of my husband.”
Women’s rates of anxiety decreased and household diets became more diverse.

- The program decreased the prevalence of mild, moderate or severe anxiety (58% in treatment group vs 51% in control group at endline).

- The program did not affect the prevalence of depressive symptoms, whose decrease was not statistically significant.

- The program did not affect ability to conduct vigorous physical activities.

- There was a significant increase in mean household diet diversity scores amongst women in the treatment group (8.4 vs 8.1, out of potential score of 12).

One woman shared: “I used to eat food without oil; now I can prepare my vegetables. I have salt or oil and a measure of flour we eat. I know how to vary the food today like beans, corn, sombe, and others and the health of the family is improving.”
Women increased participation in social groups and gained social support.

• The program increased participation in community-based social groups (94% vs 77%) and social support when in need.

• More women reported having someone they could borrow money from in an emergency (55% vs 42%).

• Qualitatively, participants shared how they have become important members of their communities.

• One participant said, “Members of the community can borrow money from me without problems. Really WfWI [pushed me] forward! I became important in the neighborhood now, while I used to be the most neglected of us and no one could come close to me.”

• Another woman shared “In my community, we say that WfWI makes us leave the ground, I am a model to women; a teacher who educates other women to become respected to everyone.”
Women’s overall gender attitudes and rates of intimate partner violence did not change in the study timeframe.

- The program increased the belief that women can lead (91% vs 84%).
- However, the program did not change gender attitudes, when aggregated into an index.
- The program did not lower the prevalence of reported experiences of intimate partner violence.
- Approximately one-third of participants across study arms reported experiencing IPV in the past 12 months (physical, sexual, emotional or economic). For example:
  - “Yes, there was one day that I refused to turn to him to make love, he began to say that maybe I have other men. I did not feel good, and when I explained he did not understand, so I had to do it to avoid problems.” (Nyangezi, W2)
  - “No, he never beat me, he speaks only too badly. That hurts me, and I have already come back once home to my family.” (Mumosho, W4)
## Study Results

### Control vs. Overall treatment group

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- **Women in Signature Program**
  - (n = 500)
- **Women in Signature Program & Spouse in MEP arm**
  - (n = 500)
Having a spouse or male household member participate in men’s engagement programs (MEP) did not impact women’s outcomes across key domains.

Average Individual Savings (USD)

Women in Signature Program vs. Women + men in MEP

Percent of women reporting any experience with IPV in past 12-months (%)

Average weekly earnings (USD)

Average Decision making index score (0-4)

Women in Signature Program (control group not displayed)
What has this study taught us about the WfWI Signature Program (+MEP) impacts on participants?

- Increased women’s participation in decision-making at home, self-confidence and agency.
- Improved social support & networks.
- Improved diets, did not change physical health.
- Reduced rates of anxiety, not rates of depression.
- Did not significantly change women’s attitudes on gender norms.
- Did not reduce reported rates of Intimate partner violence.
- Men’s engagement for spouses did not lead to additional gains in women’s outcomes.
- Increased household and personal savings, assets, access to credit.
- Increased earnings and shifted ways of working.
Reflection: Important Components of WfWI Signature Program model

- Building a women-driven program; meeting women where they are.
- Laying economic foundations via training modules on numeracy saving money, goal-setting, and budgeting as well as vocational and business skills.
- Integrating gender-transformative programming into poverty alleviation efforts.
- Connecting women through networks and VSLAs to create social and financial support, reduce isolation, provide emergency support, and lead to collective engagement.
Reflection: Growth Areas Going Forward

❖ Look beyond gains in average earnings to **identify and support women** not making economic gains.

❖ **Strengthen mental health** assessment and response in women’s empowerment programming, especially in conflict settings.

❖ **Intentionally design for GBV reduction** and implement proven programmatic approaches to reduce IPV as part of program model going forward.

❖ **Expand and deepen men’s engagement programming** to support targeted outcomes in relation to women’s empowerment.

❖ **Target the larger household and community environments** in which women live and foster an enabling environment for women to apply lessons from empowerment programming, access their rights, and safely raise their voices.

❖ **Strengthen measurement approaches** related to women’s economic and social empowerment, specifically better assessment of women’s earning potential, localized conceptions of mental health, participation in decision-making, and measurement of women’s agency.
Questions and Discussion
Thank you to everyone who made this research possible:

• To all the participants for sharing their time and experiences within this research project;
• To Marakuja Kivu Research and IHfRA data collection teams;
• To all the WfWI-DRC Program staff for implementation of the program;
• To the WfWI project manager & coordinator: Eva Noble and Thomas Ikemo Wilondja;
• To those who provided data analysis support over the course of the project;
• To the Principal Investigators: Dr. Rachel Heath and Dr. Manuela Angelucci;
• To the RDC Ministere de la Sante Publique Comite National D’Ethique de la Sante (CNES) and University of Texas at Austin Institutional Review Board for ethics oversight;
• To the funders: the Netherlands Ministry of Foreign Affairs under the Funding Leadership and Opportunities for Women (FLOW) programme and BlackRock.
Coming up:

(1) Econometric-focused presentation by Rachel Heath (project PIs) on December 4th as part of the New Directions in Graduation Research Conference, hosted by IPA, Trinity Impact Evaluation Unit, the GIL at the World Bank, and Concern Worldwide.

(2) DRC-based event(s) to present results (in French).

(3) WfWI will host a second webinar “What’s Under the Hood” to discuss details of how to conduct an RCT, featuring the voices of those most closely involved in the day-to-day work.

(4) Final analysis and detailed research paper by the PIs will be out early next year.
Thank you for joining us! Learn more:

Women for Women International
Research: [www.womenforwomen.org/impact-evaluations](http://www.womenforwomen.org/impact-evaluations)
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