

Multi-Sectoral Nutrition Strategy

Global Learning and Evidence Exchange



June 21–23, 2016 | Bangkok, Thailand

Photo courtesy of Fintrac Inc.

Role of Women Empowerment in reduction of child stunting: *Experience of CARE's SHOUHARDO Program*

Syeda Ashrafiz Zaharia Prodhan

Senior Technical Coordinator- Women Empowerment; SHOUHARDO III Program, CARE Bangladesh



Strengthening Household Abilities for Responding to Development Opportunities (SHOUHARDO)

(Goal)

‘Sustainably reduce chronic and transitory food insecurity of 400,000 households in 18 districts of Bangladesh by 2009’.



Strategic Objective 1 (SO1): Agriculture and Livelihood

Strategic Objective 2 (SO2): Health Hygiene Nutrition

Strategic Objective 3 (SO3): Women Empowerment

Strategic Objective 4 (SO4): Disaster Risk Reduction

Context/Background

- Underweight- 56.8% at B/L
- Wasting- 16.2% at B/L
- Stunting – 56.6% at B/L
- Diarrhea- 22.50% in B/L
- Mother practices EBF in B/L 96% BDHS
- Ratings on the WEA-I Index
 - Decision making by women-1.0 ,
 - Control over use of income: 26%
 - Participation in group/ committee 23.3%

Building the Evidence - Data Analysis

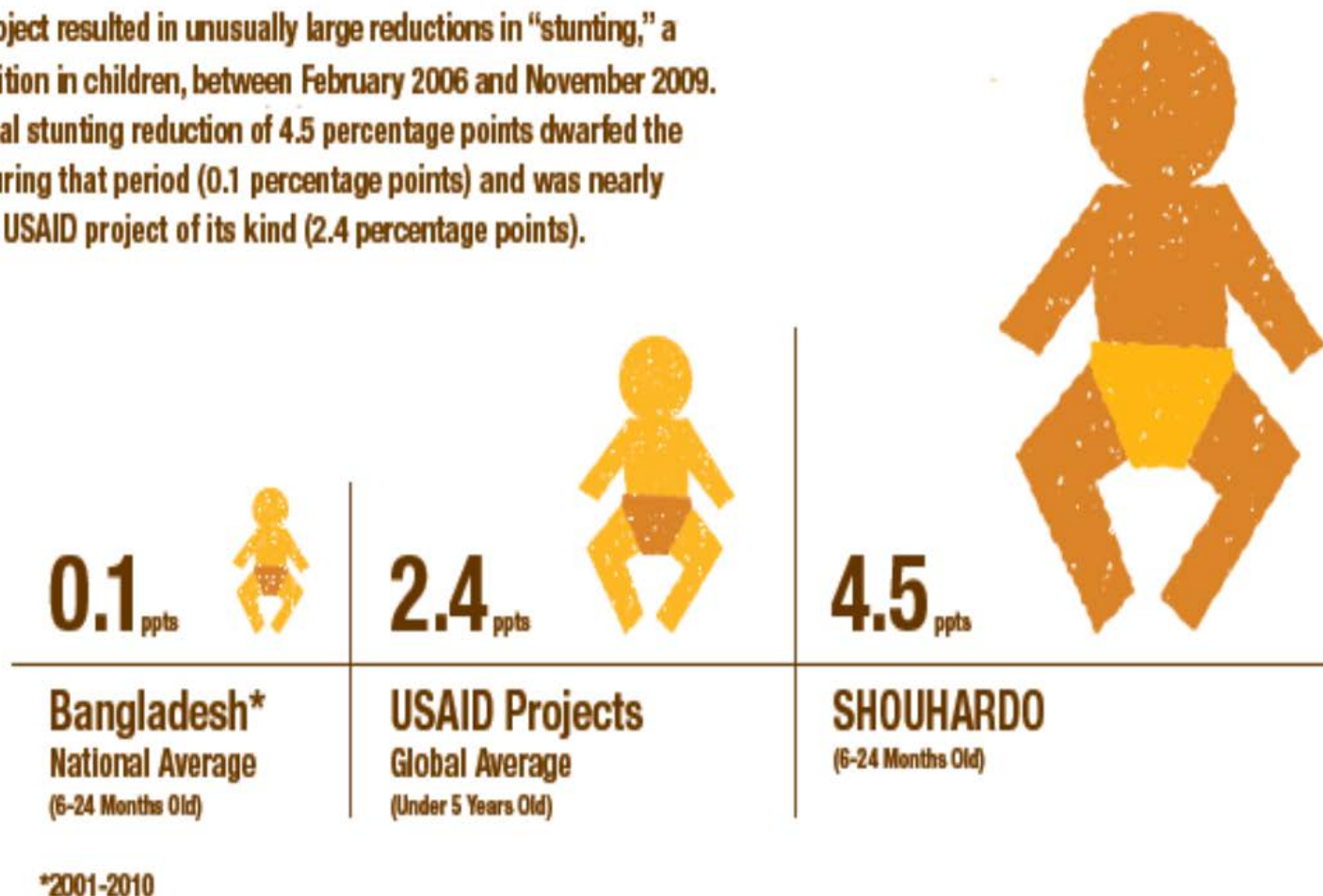
Answering the “why” question

The study applied a Propensity Score Matching to answer the questions:

- Was the reduction due solely to the MCHN ‘direct nutrition’ interventions, including the monthly distributions of food aid, or did the interventions that addressed deeper causes and were likely to set in motion sustainable impacts, contribute as well?
- Did the MCHN and these other interventions have the synergistic impacts anticipated by the livelihoods approach?

Findings – Overall Changes in Stunting in Program Area

The SHOUHARDO project resulted in unusually large reductions in “stunting,” a measure of malnutrition in children, between February 2006 and November 2009. SHOUHARDO’s annual stunting reduction of 4.5 percentage points dwarfed the national average during that period (0.1 percentage points) and was nearly double the average USAID project of its kind (2.4 percentage points).



How did we achieve this?

- CARE invests more in women's empowerment
- Multi-sectoral interventions
- *Empowerment Knowledge And Transformative Action- **EKATA***

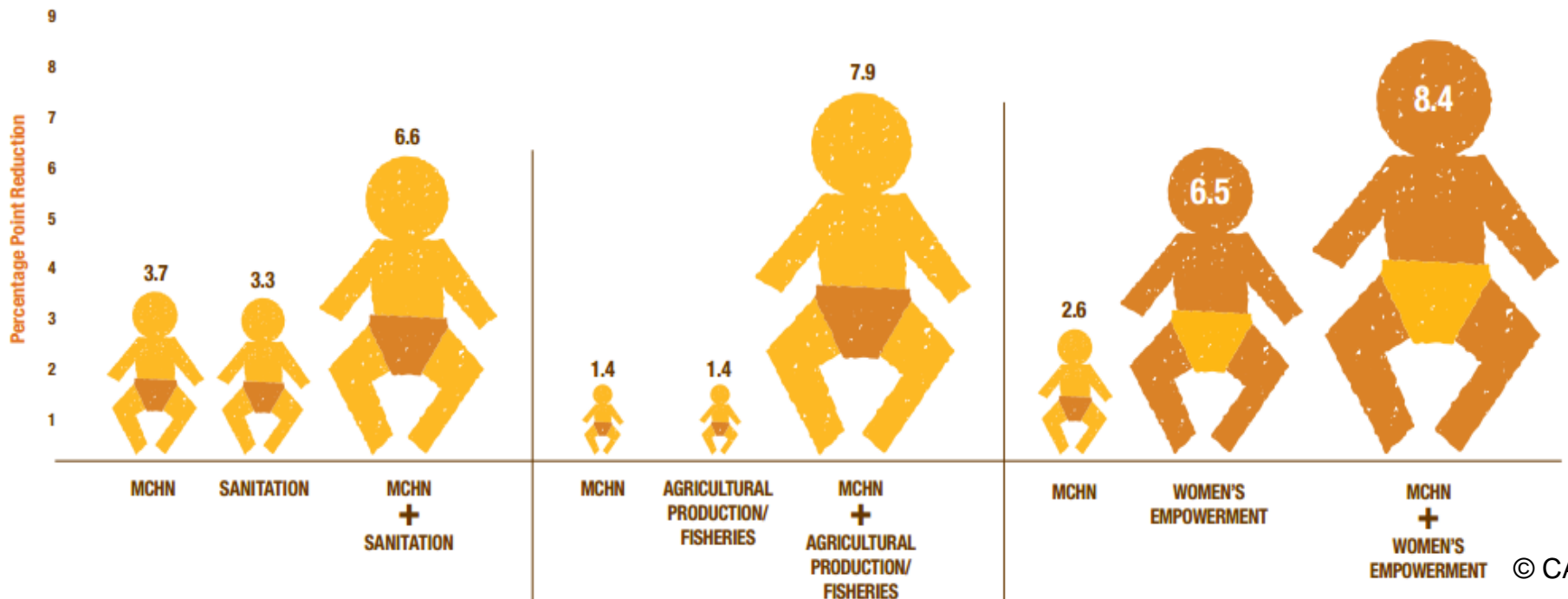
A methodology..A tool..A process

Findings – the “why” question?

WHAT CAUSED THE REDUCTION IN STUNTING?

Impact of Interventions on their Own and Together

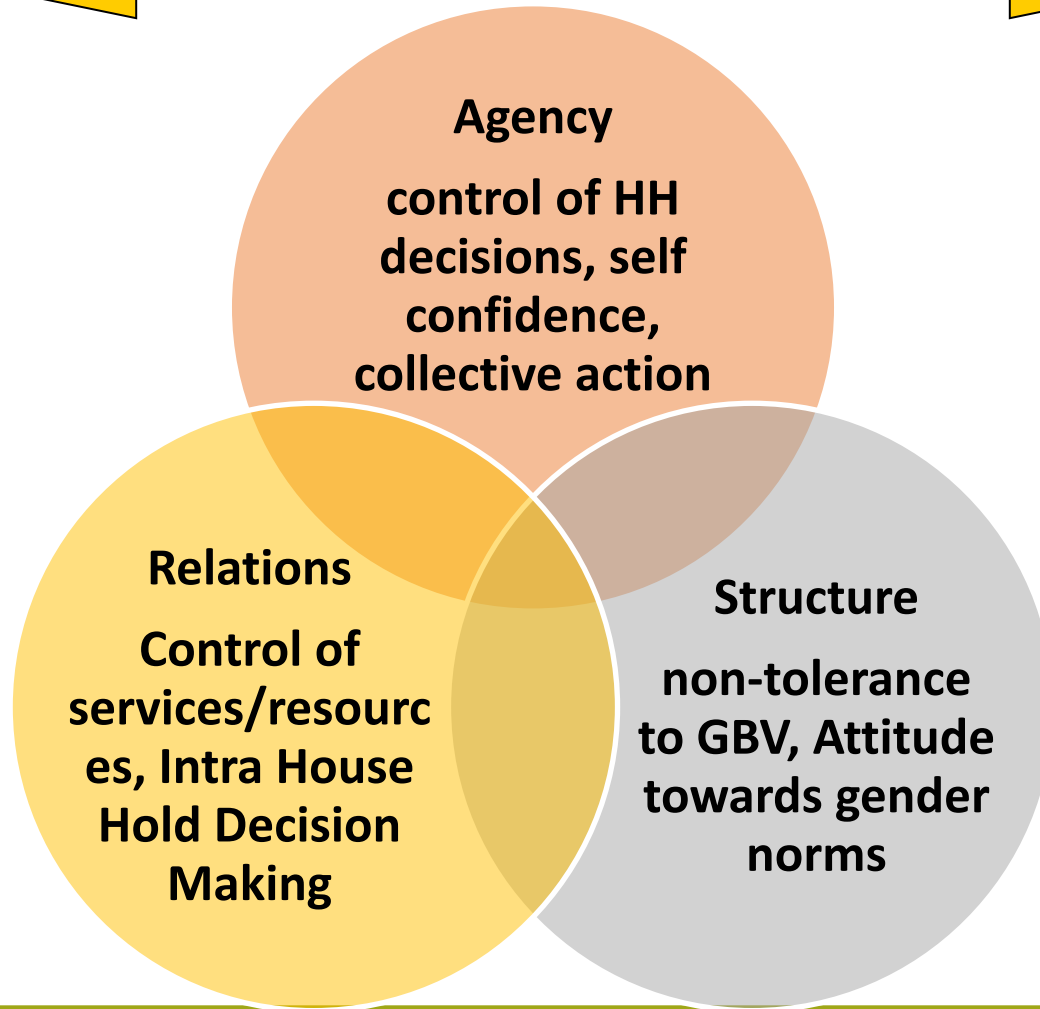
SHOUHARDO researchers found that combining other interventions with efforts to improve maternal and child health and nutrition (MCHN) produced big results. And no single intervention reduced child stunting more than women's empowerment.



Key Implementation Considerations

- Political and social empowerment of women in decision making relating household food security
- Facilitate positive development outcomes and investment in women empowerment - *not just “nice to do...”*
- See women’s empowerment as broader lens through Women Empowerment Framework
- Do No Harm - especially for time burdens and intra-household relations.

Key Implementation Considerations (contd)



Challenges

- Difference in perception about gender and women empowerment among different actors
- Empowering community volunteer to facilitate WE in the community they belongs to
- Breakthrough in bringing changes in women's sense of compromise household food
- Handle threat to women's and girls' participation in groups
- Harassment/ threat on male champion
- Discrimination against women that is perpetuated by social norms

Course Correction

- 100% female empowerment volunteers to facilitate hard to reach segment of the community
- Village Development Committee focal person play the role of WE champion
- Capacity building of community participants about women's empowerment and its link to nutrition
- Engaging & motivating men, boys and local elite in the pathways of change
- Develop buddy system among women and other affiliated members who are in favor of women's empowerment

Lessons Learned

- Equitable interpersonal relationships help strengthen women's MCHN decision making skills in the family
- When community understands the cost and consequences of VAW and violence is reduced, then women become free to move and seek out better nutritional outcomes for her children and for herself
- When women acquire life skills and knowledge, then their motivational levels become high and they become able to improve care for their children
- Women's Solidarity groups / platforms help to encourage conversations and dialogues on positive practices in the community

Areas for further assessment/learning

- Need for further work on fostering equitable relationships between women and men
- How can we work to address workload divisions as a focus area for nutrition and hygiene?
- Need to work more with men, youth and adolescents boys particularly in changing community perceptions and practices.
- Need to see comparisons of learning application between participants taking all package and that of taking food rations only.