Empowerment of Women in Precarious Neighbourhoods in India

Gender Mainstreaming Diagnosis

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Acronyms and Abbreviations

AFD	*Agence française de développement*
ALERT	*Association for Leprosy Education, Rehabilitation and Treatment – India*
BSI	*Break Social Isolation*
DV	*Domestic Violence*
ES	*Empowerment Scale*
FDP	*Family Development Program*
FGD	*Focus Groups Discussion*
FP	*Family Planning*
GBV	*Gender-Based Violence*
GDOL	*Gender division of labour*
HQCS	*Health Quest Consultancy Services*
IADI	*Inter Aide Development India*
IMH	*Improve Mental Health*
KGST	*Keshav Gore Smarak Trust*
LSS	*Lok Seva Sangam*
RS	*Resilience Scale*
SIE	*Strengthen Integration and Empowerment*
SW	*Social Worker*
Women's empowerment project	*ATIA's "Empowerment of women in precarious neighbourhoods in India and Madagascar" project*

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Summary

Context and methodology

This gender study was conducted as part of a **gender mainstreaming** consultancy conducted by Ethno Logik under ATIA's *"Empowerment of women in precarious neighbourhoods in India and Madagascar"* AFD-funded project which provides technical and financial support to 3 independent Indian partner organisations with family development programs (FDP). In practice, these "family" development programs target mostly women. In this sense, gender concerns are already implicit in the work carried out by the Social Workers (SW); this consultancy aims to **make the implicit more explicit**.

This summary takes stock of the lessons learnt from the **anthropological study** as well as from the 3-day **gender workshop** both conducted in 2022. The gender study targeted 3 intervention areas (2 in the Mumbai area and 1 in Jaipur) and 6 intervention teams (ALERT, LSS Mankind, LSS Bhiwandi, LSS Jaipur, KGST and HQCS). In total, 37 semi-structured interviews, 10 focus group discussions (FGD), 5 gender workshops and 3 feedback sessions were conducted with beneficiaries (mostly women) and team members. A gender analysis of project tools and strategies was then conducted.

The study findings led to several recommendations which were explored during the 3-day gender workshop and are still being finetuned. These have already evolved since the report was written and are presented here with the understanding that they will continue to be adapted with the teams.

Gender Study Findings

The gender context detailed below exposes the impact of **gender stereotypes** (social norms) on women's (and men's) lives, attitudes and behaviour thus exposing **gender barriers**, or the difficulties women (and men) face as women (or men) in bettering their lives (be it in terms of achieving the FDP objectives or empowerment). This analysis leads into how gender stereotypes and barriers can be overcome and the implicitly **gender-sensitive strategies** used by the teams as well as some new ideas.

The Gender Division of Labour (GDOL)

Reproductive tasks (household chores, childcare and other care activities) are mostly considered women's responsibility, even when women work. Those who work, work mostly within the home and their work holds little value within society. Men are held responsible for meeting the family's subsistence needs (**productive tasks**) and carrying out most duties outside the house. These social norms restrict women's access to upward mobility in terms of the **work burden** they impose on them, the limited opportunities available to them within social norms (**stereotypes**), in terms of gaining access to information and training (given the stereotypical activities assigned to them, and the fact that these are mostly within the home) and finally to gathering support to carry out more valued and better waged productive roles. The gender division of labour (GDOL) can also represent **a burden for boys who have lost their fathers** and stop their schooling in order to provide for their family.

The project challenges the gender division of tasks carried out outside the home by encouraging women to access productive tasks traditionally assigned to men such as accessing services and

documentation, interacting with officials, or working. SWs thus help women fulfil their **practical needs** (a better quality of life) and their **strategic needs** (greater gender equality). The type of work they access however generally reflects the traditional GDOL and is often home-based, unskilled and poorly paid. Within the home, the gender division of labour and the heavy burden it represents for women is taken into account by social workers (by encouraging women to seek outside female help) but not generally challenged (by encouraging male participation).

In exceptional circumstances (illness, extreme tiredness, festivities), men will partake in household chores. Such situation can be used by SWs as an opportunity to **encourage women to request male support**. The study identified some "women's tasks" that are culturally acceptable for a man to carry out – childcare, cleaning and cooking. Women could be encouraged to first request support for these chores, first in exceptional circumstances and then more regularly. On the one hand, women's belief that men cannot perform household chores needs to be challenged (both during home visits and by working on stereotypes in group activities). On the other hand, it is essential to increase men's awareness of women's workload and need for rest. This can be done again by encouraging men, rather than other female family members, to help with household chores. In Rajasthan, having a shared home-based activity (bangle-making) helps raise husbands' awareness and compassion towards his wife's workload, while **questioning the traditional GDOL**. In such situations, women's decision-making power increased. Reaching a more mature age is another opportunity for women to challenge the GDOL, which can be taken into account during the accompaniment. The GDOL activity (see Appendix 4) was much appreciated during the FGDs and can be re-used to help make male and female youths and adults more aware of the GDOL and encourage greater flexibility.

During the workshop, we saw the importance of being aware of and challenging gender stereotypes during case analysis in terms of changing the stereotypes present amongst women and men, but also in terms of those stereotypes we might unconsciously hold ourselves as SWs. **During case analysis, teams can be encouraged to examine how the GDOL is taken into account**: in what way do the planned actions replicate the traditional GDOL and in what way do they challenge it (in terms of activities both inside and outside the home)?

Agency: acting upon one's life through decisions and action

Agency is the capacity to act upon one's own life. To be able to act, women need self-confidence (*power within*), access to choices and decisions (*power to*), and the capacity to then put things into action (*power to* sometimes involving *power with*). **Stereotypes such as the GDOL as well as reduced mobility and access to finances severely limit women's agency.** Women and SWs identified the following strategies to help increase a woman's ability to participate effectively in decision-making processes and start to be able to influence and act upon their lives and those of their children:

- When women express their needs on the basis of their children, their husbands tend to listen to them
- When a woman expresses disagreement with her in-laws on the basis of the needs for her children, her husband tries to find a solution that suits everyone
- When there's a disagreement with the in-laws, working through the husband rather than directly confronting the in-laws is more successful

- It is much more difficult for a woman to get what she wants concerning her own life; some women have decided to disobey and endure the consequences
- Some women confront decisions successfully either through silent determination or through questioning their husbands
- Some women, generally older women, are willing to risk retribution to achieve their goals, they act even if their husband does not agree
- Women can successfully use the leverage of the SW or relatives to confront decisions the woman disagrees with
- SWs action to build self-confidence, provide information and encourage savings, helps women act autonomously without getting stuck in the decision-making process
- When husband and wife work alongside each other, women's participation in decision-making increases as does men's awareness of women's needs;
- Women who manage their husband's salaries partake more in financial decision-making
- While religion and culture are often seen as a barrier to women's participation in decision-making, a Muslim woman considered the Quran actually defends women's rights and the need for joint decision-making
- While women and men express the need for joint decision-making, this is not often the case; it does nonetheless highlight an opportunity for encouraging husbands to involve women more

Is agency empowerment?

During the study we attempted to understand what produces empowerment in women. As a project manager explained, *"empowerment happens through a process which may not be visible; a woman herself may not be able to articulate the processes".* This often-intangible process can be called **power within**. Such empowerment may, however, only manifest itself into action much later, after the duration of the program. When we do not probe from this angle, the subtle process that she is going through can easily be missed. Our research underlines that, at times, **non-action** itself is like taking effective action on the part of a woman because she consciously decides for the non-action, keeping her **long-term goal** and the present situation in mind.

While empowerment may not always result in immediate action or visible agency, inversely agency or action may not always result in empowerment. In some cases, women may access a level of power with (*with* the SW's support, *with* the government official's support) enabling them to access a government office, but such action may not always produce a feeling of being capable of achieving something by herself (**a sense of empowerment**, power within, power to). While the exercise of one-time action (or agency) can be considered a success, **action/agency needs to come from a state of *power within* and *power to* (and not only *power with*) for it to be repeated by the woman in different contexts and effectively become empowerment.** This highlights the importance of working on for example self-esteem so as to ensure action is the manifestation of an increased state of *power within.* Carefully adjusting the level and type of support provided by SWs according the women's prior level of empowerment can also help ensure actions, such as accessing outside services, are a positive experience that women feel willing and confident to repeat (in such situations agency can contribute

to build *power within*). Establishing close ties with representatives of government offices could help in this respect.

Access to Resources (finances, services, information, support network…)

This study highlights, as have SWs and managers, how **economic empowerment** creates the necessary conditions for a woman to exercise her agency with autonomy, economic empowerment also increases women's self-confidence. Financial autonomy enables women to cover immediate needs, helps improve access to services and helps reduce domestic violence (fights often start with a discussion about money concerns).

Successful strategies to increase women's access to resources

- Financial resources: **budgeting and small home-savings** have a significant impact on women's levels of financial autonomy; in light of the significant impact on agency of SWs' advice on savings, such advice could be provided to all women
- Support Network & external resources (services): enrolling **the husband's support** can help overcome women's resistance to access health services or family planning (FP) – several women said their husbands had encouraged them to access FP
- Information: the project helps ensure women gain **access to relevant information** on available services, this encourages women to act

A few ideas

- The learning curve however is very steep: most women and men start off with no prior information about local services and gender, caste or disability specific schemes; SWs focus on information about the schemes to be accessed in the scope of the objectives set with the families; without overwhelming families, more general information could be provided later on in the program; group activities also provide an opportunity to raise awareness about available services

- Information can also be provided on services relating not only to immediate needs but also relating to women's long-term goals and potential (to be provided later on in the program)

- Being able to refer women to a specific person within a service would help ensure women are better received and help women feel more confident in accessing services

- Women's support systems are highly restricted; group activities could help increase networking opportunities (see below)

- The absence of support groups for people with disabilities, especially support groups for parents of children with disabilities, leaves them isolated and emotionally vulnerable; such support groups to be established for regular meetings, exchange of information and collective agency.

Our research reveals that most women do not have an extensive **social network** which they can call on for support. Our focus group discussions with women brought out a desire for more frequent **small group gatherings** and discussions between women. Women expressed that for them, issues such as **domestic violence** are best shared in a small group setting as while others narrate their experience it

gives them time to reflect can on the use of different strategies that women in a similar situation have adopted. The fact that other women open up can encourage women to share issues they had not shared with SWs in the one-to-one setting or do not feel safe/comfortable to share in a larger group meeting such as lane meetings.

Mobility

Mobility is a very strong barrier to betterment for women, **possibly the single most important gender barrier to overcome**, in achieving the FDP objectives and empowerment. All of the women, and all of the female SWs, said they had at some point in their lives faced mobility issues. In most cases, **limited mobility is a result of outside factors**. In one extreme case, a woman almost lost the use of her legs due to her husband not allowing her to go outside her tiny one-room home. Her situation amounted to domestic violence (DV) as is recognized in the project objectives (under physical violence). We would further argue that social norms on limited mobility internalized by women are a form of gender-based violence imposed by society. Given the pressure of external factors, internal factors such as self-confidence also come into play.

SWs recognise the importance of addressing the lack of mobility and have developed a number of successful strategies to help increase women's mobility.

What reduces mobility	Successful mobility strategies
- Restrictive husband (DV) - Restrictive social norms - Internalised social norms - Fear of gossip - Family honour - Fears around women's morality - Fear for women's safety - Lack of information on available services - Lack of self-confidence - The gender division of labour - Financial barriers - Logistical barriers (disability)	- Using specific events to show husbands how their wife can unburden a husband's workload - Basing arguments for women to work outside the home on providing for the needs of an expanding family - Encouraging women to act themselves by stressing the importance of women resolving issues in time themselves (the issue may go unresolved if they don't act themselves) - Valuing / encouraging women's actions outside the home - Encouraging women to access local services - Age, having children, exceptionnal circumstances all give women more mobility - Having a dependent husband (disability) is also a means to bypass restrictive social norms on women's mobility

SW's efforts however are not yet reflected in the project tools or objectives. Given the prevalence of mobility issues, the importance of increasing mobility in terms of both the FDP objectives and empowerment, and the amount of time SWs are forced to spend on the issue, we strongly recommend **creating a "Mobility" objective**.

Teams have proposed that they will increase the focus on mobility when they discuss cases. This is indeed a very positive fist step. When mobility is discussed, the topic of male support/ positive involvement in women's empowerment could also be covered. These topics can be incorporated into the **gender/empowerment checklist** that we have proposed and teams have voiced the intention to use during **mid-program review** (see below for more details).

Domestic Violence (DV)

Factors that increase DV or prevent it being addressed:

- Non-life-threatening domestic violence is seen as normal
- Being a young bride is often associated with higher levels of physical violence
- Living close to in-laws tends to lead to higher levels of physical violence
- Being seen to not, or to badly, perform household responsibilities is a motive used to justify violence – thus highlighting again the importance of working on the GDOL with men
- Going out without prior permission (see the section on mobility) is seen to justify DV
- Limited financial autonomy, emotional stress in women and men surrounding finances means discussing financial matters frequently leads to fighting; economic dependence on their husbands means women cannot leave abusive relationships
- Alcohol / drug consumption is a compounding factor
- Prolonged male absences and extramarital affairs often lead to economic and physical violence

Factors that help reduce DV:

- Moving away from the in-laws – some women find strategies to move away (mostly for economic)
- Raising awareness amongst women and men of what is acceptable behaviour and what constitutes DV
- Increasing women's financial autonomy can significantly reduce DV – advice on savings is a successful and essential first step
- Social workers also encourage women to talk when things are calm
- Filing a complaint even if women don't always go through with the procedure can encourage a husband to change; men take such situations very seriously and stop their violent behaviour
- In one case the SWs set everything up for a woman to be able to escape an abusive relationship without her husband knowing until later
- When the SW is able to meet the men, this often helps reduce violence
- SWs proven capacity to identify the different types of DV

The major challenges faced and a few ideas:

- Not all women share their situation with SWs; the empowerment scale which could provide an opportunity to explore sensitive power relationships and DV is administered before trust is established and women may not share – a small group setting can provide a second opportunity for women to share on DV when they hear other women's experiences; we also suggest using a mid-program "pause" in achieving FDP objectives to explore sensitive topics such as DV, mobility and the relationship with the husband if these issues have not yet come up
- SWs are not always well received when they accompany DV cases to access services such as filing a case with the police – having legal support for DV could help make accessing legal and police services more productive.
- SWs have difficulty continuing home visits with women who break down – a session should be provided for SWs to share strategies on this issue; support from a trained councillor could also be solicited for this specific situation
- SWs have difficulty in being able to meet men and men greeting them appropriately (scantily clothed, drunk…); during the workshop SWs workers shared several successful strategies in

contacting men – holding best practice analysis sessions on how to involve men in DV cases could be conducted; having a Male Field Officer may now help with this issue; support from a trained councillor in mediation skills could also be beneficial

Involving men

The workshop session on involving men demonstrated that **SWs have successfully managed to involve male family members in several cases**. The study also highlights the key role men can play, both in terms of reversing negative behaviour and in terms of exerting a positive influence and providing women with support:

- Some men do not object to their wives doing paid work outside homes for the economic betterment of the households
- One father talked to the father-in-law and successfully encouraged the husband to provide his daughter, the wife, more mobility
- Younger men showed a lot of keenness for discussions on gender related themes, in particular the GDOL
- Adolescent boys contested stereotypes of masculinity and femininity; showed considerable interest in small group discussion on gender themes and towards women's/girls' empowerment
- When the nature of work permitted husbands and wives the work together, there was a greater understanding of women's reproductive as well as productive work, more time and space for dialogue, more space for mutual understanding and joint decision-making
- Men share reproductive tasks under certain circumstances; it's important to encourage women to allow men to participate

These positive examples highlight the importance, as one of the SWs remarked, of **questioning our own stereotypes** on men and ensuring we are not avoiding contact with them. Given the potential positive impact of changing men's attitude towards women and the support they can potentially provide to women's empowerment, we propose that a new **"Male Support" objective** is integrated under SIE. This would help encourage a stronger focus on **involving men in women's empowerment**.

Gender Analysis of Project Tools and Gender as a Tool

The FDP objectives

The FDP objectives are used to identify the areas the social workers' intervention will focus on and then to track progress; they also contribute to measuring success. This framework thus exerts considerable influence on the way social workers approach empowerment (implicitly) and how they carry out their work on a daily basis. While all of the FDP "practical" objectives relating to documentation, health, education and economic status contribute to women's empowerment, our analysis focuses here on the psychosocial objectives that are currently used to track empowerment related notions: Fight Against domestic violence (FDV), Strengthen Integration and Empowerment (SIE), Improve Mental Health (IMH) and Break Social Isolation (BSI).

The social workers have been provided with extensive training on **DV** and appear to have gained a good understanding of the four types of violence. This major gender barrier is thus adequately covered in the tools and program. While social workers, coordinators and managers alike expressed a lack of clarity regarding SIE, IMH and BSI, these objectives nonetheless help provide a **framework for working on a woman's place within the family** and somewhat within society.

Given the Indian context, **identifying a *Mobility* objective** seems essential so as to bring awareness to this issue right from the start of the intervention, thus providing a longer period for social workers to consciously work on this major aspect of empowerment. Although present in the Empowerment Scale, having a separate objective would help ensure mobility's central role and wide-reaching impacts are better recognised and tracked; it would also ensure this issue is explored more regularly as a theme during case management meetings; finally, it would ensure the efforts social workers already make in addressing this gender barrier are better valued and supported.

In a similar manner, given the central role husbands play in women's empowerment, ***Positive Male Support,*** in particular from the husband, needs to be specifically emphasized, independently from the support system within the family / community. Men's attitudes and actions towards their wives - and their wives' empowerment – are of paramount importance in bringing about lasting change. The aim of having a separate Male Support objective is manifold. Social Workers already try to work with men, their efforts are not tracked, there is in fact little clarity on whether it is possible to work with men or not and what the impact of social workers' efforts are. Secondly, men are often seen as "the problem", it is important the opportunities they represent in terms of support to their wives are not overlooked, introducing such an objective could help change attitudes towards men from within the project. Finally, with the hiring of Male Field Officers, this objective can provide a means to identify families where they might, if necessary, be invited to intervene in support of the female SW.

If the objectives are to remain unchanged, **mobility and male support can be included as themes in case analysis** *(see the Gender & Empowerment Checklist below).*

The Empowerment Scale

The Empowerment Scale (ES) has 14 questions covering mobility, decision-making, family planning, financial autonomy, nutrition, domestic violence and women's support within the household. A woman's place within the family is tracked under several of these questions. Taking-initiatives and self-confidence are also covered by several of the mobility questions although the theme is not explicitly listed in the sub-titles. When comparing the Empowerment Scale for India and Madagascar, in addition decision-making, **expressing disagreement** is covered as a separate topic. Both in India and in Madagascar, we feel it is important empowerment is also tracked specifically in terms of the relationship between a woman and husband (or other male head of household). Just as we suggest a separate objective to track **male support**, to harmonize the tools, a specific question could be added to the empowerment scale on this topic. This could help SWs then focus on involving men more in household chores for example. The teams also identified the following specific issues with the scale:

Question	Difficulty identified during the workshop
1 & 3	The word "allowed" was identified as an issue.
5, 6, 12 & 13	SWs find it difficult to discuss contraception or DV with young or unmarried women or widows. *We recommend the teams decide on a strategy for asking these questions to women who are not currently in a relationship*
13D	SWs find this question about whether an ex-husband will go to jail or not he persistently fails to pay his alimony to his wife difficult to ask as they do not themselves know the answer.

The Resilience Scale

While the teams all expressed their appreciation for the empowerment scale, they unanimously expressed their dislike for the resilience scale being more theoretical and therefore more difficult to administer. Women frequently become frustrated and even upset or angry during scale administration; they don't manage to catch the subtleties of the questions, which appear repetitive to them; they also feel belittled for not understanding the questions which must be asked in literary Hindi; many do not understand when the SW says "I feel" that they are talking about her and not themselves. As it is already difficult for women to comprehend the subtleties of the scale, **the wording should be simplified as much as possible**. **Replacing "I" by "You" in the statements** can be a good first step to reduce confusion and unnecessary mental gymnastics that the women are not accustomed to.

More flexibility in administering the scale has recently been introduced and the teams can now contextualise the questions. The Jaipur teams adapt contextualise the questions in relation to the specific experience of the respondent while in Mumbai 2 contextualised examples per question have been provided. The feedback during the workshop was that **the examples do not always apply to the woman**; also reading the examples is a problem as it means there is no eye contact. Some participants said they asks women to imagine the situation but this adds an extra layer of complexity. We recommend a space is provided to **support SWs in contextualising the scale to the specific situation of each woman** by providing a session where each SW practices contextualising the scale in relation to a specific woman with whom she will be doing the scale in the near future. Each SW can then share her ideas with the team for constructive feedback.

Finally, according to the workshop participants illiterate women find it difficult to give marks. The ranking tool can be helpful in some cases but not always. A professional practices sharing session could be conducted with SWs for them to exchange on how they support women in terms of the ranking.

Gender and empowerment as analysis tools (see workshop report)

Gender can provide a tool for case analysis and help SWs better address gender issues right from the onset of the program so as to achieve the objectives more efficiently and effectively whilst working towards lasting empowerment at the same time:

- **GENDER STEREOTYPES:** question gender stereotypes about men and women present in the woman, her husband, her family; question your own gender stereotypes about men and women → remain aware of stereotypes so as to avoid replicating them.

- **THE GENDER DIVISION OF LABOUR & MALE SUPPORT***: (this aspect can be covered under stereotypes or as a separate concept)* avoid replicating social norms and stereotypes; see where there is room for involving men in household chores to lessen women's workload

- **MOBILITY**: a lack of mobility can be a form of DV, due to stereotypes present in the family/social network, due to internalised stereotypes or due to a lack of self-confidence.

- **GENDER BARRIERS:** lack of information, no access to services, lack of support, no access to finances, lack of self-confidence, limited access to decisions (these are the challenges empowerment attempts to address)

The 4 POWERS and Nabila Kabeer's Empowerment Matrix (during the workshop the various components of the matrix were referred to as "**EMPOWERMENT ASPECTS**") can provide structure for analysing cases, adjusting work practices to better achieve empowerment and tracking progress. During the workshop, participants identified the following potential for these two tools:

- Assess which powers the woman already has and which could be strengthened
- Analyse which powers have been strengthened / reduced

- Identify which power to work on next to increase the woman's empowerment
- Identify which powers are needed to achieve the FDP objectives
- Use to provide a structure for reporting to present cases and progress
- Use to valorise the empowerment achievements and progress where the objectives were not achieved
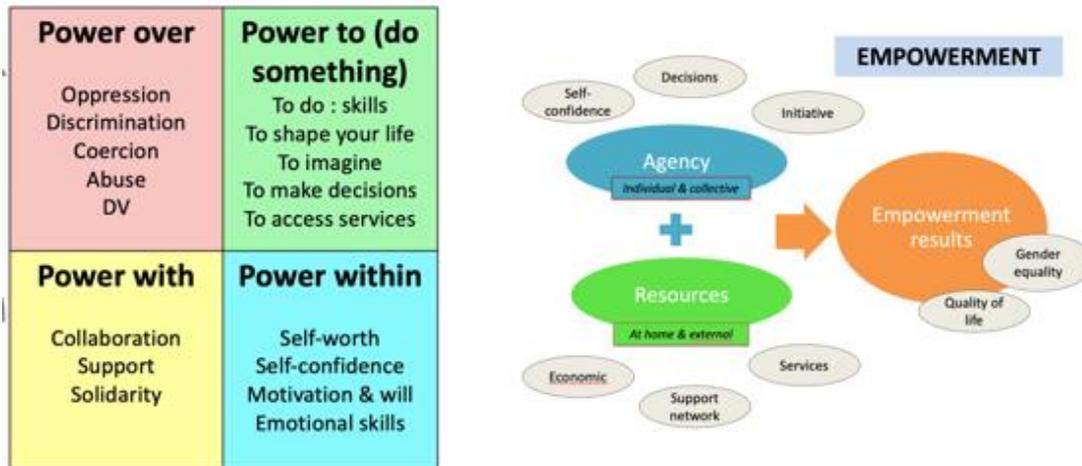
We also proposed the 4 powers / empowerment matrix be used as **a means to mainstream empowerment into the objectives** by adding relevant powers to psychosocial FDP objective names or descriptions and then using them as a tool to achieve the goal and to analyse progress (for example: BSI & Power with; IMH & Power within/ Inner power or IMH & self-confidence).

A Gender & Empowerment Checklist (see end of full report below)

Based on the above tools, PMs, TOMs and Coordinators might wish to develop a check-list detailing specific issues to keep in mind during case analysis and review such as:

- **Question stereotypes**: women's stereotypes, men's and our own
- Avoid replicating the traditional **gender division of labour**
- Discuss the **husband sharing household chores**: encourage women to request and value support male support
- Work on **mobility** with all women
- Identify and address **barriers** that are specific to women
- Identify **women's existing strategies** to get around barriers / stereotypes and build on this
- **Share successful strategies** / success stories within the team on topics that are challenging
- Use the **4 powers / empowerment aspects** to analyse the case, identify with powers need strengthening to achieve the objectives, identify and build on women's strengths so they can **reach their full potential,** and then track progress and identify which powers/ empowerment aspects can next be reinforced
- Identify positive and negative **power relationships within the family**
- Work towards lasting empowerment by ensuring **power within** is strengthened
- **Identify the resources** women could access (support, finances, services)
- Provide **advice on budgeting and savings** to all women
- **Discuss DV** with all women
- Identify all **forms of discrimination or violence** (based on gender, age, disability etc…)
- In DV cases, **balance empowerment needs and protection concerns**
- **Adjust the level of support** provided: identify intersectional issues where woman are even more vulnerable and increase the support accordingly (disability, widows, DV cases, caste, young wives, illiteracy, emotional trauma…)

- **Make empowerment easier** by establishing contact with officials
- **Involve men in women's empowerment**: What are our stereotypes about men? How can we involve them in women's empowerment? Work on the gendered image of the program…

Mid-program Gender/empowerment Review

The ES is seen as a very helpful tool in discussing DV and sensitive power relationships and other empowerment related attitudes and practices with women. Yet, when it is administered, rapport has not yet always been fully established; some women are thus reluctant to open-up. A checklist of sensitive topics could be developed and a "pause" in achieving the objectives that have already been identified could be taken mid-intervention to revisit such issues once rapport has been established with the women. The above check-list could be used for this purpose.

Success Stories Analysis (see workshop report)

These sessions focus on success rather than difficulty. The aim is to explore challenges, discuss strategies to overcome these challenges, and analyse how positive change was achieved. Participants thus become more aware of their own strategies and understand other alternative successful practices. The whole process is valorising for all involved. During the workshop, this process helped SWs understand the link between their work and empowerment, between their work and gender (and what to take into account when working with a woman, mobility for example), the role of stereotypes as barriers to progress (including their own stereotypes), the impact of working on FDP objectives in terms of empowerment, the positive impact of involving men and what to watch out for. See the Workshop Report for a detailed methodology.

Summary of key recommendations

Based on the report and the workshop, the following key recommendations are highlighted:

1. **Use the 4 powers & stereotypes and/or the Gender & Empowerment Checklist as analysis tools:** case analysis, mid-program review session, poster of the 4 powers on the wall for all to add to in their own words
2. **Instil a mid-program gender & empowerment review**
3. **Conduct regular success stories sharing sessions,** initially to be conducted by PMs and TOMs and later by the coordinators alone
4. **Conduct gender activities with your teams:** film on stereotypes, empowerment photo, gender and empowerment mind maps, explore the 4 Powers
5. **Involve men in women's empowerment**
6. **Work on strong impact topics with all women:** mobility, male support, savings and DV
7. **Include sessions on stereotypes and the gender division of labour in collective activities**
8. **Adapt the level and type of support according to the woman's situation** (level of empowerment, intersectional issues)
9. **Add 2 new FDP objectives: "Mobility" and "Male Support"** and **associate the 4 powers to with existing FDP objective** titles or descriptions/tips (for example: BSI & *power with*; IMH & *power within* or IMH & *self-confidence*) to help focus the work on gender and empowerment.
10. **Read the report/summary one part at a time and discuss with team members**

Setting the Scene

Study Rationale

This gender study was conducted as part of a gender mainstreaming consultancy for ATIA's *"Empowerment of women in precarious neighbourhoods in India and Madagascar"* project (referred to hereafter as "Women's Empowerment Project"). This AFD-funded (Agence française de développement) project is a continuation of ATIA's technical and financial support to Family Development Projects (FDP) run since 2009 by 4 independent partner organisations based in India and Madagascar.

This report covers the research conducted in India, a separate report in French presents the results of the research carried out in Madagascar. The main aim of this qualitative gender study, or diagnosis, is to support gender-mainstreaming within the project by:

- Providing a **gender analysis** in each target area by documenting gender and gender based-violence knowledge, attitudes and behaviour, as well as gender inequalities and barriers
- Taking stock of **the level of gender awareness and gender mainstreaming within the project**
- Documenting **the impact of the project on gender inequalities**
- Conducting a **gender- and empowerment-sensitive analysis of the project tools**
- Providing advice and feedback on project tools, strategies, existing and planned activities to **advance gender mainstreaming**

This report, will be accompanied by a 3-day gender mainstreaming workshop and ongoing support throughout the empowerment project's first year of implementation. As a whole, this consultancy aims to provide a space for the teams to develop a greater understanding of the impact of gender norms, or stereotypes, on women's access to empowerment. Using a participatory methodology, the consultancy aims to consider how such norms affect both women and the work carried out with them, in order to better identify barriers and ultimately increase the impact of the project. As decided with the teams during the scoping phase, this report aims to support organisational learning by documenting, amongst other things, social worker's strategies in overcoming gender-based norms and barriers.

India Empowerment Programmes

ALERT's women's empowerment project emerged out of the FDP programmes run with ALERT India (ALERT), Lok Seva Sangam (LSS) and the Keshav Gore Smarak Trust (KGST), in the Mumbai (Maharastra) and Jaipur (Rajastan) areas. The FDP programmes cover 6 key areas of intervention aiming to improve the living conditions of women, their children and families: health, natal care, child and adult education, documentation and legalisation, economic status (employment, savings, financial support and housing) and psychosocial objectives. The project works specifically on reducing gender gaps in these areas. The psychosocial objectives aim in particular to increase women's control, or agency, over their own lives and those of their children by working on relationships and emotional well-being to build empowerment. While the programme highlights the transversal aspect of these psychosocial objectives, it specifically identifies the following areas of intervention:

- improve childhood experience
- fight against physical and sexual child abuse
- fight against domestic violence
- fight against addiction
- strengthen integration and empowerment of an adult family member
- improve mental health
- treat mental illness
- break social isolation

As the FDP project has evolved, the focus on psychosocial support and on bridging gender gaps has increased, and the support provided by ATIA has evolved into the current women's empowerment project.

## Conceptualising Empowerment within the Context of the Project

The Woman's empowerment project identifies the following objectives and outcomes in its logical framework (see Appendix 1).

Project Objectives and Outcomes		
Project Title	Empowerment of women in precarious neighbourhoods in India and Madagascar	
Overall Objective	Reduce gender inequalities in precarious neighbourhoods in India and Madagascar	Areas of intervention: documentation, employment, savings, schooling, adult training, nutrition, health
Specific Objective	Strengthen women's empowerment	Indicator: empowerment scale
Outcome 1	Women gain self-confidence through individualised home-based support, focusing on the developing and/or strengthening their agency and decision-making capacities.	
Outcome 2	Women access external resources to improve their living conditions and those of their children.	
Outcome 3	Violence against the accompanied women decreases over the course of the accompaniment	

Table 1: Project Objectives and Outcomes

ATIA's empowerment project builds on Nabila Kabeer's definition of empowerment, which identifies three core components: agency, access to resources and results.

Key concepts: Core Components of Kabeer's Empowerment Matrix
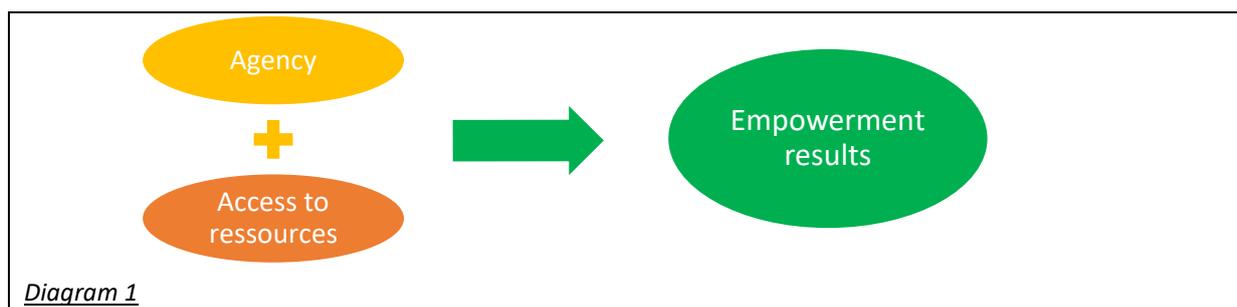
Diagram 1

For Kabeer, agency is conceived of as cognitive (the ability to analyse, to plan and to make decisions), practical (putting things into action) and subjective (a sense of agency, self-confidence and motivation). In terms of resources, financial and material resources are distinguished from human resources (the woman's support network, the help she can call upon) and social resources (access to information and external services). Finally, empowerment is understood in terms of practical and strategic results, the distinctions between which are summarised in Table 1 below.

Empowerment	
Practical empowerment	**Strategic empowerment**
Addresses women's practical needs to improve their lives within the framework of prevailing social norms	*Addresses women's strategic needs to overcome gender inequalities and women's subordinate position*
Examples Ensuring access to health, hygiene, nutrition Local water pumps to make collection easier Access to home-based work	Examples Being able to voice disagreement and be heard Having an influence in family decisions Access to well-paid valued work
These outcomes help improve women's quality of life immediately but replicate existing social inequalities, norms and stereotypes and tend to have a more short-term impact	*These results contribute to challenging gender stereotypes and improving women's status and quality of life on a long-term basis*

Table 2: Practical versus Strategic Empowerment

In order to help analyse the impact of the project on gender inequalities and on women's level of empowerment, the diagram below places the project objectives within Kabeer's empowerment matrix.
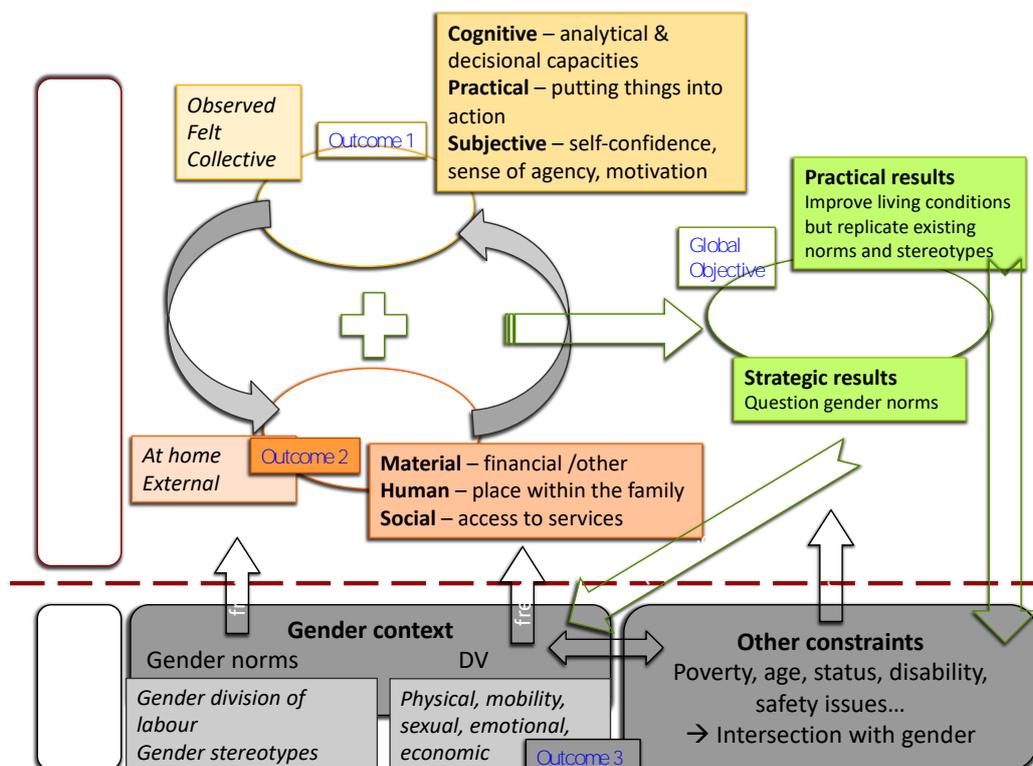

Diagram 2: Project Objectives and Outcomes in relation to Kabeer's Empowerment Matrix

Diagram 2 can be used as a tool to help identify the empowerment components on which the project has the greatest impact, those that it plans to work on and those that are less addressed. The impact of the context on women's access to empowerment should also be taken into account in order to better address gender-related barriers and also build on any potential opportunities for leverage.

Methodology

This qualitative study was conducted using an anthropological and rights-based approach whereby participants were provided a space to explore gender-related concerns and bring out the experiences and issues they themselves considered most relevant. Semi-structured interview and focus group discussion guides were used of which a sample is provided in the attached annexes.

In total, 37 semi-structured interviews, 10 focus groups, 5 gender workshops and 3 feedback sessions were conducted. Regarding the interviews with beneficiary families and communities, these were conducted in 3 distinct project areas and amongst distinct populations: Hindu families in Kalwa, Maharastra, Muslim families in Mankhurd, Maharastra and Hindu and Muslim families in Jaipur, Rajastan. Of a total of 28 interviews conducted with beneficiaries, 20 were with women, 2 with mothers-in-law and 6 with men. The 10 focus group discussions were conducted with women (3), men (3), female youths (2) and male youths (2). It was decided that the women and families to be targeted should illustrate different forms of empowerment and successes in overcoming specific gender barriers identified during the initial briefing session with partner organisation coordinators and the ATIA team.

Gender workshop with the ALERT team

Gender workshop with LSS Mankhurd and Bhiwandi teams

A further 9 interviews were conducted with partner coordinators and in-charges as well as local ATIA management. Whole-day gender and empowerment workshops were held with 4 social workers teams (Social workers, In-charges and Coordinators): ALERT Kalwa and Mumbra teams, LSS Maharastra teams (Mankhurd and Bhiwandi), KGST Pathanwadi teams, and LSS Jaipur teams. A half-day gender and empowerment workshop was also held with the ATIA team and the project coordinators. Feedback and further exploration sessions were held at the end of the fieldwork conducted in each of the three target areas.

Thematic analysis and triangulation of the research data was then conducted around the below project themes and in the aim of answering the questions highlighted within the terms of reference.

Lines of Enquiry

This study focuses on behaviour, attitudes and awareness relating to gender norms, gender inequalities and gender based-violence. Gender can be defined as a social construct which varies according to various individual, collective and contextual factors. The diagram below distinguishes gender stereotypical differences between women and men from biological differences.
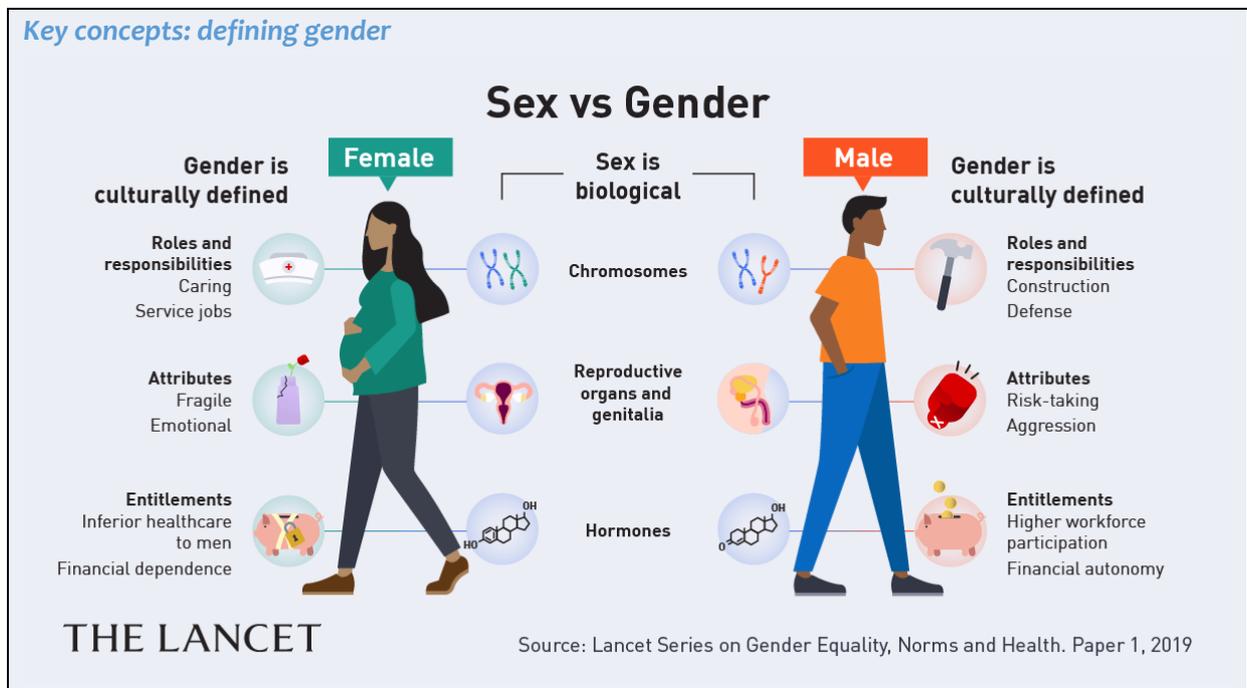
Prior to developing the interview guidelines, the major barriers to empowerment were identified during a briefing with the ATIA team and the project coordinators. The following major gender-related issues constitute the main lines of enquiry for this study:

- agency, decision-making and self-confidence
- the gender division of labour and women's workload
- gender-based violence (physical, sexual, emotional and economic)
- mobility, while a form of physical violence, was covered as a separate issue
- economic empowerment and economic violence
- access to documentation and services
- attitudes towards empowerment
- extended family influence
- intersectional gender issues such as disability, age, being a migrant, being a widow, illiteracy, caste or religion

The terms of reference of the study further identified specific lines of enquiry in relation to the gender diagnosis, the empowerment measurement tools, the project's intervention strategy. These lines of enquiry are detailed at the beginning of each section.

1. Gender Diagnosis

This section presents an analysis of the gender norms and barriers within the three study areas, and of the project's interaction with such norms in order to provide a contextual and organisational gender diagnosis:

- What are the **existing gender stereotypes** in the intervention areas and how do they influence, on the one hand, the actions of the women we accompany and, on the other hand, the actions of the social workers towards these women?
- Are there any **criteria other than gender** that provide a better understanding of existing stereotypes (poverty level, education level, age, caste...)?
- What is the **current level of understanding/sensitivity of field teams to gender issues**?
- What are the **factors that promote or limit women's participation in decisions** that concern them or the family?
- What **psychosocial support actions** or approaches are being implemented today that **reduce gender inequalities** and increase empowerment? What, if any, are those that **reinforce them**?
- What are the possible **blockages that have not yet been targeted** and that continue to hinder women in slums?

To avoid repetition, we have chosen to group all questions relating to gender norms and how social workers and the project address gender-related blockages to empowerment here in the gender diagnosis section where they are presented thematically. In line with the project objectives but also our findings, we identify 5 major areas of inquiry: the gender division of labour, decision-making and participation, mobility, domestic violence and access to resources. Other aspects of empowerment such as self-confidence will be covered throughout the diagnosis. We conclude this section with broader insights on women's agency and empowerment.

The Gender Division of labour

The gender division of labour (GDOL) in households remains predefined, based on traditional gender roles and responsibilities. Across study areas and religious communities, housework tasks are highly segregated by sex. Women are expected to carry out all household and care related work, with girls supporting them in this role. The core household tasks conducted inside the home are referred to as "women's type of work" and include meal preparation, cleaning-up after meals, housecleaning, laundry and child care. Responsibilities conducted outside the house, may include dropping off and picking up children from school and attending parents' meetings at school. Some, not all, women report going to the market to buy vegetables and other day to day necessities. All these tasks can be defined as reproductive roles.

Men, on the other hand, are considered responsible for providing financially for the family (productive role). Men, by and large, also deal with procedural tasks such as obtaining necessary documentation

(Identity card, Voter's card, Ration Card, Caste certificate, etc.) and come in contact more often with formal and informal institutions. Men's participation in household work is restricted to outdoor chores such as repairs and fetching water - generally non-core reproductive roles - also known as "men's type of work". Whether productive or reproductive, men's duties involve greater mobility and interaction with the outside word.

Key Concepts: Productive & Reproductive Roles

Reproductive roles	•Household chores •Childbearing, childcare •Caring for other family members (husband, in-laws, parents..) •*Usually undervalued and invisible*
Productive roles	•Work and income generation •*Often under valued and invisible for women* •*Often valued and visible within society for men*
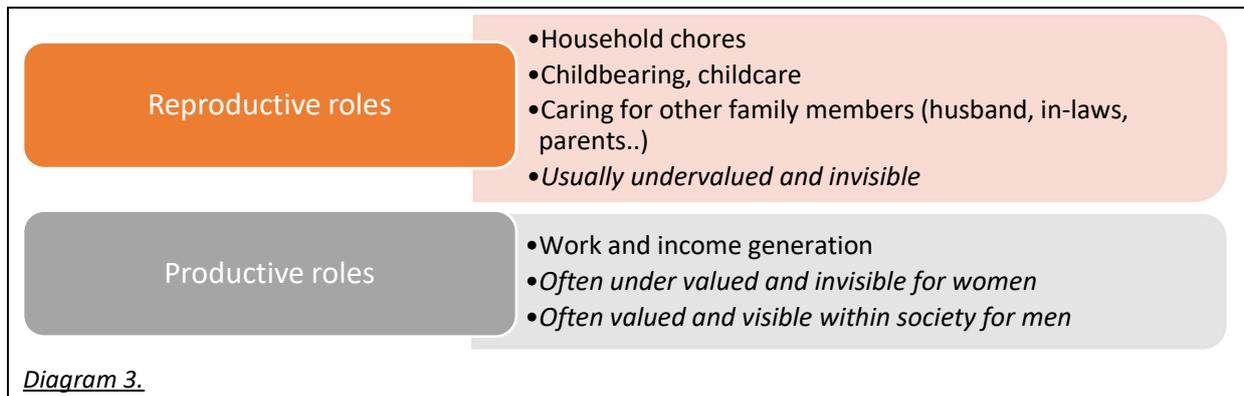
Diagram 3.

Many women do productive work, but their occupational choices are restricted along gender lines and mostly home-based. Men have more expansive options in terms of occupation (drivers, masons, tile layers, cooks, tailors, electricians, gemstone cutters and polishers, and various unskilled occupations). They also have greater scope for upskilling with the advantage of mobility (they can migrate easily for work). Home-based work was, on the other hand, considered safer and more appropriate for women in both male and female discussion groups - since such occupations avoid exposing them to strangers, in particular men from beyond the family circle. Due to their home-boundness, opportunities are very limited, women have limited choices in terms of the type of work they can access and of working conditions. The women we met complained about low wages, being paid erratically and being extremely tired or even falling sick from the work they conduct (toxic dies, poor eyesight, headaches...). They have less access to information, training, and resources and remain low- or unskilled. Home-based work is devalued by both women and men, so much so that it was referred to as a "time pass" by several women we met in the colonies in Maharashtra.

While many women are engaged in home-based productive work as an extension of "women's type of work", the majority of men and women reported men's participation in everyday reproductive roles inside the house as being extremely restricted and limited solely to when their wives are unwell or absent. The men we met appeared to have understood that we would consider a husband contributing to household chores as positive (desirability factor). While this in itself can be seen as positive, it remains however difficult to confirm men's real involvement on an everyday basis. During a discussion with a couple interviewed together, the husband said he had helped his wife during the day, to which she exclaimed that he was lying! After triangulation of several interviews, it emerged that it is acceptable for a husband to contribute to household chores when his wife is sick, disabled, pregnant or recovering from a sickness or in other exceptional circumstances when she is considered "helpless". In the case of a delivery or operation, when the woman will be unable to assume her gender-based roles for a longer period of time, it appeared to be more likely that a female relative would come help

rather than that the man would assume these reproductive responsibilities. Some men say their wives themselves do not usually let them help, thus underlining the fact that women themselves become agents reinforcing the entrenched gender norms reflected in the GDOL.

GDOL and Intersectional Concerns

If we now take a more in-depth look at how gender intersects with age, we noted several additional barriers but also opportunities to challenge gender stereotypes. Our interactions show that female youth and younger adults generally have less autonomy and are expected to be more submissive than older women. Interestingly, however, the discourse of parents, in particular mothers and some fathers, express a desire for their girls to have greater access to upward mobility and better education and jobs. A majority, if not all, did, however, state that such aspirations would depend on their daughter's future husbands – thus demonstrating the limits of such aspirations in practice.

Mature age and having had several children can act as an enabling factor for women. Generally, we found that as wives and their marriages mature, women gain confidence and can confront some of the established norms and be heard. During an interview in Rajasthan, Vijaya, a Hindu woman, age 50, says, "we get confident in our skin, as the years pass by, we lose the fear of violence, and start appropriating the spaces not allowed to us. Besides, [the husband] also mellows down because of the grown-up children; he does not want to lose respect in the eye of his children". She adds, "I earn a decent income with a mix of home-based and occasionally outside job of packing garlic for a grocery shop. This I do despite my husband's disagreement, sometimes in a violent way, which I have been tolerating and resisting by not stopping my work under pressure. I need not ask for his permission now to do the home-based work of garlic peeling. Additionally, I am now intending to join adult literacy classes—a long-time dream of mine—I do not care if he allows it or not. In the worst case, he will hit me, but that's ok. Even if I do not attend classes, he may still hit me. In any case, the fear is gone from my heart, and I look forward to attending the classes starting tomorrow." The case demonstrates how this woman chooses to empower herself despite the violence it may provoke.

Regarding male family members, younger men appeared to be less bound to the GDOL than the older generations. When the issue of sharing work burden with women and girls came up in our discussion with male youths in FGDs, they said that they usually wash their own clothes, may sweep the floors and run errands, but do not wash dishes and clothes of their sisters, wives and mothers. They said they help women in the household by hanging out clothes on the terrace (FGD, Rajasthan) and may also assist in cooking if the situation requires it (festival, sickness, etc.). The male youth groups said they had not previously been exposed to discussions on the GDOL or challenged in a non-confrontational way on such issues. The boys also said that with the regular occurrence of such discussions, it would be possible to change such gender stereotypes, and many of them said they would not hesitate to perform household work. The discussion with the girls corroborated what boys expressed; girls said they take it for granted that they are subordinate to boys although they are capable of upward mobility in their education and career if social restrictions are relaxed for them.

It is, however, essential to consider the negative impact of prevailing stereotypical GDOL not only on women but also on men and boys. Men and boys are required to provide for the family, irrespective of their age. This means that in the absence of an adult male/female supporter, the rigid gender norms

compel even young boys to leave their studies and assume the role of household provider. In Rajasthan, Aftab, a boy, age 13, dropped out after 6th standard after his father passed away. He wanted to continue his studies but decided to start *chuda*-making (a variety of bangles thicker than the normal ones) to help his mother and ensure the family's survival. He works 14 hours a day, and his friends say his growth may stop as the activity requires extreme concentration and sitting in a bent posture for hours on end. He says he has postural issues and feels his eyesight are getting affected.

Regarding disability, participants in all the FGDs highlighted the strong discrimination and negative stereotypes that male and female youths with disabilities face in accessing jobs and earning a decent income. As a result, appropriate training and access to credit should accompany attitudinal changes in the community towards Persons with Disabilities (PWDs) to ensure they can access capacity building and job opportunities.

Opportunities for Change

The situation in the Jaipur area differed significantly from the situation in Maharashtra as, in most of the families we met, both women and men are engaged in the home-based production of thick bangles (*chuda*)—their main source of income. A gender analysis of the data sheds light on how, in the households where women and men work together and are engaged in the same occupation for income generation, as in Rajasthan, women still perform household tasks but within the time allocated to their productive working hours. Although women's reproductive role and workload remain unchanged, this arrangement reduces the overall work burden of cumulating productive and reproductive chores. Additionally, in such instances, it was reported that the division of labour does not remain as rigid as within households where the husband works outside the home and the wife is, at best, engaged in a low-income home-based activity in her spare time. Women in the focus group were of the opinion, which was also corroborated by SWs and coordinators, that the value of the time spent on household work by them is understood by men as they continually observe how much time each task takes. According to them this also has made men more sensitive to women's need to rest: "I often take a nap in the afternoon it is because apart from making bangles together with my husband, I also perform household chores." Additionally, there is no occupational segregation of "male type" and "female type" income-generating work: women's productive work is valued as much as men's. In addition, in the focus group discussion a number of women revealed that "as women and men work together at home, we get to know each other better including each other's concerns worries and preferences-some of the reasons that differences tend not to develop into intense conflicts and matters are resolved while working together". Working together has another benefit: the couple has a combined income and families report greater transparency in relation to the amount earnt and spent. During the focus group discussion in Rajasthan, women said this created more space for joint decision-making. In the focus group with women, one of the participants said "We work together and we talk about how much we are earning and the ways to augment our earnings. we also discuss how to spend and how much to save. Not only that my husband also values the time I give to the household chores and knows that I handle responsibilities of contributing to the income as well as performing household tasks"; other women had nodded their agreement with her.   These observations apply to both Hindu and Muslim communities as most of them in the marginalised areas of Jaipur city were engaged in *chuda*-making.

We were unable to ascertain whether the same is true when the couple both work outside the home. In Maharashtra, we met just one man who said that both himself and his wife had full-time jobs outside the home. He said, he and his wife, therefore, shared household and childcare duties.

Social workers in both Jaipur and Maharastra, noted that women who do not have active male support in terms of their household income do not remain rigidly restricted to GDOL boundaries. When such women assume key productive roles, their "special circumstances" are widely accepted within the communities and they are able to expand the GDOL boundaries, have more mobility and decision-making power. These observations were corroborated during our interviews with women. One such example was encountered in Rajasthan where 3 Muslim sisters, aged 25, 23, and 20, are the breadwinners of the household, the father being disabled and mostly bed-ridden and the brother being younger than them and having behavioural issues. They work as a team *chuda*-making and are recognised in the local market (please refer to later sections for further insights into how they exercise agency in multiple arenas). After the death of her husband, another Muslim woman, age 65, in Mankhurd colony of Mumbai, started working in multiple roles, from rag picker to assistant cook (rolling out rotis, a type of Indian bread) in local eateries. She effectively became head of the household, as appeared to be well aware of the impact this had on her status within society as this statement clearly demonstrates: "people know me and respect me, they have seen me struggle and survive with dignity." Another example in Mankhurd is the case of an alleged rapist out on bail, who performs all the household chores while his wife has a full-time job as a cleaner at the hospital - she exercised her agency to take on a job outside the home while her husband was in prison.

Inversely, exceptional circumstances can make a man partaking in reproductive tasks more socially acceptable. A man from the slum of Kalwa, whose wife developed locomotive disability after a fall, goes to work after performing most of the household tasks, including cooking, cleaning, and childcare.

In all the areas visited, men were open to the idea of women working and supplementing the family's income, more so in the wake of COVID-19. However, men showed reservations in women entering non-traditional roles such as driving, plumbing, masonry, and the like. Nonetheless, the scope in these sectors remains open for women who are the primary breadwinner of the family and have relatively more decisional autonomy. FGDs with both male and female groups highlight that within the existing GDOL, women can receive training and set up enterprises in areas aligned with their gender-specific needs and gender-attributed tasks. Examples are solar energy production and maintenance (solar cookers and lanterns), sanitary napkin production, work in the garment sector, etc. With regards to traditionally accepted occupations, women suggest advanced training in homestead gardening for growing vegetables, garment-making linked to local vendors and export houses, and the like. Girl youths showed a great desire for computer literacy, electronics repairs, sewing and embroidery, housekeeping within the hotel and hospital industries, and handicrafts, all preferably within the formal sector. This demonstrates the greater awareness and aspirations of younger women and girls.

The Project's Impact

In terms of productive roles and activities typically carried out by men outside the household, the program and Social Workers' actions intrinsically challenge the traditional GDOL by for example encouraging women to access services, to interact with male officials from outside the family, to

complete their identification and documentation or to start working. Social workers also provided examples of exceptional situations when women exercise considerable agency in navigating GDOL in order to achieve higher mobility and gain access to full-time jobs outside the home. In general, however, due to limited opportunities, the gender division of occupational activities was rarely challenged: many women continue to carryout home-based women's type of work.

Our probing in focus group discussions with social workers reveal they are well aware that what men typically do and what women typically do is due to entrenched social and cultural norms and is in fact theoretically interchangeable, the only exception being biological functions. In the focus group, we distinguished between what is theoretically possible and what is culturally acceptable. Social Workers showed a strong interest in this activity and shared their new understanding of the GDOL as more flexible than presented in gender stereotypes.

Social Workers were also clearly aware of the impact the GDOL has on a woman's workload and the time and energy women have available to dedicate to empowerment goals. They, therefore, encourage women to identify their support system. This is aimed at the practical result of alleviating their work-burden rather than per se challenging the traditional GDOL where women are held responsible for reproductive tasks. After the activity, Social Workers showed a willingness to start creating more space for actions encouraging men to share in culturally acceptable reproductive roles (see below table of culturally acceptable exchanges of roles between men and women). This will help work towards more strategic empowerment goals that challenge the traditional GDOL within the home.

The GDOL exercise during the FGDs demonstrated the importance of consciously directing attention towards how the GDOL its connection with women's agency and empowerment. This could be done through evidence-based examples, and joint analysis during case reviewing team meetings in order to ensure their work with the target families addresses the practical and strategic needs of women such as continuing education/higher education, training for work outside home, sensitizing men for needs and aspiration of women, etc.

Gender Division of Labour: Key Take-away lessons

Reproductive tasks (household chores, childcare and other care activities) are mostly considered women's responsibility, even if they work. When they do work, it is mostly within the home and their work holds little value within society. Men are held responsible for meeting the family's subsistence needs and carrying out most duties outside the house. These social norms restrict women's access to upward mobility in terms of the work burden they impose on them, the opportunities available to them and in terms of access to information and training and gathering support to carry out more valued and better waged productive roles. The gender division of labour can also represent a burden for boys who have lost their fathers and stop their schooling in order to provide for their family.

Project sensitivity towards GDOL

The project challenges the gender division of tasks carried out outside the home (access to services and documentation, interacting with officials…) thus helping women fulfil their practical and strategic needs. The type of work they access remains however generally within the traditional GDOL. Within

the home, the gender division of labour and the burden it represents for women is taken into account (by seeking outside female help) but not generally challenged (by encouraging male participation).

Opportunities

Exceptional circumstances can be used to request male support (illness, extreme tiredness, festivities) - women can be encouraged to request male participation in such circumstances. Some of "women's tasks" are culturally acceptable for a man to carry out - women could be encouraged to first request support for these chores. Involving men, rather than other female family members, in household chores helps men become more aware of their wives' workload and need for rest. In Rajasthan, working together as a couple helps question the traditional gender division of labour and increases women's decision-making power. Reaching a more mature age is an opportunity for women to challenge the GDOL, which can be taken into account during the accompaniment. The GDOL activity (see Appendix 4) was much appreciated during the FGDs and can be re-used to help make male and female youths and adults more aware of the GDOL and encourage greater flexibility.

When case studies are analysed, and objectives are set, teams could conduct an analysis of how the GDOL is taken into account: in what way do the planned actions replicate the traditional GDOL and in what way do they challenge it (both inside and outside the home)?

Participation and Decision Making

Nature and Type of Decision Making

Interviews, FGDs conducted separately with women, men, girls and boys, as well as social workers' input during the day long gender workshops run with each team, highlight how participation in decision making remains skewed heavily in favour of men. Linked closely with the cultural norms for both Hindu and Muslim communities, and also religious norms and their operational interpretation within the Muslim community. The social norms referred to relate to the gender division of labour which create in effect a devaluation of women's work, not only restricting their role, and capabilities to reproductive and home-based low income generating home-based tasks, but also limiting their control over resources, mobility and decision-making to the reproductive sphere only. Muslim men said they considered the gender division of labour as pre-defined in Islam and therefore logical. Muslim women did not however express any such opinion, one woman even used the Quran as justification for a more equal relationship where information about productive tasks needs to be shared (and therefore discussed) with women, thus opening up a window of opportunity for her involvement in decision making. In a majority of cases, women in both communities exercise a lesser level of control over their lives and strategic decisions concerning household economy and relations.

Our research highlights the restriction of women's decision-making to minor matters related to her reproductive tasks and duties such as what groceries are needed for the household, what to cook, visiting family (with prior permission). It is easier for women to influence decisions concerning the children. Diwa says she doesn't like it when her husband gets angry with the children, "I tell him to control his anger and he calms down. I also asked him to take less tobacco and he has now reduced

his intake." Women dare to ask not only for children's clothes, for schooling fees and supplies but also to complete certain tasks such as obtaining the children's birth certificate or saving for their future. Husbands tend to grant such requests. Often women do not ask, however, for themselves, they will go to the doctor when their child is sick but buy medication at the corner shop when they themselves are sick. Women are more likely to stand-up to their husbands when the decision concerns their children. They sometimes also contribute to decisions on schooling and the choice of the school their children should go to. Their influence regarding girl children weakens, however, as their daughters grow up.

While the majority of households indicated that decision-making was a "joint" process, care is needed in interpreting this. As noted above, families themselves also state that decisions are largely influenced by the male partner. One man's explanation of joint decision-making illustrates this point: "*I talk to her, I say to her "I don't like this or that…".*" This way of making decisions "jointly" is also evident in women's descriptions, as one woman in our interaction noted: "*I ask him what we are going to do and he tells me, but sometimes he tells me also that I need not bother about "big matters" related to his parental family; that my role is to take care of him and his children. …of course, we both have to be together because a woman without the help of a man cannot get on*."

Exceptional circumstances can create situations where men are forced to let women make decisions. In the following case, a man in the Mankhurd colony (Mumbai) explains how circumstances forced him to accept his wife taking upon herself all decision-making. Later it made him realize how capable and resilient his wife is. He said he is now proud of her capabilities: "…*after I got trapped in a false rape case and went to jail, my wife started handling everything from her job to decision making as to what to do with the money, which lawyer to engage, what assets to buy, etc. I am now on bail, but I do not think I could take any decision without the consent of my wife now. I have changed; my whole perception of women's capacity has changed. My wife is the one who decides; I just contribute whatever I am able to earn through auto driving within my locality*".

Decisions Over the Use of Resources

Some women from both communities had no idea how much their husbands earn, how much they save and where. Money is "given" to wives rather than "shared", mostly on daily basis, for taking care of the daily food items and small expenses. This greatly limits not only their financial autonomy but also their capacity to influence financial decisions. Farzana, a Muslim woman in one of the areas we visited said she does not know how much her husband earns and what he does with the money. When she asks him, he stops her by saying that she does not have to fill her mind up with unnecessary information. This woman was resentful that he never consults her for his decisions on borrowing and spending money; she does not know "from where" and "for whom". She says "I am his wife, not his servant, and he should consult me on the major decisions that impact on the household. If he were to consult me, I would stop him from borrowing money and cut down on his unnecessary personal expenses. I always come to know about his debts from my neighbours and when "lenders come to ask for the timely return of the money. That feels awful".

A small number of women from both Hindu and Muslim communities said their husbands hand them over a major part of, or indeed their entire, salary. In such cases, husbands then ask for money from

their wives to cover their expenses. These women also reported that they make joint decisions with their husbands for major household expenses (such as buying high-value assets like fridge and TV), and can make individual decisions on minor and recurring expenses for buying groceries, clothes and health-related minor expenses for self and children, and regular items related to children's educational needs. Interestingly, such women also reported the absence of abusive behaviour from men. Such men were reported to have a trusting nature and did not object to their women moving around provided they keep them informed about the purpose and place of their visits.

In Shashtri Nagar, an intervention area in Rajasthan, women, because they work alongside their husbands, are aware of the household income which they make together. Working together, it emerged from our discussions, provides women with greater opportunities to discuss matters such as business, marketing, time management, and important decisions that they make in the household. Women have more money in their hands and can decide what to do with it in consultation with their husbands. For day-to-day decisions on household expenses, "we do not have to ask our husbands, we can decide and then inform them, of course, we cannot decide to buy or dispose of relatively bigger assets such as a TV, fridge or gold but we can influence decision making through talking and persuading them into it" shared several women in the FGD.

In terms of decisions around assets, the majority of women reported not being aware of their inheritance rights and rights over their husbands' properties, nor involved in any decisions in maintaining and disposing of such assets. Shabana, A young widow, aged 30 years, in Mankhurd, Maharashtra knows that her late husband left behind 9 rooms in the colony she lives in, but does not have a single room in her name. After her husband's demise, these rooms were taken over by her brothers-in-law. Although, she currently lives with her unmarried brothers-in-law, she is not sure how secure her living with them will be after they marry. On probing, she expressed that she would like to know what her rights are over the properties left by her husband and how easy or difficult, it would be to claim a part of them. She has no documentation of the properties with her to prove the rooms belong to her husband, nor the necessary information or enabling support. The briefing that we received from the social worker brought out this aspect of her life and its potential for a detrimental impact on her in future. In Maharashtra, a social worker helped Bhakti challenge her non-involvement in such decisions. Bhakti didn't agree with her mother-in-law's decision to sell their family land, she wanted to keep the land to cover her daughter's higher education in the future. With the encouragement of the SW, she was confident enough to discuss the topic with her husband and while he did not challenge his mother's decision, he agreed to build his wife's asset in an incremental way by buying her gold jewellery which she can later use to cover the expenses related to their daughter's education and marriage. Bhakti hopes that he will fulfil the promise in the near future.

Financial constraints remain one of the major causes of women's exerting pressure on their husbands culminating in toxic arguments and conflicts. In Kalwa, financial constraints are identified as a source of conflicts between couples and their in-laws. One of the women we met said she and her husband had moved to the city because of tensions with her in-laws around the responsibility of feeding their children. As with most of the migrant families we met in Kalwa, economic factors were decisive in their move, although the woman stresses that she herself came to this decision because of the

tensions with her in-laws; she then spoke to her husband basing her argument on the financial aspects. The couple decided to move and the woman now lives closer to her own family.

Decisions on Family Planning

Our study finds that some women in the target areas take strategic decisions on using contraception without the knowledge of their husbands. While men maintain control over decisions relating to the use condoms, a number of women decided without the knowledge of their husbands, to use other forms of contraception. With regards to tubectomy, Muslim women in Maharashtra stated religious norms as a barrier, while in Rajasthan, most of the women and men in the FGD (both Muslim and Hindu) said they had taken a joint decision as a couple for the wife to undergo a tubectomy[1]. During discussions with social workers, discussing family planning with Muslim women was seen as a challenge in the Mumbai area, while in Bhiwandi and Jaipur this was not seen as such – thus demonstrating the variations between contexts and teams.

Decision-making for women and men regarding how many children and space between them is influenced by the birth and good health of boy child/ren. Women are pressured to conceive again and again if they have only girl children. Interestingly, this pressure does not only come from outside. We also met two women in Maharashtra who said their husbands had suggested family planning methods after their first two children, but that as they were both girls, the wife refused saying she "had a right" to have a boy. Not only does having a boy child bring status to the family within the community, it can also bring stability to the mother as while her girls will leave home to join their in-laws, a boy will bring support to care for her and her husband in their old age.

Decision Making and Participation as a Single Women

During the study, we met 3 unmarried sisters (living with their father and younger brother) 3 widows (living alone) and one woman living separately from her husband (living with her 2 small children and in the proximity of her brothers). Interviews conducted in Rajasthan and Maharashtra highlighted that, being the main supporter of their households, single women have more decision-making power on strategic matters (buying property, deciding on how much to save and spend, and which hospital to go to for their health care, etc.) than married women.

For all these women but one, the common elements that stood out in interviews are a higher perception of self-worth, greater mobility, better linkages to the work market for income generation, a wider social network, and more exposure to the outside world. Social concessions are made to help them support their households, some gender norms such as those on mobility are overlooked for example. The eldest of the three "not-yet-married" sisters, in her late 20s, (belonging to Muslim community) we met for a FGD, says she is ready to give up some of her independence when she gets

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[1] In Rajasthan Muslim women said that the taboo mandated by Islam against invasive methods on women's body is relaxed since most of them have children through cesarian operation; since tubectomy is also an operation it is no more considered a taboo on the religious ground. Mostly both husband and wife together decide to opt for tubectomy as a method for family planning.

married. At the same time, she is confident enough to leave the relationship and survive on her own if she faces any sort of violence.

Disagreement and Decision Making: Helpless acceptance, resistance, and persuasion

When there is a divergence in opinions, women do not always express this or when they do express themselves, they tend not to insist: "I get annoyed and tell him but he doesn't understand so I leave it at that saying "let it be, maybe someday you will understand." While this is the case for many women, some consider information and participation in decision-making a right: Zohara is aware of her rights as a woman in the Quran: she can ask where he is going, where he works and how much he earns. She also knows that they need to make decisions together and that physical violence is wrong.

Others confront their husbands or indeed "resist" their command. The case of Vijaya in Idgah, Rajasthan, (please see above) revealed that it is through resistance that she has decided to work on what she considered as one of her "life choices", i.e., to join adult literacy classes, to engage in income-generating work inside and sometimes outside the house. She said she started taking this type of decision as her perception of herself and her self-worth improved through a process of struggle and reflections on her own life inflicted with physical and emotional violence. She also resists her husband's command not to talk to her sister who lives just opposite her house; she interacts with her when her husband is not around without being afraid that someone in the neighbourhood would tell on her. The interaction with the social worker, the strength that she has gained from her son and daughter, and most importantly, her confidence in herself, have all contributed to her increased "power within" to take control over her life and some of the "life choices" of more profound concern to her.

Women also adopt the strategy of "persuasion" to negotiate to achieve what they think is in the best interest of herself and her family. In Kalwa, a woman interviewee told us that from time to time, she would talk to her husband about the SW's insistence on getting into the habit of regular saving, however small it may be. She started saving from whatever little she earned from the home-based occupation and from the money that her husband would provide her for household expenses; her husband knows about it and appreciates her efforts. She considers it as a big change in her household economy; previously her husband would not actively support her setting aside money. The social worker's presence was able to lend weight to this woman's desire to save. Sometimes such persuasion comes from the woman's parental home as was in the case of Mekhla (see the detail under the heading Mobility, page 20) whose father and father-in-law persuaded her husband to let her go out of the room and move about in the nearby places (school, vegetable market, to park with the children, etc.).

In the short duration that the SWs work closely with them, women also seek their support (SW are considered to be wiser and neutral) to persuade their husbands to achieve different ends (enhanced mobility, taking up income generating activities, visiting government offices, reduced domestic conflicts, etc).

For a woman surrounded as she is by the fences of socio-cultural and religious restrictive norms, decision-making is not just a linear and individual act but a complex of negotiating strategies, always weighing the options available to her.

Social workers supported by supervisors, coordinators and managers including training and operations managers, influence the decision-making process within households, by establishing non-confrontational communication with husbands. Simultaneously they also instil confidence in women that they are capable of taking a decision by helping them to weigh pros and cons and making them feel more confident and able to take decisions alone. They encourage them to feel they have a say in all matters and can independently complete objectives which are traditionally considered "male type work" such as interacting with government officials for documentation relating to ID and entitlements, visiting government offices, talking to school Principals, or going to hospital, etc.

By sharing information with women on government schemes and services, social workers also facilitate female participation and decision-making on matters such as small savings, accessing schemes and services, claiming disability rights, visiting schools to resolve matters related to children's admissions, school fees or other issues. In extreme cases of domestic violence, social workers also provide adequate information for women to make informed decisions about visiting protection officers, connecting with service providers, or filing cases of domestic violence.

Social workers, some of them also backed by their own transformative struggles, are aware of the importance of women's access to finances in having greater autonomy and decision-making power. Saving is often encouraged to enable women pay for travel or fees to access services and meet emergency expenses. The project staff are also deeply cognisant of the adverse impact of reduced mobility on women's autonomy and decision-making.

However, social workers at times are not always able to perceive the way women are negotiating the decision-making processes. The reason is that they focus on vulnerability and much less on existing capacities and the processes through which women resist their marginal role in decision-making on their life options in both tangible and intangible ways. Vijaya (refer to GDOL p. 10 and Decision-making p. 18) and Farzana (Decision over the use of Resources, p. 15) were able to confront their husband's decisions, yet social workers encouraged them to remain silent as they do other women; these women's strengths remained invisible to SWs. In such situations, women can find themselves torn between the necessity to speak up and the advice to keep the "peace" by remaining silent and obedient to their husbands. Similarly, a silent process of reflection and determination may not be visible, if not probed consciously like in the case of Vijya who decided to take up adult literacy classes, meet her sister discreetly, and continue her home-based and occasional outside work, despite her husband's disapproval.

> *Key Take-away Lessons: Factors that Limit / Promote Participation in Decision Making*
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> - When women express their needs on the basis of the children, their husbands tend to listen to them
> - When a woman expresses disagreement with her in-laws on the basis of the needs for her children, her husband tries to find a solution that suits everyone
> - It is much more difficult for a woman to get what she wants concerning her own life; some women have decided to disobey and endure the consequences

- Reduced mobility and access to finances prevent women from partaking in decisions while building self-confidence, providing information and encouraging savings, help women act autonomously without getting stuck in the decision-making process
- Working alongside each other increases women's participation in decision-making and men's awareness of women's needs; women who manage their husband's salaries also partake more in financial decision-making
- While religion and culture are seen as a barrier to women's participation in decision making, some from Muslim community consider the Quran actually defends women's rights and the need for joint decision-making
- While women and men express the need for joint decision-making, this is not often the case; it does none the less highlight an opportunity for convincing/training husbands to involve women more
- Confronting decisions either through silent determination or questioning
- Using the leverage of the SW or relatives to confront decisions the woman disagrees with

Mobility

Mekhla, an educated woman, age 30, was kept with her two small children within the bounds of a small room by her husband. She was even not even allowed to open the door and windows of the house. Except for going to use the public toilet, her physical movements were so restricted that it affected the muscles of her legs and she had heavy swelling due to poor blood circulation. This extreme situation raised the alarm bells in the family and her father, as well as her father-in-law, both living in a village in another state, intervened in her favour. The social worker here played her role too in counselling the husband to leave the door open. The wife attributes this extreme isolation from the outside world to the powerful sense of possessiveness of her husband. As he would not let his wife go out, he had to juggle managing his shop near his house and dropping and picking up children from school, and coaching classes. The pressure and tough stand of the wife's father, father-in-law and her doctor, reinforced by SW's counselling focusing on the well-being of children with a healthy mother and better management of his shop eventually worked. When her husband was late collecting the children one day, the social worker encouraged the wife to use this event as a means to express her desire to support her husband. She is now "permitted" to drop and pick up her children from school and go for a walk with them in the nearby park. When asked if she has access to books (she has studied up to 12th standard), she shows a book she reads repeatedly.

Women's highly restricted mobility emerged as one of the most pressing issues during our interviews and focus group discussions with women, men, girls and boys. By and large, women's mobility is contingent on the degree of trust their spouse has in them and their capacity to deal with the outside world, not an area left to their decisions. On the one hand, women consider higher mobility a condition for access to diverse opportunities for income generation, access to useful information, increase in self-confidence; on the other hand, they themselves are conditioned into thinking that movement without the permission of male members for women and girls invite gossips, impacts harmonious

relations in the family, and expose them to "bad elements in the society, out to harass and exploit them sexually". A middle-aged Muslim woman, (a home maker), in an FGD sums up this contradiction: "my husband has given me "standing" permission to go out; he trusts me; I just have to keep him informed. I am free to go to the market, to meet my friends and relatives on my own. Leaving the boundaries of the home is a liberating experience for me; it instils confidence and gives me access to information. The world outside is not as bad as it is made out to be to keep women at home in the name of cultural and religious norms".

Many women, though they do not face extreme restrictions, are highly influenced by the coercive environment they live in. Some women reported a lack of confidence in moving about alone as they are told by significant male members of the family that "the environment is not conducive." This is considered the case even in the familiar environment of their villages. Most of the women we met had a lower level of freedom of movement when they visit their in-laws in the village. Interestingly, while women were generally able to increase their freedom of movement in the city, some revert back to being confined to their homes when they return to the village, while others transpose their newfound freedoms to the village level also.

When asked if they ever had actually experienced sexual harassment, most women responded in the negative, while all men expressed strong fear of such situations. "Male gazing" in public spaces (even when they are fully covered from head to toe), and even in visible private spaces within the house such as terraces is cited as a reason by husbands/sons/in-laws. Public spaces beyond the home are depicted as spaces that open the potential for women/girls to be lured away from responsible wifehood/virginity, leading to gossiping, independence, neglect of household duties, infidelity and loss of honour – thus humiliating their husbands and families in the process.

The impact is devastating for adolescent girls who dream of higher education, acquiring professional skills and a promising career; due to the reasons cited above, they face enormous obstacles, often unsurmountable, if they need to travel any distance for vocational training, professional courses, and higher education as was confirmed in all our focus groups with men and women alike. The impact is similarly felt by women who would like to work outside the home or even simply access medical care by taking a train. They have internalised the safety of their lane and fear venturing beyond even when resistance is lowered for such movements. In our interviews, many women expressed the loss of opportunities for income generation and skills training due to their lack of mobility.

Mobility for women also intersects with age, religion, disability, and lack of money and her being the sole supporter of the household. Young married women have more restrictions on their mobility due to the patriarchal notions of honour and shame attached to their sexuality. The gender stereotypes of women not being physically strong and extremely vulnerable to the outside world, all the time needing guidance and instruction from men. The rigid gender division of labour where women's education and productive work is discounted and devalued is a serious hurdle to women's mobility. Our FGDs reflect all these factors in the articulations of men "What is the need for her go out? We are responsible for protecting her honour; women are vulnerable to "bad elements" outside the home, and are more likely to be impulsive and emotional". In Rajasthan, most Muslim women reported more restricted mobility than their Hindu counterparts, although a majority of them work alongside their

husbands in Chuda-making. As already mentioned, single women, however, can move about relatively feely for both productive and reproductive role.

Regarding disability, in Mankurd in Maharashtra, Nusrat, with a locomotive disability, cannot go to the hospital where doctors assured her that she would be able to walk after an operation. Doctors also wanted her to visit the hospital from time to time for physiotherapy treatment (there was hope that physiotherapy would bring back a degree of mobility). However, she cannot access hospital services because she does not have money for transportation or an escort to help her use public transport. Her husband, being a daily wage earner, cannot save money and forgo a day's worth of work to accompany her. Interaction with the social workers and Training and Operations Manager (TOM) in Pithanwadi, Malad and senior project staff in Kalwa and Jaipur strongly underlined the fact that for daily wagers with no regular work, the single priority of the household is daily survival; it is always hard to decide if they should forgo a day's wages.

Permissible Boundaries and Going Beyond

Most women go out of the houses for tasks related to their reproductive roles: they go to the close-by markets to buy groceries and vegetables, clothing and items of lesser value, they pick up and drop off the children at school and attend parents' meetings at school, some visit Anganwadi centres[2]. Many women are engaged in home-based productive work for which they bring raw materials from the nearby vendors and then deliver the finished products. Social Workers highlighted the need to often encourage women to expand their mobility within such boundaries. Asawari rarely goes out, her husband does all the shopping, she rarely even goes to his small tailoring shop. Her parents also did not allow the girls in the family to go out and she now regrets this situation: "*I feel that if they had allowed me to go out, I would have become something*". She now wants her daughters to complete their studies (academic or vocational) and become economically independent. She says her husband also wants this for his daughters as he is also uneducated. By focusing on Asawari's aspiration for her daughters, the social worker has encouraged her to go see the school principal to discuss her daughter's admission, this has helped increase Asawari's mobility and self-confidence.

In the case of another woman, the social worker used her need for an Adhar card to encourage her to go out and be more autonomous, explaining that her husband was busy and that if she doesn't complete the administrative steps herself, the matter "will remain pending". She also encouraged her by saying she was educated and capable of undertaking the administrative procedures herself. Shanti says the Social Worker makes her think of the impact of her (non)-action on her children. She is now completing the steps to get her daughter's disability card. Shanti said she didn't have the necessary information and procedures to do so before. She carried out the first visit with her husband or the social worker and then completed the following steps alone.

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[2] **Anganwadis** or day-care centres are set up under the Integrated Child Development Services (ICDS) by the Women and Child Development Ministry to provide a package of six services. The services include supplementary nutrition; pre-school non-formal education; immunisation, nutrition and health education; as well as referral services. The aim of the scheme is to reduce infant mortality and child malnutrition. Beneficiaries include children in the age group of six months to six years, and pregnant women and lactating mothers.

The study revealed changing attitudes of men due to economic pressure due to which the earning of one member alone cannot address the needs of the families. Several of the women we met, noted an increase in freedom of movement after having children: "the responsibilities increased with three children, so my husband said I could go out." Economic factors were stated by both Hindu and Muslim men who countered other men's argument against mobility. In a FGD, a Muslim man said "My wife works as a housemaid and I do not her going to work for several houses. The couple must work to survive decently," another man from the same community concurred with him.

A few women from the community, driven to the edge of their tolerance, have started, resisting the dictates male family members, and started moving about in public spaces for multiple purposes: dealing with government officials, going to the bank, hospitals and markets visiting relatives, etc. Asma, a young woman, says, "once you overcome the fear of gossip around your character, you do not have to be afraid of anything. I know how to move safely and have stopped caring about what others think of me." In contrast, another Muslim woman needs to go out to meet the religious leaders to settle her conflict with her husband but is afraid to move out of her home for fear of gossip.

Social workers are keenly aware of the restrictions on mobility, the cultural and social norms surrounding it, and its adverse impact on the lives of women and girls. This sharp observation and understanding stems from their experiences (Interviews and FGDs with social workers) encouraging women to access public spaces, to make necessary documents and visit hospitals and post offices. They have a dual strategy towards mobility, building women's self-confidence in their ability to complete certain tasks outside of the home while also encouraging husbands to see how their wives can contribute to family well-being. They talk to the husbands and convince them that as they remain busy with their work, their wives can take care of obtaining the legal documentation (birth certificate, Adhar[3], ration cards[4], accessing small saving schemes) and manage children's and their own health care. One factor that contributes to the success of the SW's efforts is that usually, the service providers remain in the vicinity. Some social workers accompany women, or encourage men to accompany their wives, on the first visit to reduce stress for both the husband and the wife. Successful efforts in motivating parents to send adolescent girls for higher education, professional training, etc., appear rarer.

Factors to be Taken into Account when Working on Mobility

Factors restricting mobility

- The fear of gossip and the family's honour being tarnished

- A fear among men for the safety of women

- Fears concerning the honour of women and their "morality" surrounding their sexuality, especially in young wives and adolescent girl children

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[3] **Aadhaar numbers** are issued by the UIDAI. Any individual, irrespective of age and gender, who is a resident of India, may voluntarily enrol to obtain an Aadhaar number by providing minimal demographic and biometric information. Enrolment is free of cost.
[4] **Ration cards** are an official document issued by state governments in India to households that are eligible to purchase subsidised food grain from the Public Distribution System under the National Food Security Act (NFSA).

> - The lack of disability friendly infrastructure, financial means to use the public transport, and support for persons with disabilities, especially women and girls (they bear the double burden of their 1) gender and 2) disability.
>
> **Factors promoting mobility**
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> - Using specific events to help demonstrate how the woman could help contribute to unburdening the husband's workload
>
> - The need to provide for the expanding needs of a growing family convinces several men to let their wives go out to earn a living
>
> - Focusing on women's aspirations for her own daughters to encourage them to meet teachers etc; Stressing to the woman that the issue may not be resolved if she waits for her husband
>
> - Valuing women's capabilities and encouraging them to put them into action
>
> - An increased sense of self-confidence and a desire to progress in life enables women to feel motivated and strong enough to go out without regard to gossip or criticism
>
> - Accessing services available within the vicinity or accompanying on the first visit when further away
>
> - Age and having had children
>
> - Marital Status: single women (not married, divorced, deserted, widows, supporting their families
>
> - Husband's capacities: married women with a dependent husband (due to disability, bed- ridden, etc.)

Domestic Violence

Types of Violence

Domestic Violence (DV) cases highlighted by the research pertained to the four types of gender-based violence: physical, sexual, psychological/emotional, and economic violence. SWs have received training on these notions and have a heightened awareness of the multi-dimensional aspect of DV. They are encouraged by coordinators to identify the different types of violence present in each case.

A common form of violence, found in several of the project areas relates to access and control over resources and social and cultural norms sanctioning and promoting gender stereotype of aggressive masculinity and submissive femininity. Many women suffer from psychological and emotional as well as economic pressure because they have no information about their husbands' income. Several husbands either give money to their wives erratically or do not give them any money at all. Not having any work or only low-income home-based work, these women live with a constant feeling of insecurity. When asked for money, their husbands often get angry and manifest it through varying levels of physical violence and verbal abuse.

An extended period of desertion and extramarital affairs with other women were other manifestations of extreme psychological, economic, and emotional violence. Periodic long spells of abandonment and having illicit relations with other women are often accompanied by wives being beaten. Saniya, a Muslim woman (at Mankhurd intervention area, Mumbai) with a new-born child and a toddler, explained how her highly suspicious husband leaves her for months on end and does not provide her with any money during his absence. When he shows up, he wants to ensure she has not had sexual relations with other men. He does not allow her to undergo a tubectomy, saying that she wants the operation so that she can have extramarital affairs with other men without the fear of pregnancy. For

the second child, he suspected he was not his father. Vijaya in Shashtri Nagar, Rajasthan (p 10, 18 had also gone through severe sexual violence. The violent behaviour continues with reduced severity and frequency when her grownup children are not around.

Our interviews and FGDs with women and boys indicated that not preparing food in time, or not being obedient were some of the triggering reasons for abusive/violent behaviour by husbands. This includes trying to go out or buy something without permission, maintaining and not maintaining relationships with relatives liked or not liked by husbands, suspicion on the part of husbands regarding their wives' sexual integrity / loyalty, as well as expressing intentions to go for family planning. We also saw above how women's mobility is frequently restricted, occasionally in such a severe manner that it threatens not only their emotional but also their physical well-being.

Handling DV and Access to Recourse

The study sheds light on how the interlocking social, economic and cultural contexts dramatically curtail women's capacity to respond to violent men and limit the range of options available to them for doing so. This is particularly the case in the project settings where women are often totally dependent on men for their own and their children's economic survival, with men having vastly superior or even exclusive access to work, money and assets. In such contexts, leaving a marriage involves not only the possibility of total economic destitution for many women but also devastating social isolation arising from the loss of social status and respect (FGD in Rajasthan). Women tend to be seen as responsible for maintaining family harmony and preserving family dignity by silent endurance of difficulties within the home rather than challenging or publicising them (FGD in Mandala office, Maharashtra). In such settings, violence is often accepted as the norm, with DV, especially IPV (Intimate Partner Violence), seen as part and parcel of notions of masculinity that include the acceptability of using violence to control women and children. Poverty, heavy manual work and associated stresses and fatigue often result in an increased likelihood of alcohol abuse on the part of men (FGD with men), in situations where the ability to control women is often said to be one of the few forms of power available to men who are battling to live up to their socially constructed role of breadwinners (FGD with boys in the Malad area of Maharashtra and Shashtri Nagar in Rajasthan on their perception of why DV happens against women).

The study reveals a myriad of ways in which women counter violent behaviour from extreme forms of actions such as leaving the relationship and seeking legal remedies to strategies of avoidance where women remain in the relationship. Women, while remaining in relationships, illustrate the range of often less overt ways in which they act to cope with DV, more particularly IPV. Women regard these strategies, often also counselled by SWs, as the most effective within their realistic assessment of the possibilities and constraints of their daily lives. These include mobilising emotional support from natal family members, engaging in productive work to alleviate the poverty that might be a flashpoint for abuse, and behaving in ways most likely to pacify potentially violent men (SW, as well as men and women, also referred to the culturally unacceptable of women causing the wrath of husbands)

The strategies women, encouraged by social workers, use to avoid or reduce violence include:

- Gauge the husband's mood and choose a moment when he is calm to talk about sensitive issues related to money, health, and other needs.

- Remain silent when he is angry.
- Avoid asking in a demanding voice; asking with softness.
- Listen to him and not reacting immediately.
- Try to make a budget within the available means and save money for emergencies.
- Engage in a type of home-based work, which provides a steady income.
- Take personal care of herself and remain presentable when he comes home
- If he is drunk, let him eat and sleep
- Once he is calm, talk to him of his abusive behaviour and how it hurts her and the children around. Talk more about the children.
- Wife to seek help if the violence continues and becomes a risk to her life and health; seek help from any support system, formal or informal, available at that time, including talking to the SW.

Many women shared that these strategies suggested by their women friends in the immediate neighbourhood, and SWs, coupled with discreet SW counselling of their husbands[5], work to mitigate, if not completely stop, violence. Women confirmed that DV had become infrequent and less severe, verbal abuse had lessened, greater permission is now given to go beyond the house and their husbands are more involved in childcare.

In extreme cases of desertion (refer to Saniya's case, under Domestic violence, page 24), the strategy adopted is **a mix of seeking legal remedies and still living in the relationship**. Secure with a house that her first husband bequeathed to her before his death, but yet highly dependent on her husband for whatever little economic support he could provide her with, she kept a check on his abuse by filing a domestic violence case against him through the help of an NGO. The summons of a court, in this case, intimidates the husband. The NGO made him sign a document declaring that the infant was his son and that he would regularly provide for the household expenses. He still remains absent for extended periods but provides money to Saniya when he's present. Saniya is not interested in seeking a divorce and resolving the pending domestic violence case she has filed against her husband. She says the children are too small, and there are no childcare facilities nearby for her to be able to take up work, either home-based or outside. She asks for support (a dignified term for begging) from neighbours and her relatives. With a house of her own, she at least does not have to worry about shelter. She says, "I am waiting for the children to grow up and start going to school so that I can start working to earn a decent income; I will then ask for a divorce if he does not support us sustainably".

Another woman, Zarifa (Muslim) in Mankhurd intervention area of Maharashtra took the decision to leave her husband when she could no longer bare the physical and emotional violence she was enduring. She **starting living separately** closer to her brothers. With the help of the project, she was able to access a steady job as a housekeeping assistant in a hospital. She also sought support from her brothers to get her this stable job with a decent income and found a supportive network of colleagues in the hospital where she works as an assistant. She now prioritises seeking a divorce from her

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[5] Social workers typically do not let the husband know their wives share information about their abusive behaviour. They do not confront men in front of their wives and accommodate their time when men are available, call them to the office, or speak on the phone with them.

husband and legal custody of her children until they become old enough to decide which parent they want to live with.

Vijaya's **silent but determined resistance** in the face of regular violence, her determination to take adult literacy classes even if it might provoke greater violence (p.10 and 18), is another strategy which evolved out of her experience and choice of remaining in an abusive relationship for the sake of her children. As her children started growing up and asking their father not to mistreat their mother, her husband calmed down, he also did not wish for his children to have a negative image of him. However, he has not entirely given up his intimidating anger and occasional physical violence but now his wife feels strong enough to act for her own development despite this.

Project Impact

The project staff in both Maharashtra and Rajasthan have demonstrated their sharp awareness of the multi-dimensional manifestations of DV within the interlocking social, cultural, economic, and religious contexts. Social workers' conditioning as regards gender stereotypes and GDOL, as well as focus on practical approaches which prevent break up of a family, make them direct their attention towards the behavioural aspects of women in arousing or mitigating abusive behaviour by their husbands. However, they are also aware of the situations where they need to provide women with referrals for legal remedies and, in extreme cases, accompany women to the police station.

Interviews with a few social workers and FGDs indicate that most of them experience some aspects of DV in their own family settings. They have evolved their strategies for working around these issues so as to live with self-confidence and dignity. According to Social workers, the coordinators' periodical workshops, training, and project guidelines and orientations on identifying different aspects of DV have helped refine their intuitive understanding of DV. SWs are better able to identify cases of DV and the type of DV. However, they also consider dealing with a woman going through DV the most challenging part of their work. Social workers expressed their difficulty in knowing **how to react appropriately** to the intense emotions that women share with them. When women break down while interacting, they are at a loss as to how to best keep the interaction going.

Other problems they face, and which affect their work in this area, relate to their interaction with men for various reasons, including the sensitivity of the issue, their non-availability during the home visits, (or where the couples are together, the opportunity to listen to them with no one else around), a feeling of discomfort when they meet a man alone, especially when he is drunk and presents himself in scanty clothing. Social workers also reported that some men show attitudes boarding on hostility on matters they consider most private in their lives. DV is regarded as a matter within the family, and any interference from outsiders, including neighbours, is resented.

Moreover, social workers admit that they do not have expertise in mediation, which is a specialised skill. Secondly, they feel ill-equipped in terms of legal knowledge when dealing with police officials when they accompany a DV-affected woman to help her file a complaint. Since the organisation keeps a low profile and is not known to service providers, SW's role is not well-recognised and sometimes even ridiculed when they accompany women.

Finally, Social workers feel that a 6-month project, with barely three months of engaging with a sensitive issue like DV, is insufficient to offer substantive support and follow-up to women living in abusive relationships.

Domestic Violence Key Points

Factors that increase DV or prevent it being addressed

- Non-life-threatening domestic violence is seen as normal

- being a young bride is often associated with higher levels of physical violence

- living close to in-laws tends to lead to higher levels of physical violence

- being seen to not, or to badly, perform household responsibilities is a motive used to justify violence

- going out without prior permission (see the section on mobility) and disobedience towards husband

- limited financial autonomy; emotional stress in women and men surrounding finances means discussing financial matters frequently leads to fighting; economic dependence on their husbands means women cannot leave abusive relationships

- alcohol consumption is a compounding factor

- prolonged male absences and extramarital affairs often lead to economic and physical violence

Factors that help reduce DV

- moving away from the in-laws

- helping to raise awareness of what is acceptable behaviour and what constitutes DV

- increasing women's financial autonomy

- talking when things are calm

- filing a complaint even if women don't always go through with the procedure, men take such situations very seriously and stop their violent behaviour

- mixing legal remedies with couples counselling

- escaping abusive relationships

- when the SW is able to meet men, this often helps reduce violence

- SWs proven capacity to identify the different types of DV

Challenges faced

- not all women share their situation with SWs

- the empowerment scale which could be an opportunity to explore sensitive power relationships and DV is administered too early on, before trust is established and they may not share

- need for legal support when women access recourse

- SWs have difficulty continuing sessions with women who break down

- difficulty in being able to meet men and men greeting them appropriately (scantily clothed, drunk…); having a Male Field Officer may now help with this issue

- lack of specialised skills in mediation

Access to Resources

Access to resources covers a vast gamut of variables: financial, human, information related, basic services, opportunities, and government officials. The research sheds light on how women in the target areas have poor access to most of these variables.

Access to and Use of Financial Resources

As explained in the narration above under different subsections, a majority of the women we met have dependent access to financial resources of small size. Their husbands give proportionately (in proportion to their wages) minimal amounts of money to their wives, mostly on a daily basis. In most cases, the amount is barely sufficient to cater to daily food and basic groceries needs. When they demand or ask for more, ugly arguments ensue and result in most cases of DV. There were a few exceptions where men give their entire wages to their spouses and asked them for money for their daily needs: transport and other personal expenses. In particular men who are alcoholics kept the money to themselves, rationing smaller amounts to their wives on a daily basis; sometimes this money also is given erratically. Women, therefore, have barely any money to save. However, those who take up home-based work, and most of them do, receive a small amount of money to which they have direct access. Most women use these funds for adding items to their food basket, covering children's educational needs, or buying clothes for themselves and their children, and the occasional small nick knacks for themselves. Women have access to bank accounts in their names but do not tend to use them for small savings. Even women who have their own ATM cards and money in the bank, do not have access to the money independently, their mobility and level of autonomy being severely restricted. A woman in Kalwa area in Mumbai does not know how to use her ATM card and it remains in the possession of her husband.

A few women reported that they manage to put away some money from what they receive from their husbands and what they earn themselves. These funds are kept for emergency use. Pragati in Kalwa says she saves Rs 50 every day and her husband does not know about it, while Kalyani and Bahara in Mumbai and Jaipur save regularly in informal group schemes where known people come together to save and take a lump sum amount on a rotating basis based on a lottery system. Women, as well as men, also use unregulated microfinance entities for regular small savings. Those who save in these informal and unregulated microfinance systems are well aware of the chances of being cheated, the person who collects and keeps the money on a monthly basis, or the unregulated microfinance entity, may run away with the accumulated funds. However, it saves them from frequent visits to the post office and banks to deposit their money and has the advantage of high liquidity for meeting emergency needs—they can borrow money from the corpus fund and pay interest on it.

Single women who are primary earners (the examples above), the research indicates, have both access and decision-making power over their money. The case of three unmarried sisters (p. 12 and 17) who run their household with their income and have decent savings in their accounts. They shared that they regularly save money for fixed deposits. household

Social workers have motivated the women beneficiaries to start saving even if the amount is small. They ask them to track and analyse expenses and see how they could save more by cutting down on avoidable spending. A majority of the women we met revealed that they started saving on a regular basis only after social workers motivated them to do so. The strategy that SW adopt is to create

scenarios of different unforeseen needs: health care, in the event of the husband not getting paid work, children's needs, etc. Sakshi, an educated woman in Kalwa and Vijaya in Shashtri Nagar in Rajasthan have both started writing down their income and expenses in a notebook and making household budgets, thanks to the advice of the SW. The thrust of the social workers, by and large, remains on the informal savings at home. Access to savings has a significant impact on women's agency, enabling them to cover small expenses relating to unforeseen circumstances or theirs or their children's needs without waiting for their husbands or ending up in a fight over a request for additional funds. The role the project plays in helping women increase their access to finances on a daily basis is significant. Given the central role access to finances play in women's agency, this area could be embellished yet further through the more systematic sharing of tools for budgeting, or planning savings with goals attached to the saving: long term or short term. Information could also be provided on more formal forms of savings such as at the local Post Office.

Access to Information and Services

For both women and men, access to information is limited. Men's opportunities to access information are more expansive due to their higher mobility and wider social network. However, our interviews reveal that this does not necessarily imply they have the correct or sufficiently detailed information about the services and schemes that concern them. They have little information for example on the portability of ration cards and the related procedures, or on investing savings in short and long-term small saving schemes (regarding the maximum limit, interest rates, where services are available i.e., post office and/or banks etc). For women, it is all the harder to access information that could be beneficial to them in expanding their opportunities and resource base, be it social, economic, related to skill building and employment, or entitlements for pregnant women once they enrol themselves in an Anganwadi centre. The level of awareness of gender, caste or disability-specific schemes is extremely low. We find that both men and women lack or have half-baked information related to women's and girl children's rights guaranteed by the constitution and social, economic and legal systems. The research also highlights some important insights on how some women who are educated and know how to use the internet and have access to TV programmes have more accurate information related to their health, saving schemes, government services for persons with disabilities, information about DV and support services that a woman can avail of.

Among the women interviewed, it was found that majority of Hindu women have higher educational qualifications ranging from high secondary to graduation and Masters level in the discipline of science, commerce and humanities. On the other hand, most Muslim women we visited revealed that they had only religious education. A few had education ranging from primary to middle school education in formal schools. Muslim women as well as less educated Hindu women expressed a keen desire for literacy and adult education classes. We highlight this factor to indicate that educated women could be shown how to access information from different sources: newspapers, the internet, display boards, etc. In our focused group discussions with women, we found educated women more informed relative to those who had only religious education.

At times the information acquired and the presence of opportunities do not translate to benefitting from them. For example, we interviewed a woman who knows about the benefits of family planning and where to go to avail of the services. She is, however, not permitted by her husband to access the

service (although a woman does not need her husband's permission to have a tubectomy or use contraceptive of her choice). In other cases, the hospitals show a non-cooperative attitude and insist on women having their husband's permission. Another barrier arises when the woman does not have a sufficient support system as required at the time of operation. Examples of blockages to access abound also in terms of availing of disability services: a lack of information on facilities that the government offers PWDs, a lack of money to go to treatment or rehabilitation centres, the importance of understanding the percentage of disability and incremental benefits that go along with a higher percentage of disability as reflected in the disability certificate, and finally in terms of information on how to create an enabling environment for persons with disabilities.

Similarly, skills training and employment opportunities are not leveraged due to social norms surrounding mobility as explained in detail in the sections above. In a focus group discussion in Malad in Mumbai, a girl shares that she wants to pursue a 4-year nursing course after her school education. However, she faces resistance from her father because the nursing institute is not considered to be sufficiently close to her locality and she must take the train to get there.

Social workers and project support have played a crucial role in expanding access to resources and information. Almost everyone we met shared that they had good information and support from the SWs for acquiring Adhar cards, birth or widow certificates, disability certificates/treatment for disabilities and reproductive health services. SWs at times accompany women to enable them to access services; this is like handholding at the initial stages and showing a woman the steps, she has to take to reach an office, the ways to talk to service providers when seeking information and helping them to accomplish the task at hand. Many women shared with us that before the motivation that SWs provided them with, they were not confident enough to move beyond their familiar surroundings, let alone enter a government office or meet service providers. SW workers also work with men letting them know how it would benefit the entire household if women go out and secure the essential documents, as men remain busy throughout the day with their gruelling outside work. Occasionally, men have in fact supported the SWs in convincing women to access services. In one case, presented in more details above, a husbands helped the SW convince his wife to take their child to the doctors', she had previously refused as she believed in black magic.

The study finds that some access to some of the government schemes—critical for the welfare of unorganised workers – were generally less mentioned by some of the teams and beneficiaries. Examples are: government sponsored health and life insurance, small saving schemes like public provident fund, and e-Shram card.[6]

SWs shared, however, that they have not yet found a way to link women to vendors in order to expand home-based employment opportunities or to access a more regular and higher income. For the younger generation, the linkages built with Corporate Social Responsibility programmes have proved beneficial in skills training and securing employment. However, project staff believe such linkages need to be expanded and deepened further. Women already doing home-based activities desperately look for more "orders" and more regular payments from vendors. The project could consider using a

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[6] In August 2021, the government launched the e-Shram portal for unorganised sector workers. Registered members are eligible for a variety of benefits and social security programmes. Self-registered workers who use the e-Shram portal do not need to apply individually for any other government social welfare program.

group setting to invite vendors and thus create direct linkages with local women while also lending some weight to the plight of women in accessing more regular and better wages.

A case in point is the case of Nusrat mentioned above (refer to heading "Mobility", p. 19). Despite a severe locomotive disability, she can sew 6 salwar suits in a day; she also has other skills such as making hand fans, bedding and curtains. She makes an income mainly by sewing clothes during the festive season of Eid, and after that the demand tapers off. She wants support to get continuous orders from vendors, thus providing her with the more continuous income she so badly needs. Such a case highlights the importance to assessing women's existing strengths, and potentials just as much as their vulnerabilities.

SWs supported by their supervisors and coordinators have also come up with innovative strategies when a woman wants to access support services in cases of severe domestic violence. The social workers present such women with different ways to survive within or come out of such abusive relationships and let her take her own decision. Some of these strategies are described in the section on DV above. One such innovative strategy in extreme DV cases is to advise women to keep their grab or escape bags ready with a few essential items such as a few pairs of clothes, all important identity and other essential documents, jewellery and money, along with children's essential items and documents so she is always ready should she need to leave the house for a protection centre with her child/ren. To maintain utmost secrecy of the plan, in the case of a woman in Jaipur, the project staff would often call the husband to the office and talk to him about the issues the couple have. This strategy was adopted so that the husband does not have any idea of his wife's plan for her escape along with her small child. On the day and at the specific time the woman left the house for the shelter home with her grab bag. The social worker had already shared with the woman all the contact information of the shelter home to facilitate her successful escape. So as not to face the wrath of the husband and lose touch with the husband to keep the door of possibilities of successful mediation open, the social worker and project staff expressed their surprise at the wife's escape and from time to time enquired from the husband if she had come back home so that they can come to visit her. This complex strategy required a high level of coordination among project staff, a high degree of confidentiality, a meticulous plan, and a clear assessment of the risks involved.

Supporting women in accessing DV service providers and highly technical processes in terms of the initial interactions at the police station and the legal paperwork involved, has brought SWs to the realization that they do not have enough organisational linkages with service providers. Often, they are almost ignored at the police station when they come forward to support DV-affected woman to speak up and lodge a complaint. The women complainant herself is ridiculed most times and discouraged from lodging the complaint, they are asked not to go against the entrenched social norms. At times SWs relay the matter to coordinators who then accompany the women to the police station. The project staff including coordinators and managers feel that women complainants should be accompanied by a lawyer so that their legal rights are secured without being harassed or patronised at the police station.

Social Network and Support System

Our research reveals that most women do not have an extensive social network. Except in rare cases, support from individual neighbours, and natal family members is limited. Such support could allow them to participate, seek information, discuss issues, exchange strategies, and build a collective support group to stand up for one another. All our focus group discussions with women brought out the much-felt need of the participants to have such gatherings and discussions more frequently. While lane meetings are held, the women expressed that it is was the first time that they have gotten this opportunity to meet other women in a small group and exchange their views and issues with them. Women also feel that issues such as domestic violence are best shared in a small group setting as it gives them time to reflect when others narrate their experience. They were also of the view that in such group setting they may narrate very private experiences in a third-person voice to feel the ground about how much to open up and when. The fact that other women open up can encourage women to share issues they had not shared with SWs in the one-to-one setting or do not feel safe/comfortable to share in a larger group meeting such as lane meetings. They said that such a group setting also allows them to relate to others' experiences without voicing their own; it allows them time for reflection on the use of different strategies that women in a similar situation have adopted and shared.

Access to resources key points

How to increase women's access to resources

- budgeting and small home-savings have a significant impact on women's levels of financial autonomy

- financial autonomy enables women to cover immediate needs, helps improve access to services and helps reduce domestic violence

- mobility is the second main barrier that needs to be addressed to enable women to access services

- the project helps ensure women have access to information on services

- enrolling the husband's support can help overcome women's resistance to access health services or family planning (several women said their husbands had encouraged them)

What to watch out for

- both women and men are ill-informed about local services and gender, caste or disability specific schemes; without overwhelming families, more general information could be provided later in the program; group activities also provide an opportunity to share information on services

- women and men appear to have little understanding of "how things work" in terms of government schemes (portability of ration cards, disability scoring, eSharm card, Health and life insurance, pension schemes)

- information to be provided on services relating not only to needs but also to women's potential

- being able to refer women to a specific person within a service would help ensure women are better received and help women feel more confident in accessing services

- SWs are not known locally, they are not always well received when they accompany DV cases. Having legal support for DV could help make accessing legal and police services more productive.

- women's support systems are highly restricted; group activities could help increase networking opportunities

Empowerment and Agency

Empowerment almost always precedes agency in the form of action or non-action. The story of Vijaya(Page10,18) shows that after a long period of reflection in the face of a coercive environment and DV, she still managed to gain **power within and power to**.[7] The power within was driven by a mix of resentment and desire to give a positive direction to her life. Her agentic actions (putting agency into practice through actions) were both tangible and intangible: the thought processes which prioritised her life choices into immediate needs and those to be achieved in future were intangible. The agency exercised autonomously led to the tangible action of her taking up home-based as well as outside occupations. The actions addressed her immediate need to be able to earn an income and reduce her dependence on her husband to that degree while the thought process addressed her long-term aspirations. By exercising agency to enrol herself in adult literacy at 50, she realised a goal she had set at a much younger age. As a project manager explained, "empowerment happens through a process which may not be visible; a woman herself may not be able to articulate the processes. It happens in the form of power within; external support contributes to increase her power with as well as her **power to** (capacity to act and make choices). Such empowerment may, however, only manifest itself into action much later, after the duration of the program. When we do not probe a woman's empowerment process from this angle, the subtle process that she is going through can easily be missed".

Our research underlines that, at times, **non-action** itself is like taking effective action on the part of a woman because she consciously decides for the non-action, keeping her **long-term goal** and the present situation in mind. As in the case of Saniya (p. 24 and 26 "Domestic Violence") who has two very young children: one infant and another toddler. With no child care available nearby, she has decided on non-action until they grow up. She, as it were, waits her wings outstretched for the appropriate time to take her flight towards the economic independence she craves for. She has also set an objective to reach personal freedom from the continuous desertion of her husband by way of a divorce. She says, "not now; now is not the time." Such situations demonstrate agency by way of non-action, **intangible but determined and autonomous.** Weighing the situation, she takes action to address her immediate needs: she decides to file a domestic violence case against her husband, with no immediate intention of leaving him but with the aim of putting an effective check on him and compelling him to contribute to the household expenses. **Her action aimed at making her everyday life more bearable while her non-action allows her to wait for the right time to address her long-term aspirations**. He no longer deserts her for a long duration, and when with her, he meets

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[7] **Power within** involves people having a sense of their own capacity and self-worth. Power within allows people to recognise their "power to" and "power with" (ability to do things collectively), and believe they can make a difference. **Power to** refers to the "productive or generative potential of power", the capability of doing things (skills, know-how, action) and the new possibilities or actions that can be created without using relationships of domination. **Power with** is shared power that grows out of collaboration and relationships. It is built on respect, mutual support, shared power, solidarity, influence, empowerment and collaborative decision making.

household expenses. According to her, there is a remarkable reduction in his abusive behaviour which used to stem from his suspicious attitude towards her sexual loyalty.

An interesting insight from the research is that **agency may not always result in empowerment**. We came across a woman who gathered courage with the support of the SW to access her husband's death certificate and her own identity documents kept with her husband's relations. Guided by the SW, she managed to fight to get them. With the support of the SW, for the first time, she went to government offices and met with officials to apply for a widow pension, and to her surprise, found them immensely supportive. Currently, however, she holds an image of herself as helpless with no job and no income (except a small amount that she receives from her widow pension) unable to even think about her children's future, living in a room a neighbour rented her. The owner (a man) keeps coming and going out at his wish as he has kept his equipment there. We had a foreboding that there was a potential situation where she could be taken advantage of. On asking if the room provides her with a safe living space, she broke down to the extent that she could not speak a word. We just gathered from the incomplete interview that she feels helpless and disempowered, this despite having been able to exert agency by requesting her documentation and visiting a government office. Visiting the office did not make her feel empowered. She went alone, started crying when she saw the forms and the officials helped her. The whole process marked a lack of autonomy and self-confidence and heavy dependence on others for every step she took. Although she managed to access a level of power with (*with* the SW's support, *with* the government official's support), this did not produce a feeling of being capable of achieving something herself (power within, power to).

These indicative examples show how agency and empowerment are closely linked, but **when agentic actions stem from a state of power within and power to — two of the integral elements of empowerment, they can be repeated in different contexts**. A web of multiple strategies and reflections make up a woman's various milestones along the spectrum of goals she has set for herself, as in the case of Vijaya. However, one-time exercise of agency solely because of external compulsion and support (power with) not stemming from her own empowerment, can at best be described as sporadic action. Even if the outcome was successful, the process neither came from or produced a state of power within or power to.

This study furthermore highlights, as have SWs and managers, how **economic empowerment** is necessary to make women confident and strengthen their agency, in particular in relation to DV. A counter argument may be that many economically independent women also face domestic violence and cannot get out of the situation due to several socio-cultural factors. However, economic empowerment creates the necessary condition for a woman to exercise her agency with autonomy (in relation to DV or other situations). In the case of the eldest of the 3 unmarried sisters, detailed in the Gender Diagnosis section (p.12&17), her financial stability gave her the courage to leave the abusive relationship. Another unmarried woman who is engaged in chuda-making says her capacity to provide for herself (being adept at chuda-making and having the right market connections) reassures her by providing her with a way out: "I am ready to leave some degree of independence after getting married, but I know I can take this occupation up again if I face abusive behaviour from my husband and want to come out of the relationship". She considers herself empowered (power within, power to, and power with her sisters who work with her) and capable of taking strategic decisions for impactful action.

Women perceived education, occupational skills, decent income generating occupation — outside the home or home-based — and confident mobility as enabling factors for agency stemming from power within, power to and power with (*with* SWs support, *with* women's groups, *with* support from external government or non-government agencies).

We consider that a nuanced understanding of empowerment and its complex relationship with the agency will benefit the project staff in how they interact with a woman and look for nuances in her inner and outer universe to map her long-term goals, strategies, and level of empowerment. The fact that the empowerment scale is administered 6 months after the program can help see how some women continue to progress. For the benefit of the project and beneficiaries alike, it could be interesting to keep track of some of the beneficiaries even after a year and map the changes they have been able to bring about in their lives. Some among them can be identified as change agents to inspire other women beneficiaries through articulating the processes they went through to achieve some, if not all, the goals they may have set for themselves.

2. Gender Analysis of Tools and Indicators

In this part of the report, the objective is to provide a gender- and empowerment-sensitive analysis of the tools used to track empowerment. The specific questions asked in the terms of reference which we attempt to answer here are as follows:

- What are the gender indicators to be integrated in the monitoring of women and their families, which will allow a better analysis of their situation and report on their evolution? These gender indicators could then be used afterwards, for example, in future external evaluations of both the beneficiaries and the support workers.
- Are the existing tools for measuring empowerment adapted to the populations of women and their families that ATIA works with? Is the current data sufficient to report on the situation of the women accompanied?
- What tools should be used to measure the impact of the psychosocial support programmes on the empowerment of women?
- How can the Empowerment Scale be refined to enable measurement of women's improved decision-making capacity and agency?

Project Tools: A Brief Introduction

The four main tools identified here for defining and tracking objectives and outcomes are the logical framework, the FDP objectives list, the empowerment scale and the resilience scale. **The logical framework** presents the overall objectives and outcomes for the project in terms of empowerment concepts (increasing agency - decision-making and self-confidence, access to external resources and reducing domestic violence). **The FDP objectives**, for their part, present a detailed list of almost 40 specific objectives under 6 categories: health, natal care, education, documentation/legalisation, economic status and Psychosocial objectives. These are used on a daily basis by social workers to define the main axes of their work and then track progress. **The empowerment tool** was recently introduced and is used at specific points in the program to monitor impact: at the beginning - just after the exploratory phase, at the end of the program and 6 months post-intervention. Questions are categorised under 7 headings: mobility, decision-making, financial autonomy, nutrition, physical violence and sharing household chores. Besides monitoring impact, the tool is also used as a means to gather additional information during the exploratory phase. **The resilience scale** is an internationally recognised tool and as such remains more abstract and less adjustable, it is used in conjunction with the empowerment scale. From our discussions with the teams, we identify the FDP objectives tracking tool as exerting the most influence on the way social workers approach empowerment and how they carry out their work on a daily basis.

Gender & Empowerment Indicators

In line with empowerment project's logical framework and the present gender diagnosis, we identify the following key aspects of women's empowerment. These are not new categories and the FDP objectives, empowerment and resilience scales cover these aspects to varying extents, and more or less explicitly. The below list could be used as indicators either in terms of broad categories (agency, access to resources, domestic violence, support system), or by referring to the sub-categories:

Gender issues	Domestic violence issues
Agency	
Decision-making	Physical violence
Self-confidence	Mobility
Taking initiatives	Sexual violence
Access to resources	Emotional violence
Access to financial resources and employment	Economic violence
Access to services	
Support system and gender	
Male support	Male support
Support system	Support within the family and community
Gender awareness: women's rights and the gender division of labour	Gender awareness: women's rights and positive deviances in GDOL

Identifying **mobility** as a separate element of empowerment will help ensure the specificities of this form of gender-based domestic violence are better taken into account; and its central role and wide-reaching impacts are better recognised and tracked. In a similar manner, we feel **positive male support,[8]** in particular from the husband, needs to be considered independently from the general support system within the family and more broadly with the community given the central role husbands play in women's empowerment. Men's attitudes and actions towards their wives - and their wives' empowerment – are of paramount importance in bringing about lasting change. Having a separate indicator will help encourage the project to better focus on this essential aspect.

Concerning **the gender division of labour**, several aspects are already covered under other empowerment indicators such as mobility, access to employment, access to services or agency. It remains, in our eyes, nonetheless essential that attention is paid to whether actions tend to reinforce or to confront the traditional gender division of labour and to what degree: are women encouraged to work outside the home and if so in which capacity? Do women receive support for household chores and if so, do male members of the family participate? Two separate aspects should be kept in mind: the division of labour within the home (encouraging male participation in "women-like tasks") and outside the home (encouraging women's participation in "male-like" tasks). The gender division of labour could be tracked as a separate indicator or as an analysis of several indicators such as positive male support, mobility and access to employment for example.

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[8] The title could also be *Support from the Husband* or *Support from the Male Head of Household*.

Gender- and empowerment-sensitive analysis of project tools

The FDP Objectives (see appendix 2)

The FDP objectives are used to identify the areas the social workers' intervention will focus on. A form listing all the objectives is then used to track progress. This form also allows social workers to identify "clues" or areas they wish to investigate further but have not yet identified as a priority. This form is accompanied by guidelines clarifying the scope of each objective, criteria for identification, proposing "areas of intervention and possible guidance", and criteria for resolution.

While all of the FDP "practical" objectives relating to documentation, health, education and economic status contribute to women's empowerment, our analysis focuses here on the psychosocial objectives that are currently used to track empowerment related notions:

Title		Details
FDV	Fight against domestic violence	Physical, sexual, emotional and economic violence – refer to domestic violence guidelines
SIE	Strengthen integration and empowerment	When SW observes that one or several members of the family are rejected/ignored by some of the other members of the family; OR/AND observes that the role between the members of the family is unbalanced (only one takes all decision, one is dominating/oppressed); OR/AND observes any distinction in treatment between family members, including exclusion or restriction based on a particular characteristic of the person (gender, age, disabilities, sexual orientation, caste, religion, origin, addictions, academic results, weight…); AND/OR does not receive special treatment aligned to their particular characteristics; AND/OR some members almost always follow directions of others (family, friends) each time a decision has to be made, etc
IMH	Improve Mental Health	When SW observes that one family member is depressed OR depreciates him/herself frequently OR is obsessed by a past event (grief, separation ….) OR feels powerless to change his/her situation OR feels tension, stress, sadness…
BSI	Break Social Isolation	When SW observes that the family is socially isolated (no relationship OR conflict with neighbours AND few relationships)

The social workers have been provided with extensive training on domestic violence and appear to have gained a good understanding of the four types of violence, even if some concepts still need reinforcing[9]. Some teams have decided to identify four separate objectives, one for each form of violence, while other teams cover physical and sexual violence under DV and economic and emotional violence under SIE. In both cases, mobility is rarely taken into account even though social workers spend a lot of energy working on the issue in relation to achieving other objectives (see below).

During our fieldwork, social workers, coordinators and managers alike expressed a lack of clarity regarding SIE, IMH and BSI. The SIE category is extremely broad, covering wide-ranging notions such

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[9] The areas that still appear to be problematic relate to understanding the fact that the situation is imposed on the women (not being able to go out due to an accidentally broken-leg does not come under physical violence and mobility) or the intention behind the action (a tiered husband who occasionally refuses his wives advances is not sexual violence).

as diversity, equity, power relations within the family, agency, decision-making, and support from within the family. IMH on the other hand is used to refer to general mental well-being - mental illness per se (depression etc) comes under *Treatment of Mental Illness*, recently renamed *Treatment of Mental Illness and Development Disorders* in Mumbai. The teams also include self-confidence under IMH. The achievement of the IMH objective appears to be rather subjective with important variations between teams and social workers. The two objectives SIE and IMH are often ticked together and appear to be used as catchall categories for a variety of factors relating to empowerment within the family setting (SIE) and more subjective, or mental, empowerment (IMH).

While the guidelines do refer to several notions of empowerment and agency, these guidelines are not referred to on a daily basis, it is the objective titles that form an integral part of their work. Only one objective explicitly refers to empowerment in its title; decision making or self-confidence are not specific objectives, this despite them being identified as outcomes within the logical framework. Teams have expressed how this impacts their work: **increasing women's participation in decision making and working on agency are seen as means to achieve objectives, part of the process, rather than objectives in their own right**. Empowerment aspects are thus little prioritised on a daily basis, even if they are tracked by the Empowerment scale. This highlights the need to emphasise empowerment within the objectives themselves; this would also help harmonise tracking and measurement tools and indicators.

Attempts have been made to tweak descriptions and titles, but such nuances do not always appear to be well-assimilated. Discussions with social workers and coordinators alike show that the objective title itself has a great influence on how the objective is envisioned and therefore addressed. During discussions, we asked for example under which objective mobility is categorised. Social Workers explained that they generally tick the specific objective that mobility is preventing the women from accessing such as an Adhar card but would not tick physical violence which is envisioned as a wife being beaten. They explained how they then work on mobility specifically in relation to obtaining the relevant documentation. While this approach provides a practical means of addressing mobility, mobility itself is neither tracked nor emphasized or indeed are the efforts of the social workers and women sufficiently reflected in the tools. Mobility is also not consciously seen as an objective to work on or discuss within the team.

Besides, teams and management alike noted that women tend not to open up about sensitive topics such as power relations (relating to decision making or DV) until later in the program (12th to 14th visit), leaving little time to work on these aspects. They are uncovered when the process of achieving other objectives gets stuck. While the empowerment scale does explore such aspects it is administered too early for women to really open up. **Identifying clear empowerment objectives would help bring awareness and focus efforts on these issues right from the start of the intervention thus providing a longer period for social workers to consciously work on empowerment**; it would also help ensure the efforts social workers already make in these areas are better valued and tracked; finally, it would ensure empowerment concepts are included more regularly as a theme in case management meetings and discussions.

A participatory "recategorization" of the concepts contained in the logical framework, in the DV, SIE, IMH and BSI objectives into clear empowerment objectives could help draw more conscious

awareness to reinforcing the components of empowerment on a daily basis while ensuring such efforts are valued and tracked. This could be further emphasised by creating a separate **Empowerment category** separate from the Psychosocial Objectives (a term which the teams find difficult to relate to). This would help ensure empowerment is tracked both as a whole and in terms of its various components. The objective titles need to be clear and self-explanatory, referring to concrete concepts. Abbreviations should, where possible, be avoided, for fear the actual issue at hand becomes distant. In the same way, broad categories should be avoided. In the proposed objectives below, we have also, where possible, tried to use positive rather than negative wording in the titles. Finally, a summarized version of the guidelines that concisely lists what falls under each objective could also helpful. Below we present a few ideas of how this could be put into practice. *It is, however, strongly recommended that wording is agreed upon in a participatory manner so as to ensure ownership and prevent further blurriness of objectives.*

Mobility has been included as **Mobility DV** to try to create clarity about the imposed nature of the lack of mobility. Both **Diversity and Integration** and **Gender Equality** both aim at changing attitudes and practices so as to ensure greater equity in accessing opportunities. We feel gender equality should be approached as a distinct objective so as to stress the importance of challenging discriminatory gender norms and barriers. This will also help better identify other intersectional forms of vulnerability such as disabilities. While the last two categories (**Decision Making** and **Motivation & Self-confidence**) relate to agency and could, as such, be grouped together, "agency" is not at all a self-explanatory term and it may be best to keep to more explicit titles that also correspond to the Empowerment scale.

Just as having Gender Equality as a specific objective (rather than under Diversity and Integration) aims to bring specific attention to this central issue, **Male Support** is identified as an independent objective rather than part of Support System. The aim of having a separate objective is manifold. Social Workers do already try to work with men, their efforts are not tracked, there is in fact little clarity on whether it is possible to work with men or not and what the impact of social workers' efforts are. Male attitudes are key in women accessing empowerment and, as such, working with them should, where possible, be encouraged. Men are often seen as "the problem", it is important the opportunities they represent in terms of support to their wives are not overlooked, such an objective could help change attitudes towards men from within the project. Finally, with the hiring of Male Field Officers, the objective can provide a means to identify families where they would be invited to intervene.

Existing objective	Ideas for more explicit objectives	Ideas for concise definition
Fight Against Domestic Violence	**Physical DV** *(or grouped with sexual violence as in Jaipur)*	**Any act where an individual attempts to physically harm another directly or by using an object** (ex: hitting, punching, slapping, kicking, restraining, choking, and using a weapon)
	Sexual DV	**Sexual behaviour which is unwanted and takes place without consent**
	Emotional DV	**Acts, threats of acts, tactics or words which cause emotional trauma** (ex: deliberately humiliating, belittling, intimidating, embarrassing, or making the victim feel bad about themselves, controlling what they can and cannot do, isolating the victim from friends and family)
	Economic DV	**Not having access to or control over money, other economic resources or activities** (ex: the husband does not provide enough money to cover needs, not having one's own money or not being able to use it as one wishes, not being allowed to work or complete training/education to access work, not being involved in financial decisions, being denied inheritance rights)
Break Social Isolation	**Mobility DV**	**The woman's movements are restricted** (ex: the husband/ in-laws impose on a woman / girl to not go out of the home/ go beyond the lane / go far from home alone or requests that she has to ask for prior approval)
Strengthen Integration and Empowerment of an Adult Family Member	**Support System**	**Gaining emotional and practical support from members within and beyond the household** *(except husband → male support)*, (ex: family, neighbours, community support, social networking, collective actions, women's groups…)
	Diversity, equity and integration	**Acknowledging and accepting diversity and supporting specific needs to ensure equal access, participation and inclusion** so all can reach their full potential (ex: preventing any form of discrimination or rejection based on disability, age, gender, sexual orientation, caste, religion, origin, addictions, academic results, weight…)
	Male Support	**Positive emotional and practical support from the husband** or other male head of family (ex: encouragement from the husband, understanding her needs, a positive attitude towards her empowerment, participation in wife's chores / responsibilities)
	Decision Making	**Participating in decisions that concern your life and your children's life** (ex: being able to express one's opinion, being able to negotiate and influence decisions, expressing disagreement, confronting decisions you disagree with)
Improve Mental Health*	**Motivation & self-confidence**	**Feeling capable and motivated to act on your desires/ needs and taking initiatives** (ex: acting or starting to act on one's plans/ideas, feeling she can do this, feeling she has a right to succeed in life)

Below we present how empowerment and psychosocial objectives could be categorised. Having an empowerment category should help bring more conscious daily awareness to this aspect of the program while harmonising tools and facilitating monitoring:

Psychosocial Objectives	Empowerment objectives
• Childhood Experience • Child Abuse • Physical & Sexual Domestic Violence • Emotional Domestic Violence • Economic Domestic Violence • Addiction • Mental Illness	• Mobility DV • Decision Making • Motivation & Self-confidence • Diversity, Equity and Integration • Support System • Male Support

Besides these specific empowerment objectives, **gender needs to be mainstreamed and covered in each objective. Objectives and descriptions need to be formulated in a gender-sensitive manner, in particular where gender inequalities are well-documented**. For example, under Formal Education, the wording should specifically refer to girls: "When SW observes that a _girl or boy_ between 6 to 14 years old is not going to school (either because _s/he_ has not been registered or because _s/he_ dropped out of school)." The same should be applied for Economic Status: "When SW observes that a _woman or man_ (above 18 y.o.) is unemployed OR has a very difficult job". **Specific reference should also be made in the guidelines to confronting known gender barriers.** For example, regarding the division of labour, an area of intervention could be added to the Employment objective along the lines of "_To assist women in accessing skilled jobs_" and/or "_To help families think beyond the traditional gender division of labour_". Under improve childhood experience, a specific aim could be "To ensure equal / non-discriminatory parenting of girls and boys." Under access to contraception, social workers also are encouraged to raise awareness amongst youths, these efforts again are not tracked; adding an aim such as "To raise awareness on contraception with girls" could help validate SW's efforts.

The Empowerment Scale (see appendix 5)

Content

The empowerment scale has 14 questions covering mobility, decision-making, family planning, financial autonomy, nutrition, domestic violence and women's support within the household. A woman's place within the family is tracked under several of these questions. Taking-initiatives and self-confidence are also covered by several of the mobility questions although the theme is not explicitly listed in the sub-titles.

When comparing the Empowerment Scale for India and Madagascar, in addition decision-making, **expressing disagreement** is covered as a separate topic**.** We discussed adding in a Madagascar style question such as "Do you express your opinion when you don't agree with your husband / father / brother/ in-laws?" (No, never = 0 points; Yes, depending on the topic = 1 point; Yes, I always give my opinion = 2 points). This question tracks the next level of empowerment in communication and decision-making, and as such is seen as on the edge of what is achievable with the short period of the program given the lower starting level in India.

Both in India and in Madagascar, we feel it is important empowerment is also tracked specifically in terms of the relationship between a woman and husband (or other male head of household). Just as

we suggest a separate objective to track **male support**, to harmonize the tools, a specific question could be added to the empowerment scale on this topic. To fit the format of the existing scale, the questions should be formulated to reflect a situation that women are frequently faced with or can easily imagine and the marking for the answers can be graduated. We provide an example bellow:

When you want to visit a government office for your documentation or to access a specific scheme, does your husband (or other male head of household) support you?

No, my husband doesn't want me to do such things = 0 points

My husband doesn't get involved (does not prevent but he doesn't support either) = 1 point
My husband encourages me to achieve my goals = 2 points

We also questioned whether long-term vision should be included in the scale, in particular as social workers often use such visions of how women see their own or their children's future as a tool during motivational counselling. It is however felt, that while a tool could be developed to help focus on long-term vision during home visits, this is an aspect that would not necessarily evolve over the short period of the intervention and therefore is not appropriate for including in the Empowerment Scale. If planning and vision are be included, it could be more along the lines of the Madagascar Empowerment Scale based on plans for the coming year with the option of adding an aspect of perceived agency such as below:

Do you have a goal for this year that is dear/ important to you? (If so, what is your goal?)

No, not really = 0 points

Yes = 2 points

Do you think you will be able to achieve your goal?

No = 0 points
Yes (even if she says it might be difficult) = 2 points (explore how she plans to achieve)

Wording

Attention also needs to be brought to the wording of the Empowerment Scale; as highlighted by management, questions need to be formulated in such a manner that they avoid reinforcing gender stereotypes. For example, the question "Are you allowed to go to the market" could tend to reinforce the notion that men have authority with the family rather than that it is normal for her to go to the market. The question could be reformulated in terms of: "Are you ever prevented by your family from going out to the market?" or "If you go to the market, what does your family think?" Care also needs to be taken in the DV questions which could reinforce the idea that a husband can at times be justified in beating his wife (Question 12); the formulation of Question 13 is more neutral.

Again, as with the objectives, the category titles could be re-worked to be more explicit. Is the objective of the question regarding nutrition really to understand women's access to nutrition or is it to understand her place within the family? The mobility related questions also cover taking initiatives; the section could be renamed accordingly or divided into two sections.

Usage

The empowerment scale is seen as a very helpful tool in discussing DV and empowerment related attitudes and practices with women. It is administered at the beginning and the end of the support period. Yet some women do not yet feel at ease to discuss such sensitive issues in their own lives at the time when the scale is first administered. We therefore discussed whether it could be useful to readminister the tool mid-program when rapport has been established – somewhere between the 11th and the 14th session. The objective however is not to track empowerment but to provide an opportunity to discuss related topics, we therefore feel it more useful to develop a checklist on the basis of the empowerment topics to be used mid-program to explore issues that have not yet been identified. Social workers would use the tool to explore only those areas not yet identified as objectives. They could also take time during this session to explore any areas marked as "clues". **This empowerment checklist (to be developed with social workers) could cover the major gender indicators identified above: DV, decision-making, mobility, self-confidence and motivation, the woman's place within the family, gender awareness, support system, male support and attitudes.** The checklist could still be developed in terms of questions relating to specific contextualised examples if this helps the SW cover these areas sensitive topics.

The Resilience Scale (see appendix 6)

While the teams all expressed their appreciation for the empowerment scale, they unanimously expressed their dislike for the resilience scale being more theoretical and therefore more difficult to administer. The teams in India can provide examples when administering the resilience scale but the statement needs to be made in the exact wording provided for fear that adjustments could influence results differently in the different teams. The team in Madagascar has adopted a different approach whereby the scale is contextualised in relation to specific events encountered during the program. Women are asked to think about when they had to go to a government office for their documentation for example. There have been exchanges between the Madagascar and India teams to encourage experience sharing. However, the India teams have been given strict instructions to administer the scale without adjusting the wording of the statements. It is feared by management that now introducing a certain level of flexibility in how the scale is administered will be equated with a certain "slaking" or not doing their work properly.

The tool is also a challenge for women who frequently become frustrated and even upset or angry with the subtleties of the questions, which appear repetitive to them. They feel they are being belittled for not understanding the questions which must be asked in Hindi. The Hindi version uses literary words and social workers are not allowed to reword or simplify the wording in local dialects or colloquial usages. Due to these challenges, a lot of precious time is spent on training and retraining social workers on the tool, sometimes on a monthly basis. **The scale creates enormous stress for all involved: women, social workers and management.** Social Workers also feel that for a task which they could have accomplished in day-to-day language, the imposition of literal translation contributes to their challenges in administering the scale; SW's level of self-confidence is affected.

Furthermore, management feels **the results are not trustworthy** for several reasons: the questions are not understood by women, the subtlety of the grading is not understood by women and the

frustration means everyone just wants to get it over and done with. Teams have also found contradictory results: sometimes a woman's resilience score is low whereas her empowerment score is high; resilience has also been seen to decrease over the period of the program (whereas empowerment increases). One team tested the scale on themselves and found the answers to change from one day to the next based on their mood.

For all of the above reasons, this study finds the resilience scale in its current form and method of administration, to not only be ill-adapted to the program but also to be detrimental to rapport-building with women. The empowerment scale appears as a more adapted and reliable alternative for measuring both empowerment and resilience. **We therefore strongly recommend that the Resilience Scale is either completely revised** (translated into local colloquial language and administered using specific examples from the women's history) **or dropped entirely. If dropped, 1 or 2 contextualised resilience questions could be added to the Empowerment Scale instead.**

Taking Empowerment to the Next Level

While the empowerment and resilience scales measure the level of empowerment, it could be interesting, on the long term, to consider measuring the type of empowerment. If we take the example of employment for example the first level could be having a home-based activity, the second level having a job with a monthly wage outside the home, the third level would be having a skilled and well-paid job, the fourth, integrating the management team and so forth.

Several levels of empowerment can thus be distinguished which for ease's sake we have chosen to call junior and senior empowerment. These levels relate somewhat to the notions of practical and strategic empowerment presented in the introduction. Below we provide a few examples to clarify this notion:

Empowerment at preliminary level	Empowerment at Intermediate level	Empowerment at higher level
Having a home-based job (that does not challenge gender stereotypes)	Having a decent monthly wage (home-based or not)	A well-paid skilled job
Informal savings at home	Budgeting Savings through community-based arrangement	Savings in a savings account in her own name with independent access
Being accompanied to complete administrative documents	Being accompanied on the first visit only	Being able to go alone to complete administrative tasks
Partaking in decisions about the younger children	Being able to voice disagreement in submissive tones	Being able to voice disagreement in clear articulation
Acting after seeking permission	Consulting initiatives	Taking initiatives and informing later (when impossible before)

These are but a few examples, completing such an exercise with the teams; analysing the levels of empowerment by objective could help them better envision empowerment. This also means that if women reach the first level, prior to or during the accompaniment, the objectives can be consciously and more systematically moved on to the next level. The format of the Empowerment Scale could provide a basis for measuring these different levels of empowerment.

Other useful tools

Mid-intervention checklist

A checklist of sensitive topics could be developed and a "pause" in achieving the objectives that have already been identified could be taken mid-intervention to revisit such issues once rapport has been established with the women. This checklist would cover power relationships within the family including the sharing of domestic chores by male members, domestic violence, mobility, discrimination and abuse, decision-making, self-confidence and self-worth. These topics should be approached through concrete examples / questions such as in the Empowerment Scale.

Additional support criteria

During COVID, guidelines detailing how to identify emergency cases were developed. The criteria have been kept to identify cases needing a support visit. As highlighted in the gender diagnosis, some women need additional support in accessing services (such as being accompanied on the first visit); women who fulfil the support visit criteria could also be considered as needing additional support in achieving their objectives. The criteria refer to a lack of progress, domestic violence and dominant husbands, child abuse and finally mental and developmental disorders. Intersectional vulnerability should also be specifically added to these criteria: if the Diversity and Integration objective is checked the level of support should be increased in line with the additional challenges faced by people with disabilities, from a low caste or facing any form of discrimination, illiterate women or having faced a recent trauma such as becoming a widow.
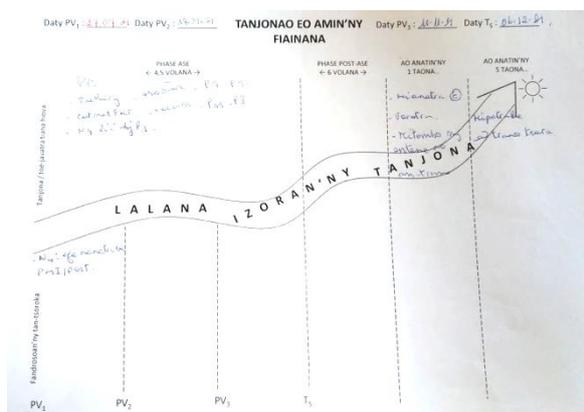
Long-term vision tool

Social workers currently refer to women's long-term vision during motivational counselling, as a means to encourage them to work on the objectives that have been set. At present, this is done in a rather informal and not yet specific and more pronounced manner. A tool could be developed to encourage social workers to identify women's long-term vision and demonstrate how the objectives set with the social worker work towards achieving this long-term vision. The team in Madagascar uses a visual aid to help picture how immediate objectives contribute to long-term vision. The visual tool presents a path through the coming few months, the 6 months after phase out, the coming year, and the coming 5 years. FDP objectives (PV1, PV2, PV3) are listed at the bottom of the page.

3. Gender Analysis of Project Strategies and Key Recommendations

This section builds on the key findings of the gender diagnosis of the context and the project presented in Section 1. The section aims to provide a summary of how gender and empowerment concerns are addressed by the project and then provide orientation on the following programmatic questions as presented in the study terms of reference:

- What additional or different actions could be put in place **to increase decision-making capacity and agency** amongst of the accompanied women? In particular, what possible **collective actions** and what **actions with other family members** (husbands, in-laws...) or **with opinion leaders** in the intervention areas?
- Are there any avenues to be explored in order to **involve other family members**, and in particular spouses, in the support offered by ATIA and its partners (which in effect is limited to mothers)?
- What to look out for in **the design of new "empowerment" actions** that will complement psychosocial support? On which themes or issues should we focus? What can be done differently or better given the constraints of the places of intervention?
- Are there **collective actions** (discussion groups?) to be considered to improve the impact of programmes in terms of empowerment? What recommendations for their implementation? For the selection of women who would participate in them?
- How can we support local partners and **develop the social worker training programme** to better take into account gender issues? In particular, what type of methodology and/or training should be used to help social workers grasp these issues?

Thinking about Empowerment

Before exploring existing and planned future activities or thinking about how to provide better support to social workers, the overall intervention strategy should be considered in terms empowerment (please refer to the section on Empowerment and Agency at the end of the Gender Diagnosis). What type of empowerment are we aiming for? In improving **immediate agency (power to)**, are we also thinking about **long-term empowerment**? Is empowerment something that should be envisioned *for the woman alone, or at family level*? While the gender diagnosis highlights the multiple challenges women face as women, should women be empowered in isolation? *Power within*, or inner empowerment, is key to achieving self-confidence and individual agency, yet *power with* can also be an important tool to correcting gender inequalities: a woman supported by her husband or several women who support each other, or a woman alone but able to network with local officials, can often achieve more, more quickly than they could have alone. Domestic violence issues point towards unequal power relationships and aim at balancing the **power** men exert **over** women. *The level of*

empowerment also needs to be kept in mind: how to help women achieve their full-potential without aiming so high that they get discouraged? We invite the reader to keep these questions in mind while reading the below propositions. The internal analysis methods and tools as well as the recommendations and proposals that are formulated in the report are reflections based on the practices collected during the interviews. They are intended to simultaneously strengthen women's (and men's) and social worker's capabilities and empowerment.

Working with women

Our first recommendation in working with women, is to **mainstream gender and empowerment concerns** into everyday practice. The objective is to bring greater conscious awareness to gender barriers face within the program and develop best practice in response. This can be achieved through the use of gender & empowerment indicators and the proposed adjustments to the objectives. To further mainstream gender, we identify below, a gender checklist as well as a methodology for sharing of practice within and between teams.

Secondly, in the section on empowerment and agency, we noted the importance in **distinguishing empowerment from agency**. An autonomous agency always stems from the state of empowerment, and in turn reinforce it. The program aims to empower women by supporting them in completing the objectives set with the social workers. They are encouraged to carry out procedures, access services and meet officials alone. While this generally leads to a sense of being more capable and an increase in self-confidence (agency and empowerment), in cases where women find themselves in more vulnerable situations, exerting agency does not always indicate a state of empowerment. To ensure all women have the greatest chances of achieving empowerment, **the level of support needs to be adjusted to the circumstances of the women and any intersectional challenges**. Thus, a recently deserted/ widowed woman, an illiterate woman or a woman with disabilities, who has never been outside of the home and with whom the SW is working on access to documentation should be physically accompanied on their first visit to the relevant offices. This will ensure a higher likelihood of success and thus of building the woman's self-confidence and sense of empowerment, even if the process is perhaps more gradual in such cases. Once rapport between the woman and the officials has been created and the woman knows how to get to the office, and her husband is reassured, she could be encouraged to go alone.

The Social workers could also help **build rapport with the officials by having a pre-identified contact to refer the woman to**. This helps women feel safe and helps ensure the first experience goes well thus encouraging them to feel capable of going back alone. It is indeed essential women's first experience accessing services is a positive experience so as to ensure her self-confidence and motivation continue to grow. On the other hand, women how are literate and are used to going beyond their lane, who are very motivated, should be encouraged to go alone even for the first visit. The main criteria to be used in identifying which women need more support should be intersectional vulnerability (disability, caste, age – young or old, illiteracy), circumstantial issues (recently widowed, or having recently lived a traumatic event), the husband's attitude towards mobility (women with extremely restrictive husbands could be accompanied on their first visit to avoid DV).

Thirdly, just as the level of support needs to be adjusted based on the situation, the level of empowerment targeted also needs to correspond to the woman's capabilities / potential. While a focus on vulnerabilities and challenges is essential in identifying blockages, **emphasis should also be placed on identifying potential and adjusting the level of empowerment targeted accordingly**. This already forms a part of the work carried out, but could be brought more consciously into the program: do we encourage her to work from home or to get skilled work outside of the home? Do we encourage her to save at home, or to have a formal savings account? This is of course a gradual process whereby women first work towards an initial level of empowerment and then higher-level empowerment. As discussed in the tools section, **anchoring the achievement of objectives in women's long-term vision** of where she wants to be in 5 years' time could serve both as a motivational tool and as a means to encourage the women to work towards a higher level of empowerment on the long run, post-intervention.

Fourthly, SWs and management noted that objectives are often set before real rapport is established with the women; this means that sometimes **underlying issues are only discovered near the end of the intervention when women feel more at ease to discuss them**. In order to encourage early sharing of more sensitive issues, a "pause" could be introduced once the relationship between women and SWs has deepened – estimated as being between the 12th and 14th visit. Given all that the SWs and women wish to achieve over 6 months, the visits can be spent discussing practical steps, leaving little time for continuing to explore underlying issues. **A visit could be allocated mid-program to (re)exploring sensitive topics** such as DV, mobility, access to finances, participation in decision-making, the relationship with the in-laws…etc. The purpose of this session would be both to clarify blockages in reaching existing objectives and to identify any potential new objectives that need to be set. A checklist should be developed, possibly in the format of questions along the lines of those in the Empowerment Scale. **The collective sessions can also provide a complementary method in identifying sensitive issues such as DV**. We were surprised during a focus group when a woman shared her domestic violence experience and then said she had never discussed the issue with the social worker. Group sharing can thus provide yet another means to identify DV and other sensitive issues.

Finally, when dealing with delicate issues, to be more effective and efficient, sensitivities of the two prominent beneficiary communities, i.e., Hindu and Muslim, need to be taken into account. Ideally **social workers should be from the same communities when discussing sensitive issues** such as inheritance rights, domestic violence, divorce, desertion, and family planning matters including contraception including tubectomy. These matters in a Muslim community are governed by Muslim personal laws, based on the Quran and Hadis, and mediated in most cases by non-judicial religious bodies, at least initially — very few Muslim women take recourse to the formal judicial system. A social worker from the Hindu community will not be considered legitimate in discussing such issues with the Muslim community. Generally, she will also be less knowledgeable about the nuances and contradictory interpretations of Islamic laws. Even if she did have the right arguments to justify her stance, social workers said they would **not have the courage or consider it ethical to counter the arguments used to avoid family planning on the religious ground**: not using contraceptives, and other aspects of family planning (spacing, number of children, etc.). The same applies to different aspects of DV which are often justified on socio-religious grounds. **These matters can be dealt with more effectively only by someone from within** rather than outside the system. Social workers belonging to

the Hindu community, however, can support Muslim beneficiaries on neutral matters: school admissions, obtaining necessary documents issued by the government, raising awareness about government schemes, including those specifically launched for the community, etc. This recommendation may be more easily applicable for group activities but such considerations need to kept, in mind across activities (as much with women as with men). **Available in-house expertise** (Jaipur Coordinator, and Bhiwandi team) on relevant Islamic frameworks and special schemes initiated by the government should be leveraged to the maximum level for orientation.

Before presenting specific ideas on groups activities with women, some of the advantages of focus group discussions in general (with women, men, girls, boys, MILs) are presented below.

Focus group discussions (FGD)

A group setting helps participants open up, they take inspiration from one another and can cloth sensitive issues in a third-person discourse. Non-mixed FGDs conducted by gender and by age provide a safe space to establish linkages between participants and learn from each other. FGDs are an effective way of getting to know participants' concerns, aspirations, and the type of barriers and opportunities they perceive they have. Such setting can be used as much to map concerns, barriers and vulnerabilities as they can to map capacities and capabilities. Larger meetings (still non-mixed) can also be organised on gender-focused awareness and life skills.

Our focus group discussions with boys have demonstrated, that if conducted by a skilful and receptive facilitator with conceptual awareness, building on concrete examples, FGDs generate an exchange of diverse and contesting opinions on gender themes including the gender division of labour, stereotypical images of women and men, their capacities and the barriers they face, the reasons for gender-based violence within a domestic setting or the community, opportunities and barriers for transformative change in boys and men, etc. Contrasting opinions in the peer groups (conservative and progressive opinions, a mix of both, etc.) compels the participants to reflect hard on their own conditioning and challenge it. They offer fresh insights into the gendered universe participants live in and make meaning of. Some may disagree with some opinions but participants (in particular youth) often agree for transformative changes. They bring in real-life examples of gendered issues and solutions. They also open up about the possibilities for change.

Group work with women

Our proposals on the themes and modalities of collective actions are presented above and at the end of the section in the form of an activity sheet. Group activities with women can serve several objectives in helping women increase their agency and involvement in decisions, they can help:

- **Extend the audience**: provide information to all beneficiaries, for example, talk about violence with all women instead of just the victims;
- **Create links between women** and strengthen their support network;
- **Create links with local actors** (services, other associations, police, etc.) and reduce fears linked to access;

- **Provide an additional space for sharing** complementary to family support: some women may be encouraged by the sharing of others in the group and talk about certain problems that they have not yet raised during the support;
- **Extend the duration of support**: by inviting women who have left the programme to participate or intervene;
- **Value the skills acquired during the support** through women sharing their success stories.

For discussion groups with women victims of violence, we were surprised during the FGDs that women can in fact sometimes be more willing to share in a group setting than they are on an individual basis. Discussion groups could thus help support identification of DV cases. It would be interesting to mix women in difficulty and success story women (those who have successfully completed the program and improved their situation at home regarding DV). In all the meetings about violence, the aim is not only to raise awareness about what constitutes violence and what recourse and services are available but also to change the way people think about those who dare to file a DV case.

Working with girls

Some of the topics suggested by girls for the awareness-raising meetings and in-depth discussions in FGDs are:

- knowledge about contraceptives for their future life,
- understanding how to build more gender-equal relationships by looking at the gender division of labour for example
- communication skills
- job opportunities, opportunities for vocational courses and higher education
- awareness on how to deal with gender-based harassment and how to support other girls when they face it
- safe use of social media
- life skills

Girls also wanted the project staff to **sensitise their parents to allow them to access higher education and take jobs in non-traditional fields** like jobs in the army, and long-term vocational courses such as nursing. During our discussions with them, we also observed a need to hold sessions with them on gender stereotypes to break the prevailing myths about what a girl can or cannot do through evidence and examples.

Girls also wanted to know about different forms of **gender-based and sexual harassment/violence** and what precautionary measures to take if they happen to face it. Many girls suggested training in self-defence for mitigating the potential risks that may come with a higher level of mobility. While domestic violence and family planning can be sensitive topics to discuss with unmarried women, it remains nonetheless essential adolescent girls are exposed to these topics and more broadly to **women's rights**.

Whether for girls of for boys, several **certified life skills trainings** exist, this could be a means to not only build essential psychosocial skills but also provide a certificate which can help youth find work while encouraging them to participate.

Where possible, we feel the suggestion put forward by the teams of **establishing a centre for adolescent girls** should be taken up. The centre would be equipped with a computer, indoor recreational facilities, and a library. Internet facilities will make the centre a hub of information for female youth in the community. Girls have lesser mobility and, therefore lesser exposure to information. Not everyone has a mobile phone with internet data to browse for information on health, education, career, or government scheme related to girls' and women's higher education and economic empowerment. This adolescent centre can also function as a **counselling centre** where topics such as bodily changes and attraction toward the opposite sex can be dealt with safely. Counselling for higher education and career opportunities can also be effectively provided here. This centre will be a safe space for adolescent girls to meet and help one another in their studies, develop bonding, and exchange information and concerns. Such centres will help counter gender inequalities in a practical manner, building the next generation of informed and empowered women. Partner organisations can come together to brainstorm ideas about how these centres will be managed and how the activities will be guided and supervised.

Just as we have suggested mainstreaming gender by adding specific aims under relevant objectives, including youths could be added to relevant objectives such as access to contraception or gender equality.

Working with men

Social workers and management unanimously expressed difficulties in working with men who are less available given the majority work outside the home. Despite this, **social workers have numerous tactics that have successfully enabled them to gain access to husbands**. To be able to talk to men, they might go through an older child to request to plan a meeting with their father, or to request his phone number to be able to set a meeting, go to his work place to find him or they might also ask the wife when the husband is usually home and then "just happen" to come at that time.

Social Workers often use the children or documentation as an entry point to their conversations with men. They establish rapport and trust by providing information on the services available in the area. Social Worker's capacity to find solutions to financial issues and their compelling arguments also help convince men and create positive male attitudes and behaviour. Men know that social workers work in their area and meet others and therefore are not inclined to contradict them for fear of social repercussions.

In some cases, with the support of the SWs, husbands have even been decisive in developing strategies to encourage reluctant wives to access health services for themselves or their children. **Husbands can provide valuable support in convincing their wives**. In one case, the wife did not want to take her child to the doctor because she believed his illness was due to black magic; the social worker agreed on a strategy with the husband, who suggested she talk to his wife in front of him. This gave him additional weight in convincing his wife. The fact that the Social Worker was able to provide details about a children's specialist hospital also helped convince the wife. Other forms of support men have provided according to SWs and our team are:

- Some men encouraging their wives to study further to be able to get a decent job
- Some do not object to their wives taking up employment outside the house

- Many encourage them to work from home
- Men almost always share household chores and child care when their wives are sick
- Some allow their wives to move around freely as long as they keep them informed of their whereabouts and purpose of going out
- Some men hand over their entire salary to their wife and take a daily allowance from her
- Many encourage and appreciate their wives saving
- Several appreciate their wife going to government offices to access services with the realisation that women are given preferential treatment at government offices
- Most listen to their wives when she talks about children's well-being and education
- Many reflect and realise that they should not have indulged in negative behaviour

Besides approaching men for the wife's sake, **men may also themselves be in need of support** (this lack of support also directly affects their relationship with their wives). Men often have even fewer people than women to open up to. First, women empowerment discourse and practice have been women-focused, and rightly so, but rarely bring in deeper involvement of men. Men's support for women makes the rugged journey towards empowerment much easier and quicker. Second, men are conditioned to put on a brave face and bottle up their emotions and frustrations, not to share them with others. They too may need support in accessing documentation or finding out about government schemes. Thirdly, the social expectation of men being the primary provider of the family raises expectations from them, culminating in frustration. In most cases, all this emotional suppression and frustration are displaced in the form of abusive behaviour, sanctioned by the societal image of aggressive masculinity over women, especially wives, to convince himself that he still has a certain level of power. All of these factors mean it is rare, and yet essential, that a man's emotional, economic, and physical issues are explored and worked upon. The hiring of male field officers, we expect, will help fill this significant gap.

The recruitment of Male Field Officers will help men open up easily and discuss the issues they may not feel comfortable discussing with women SWs. Women SWs also reported that they have inhibitions in talking about sexual violence, health issues relating to male reproductive organs, and contraception, to name a few. Moreover, **women SWs remain highly uncomfortable meeting men** in their homes; they sometimes find the men drunk or hungover, they are often scantily clothed (bare chest and short shorts), some are rude and arrogantly reticent. Some are also authors of violence, and a few even have criminal backgrounds. Such constraints are less intimidating for Male social workers. They can meet men in the beneficiary family home or any place outside the house to help them open up about sensitive issues mentioned above without the presence of their wives.

Fine coordination between female SWs and male field officers on the issues identified after conversations with the spouses will help address the issues with both women and men, building a form of indirect mediation into the program. While woman SW will work with women beneficiaries on the issues identified with husbands by the male field officers, male field officers, in turn will work with male member/s in a family on issues identified with wives. Thus, instead of being a woman-centric intervention only, this form of complementarity among male and female project staff will likely see positive changes from both sides and in turn bring about more successful outcomes.

The deep interest that **men and boys** showed in the FGDs and their willingness to have such discussions on gender equality and women empowerment shows that if offered non-hostile avenues for an engaging discussion, change agents can emerge from within a community. **The FGDs with men and boys in separate groups** also is an opportunity for the project staff to have insights into the specific issues they face, and the disadvantages they also suffer from gendered norms. For example, we have narrated a case of a 12-year-old boy who had to give up his studies and started working for raising income to support the household after his father passed away. He is sad, and overburdened with work and does not have time to make friends with the boys in his age group. He wants to study but considers it natural that being a male child, he should prioritise supporting the family.

Other issues often stereotypically associated with women and girls were also highlighted in the FGDs. Child sexual abuse (with boys and girls) was one of such issues shared by boys. These examples show that small group discussions can become an effective tool for more engaging conversations to identify issues of a sensitive nature, identifying change agents, and sensitizing men and boys to adopt an alternative model of **positive masculinity** -- sensitive, peace-loving, believers in gender equality and women's empowerment. The very fact that boys and men wanted to have such sessions periodically and wanted to bring in their friends shows the power of FGDs as a powerful tool for gender equity.

Apart from gender equality-related discussions, boys showed interest in the topics they are most concerned with: higher education, vocational training opportunities, discussion of bodily changes and reproductive health-related issues, safe sex education, government scholarships, and soft loan schemes for setting up a small enterprise.

Working with other Members of the Family

Most work happens with women and when other family members are involved it is often in terms of the issues women have with them. From our discussions with the SWs and managers, and our insights from the field research, we understand that there is no focused work with other family members for several reasons:

- Women are those most frequently available
- The time allocated for a visit and for the program as a whole makes it difficult for SWs to interact with several members of the family
- Most couples live in a nuclear family set up with extended family members living at a different location
- In the case of extended families, SWs are not trained enough in mediation to work with the entire family in one sitting – mediation is a specific skill management also acknowledged as essential in dealing with   complex family dynamics

Working with a Nuclear Family Unit

While there may be challenges in working with more than one family member, the specificities of the context mean working with nuclear family units could be an option (see below on extended families).

We propose the following **transformative activities to involve the nuclear families as a unit to achieve programme objectives**:

- **Working with girls and mothers together**: teams can start including adolescent girls when sharing information on menstrual hygiene, and, if possible, contraception and family
- **A gender-equal way of parenting** can be discussed with the family as a small group. The focus group discussion with girls underscored the need for sensitisation of parents regarding higher education and long-duration vocational courses. They also sought the intervention of the SWs to convince parents to support them when they choose a non-traditional career path, for example, getting into police or defence services.
- **Including youths** in discussions on the division of household chores during discussions with mothers on equal parenting could be a means to build support for attitude (and hopefully behaviour) change within the household.
- **Fathers can also be involved** in discussions on the specific needs of their grownup daughters and not restrict their mobility as they cross their early adolescent years.
- **Parents and adolescent/adult brothers** can be sensitised on the need for delayed marriage, higher education, and need for a career for girls and young women.
- **An individual meeting** can be held in a few visits with the adolescent girls / boys to discuss the matters s/he is concerned with but cannot open up about with others. SWs can then work through these issues with the mother or mother and father/brother together as she thinks appropriate in the context.
- **Children and youth in the households** can sometimes be more forthcoming about violence against women in the household, including domestic violence issues than their parents. In several of the cases explored during the interviews, children ask their parents to stop fighting. **Meeting them to discuss family relationships could help shed light on DV**. This would help provide a fuller picture of the situation.
- **Youths could also provide support for women** facing illiteracy.

Working with Extended Family Members

From our field visits, we gathered the impression that most couples live as nuclear families and not with other family members like siblings and parents or in-laws. The in-laws of the majority of the women we met live in different locations in the same city or far-off villages or other cities. In this context, it is almost impossible for the project staff to reach out to the in-laws to address family issues, especially related to daughters-in-law. We did nonetheless gather some encouraging case stories of the positive support and intervention of in-laws and parents (even though they live in remote places). The three mothers-in-law that we interviewed in Rajasthan and Maharashtra stand against the stereotype of the oppressive image of her who always creates a coercive environment for her daughter-in-law. Below we present two such case – see also the case of the father who convinced the father-in-law to discuss his daughter's mobility with his son-in-law.

Mother-in-law Case 1

We met a 65-year-old mother-in-law (MIL) of a mentally disturbed woman, her daughter-in-law (DIL) – reported by SWs to be suffering from a form of obsessive compulsion disorder: incessantly washing

her hands and cleaning the house at the expense of other household responsibilities including cooking and childcare). The MIL suffers from arthritis and yet is burdened with additional work duties: cooking for her son's family, taking care of her grandson, and tolerating what she describes as "her daughter-in-law's shouting and abusive bouts". This MIL broke down several times during the interview and said that the DIL does not take the medicines, a specialist prescribed her on time and therefore, the condition worsens. She says she and her son are taking good care of the DIL.

The team is not vouching for whether the MIL's reporting is accurate, but it indicates the distress that this MIL is facing. She does not have information on the severity of her DIL's disorder and its future repercussions. She is also burdened with the personal trauma of her daughter's death. She feels that given her age and past struggle as the primary earner of the household, the present situation is affecting her own physical and mental health (please also refer to p. 12).

Mother-in-law Case 2

Another mother-in-law, aged 60, occupied with home-based *chuda*-making, and living in a decent house, says she has a cordial relationship with her daughter-in-law. She says her daughter-in-law also considers her as her own mother and has never disrespected her. Her daughter-in-law remains engaged in household work. Occasionally, during arguments with her son, her DIL faces physical violence. The MIL actively discourages her son from being physically violent. On further probing, she said she is not aware of the exact cause of their occasional arguments which mostly happen when the son comes back home late in the night. She says men should not be violent, but it is ok for them to hit occasionally when the wife disobeys him. She further adds that in Islam, "*disobedience on the part of the wife can also become a ground for divorce*".

This example demonstrates the MIL's support for her DIL even if such support is granted within the restrictive framework. She considered her son should not hit her DIL even while she stresses that a wife should remain obedient.

Such cases encourage us in thinking that the proposed interaction with MILs will provide a means to work on attitude and behaviour change within the community. The MIL group activities aim to target women who are MILs, not necessarily only MILs of the beneficiary women. This interaction will help bring about positive changes in the relationship between MIL and DIL, to understand the patterns of behaviour that a MIL adopts with her DIL, and to strengthen and build perspectives leveraging on both their negative and positive experiences when they were daughters-in-law. Many of them may experience transformative changes not only about their DIL but also granddaughters in the direction of gender equality. An informed conversation in a non-judgemental manner creates opportunities for reflection and learning from one another in an FGD setting; opinion influencers may emerge among MILs. They can be effective mediators when in their own family any incidence of DV takes place; they can pave the way for their DIL for enhanced mobility and access to income generation opportunities; they can also influence the patterns of parenting by treating grandsons and granddaughter on an equal basis. This focus group should have its complement in the form of FGDs with DILs so that the positive attitudinal and behavioural changes are from both sides. It would also be interesting to explore relationships between fathers-in-laws and with daughters-in-laws in a similar manner by working with older men who are fathers-in-laws. We noted in the gender diagnosis that parents are generally more

liberal when thinking about what they want for the next generation. This can provide powerful leverage in achieving social change.

It is however important to note that some gender issues within extended families are difficult to deal with and need an extended time frame and expert legal advice. This is the case for example with **issues related to the inheritance and property rights of a woman** (see p. 16) for an example from the field). It is also important to consider the possibility of a backlash against the beneficiary woman – during or after the project support – when sensitive topics are incompletely addressed and create resentment. Support from extended family may be more forthcoming and rapidly harnessed for neutral activities such as accessing government services like children's education and benefits under different schemes, such as disability pensions, widow pension, etc. Extended families can also be brought together to disseminate information on how to access services and link them with service providers.

Working with Opinion leaders

In the current programme, opinion leaders are not yet harnessed in a focused manner in order to bring about transformation of community attitudes towards gender equality and women's empowerment. The first step is to identify progressive opinion leaders; social workers who are constantly on the ground will have information on the community influencers, both women and men. They may include but are not limited to teachers, health workers, male and female activists for the cause of a gender-equal society, professionals such as doctors, representatives from the business community, and religious leaders, especially in the Muslim community. In Muslim communities, Mullahs and Maulvis influence the community more than their Hindu counterparts. If progressive messages and information are delivered from the Mosque during a Friday sermon, they are listened to and taken seriously by believers. Once identified, the next step is to build interest. Various forms of rapport building should be explored: personal meetings by senior staff; orienting them on the programme and how it will benefit the community as a whole; the importance of their significant roles in transforming attitudes and practices, inviting them as speakers in important community meetings and events, etc.

Supporting the Teams

Building on Existing Skills: Best Practice Analysis Sessions

During our fieldwork, social workers shared with us various tactics they use to reach the FDP objectives and those they use to achieve empowerment aspects that are not currently explicitly tracked in the objectives. They demonstrated a keen understanding of the complexities of the contexts they work in, which they have taken into account in how they approach domestic violence, mobility, women's access to services, their participation in decision-making or increasing their self-confidence. Social Workers were also able to analyse what had worked well in involving men or where the challenges lie regarding relationships with the in-laws. Furthermore, SWs and coordinators could identify the different strengths of SWs and the challenges they face. We further noted that different teams have different strengths and different themes they feel more at ease dealing with.

We feel that while some initiatives have been put in place to, for example, analyse difficult cases participatively, **thematic sharing of best practices** could be developed further. The format would be one where SWs are asked to think of the different tactics and strategies that have worked in

addressing various themes. These teams could initially cover the Empowerment and DV indicators presented in the tools section; the teams themselves could identify others based on the barriers they face, where SW's feel powerless / unable to have an impact. A monthly session dedicated to sharing success stories will help ensure best practice is capitalised upon while valorising SWs' efforts. The aim of these sessions is to remain open to new methods and practices without judgement or necessarily deciding on one specific strategy. The idea is to **analyse together what works and why it has worked**, more than what did not work and why it did not, although both approaches can be complementary. We strongly feel the teams would also benefit from running **mixed sessions: bringing several teams together** – but without the groups becoming too large. We noted, for example, that family planning is not approached the same way with Muslim and with Hindu women; it is also appeared to be approached differently by mostly Hindu SW teams from mostly Muslim SW teams.

During these sessions, but also when identifying objectives, specific empowerment and gender related questions could be asked (some of these are already part of teams' everyday practices):

- Which type of DV is this?
- Is my intervention replicating or challenging gender norms?
- Is my intervention replicating or challenging the traditional gender division of labour?
- What level of support does this woman need? What are the intersecting difficulties she faces?
- What type of empowerment am I encouraging? Is this woman capable of more? What skills /capabilities /potential does she have?
- What strategies does this woman already have to deal with these situations? How can we build on her tactics? Could we reuse them in other situations?
- How to encourage empowerment post-program both individually and collectively?
- How can we encourage positive support from her husband and other family members? How best to engage them?
- What intersectional issues are there? How to best support the intersectional concerns?

Teams have already received training on some of these topics. Best Practice Analysis sessions can help anchor such knowledge into everyday practice.

Leveraging on In-house Expertise

As mentioned above, we found staff to have **complementary thematic expertise, skills and experience**. Coordinators could be approached to identify specialities which can then be shared with other team members, and between teams. Here we list just some of the expertise we were able to witness during our fieldwork:

- Women in Islam and Islamic framework of relations between women and men in domestic and public spheres. The team has identified the coordinator of the Jaipur office as an expert on the Islamic framework of women's rights. The team in Bhiwandi also works effectively on family planning issues with Muslim women.
- Domestic Violence and other gender equality-related themes: several team members are now able to effectively identify the 4 types of violence, some coordinators and project managers have expert facilitation skills on these themes. Some SWs are at ease dealing with DV (while others feel they still have difficulty providing a space for women to open up).

- Some SWs are at ease dealing with economic issues while others find it harder than dealing with DV
- We were also able to identify a number of in-house trainers during our field study;

These are just a few of the skills we were able to identify during our short visit. several other forms of expertise remain to be listed with the teams

Staff have requested a training-of-trainers workshop so as to better assimilate how they can best share their skills and expertise. Training manuals available on the internet for methodologies for facilitating workshops and updating the knowledge base for concepts and practices. Training manuals present concepts 1) in easy-to-understand language and 2) through examples which can be customised in the local context. TOMs can help support this process through their own expertise. With the help of a mix of in-house and external expertise, **a pool of trainers can be developed from among social workers** on different themes. We give here a few links for such manuals:

1. Engaging boys and men in gender transformation
   https://resourcecentre.savethechildren.net/pdf/group-education-manual.pdf/

2. Training manual for girls
   https://www.empowerwomen.org/en/resources/documents/2014/7/sakhi-saheli--promoting-gender-equity-and-empowering-young-women-a-training-manual?lang=en

3. Go girls…: A Training Manual
   https://www.thecompassforsbc.org/project-examples/go-girls-community-based-life-skills-girls-training-manual.

External Expertise

The teams have identified several areas needing reinforcement, particularly in **counselling and legal expertise**. Perspective building on expertise working with **persons with disabilities** is also identified as a priority. External expertise can consist of:

External trainers

- **Counselling and mediation skills**: what to do when a woman breaks down, couples counselling, mediation skills, how to avoid getting too involved emotionally, and when to step back
- **DV case management skills** in particular how to deal with emergency DV cases
- **Disability workshops** for building perspectives, rights of PWDs, cutting edge concepts and practices. Use of films and real-life examples of empowered PWDs. The staff has expressed a need for updating their knowledge base on the recent discourse and practices on PWDs.

External expertise

- **Support from law student interns** (senior students, preferably 4th year of the 5-year law course). They can help in drafting documents of a legal nature, accompany beneficiaries to court or notary offices and help beneficiaries with the required paperwork of legal nature. They can also assist the retainer legal expert. A paid internship will attract bright students. In India, a paid internship for law students may range from Rs 5000-15000 per month.

- **Hiring Legal expert/s on a retainer basis** with whom the affected women can speak directly either in person or through audio- video talk organised by the branch offices (a form of empowerment in itself). The legal expert will also act as a resource person for the project staff.

Training workshops should be participatory in nature (lecture methods to be discouraged).

Partnerships

Several teams referred to a need to strengthen partnerships. SWs and coordinators do not always have the time available to identify local services, find out about current government schemes or set up direct contacts with the offices they send beneficiaries to. Some such contacts have been established but having a specific person to send women to, knowing the exact documentation that is required, discussing alternative documentation for those who do not have all the necessary documents would facilitate access. As discussed above, making things easy can actually build agency and empowerment - especially for a first visit, ensuring success helps build self-confidence and make women feel capable of repeating the exercise, even if they know it might be a little more difficult in the future without the SW's support. Based on the fieldwork, the following steps have been identified.

Service provider mapping

- Conduct a **thematic stakeholder mapping of service providers**, both government and non-governmental, in the target area or direct proximity. Prioritise services relating to intersectional needs (disability-related, education, child care centres, skills training, referrals for violence against women, etc.) in terms of proximity and accessibility. Further identify service providers useful for a majority of women such as financial services. Establish a relationship with such service providers, organising stakeholder meetings or inviting them to attend FGDs so they can directly meet beneficiaries. Partner organisations already have relations with a few organisations; but focus on thematic clustering, and establishing relationships on a mutually beneficial basis needs to be reinforced: collaboration in organising events, inviting one another on thematic workshops and training, leveraging on one another's resource persons, sharing reports, data and knowledge products, etc. will further strengthen the sustainability of such partnerships.

Private and non-governmental partnerships

- Expand partnerships with the corporate sector under their **Corporate Social Responsibility** commitments. The partners have linkages with a few corporate houses. The network can be further expanded for skills training and employment opportunities for the youth group.
- Build a relationship with the **local vendors** who require outsourcing products and processing for local markets. During the fieldwork, we found many women who wanted to connect with vendors requiring finished products of different sorts. For example, a local tailor running a decent size shop needs outsourcing for sewing clothes. Such connections can also help strengthen mediation on women's rights to a regular and decent wage.

- Build linkages with the **government departments/institutions**. The initiative should come from top level management, preferably the partnerships manager and/or the Project Manager. Invite senior/mid-level government officials from the relevant department for a session with the staff to provide information, address their questions, and discuss "how to do" things more effectively.
- Influence them to **speak in the community meetings** to provide information on necessary services, listen to their grievances and take actions to address them.
- Make maximum use of the **government websites** of relevant departments to get updated information on schemes related to food security, including portability of ration cards, education including various scholarships, skills training for youth, illiterate and semi-literate women, employment opportunities, etc.
- **Hire a short-term consultant/intern** for one month of paid work every six months: the work will include 1) gleaning the website for updating the government schemes, 2) taking stock of the schemes which are accessed and those not accessed, 4) taking stock of the level of information and clarity the staff has on the schemes 5) and orienting the staff on the different features of the schemes.

Other activities to support women's empowerment: themes, issues, and constructive recommendations

The following table is a consolidated analysis of field research, the inputs generated in the gender workshops held with SWs, and our discussions with in-charges, coordinators and the ATIA management team. The table categorises the outcome of the analysis in terms of issues, related themes, and recommendations to help improve interventions for gender equality and women's empowerment.

Theme	The issue(s)	How it can be improved
Work opportunities	- Women are not well paid, are paid erratically for their home-based jobs - Women are looking for better opportunities - Some women are skilled others not - Government schemes exist but representatives are unresponsive/unavailable	- Network with businessmen and provide advocacy on women's behalf (SWs need support) - Round-table meeting with home-based companies in the area - Help women organise themselves as a group to ask for better working conditions - Round-table with other organisations to exchange on their strategies in slum areas - Access to free skills training
Strengthen skills	SWs don't know what to do or say when a woman breaks down, in particular for DV Lack of exposure to empowered women with intersectional barriers (disability, caste… etc)	- training to strengthen counselling skills - SWs facing DV need additional support - training on intersectional issues delivered by such women - sharing of professional practices

Theme	The issue(s)	How it can be improved
	SW and the project team on the whole, are not well versed in the in disability-related discourse, schemes, laws, etc.	- Participatory training on how to mainstream disabilities, and orientation for the project team on the schemes and how to available them effectively
External expertise	The support of a lawyer and trained counsellor were identified as recurrent needs	- network to encourage skilled internships / voluntary counsellor and lawyer
Partnerships	Some services are not identified locally Women get demotivated when they are not well received at government offices or requested to come back with more documentation Need to broaden the types of partnerships: adult education and life skills	- list all local services, encourage providers to meet with women to create linkages - pre-identify necessary documentation and alternatives when unavailable - network with government offices to be able to refer women to a specific person - ensure officials are aware of the work and type of women referred
Access to finances	To cover travel for medical emergencies To cover travel to work outside the home until women receive their 1st salary To help women start a business Families don't have access to micro-financing as they don't have necessary documentation	Use of the emergency funds Create a self-help group between women in such circumstances Explore how micro-financing NGOs deal with migrants
Access to childcare	Women are not able to use the job opportunities without a child care centre	Identify childcare centres in the localities explore the possibility for negotiating with the corporate sector under CSR
Men's involvement	Men are unavailable yet they play an important role in preventing / enabling women's empowerment	- hire Male Field Officers - meet men in places they naturally gather - meet them at their work place or at times they don't work - entry point: children, information on schemes or documentation
Awareness and attitude change	Religious beliefs can be used to justify gender barriers or prevent women from accessing family planning Women's own attitudes need to be challenged Awareness for the rights and capacities of persons with disability is very poor. Children with disability and their parents feel isolated and traumatised.	- Work with local religious leaders - persuade on the basis of religion (like the Bhiwandi and Jaipur teams) - create space for exchanges to help them think outside the box - create a centre for adolescent girls - Develop a support group for parents and children with disabilities to have regular interactions with one another for collective agency and support
Improve mobilisation	Monthly awareness meetings on either an observed need or an expressed need (what they want to learn more about) or sometimes with an external resource person	- Provide small snacks like other organisations - Identify topics that interest women, girls, boys, men

Theme	The issue(s)	How it can be improved
Project reporting	- Photo activity considered intrusive and women are not in a position to refuse - When visit regularly with foreigners, neighbours start asking (think the woman has received financial support)	- would like to drop the activity - limit visits to small groups (3 max including the social worker)
Data entry	There are often new schemes and the list of documents becomes too long	- Have subcategories for the types of documents instead

Project reporting	- Photo activity considered intrusive and women are not in a position to refuse - When visit regularly with foreigners,	

GENDER MAINSTREAMING CHECKLIST

GENDER NORMS AND BARRIERS

Avoid replicating the traditional gender division of labour

- *Strength*: Encouraging women to perform tasks traditionally reserved for men (documentation)
- *Strength*: Enabling women to make decisions alone
- *To be strengthened*: Encourage and value men's participation in reproductive work to unburden women and give them more time for project goals, productive roles and empowerment, and create a gender equal enabling environment at family level
- *To be strengthened*: Encourage gender-neutral child-rearing techniques (access to schooling, access to higher education, household chores…)
- Build on positive male stereotypes such as the role of men as breadwinners
- Explore what is culturally acceptable and broaden the definition of what is appropriate in terms of productive tasks for a woman and reproductive tasks for men

Identify barriers that are specific to women

- Share strategies in addressing such gender barriers
- Enrol youth and progressive men in challenging gender norms and barriers (collective activities)

Where women have found a way round norms/barriers, support them

- Build on women's strategies, especially where they confront norms and work towards strategic empowerment (for example: weighing the situation and confronting men when they disapprove of a decision)

Avoid stereotypes

- Not all women are unable to access services alone, not all men are able to access services
- Some men can provide support to their women and help them achieve empowerment

Mainstream gender concerns and barriers

- Ensure objectives and tools reflect the specific challenges women face

GENDER AND DIVERSITY

Adjust the level of support provided

- Women living with disability, recent widows, women fighting their legal battles for divorce and child custody, deserted women, or other emotional trauma, young wives with reduced mobility, scheduled caste and tribe, illiterate or semi-literate women all generally need more support
- Adjust the level of support according to the additional support criteria proposed in the tools section physically accompany these women on at least their first visit to avoid negative experiences that could lead to them giving up
- Make accessing the emergency fund easier for such cases

Work on harmful stereotypes

- Ensure the *Diversity and Integration* objective is always ticked

EMPOWERMENT

Make empowerment easier
- Establish contact with government offices/service providers to be able to refer women to a specific person who is already aware of the project and ideally of the women's coming
  → to build self-confidence, it's essential women's first experience goes well
  → be able to provide women with information regarding fees; establishing a direct contact should help avoid corruption
  → physically accompany women on first visits where there is no contact person or where the woman faces additional challenges (disability, restricted mobility, illiteracy etc)
- When the procedure is more complex or daunting (going to court for example), increase the level of support provided and consider physically accompanying

Identify a core empowerment package building on project strengths
- <u>Access to finances</u>: budgeting and savings advice can have a strong impact on women's agency
- <u>Mobility</u>: working towards objectives, changing husband's attitude towards mobility and women contributing to household needs, building women's self-confidence and motivation
- <u>DV</u>: all women face some form of DV and need to be informed of their rights and recourse to service providers

These key aspects of empowerment need to be addressed for all women

Build on women's strengths so they can reach their full potential
- Avoid the tendency to focus only on barriers
- Identify women's skill set, level of education, strengths and capabilities
- Adjust the level of support and the level of empowerment sought accordingly

Work towards lasting empowerment
- Help women think about long term objectives, map their progress and identify future steps
- Identify key interventions that work on lasting empowerment such as adult literacy, a child care centre so women do not miss out on job opportunities outside the home,
- Creation of support groups (formal or informal) where feasible
- Identifying change agents within the communities (educated and well-informed women willing to help others or who can be motivated in this direction)

DOMESTIC VIOLENCE

All women and families are affected by DV
- All the women we met face some form of DV and the level of awareness on rights and recourse to remedies remains low
- All families need to be targeted for DV awareness and information on women's rights, child rights and available services and recourse
- When raising awareness, address harmful stereotypes that belittle women who challenge violence or access recourse

Balance empowerment needs and protection needs
- In physical DV cases, focusing too strongly on empowerment/rights could endanger women and create more resistance from men
- Need for a trained mediator for conflict resolution in different grassroots contexts
- Provision of legal aid on a continuous basis
- Sensitizing the first point of service providers (police) in how to communicate with women complainants with a focus on their dignity and issues

Adjust the level of support provided
- *Challenge*: DV victims are particularly vulnerable, often isolated with little support and authorities are judgemental and not always understanding
- Most women need well-informed additional support and to be accompanied in person
- Legal support could help women and SWs be taken more seriously by the service providers

Men, in general, have respectful attitude toward SWs and accept their visits at home. However, there are many constraints that SWs face in their interaction with men

Entry point themes (for women and SWs)

Themes that women can talk without many challenges with men

- Children's education
- How to access necessary documents from service providers
- Awareness on government schemes and ways to avail them
- Women's mobility to government offices for securing necessary documents (Birth and death certificates, Adhar, Ration Card. Etc.)
- Talking about not objecting to income-generating opportunities for women
- Themes related to savings and financial management
- Supporting women in the household chores whenever they can (keeping in view that they are generally engaged in tough manual labour from 8 AM till 9-10 PM).
- Health and hygiene related issues and information, including issues related to addiction

Themes that would be better discussed by male staff

- Contraception and family planning options and persuading them to use them
- Sexual violence and persuading them not to commit it
- Specific issues related to men's health
- Addiction, its harmful impact on their health and household economy, impact on children and marital relationships and persuading them for deaddiction
- GDOL and persuading them to encourage women's mobility and economic empowerment, persuading them also for women's participation in decision making

How to meet men

1. Sometimes men work in the area and can be met at lunchtime
2. Hindu men are more available on a Sunday and Muslim men on a Friday
3. Recruit male social workers to work with men to put men at ease and quick rapport building.
4. Male social workers can also meet men away from home and talk
5. Orient men discreetly in a group setting on dress code for meeting women social workers at home
6. Women SWs to continue the remote communication with men and in select cases invite them to the office to talk to them

Work on the gendered image of the program

- Ensure men's issues and concerns are given a space
- Ensure men's participation in supporting their wives' empowerment is encouraged and valued
- Listen to both sides of the story (especially for relationship dynamics and DV)
- Avoid considering men solely as a source of difficulty for women, try to identify their strengths and how women can leverage such strengths for theirs and their children's advantage

Work with men for more effective empowerment

- Work on changing the gender dynamics: encourage male household members to partake in household chores, starting with boys
- Men also need empowerment and their empowerment can help support their wives
- Reducing men's frustrations in life can help prevent /reduce DV
- Encourage more progressive men/boys to act as change agents, rallying others to group meetings and share their own experiences

GROUP ACTIVITIES

Symbol	☐☐ ☐☐	☐	☐	☐	☐☐	☐☐	🟧
Caption	Everyone	Women	Men	Couples	Girls	Boys	A priority

TOPICS

Topics		Target
Household management	**The gender division of labour:** challenging stereotypes, encouraging boys' and men's participation in household tasks, valuing women's participation in productive activities and formal processes.	☐☐☐☐
	Household finances: managing daily/regular expenses and saving for unexpected events and larger expenses, financial autonomy, using a visual tool to show the benefits of saving in the long and short term.	☐
	Time management and organisational skills, balancing work / family / fun	☐
	Parenting: non-violent parenting, equal parenting for girls and boys, adolescence, how to support girls and boys as young adults	☐
Life skills	**Problem solving**: role play in relation to difficulties experienced on a regular basis	☐☐☐☐
	Conflict resolution: non-violent communication, active listening, how to express emotions in a constructive way, role play	☐☐☐☐
	Communication skills: role plays wife/husband, parents/children, wife/in-laws, how to communicate your point of view, refusal skills, active listening	☐☐☐☐
	Emotional intelligence: stress management, self-awareness and self-control of emotions (anger, sadness etc.), understanding of one's reactions to situations (what makes me sad/ angry etc.), empathy...	☐☐☐☐
	Decision making: balancing pros and cons, negotiation skills, assessing when it's the right time to discuss decisions…	☐☐☐☐
	Self-confidence: identifying one's qualities, skills and abilities, listing the resources and support available	☐☐☐☐
	Long term vision: SWOT analysis (strengths, weaknesses, opportunities and threats), planning skills, listing what's already been done and next steps	☐ ☐
	Career guidance: identifying qualities, skills and abilities, talking about different types of jobs for women/men and challenging stereotypes, how to talk to a potential employer (formal or informal)	☐☐ ☐☐
Domestic violence & rights	**Domestic and gender-based violence:** what is DV and what recourse and services are available?	☐☐☐☐
	Women's rights: legal, economic and social guarantees, accessing the legal system, available support	☐☐☐☐
	Child abuse and child rights: role play on what rights are and how to better respect each other's rights	☐☐ ☐☐
	Sexual harassment: What is it? What is informed consent? What to do when one faces sexual harassment? Self-defence for women and girls.	☐☐☐☐ ☐ ☐☐
	Diversity and tolerance: session on stereotypes and tolerance towards different religions, casts, origins, disability, sexual orientation, education levels, weight...	☐☐☐☐

Health	**Sexual and reproductive health:** family planning, safe sex and sexually transmitted diseases, available services, sex education, how to provide sex education to one's children	☐ ☐ ☐ ☐ ☐ ☐ ☐
	Adolescence: body changes, hormones, becoming a woman/man; exploring and challenging stereotypes	☐ ☐ ☐ ☐
	Drugs information: alcohol, tabaco, drugs, addictions and what services are available	☐ ☐ ☐ ☐
Access to services	**Documentation and government schemes:** information on available services and government schemes for women and girls (skills training and access to soft credit), creating linkages with service providers by inviting them to intervene, role play on accessing services, sharing of experiences	☐ ☐
	Vocational training and higher education: list available services and invite external speakers from programs that have places available	☐ ☐ ☐ ☐
	Financial services: list available services and invite local professionals to intervene - savings, bank accounts, loans	☐ ☐

METHODOLOGY

Participants and guest speakers

- Invite local service providers to intervene so as to create linkages and reduce apprehensions
- Identify success stories (strong women and progressive men) to present their story
- Focus on the willing first and ask them to invite their network of friends
- or mix 50/50 progressive and less progressive men or empowered and less empowered women

Technique

- Make it interactive, make it fun

    → Encourage experience-sharing through open house discussions, use role-play, include games

    → Choose the techniques in view of the type of participants, topics, and available time

    → present a scene through role-play, or reading out a scenario or by showing a film and then discuss the situation

- Vary formats: large groups and lecture method when services are presented; FGDs to address sensitive topics; show thematic movies on DV
- Consider certification for the Life Skills training

Venues, duration and timing
- Keep it short (45 - 60 minutes)
- Have it on a Sunday for Hindu men and on Friday for Muslim men or decide a mutually acceptable day for the mixed group.
- Use existing meeting places: the corner house/community meeting space/school for women and youth girls, the temple/mosque for male youth (Hindu/Muslim) and a neutral place like a park/school/community meeting hall/ chai shop for a mixed group of men/boys
- Offer hospitality and consider it not a charity but an integral part of India's cultural values: water, tea, biscuits or some other light and inexpensive snacks can be offered during the meeting

SHARING OF PROFESSIONAL PRACTICES

Key Principles

- Sharing of each other's experiences and strategies in addressing a specific issue
- The approach does not aim at uniformity, rather at a deepened understanding of the issues at stake and the options available to address them
- Supports social workers in addressing difficult or sensitive issues

Technique and modalities

- A monthly meeting on a pre-identified theme
- Invite the SWs to reflect in advance on their strategies for addressing the issue
- The regular field staff meetings can provide an opportunity to hold such discussions
- The coordinator can play the role of the moderator: ask probing questions, guide the discussion on the pre-identified theme, ensure that everyone participates, summarise the information

Themes

The proposed gender and empowerment indicators provide 12 topics which could serve as a basis for the initial discussions:

Empowerment		Domestic violence
Agency	**Access to resources**	Physical DV
Decision making	Access to financial resources	Mobility
Self-confidence	Access to information and services	Sexual violence
Taking initiatives		Psychological violence
		Economic violence
Support		
Access to positive male support		
Support network (family and beyond)		

Probing questions and issues to be aware of

The following questions can be used, if necessary, to deepen the analysis and better explore the links between different issues, including those faced by the social workers. They can be supplemented by the gender mainstreaming checklist above.

- Does the intervention reproduce or challenge gender stereotypes? Why do you think so?
- Does the intervention reproduce or challenge the gendered division of labour? Why do you think so?
- What specific barriers did this woman face as a woman?
- What intersectional challenges did she face?
- What type(s) of violence did she face? Give examples to substantiate.
- What strategies does this woman already have for dealing with such situations? How can we build on her tactics? Could we use them in other situations?
- What other people were involved in this case?
- How can we encourage positive support from her husband and other family members? How can we best involve them?
- What level of support did this woman require from the SW?
- What level of support SW themselves need?
- Is this woman capable of more? What skills / abilities / potential does she have?
- How can achieved empowerment be sustained after the programme?
- What type of issues does SWs face while working with the women in communities (issues related to religion for example)?

Appendixes

Appendix 1: Logical Framework

Appendix 2: ATIA Objectives

Appendix 3: Interview Guidelines (an example)

Appendix 4: Focus Group Guidelines (an example)

Appendix 5: Empowerment Scale

Appendix 6: Resilience Scale

Appendix 1: Logical Framework

To be added in English

Appendix 2: ATIA Objectives

To be added in English

Women's Interview Guide

1. Empowerment Goals set with SW (Focus will be only one or two goals to gather the details of the challenges faced in reaching empowerment and the strategies used to overcome these challenges)

- What challenges do you face as a woman?

- What goals did you set with SW? Why did you set these goals? Which ones were you able to achieve?

- Which ones were the most difficult and why?

- Before, what did you do about these challenges and goals? (Strategies to handle the situation, where these goals a priority before, what has made them a priority now)

- Since SW support, what have you done? Tell us in detail about one of the goals you achieved? (step by step)

- What challenges have you faced as a woman in reaching these goals? How did you deal with them? (things her husband/in-laws/society doesn't allow her to do as a women, freedom of movement, travelling on public transport, meeting men outside of the family when they access services, access to money, taking time off childcare, support with chores, self-confidence /self-esteem as a women, making decisions herself, negotiating with her husband)

- What made it possible for you to accomplish some of the goals now and not before? Are there things you have done which you didn't feel capable of as a woman before?

- What advice would you give to another woman in the same situation?

- What has changed in your daily life after achieving your goals in general and any specific goals in particular (In your relationships, confidence level, access to resources, decision making, etc.)?

- What does your husband think your role/place is in the family? Do you agree?

- What does he think about you working on these goals? (Does he know? What does he think about your successes? Has it changed the way he sees you?)

Decision making/Respect/Autonomy/empowerment

This will also give nuanced insights into gender roles and relations, gender stereotypes, blocks and levers, the role of men in women's empowerment, etc.

- How are decisions made in your family? Who is involved in decision making? Are you consulted when decisions are made?
  - Please provide an example of a recent decision –did it go well? why? why not? When does it go well? When does it go badly?
  - What type of decisions are you are consulted for? Who consults you? Are you consulted in private or with everyone in the household? Can you give example when and for what your opinion was taken into account?
  - Has it always been like this? What has changed since the SW?
  - If you want to draw attention to your needs and aspirations to your family, how do you do it? With whom do you talk about them more openly? Do you express these needs with everyone around in the family or in private?

- o Please provide an example of a recent situation – do you consider it went well? why? why not? what helped it to go well? What made it go badly? Has it always been like this? What has changed since the SW?
  - o If you get negative response, how do you take it? (Silently, resisting in some way?)
  - o Has it always been like this? What has changed since the SW?
- What happens if you take a stand which is not approved by your family? Have you ever done so? Can you give the details?

- How do you deal with the hurtful behaviour of those who make decisions in your family? What hurts you the most? How do you deal with it? Any recent incident which hurt you (physically, emotionally, mentally)?

- Are there any differences between your husband's and in law's attitudes for giving you space in decision making? What happens because of these differences (stress in the household environment; more harmony in the household environment; stressed relations between you and in laws; more respect for you because your husband or in laws value and show trust in your opinions, experience, and wisdom, etc.).

- How your involvement in decision making influenced your mobility, access to resources, social networking and your own confidence and awareness? What was the role of SW in this transformation?

3. **Economic Empowerment** (This will also give nuanced insights into Gender roles and relations, gender stereotypes, freedom of movement, autonomy, negotiating strategies, blocks and levers, economic violence, etc.)

- Do you have an income generating activity?

If engaged in an income generating activity

- Please tell me about your activity. How's it going? How did you set up this activity? Why this activity? What is your average monthly income?

- How do you use this income? (Does the money remain with you or you hand it over to your husband/mother-in law/father-in-law? Are you able to save?)

- What does your husband / in-laws think about your activity? Did you receive support from your in laws and husband for your economic activities? If yes, what type of support including child care and sharing household work). If not, why not?

- How have things changed in your life since you have this activity? Positive/ negative (own source of income, more respect in the household, enhanced network and mobility, more confidence, improvement in the living standards of the household, a degree of personal autonomy, better life for the children, especially girl child, arguments stemming from the male ego, social norms, double work burden, etc)

- What challenges have you faced since you've been engaged in this activity? What did you do when you faced these challenges?

- Have things changed since the SW visits? In what way? How did support of SW help you in the pursuit of income generating activities (by way of changed attitudes of husband and other decision makers in the household, by increased access to information, by establishing linkages with networks, etc.)

If not

- If not engaged in productive activity, why not? (not allowed? Too busy in the household work? Problems in mobility? No facility for training etc., no resources for starting an

economic activity, no linkages with institutions and network for support, no access to information about govt schemes for such activities).

- Do you think women should have their own source of income by engaging in economic activity? If yes, why (more respect in the household, enhanced network and mobility, more confidence, improvement in the living standards of the household, a degree of personal autonomy, better life for the children, especially girl child)? If no, why not (arguments stemming from the male ego, social norms, double work burden, etc.)?

- Would you like to have an activity? Which activity? What would it change in your life? How would your husband/in-laws react? What challenges might you face?

- Have you discussed this with the SW? How did support of SW help you in the pursuit of income generating activities (by way of changed attitudes of husband and other decision makers in the household, by increased access to information, by establishing linkages with networks, etc.)

In both scenarios

- Who decides how should money be spent?

- Are you involved in making decision about spending and saving the money?

- Do you have personal money which you can spend on your personal needs? How do you get it (husband gives it, your own earning, gifts, saving from the money given for household expenses, etc).

- How do you manage the money if you have some (making budget, saving, buying assets which you may need)

- Are you a member of any self -help group/peer group/have some friends with whom you discuss issues? (relevant to you or other women around/get information, etc.)

- Do you know about different government schemes that you could avail of?(subsidized ration, income generation schemes, vocational trainings, soft loan to women, Anganwadi and health related, etc. if yes, have you availed of them? If no, why not?

(All these questions will explore SW role in bringing about changes in the situation—before and after scenario will be explored all through).

4. **Domestic Violence** (Before and After the SW intervention)

- In general, in what situations do disagreements arise with your husband or in-laws?

- When any arguments or differences happen between you and your significant family members (husband, mother-in-law, Father-in-law, grown up son, etc.), what happens? How do you react? How do they react? How do others members of the family react?

(Some cues: listen and try to understand, try to silence/ignore me, become angry, show physical and verbal aggression, other hurtful behaviour – probe for DV in all its forms)

- What do you think of this behaviour? Is it usual / normal/ frequent?

- What are the times when you feel extremely unhappy?

- How do you manage these situations? Have you ever wanted to do something about it?

- Whose support you seek /sought in that condition? (Before and after SW interventions) (Mother or sister in laws, neighbours, friends, NGOs, government agencies, etc.)

- What type of behaviour from your husband you wish never happened?

- Do you discuss with your husband or others in the household what hurts you? At any point have they changed their behaviour? Have you changed yours to avoid further hurt (ignoring,

remaining silent, speaking out, decided to talk about it later, etc. (This listing will help us in categorizing strategies in negative and positive coping mechanisms).

- Can you give us details of any such incidents where they have changed their behaviour or you have changed yours)?

- Did it happen before or after the SW intervention?

- If after intervention, what sort of intervention happened from the SW? What did the SW advise your husband and family members?

- How do you respond/react if/when you face aggressive behaviour? Which acts you would consider as aggressive ones? How do you tackle them?

- What support you received from SW? How confident you feel after receiving support SW? Can you give some examples of how the support from SW brought about changes in your relationship with your husband and in laws?

- I will be happy if my husband could….

- How SW can support me in realizing these dreams (more dialogues with husband and mother-in-law; greater involvement of husbands in goal setting; more conversation session to track the progress with husbands and in laws; more orientation and support for husband to get to know about different government schemes for women and girl children, etc.)

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5. Family planning (it is also closely interlinked with DV)

- Have you heard of family planning? From where do you get information about family planning?

- What is your opinion about family planning? If not supporting family planning, why not?

- Does your husband /family also agree with your opinion? If opinion of husband/other significant members of the family are different, how do you manage it?

- What methods you adopt for family planning? If not in the knowledge of husband or other members of the family, what strategies you adopt to still go in for it?

- Do you encourage/talk to your husband for using FP methods (condoms, vasectomy)? If yes, what was the response? If no, why not?

- What issues do you face from your husband/ in laws, while wanting to use the contraceptives? Pills/or other internal methods? (Anger, physical violence, isolation, deprivation, neglect, etc.)

- Has your partner's attitude changed about FP after support and counselling from the SWs?

- What more do you think should be done by the SW to make this support more effective?

- Are you frankly able to share your issues/problems related to FP with the SWs? If no, why not?

6. **Husband's involvement**

- Does your husband know about the SW visits? (why/why not, what does she discuss with him?)

- What does he think about the visits? (supportive, barriers, judgement…)

- Has he ever attended any of the sessions? (what did he think of the session, what was the impact of him attending, was he enthusiastic to attend or did she have to convince him, how did she convince him, does she want him to attend the sessions, why/why not…)

- Does he know about the goals you have set with the SW? (Why/why not)

- Has there been an impact on your relationship since the home visits? (communication, violence, how he considers her, access to money, freedom of movement, does she feel more at ease, more free…)

- Has he changed? (as much details as possible on the changes and what has made them happen, how to maintain them)

- Do you feel that you have changed? (as much details as possible: self-esteem, level of confidence, level of awareness regarding unacceptable male behaviour/violence, freedom of movement, access to money, workload…)

- How can these changes be maintained after the program ends?

Interview guide with men: Personal Interviews

Broad themes and related questions

Following are the broad themes and key questions. The interviews/FGD will be dynamic; the answer to one questions lead to unanticipated inputs and the facilitators, if relevant, will dynamically frame questions around it. As such the themes and questions are interlinked and will include, but may not be limited to, issues such as gender roles and relations (including work burden and gender division of labour of women and men, gender stereotypes, financial management and women's role in it, perception about women's agency and autonomy, issues related to domestic violence and mitigation strategies, etc). Throughout the discussion, the role of SW will be explored and suggestions gathered about how it can be made more effective.

About **Empowerment Goals** set with SW (Focus will be only one or two goals to gather the details)

- Have you participated in meetings with SW (frequency)
- What do you think of these meetings? How do you perceive the role of SW (positive/negative/facilitating/agent of awareness raising/supportive)
- Did you set goals with SW? Who decided on the goals?
- Can you share with us a goal which had the highest priority for you?
- Why this goal?
- How did you manage the situation related to this goal before?
- With SW, how did it go with this objective? step by step
- What was your role in this process? What type of actions and discussions?
- What was the role of your wife?
- What challenges did you face in the process to achieve this goal (from the peers, community, relatives and your parents)?
- What challenges did your wife face?
- How did you manage these challenges?
- How do you feel about your wife taking the step to achieve this goal?
- Did she do things she didn't do before? Is it her role to do such things?

- Was your wife successful? How do you feel about her success? How do your parents feel about her success? (attitudes towards empowerment, and changes in attitudes towards his wife). What new skiils your wife has learnt (Communication, money management, income generation skills, time management, negotiating skills, etc.-- seek examples)
- Did you do things you did not do before? What challenges you faced while altering your previous attitudes and behaviors (if they were not supportive of your wife)
- Has your relationship with your wife changed? What changes can you list out? Is if better or worse than before? Why?
- Have you changed the way you do things with your wife (such as consulting her, respecting her wishes and aspirations, trusting her decisions and management of finances; encouraging her to build peer relationships; to do economic activities, sharing household work with her, change in your attitude on how to bring up a boy and girl child, etc.)
- Have you ever stood up for her? (details) Has your attitude towards your wife changed? (details)
- Do you find yourself happier and more confident in supporting your wife and standing up for her? Can you give an example when you did so?
- Would you have liked to participate more / less in the meetings? if more, how can it be made possible? What suggestions you have for SW?

Role division, women's place, decisions, access to resources
- How do you and your wife organize work and household chores and child care? Do you support her in performing these tasks? How do your peers and parents react when if you share household work with your wife?
- Do you think men/boys should share household work with wives/mothers/sisters?
- According to you, what is your place within the couple / the family (income earner, decision maker, role of gate keeper, protector, etc.)
- What is your wife's place? (Does she agree?)
- How do you manage money at home? (use of husband/wife income, if husband gives money to wife, decisions)
- What does your wife think of this management? What role she plays in it? What type of decisions she makes for use of money?
- How do you manage to buy food? Who buys food? Who makes budget?
- Do you manage to put money aside? (since when, how much, use, who decides, who contributes to the savings, joint savings or separate, who has access). Do you keep your wife informed about your savings and how she can access it?
- What is your plan regarding the use of these savings? Have you discussed this with your wife? Have you asked her how she would like to use the savings?
- Do you think your wife should work to earn income for improving household resources? What obstacles she might face inside home? How can you support her?
- If she is already working, what do you think of her activity? Do you and others in the family support her? How? What is the impact on your household? Has anything changed in how you consider her? Has she earned more respect in the family?

The couple's relationship and Domestic violence/Family Planning

- Are you happy in your relationship as a couple? Why? Why not?
- Is your wife happy in your opinion? If yes, how do you know she is happy? If no, what are the reasons that she is not happy?
- Does your wife do things that you think she should not do? Do you forbid her to do certain things? What are those restrictions? Why are those restrictions?
- Do you ever have any arguments with your parents on your wife's behalf? (details)

- How do you see your wife's family? How often does your wife visit her paternal/maternal home?
- How is it going between your wife and the in-laws?
- Do you always agree with your wife? Does she give her opinion? Are there instances when she differs from your opinion?
- Can you tell us about a recent disagreement and how you resolved it?
1. Have you ever had an argument? (Tell us in detail)
2. Have you ever had a fight? (Tell us in detail)
3. When there are fights, how did the people around you react?
4. How do you feel about this situation? Is this behaviour normal/acceptable?
5. Why do you think these situations happen?
6. Do you have any tips on how to avoid such situations?
7. What would you like your wife to do differently?
8. What do you think you should do differently?
9. Would you like to change this situation? Do you think it is possible? If yes, what actions you would take to make it possible?
10. What did you/your wife do after this event? consulted? talked to someone? Who did you talk to what advise you were given? What advice your wife was given?
11. Where can you go for help? Would you do it? Under what circumstances? Would you allow her to go for help? Under what circumstances?
12. So you support family planning? Why? If not, why?
13. Who is responsible for adopting FP methods? You? Your wife? If your wife, does she go for regular medical consultation? If not, why?
14. How does your family support you for FP. Why? If not, why not? How does the community look upon it? Negatively? Why? Positively? Why?
15. From where do you access information for safe FP methods?

Closure

- Have you and SW set goals for your relationship? (step by step, challenges)
- Has it been different since SW's support?
- What has worked for you since SW's support?
- What has not worked for you? Where you think SW support is not effective and why?
- What would you recommend to other couples in the same situation?

Total time required: 1: 30 hours to 2 hours.

FGD with Social Workers

Method: A mix of group work and open house discussions
Material Needed: flip charts, A4 sheets, sketch pens of 2-3 colors, double sided tape, flip chart holder.

Objective Setting Process (Open House)

- Please share the entire process of setting the objectives with your beneficiaries.

Probe: 1. the way things are discussed, listed, prioritised, finalising

- Are your discussions, in your opinion, informed discussions? If yes, how; if not, why?

- Probe: how well do you make the beneficiaries informed about their entitlements (state, family, etc.) so that objective setting is well informed.

- In your objective setting, which objectives do you think are most difficult to achieve, and why?

- Which are easier to achieve and why?

- Which objectives women tend to pick? And/or which objectives the SW consider most important.

Time: 20 Minutes

Empowerment : Pair-work/Group work (depending on the number of participants)

Which woman you will call empowered woman? Why so? (self-confidence, assertion, speaking up and speaking out, economically independent, mobility, resistance, negotiating and persuasion, social network, values and practice equality while bringing up boy and girl children, etc, raise voice against DV, perceives the signs of DV, seeks help and information, access to resources, etc).

Time: 20 minutes

Domestic Violence (Pair/group work depending on the number of participants)

- How do you perceive Violence Against Women(VAW), especially Domestic Violence,(DV)? Can you list out a few things from your daily life or lives of those around you/your beneficiaries, which you will call instances of VAW/ DV?
- In your experience, what are the triggers for it (unemployment among men, asserting his masculinity, threatened by a feeling that wife is not obedient enough, alcoholism and drug addiction, displacement of his frustration and insecurities, expectation of financial gains from wife's family, instigation from parents, etc.)

(The facilitator explores further depending on the replies she receives)

- How your awareness about DV is sharper now than it was a few years back? Can each one of you share with us one or two examples?
- How has your sharpened awareness of DV brought about expected and unexpected concrete changes in your personal and professional life? Please share some events from your life?
- In your work, do you find dealing with DV a very sensitive and difficult issue? What makes it difficult (culture of silence, gender stereotypes, violence taken lightly unless it becomes life threatening, considered very private matter, worries about family reputation, unavailability of non -judgemental support and sensitive mediation, no male social worker to interact with husbands, etc.)?
- What are your suggestion to make the support more effective?

Time: 25 minutes

SWOT (Strength, weakness, opportunities, threats) Analysis

- Looking back, what do you think worked really well? Can you give some examples to us. Why did it work well?

- Looking back, what do you think worked not so well? Can you give some examples to us. Why it did not work well?

- Did you experience any resentment, resistance, backlash from the families and neighbourhoods for your work with women?

- Which are the areas in which, you think you would still need more support in your orientation, training, etc.

- Can the methods be further refined (better outreach with external agencies and institutions, both formal (such as government and on governmental institutions, and informal ones such as women's collectives, etc.), inclusion of male social workers, sensitisation and awareness raising among men, etc.)?

- Where do you think possibilities within the existing cultural, social, and religious norms, exist which can function as levers(folk lores, different interpretation of religious norms, progressive women and men as role models, etc. to achieve your objectives (girls education, access to documents for women and girls, especially, mobility, shared household work between women and men and girls and boys, addressing the issues of DV)?

Time: 30 minutes

Division of roles, gender stereotypes, women's place
Activity -1 In two groups: Give each group a sheet of paper with two columns, ask
"When you go to the field, to the families you accompany" :
- Group 1: Within the home - What activities do women do? What is their role?
- What activities do the men do? What is their role?
- Group 2: Outside the home (work, community): What activities do women do? What is their role?
What activities do men do? What is their role?

Show both, ask if there are things to complete.
If not marked, ask who makes the decisions? Which decisions are made by women?

B) Open house: How do you see the distribution of roles in the family?
- For key activities performed by men: ask if it is possible for the woman to do this activity? How would the man react? How would the woman react? How would the entourage/community react? Is this a good idea?
- For key activities performed by women: ask if it is possible for the man to do the activity? How would the man react? How would the woman react? How would the entourage/community react? Is this a good idea?

30 Minutes

Activity -2 **The action of the SW on gender stereotypes: Group work (Restriction women face, and strategies from two questions)**
Then, still in groups, have them discuss
1.   What obstacles does being a woman represent in order to accomplish the objectives of the accompaniment in relation to the home (group 1) and outside the home (group 2)
2.   How do they overcome them(Mobility? Access to resources and services, DV, Etc.)
3.   What difficulties do you encounter in accompanying the woman on these objectives? What difficulties do the woman face?
4.   What is your role with regard to these difficulties?
5.   What do the women do in the face of these difficulties?

Take the time to go back together to detail the different strategies used.

B) Discuss all together, according to their **practical** experience and **evidence** (giving examples):
- What allows women to gain self-confidence
- What allows women to participate more in decision-making
- What enables women to be more autonomous
- How they access the resources they need to accomplish their goals

C) What is the impact of coaching on the woman's place in the couple?
- List
- Develop each point and what enables each type of change

Time: 40 minutes

The role of the husband and communities

Method : Open house discussion
Material: Flip charts, holder, sketch pens

A) What is the husband's role in the accompaniment?
In accomplishing the goals set with the wife?
How does he feel about the SW visiting his wife?
Do women want their husbands to be involved? If not, why not?

Does the communities play any role in obstructing or achieving the objectives? Give reasons for your observation(with examples).

B) Do you feel comfortable working with husbands?
Do you think a male social worker will be more effective with husbands? ?
Can a team of agents of change be made from among those who have shown changes in the behaviour after your support? Will it be more effective with husbands?

C) Do the husbands want to participate?
What difficulties do the SAs face in getting them involved?
What would make it easier to work with them?

D) If they do participate, how does it work?
What benefits/risks are associated with their participation? (concrete examples)

E) Do you notice any changes in the husband's perspective as a result of the support?
How can we encourage a change in the way husbands look at their wives? Within the couple? Within the society?

4) Recommendations
To act on stereotypes about women and men and to encourage women's empowerment,:
- What would you recommend to women? To men? To community leaders? To your colleagues?
- What actions can be taken in the community?
- What forms of support would you like to see?

Time: 30 minutes

Empowerment survey

1.   Are you allowed to go to the market?

➜ No: 0 point
➜ Yes:
• If yes, are you allowed to go alone?
➜ No: 1 point
➜ Yes: 2 points

2.   If your child is sick and your husband is absent, can you go to the Health Center?

➜ No: 0 point
➜ Yes:
• If yes, can you go alone?
➜ No: 1 point
➜ Yes: 2 points

3.   Are you allowed to go outside your community (but within the city), for instance to visit relatives or friends, or to run errands, or to solve an administrative issues (ie. getting a legal document)?

➜ No: 0 point
➜ Yes (for at least one reason):
• If yes, can you go alone?
➜ No: 1 point
➜ Yes: 2 points

4.   Do you regularly attend meetings of any community groups?

➜ No: 0 point
➜ Yes:
• If yes, do you feel you are involved in making important decisions in the group?
➜ No: 1 point
➜ Yes: 2 points

4 questions on decision making process (1 on number of children, 1 family planning, 2 on financial decisions,)

Questions 5 and 6 are to be asked to women aged 15 to 50 years old only. Otherwise, go to question 7.

5.   Do you participate in decision-making about how many children to have?

➜ No: 0 point
➜ Yes
• If yes, are you one of the two main decision makers?
➜ No: 1 point
➜ Yes: 2 points

6.   Do you participate in decision-making about family-planning such as getting pregnant, using contraception, spacing between children, and permanent sterilization, (etc…)?

➔ No: 0 point

➔ Yes:

- If yes, are you one of the two main decision makers?

➔ No: 1 point

➔ Yes: 2 points

7.   Do you participate in decision-making to buy major household items (furniture like bed or cupboard…; appliances like fan or TV…)

➔ No: 0 point

➔ Yes:

- If yes, Are you one of the two main decision makers? (meaning : extent to which my opinion is asked and matters)

➔ No: 1 point

➔ Yes: 2 points

8.   Do you participate in decision-making for spending family saving (ie. Gold, jewellery, etc.)?

➔ No: 0 point

➔ Yes:

- If yes, Are you one of the two main decision makers?

➔ No: 1 point

➔ Yes: 2 points

2 questions on financial autonomy, seen as the capacity to work outside her home and existence of saving that she controls

9.   Do you have your own savings? (Saving as gold, cash, in SHG or in bank)

➔ No: 0 point

➔ Yes:

- If yes, can you decide alone how your savings will be used?

➔ No: 1 point

➔ Yes: 2 points

10.   (a) Do you work outside your home?

➔ Yes: continue to **question b only**

➔ No: continue to **question c only**

- (b) Did you need to ask permission to be able to work outside your home?

➔ Yes: 1 point

➔ No: 2 points

- (c) If you were willing to work outside your home, would you be able to do so?

➔ No: 0 point

➔ Yes: 1 point

1 question on nutrition

11.   When your family eats the main meal of the day, do you usually eat with all the family members?

➔ Yes: 2 points

➔ No:

- If no, do you eat with the other women?

➔ Yes: 1 point

➔ No:

- If no, do you eat last or not eat all?

➔ Yes: 0 point

Need to **keep the record of answers in detail**. Form shall provide 2 columns (T0 and T1) of tick boxes (agree/disagree) in front of each of the 7 items. This detail would be recorded in the database. We could therefore compare if between T0 and T1 the woman agrees with less reasons to justify being beaten.

12.   Do you agree that a husband is justified in hitting or beating his wife if:

- A She goes out without telling him;
- B She neglects the house or the children;
- C She argues with him;
- D She refuses to have sexual intercourse with him;
- E She doesn't cook properly; if wife burns the food;
- F He suspects she is unfaithful;
- G She shows disrespect for in-laws
    - ➔ If AGREE with one or more of the reasons -> 0 point
    - ➔ If DISAGREE with ALL reasons -> 2 points

13.   Do you agree or disagree with the following statements:

- After a separation, a woman has the right to ask for alimony from her husband
- After a separation, a woman has the right of custody over her son
- A single woman has the right to ask to register her children
- After a separation, if a husband persistently fails to pay his alimony to his (ex-)wife, he can eventually be put in jail
    - ➔ If DISAGREE with one or more of the statements -> 0 point
    - ➔ If AGREE with ALL statements -> 2 points

14.   Are other **adult members** in your household helping you doing household chores?

➔ Yes: 2 points

➔ No:

- If no, can you ask other adult member in your household to help you doing household chores when you feel overwhelmed?
    - ➔ Yes: 1 point
    - ➔ No: 0 points

15.   Are other **adult members** in your household helping you taking care of children?

➔ Yes: 2 points

➔ No:

- If no, can you ask other adult member in your household to help you taking care of children when you feel overwhelmed?
    - ➔ Yes: 1 point
    - ➔ No: 0 points

Visual help for participant:

- It might not be always necessary for the participant to use the visual symbols, as the questions will be clear enough for some of them.
- It is necessary to test different patterns/drawings to see if one is more straightforward and helpful than others…
- The participant could be represented as the "yellow woman". Ask the participant: "We would like to know about the extent to which you participated in making decisions about various aspects of daily life. For each question could you identify:… "
-

- • 2 options to represent that the woman **do NOT participate** in the decision

  (male members + mother in law)   (only male members)

- • 2 options to represent that the woman **contributes to the decision**, but is **not one of the main two decision-makers**:

- • Option to represent that the woman is the **first or second most important decision-maker**:

Appendix 6: Resilience Scale

1. I am able to adapt when changes occur.
2. I can deal with whatever comes my way.
3. I try to see the humorous side of things when I am faced with problems.
4. Having to cope with stress can make me stronger.
5. I tend to bounce back after illness, injury, or other hardships.
6. I believe I can achieve my goals, even if there are obstacles.
7. Under pressure, I stay focused and think clearly.
8. I am not easily discouraged by failure.
9. I think of myself as a strong person when dealing with life's challenges and difficulties.
10. I am able to handle unpleasant or painful feelings like sadness, fear and anger.

Each item is rated on a 5-point scale ranging from not true at all or zero to true nearly all of the time or four.