VSLA as a Platform for Integrated Programming:

The Integration of Social Analysis and Action into SAFI

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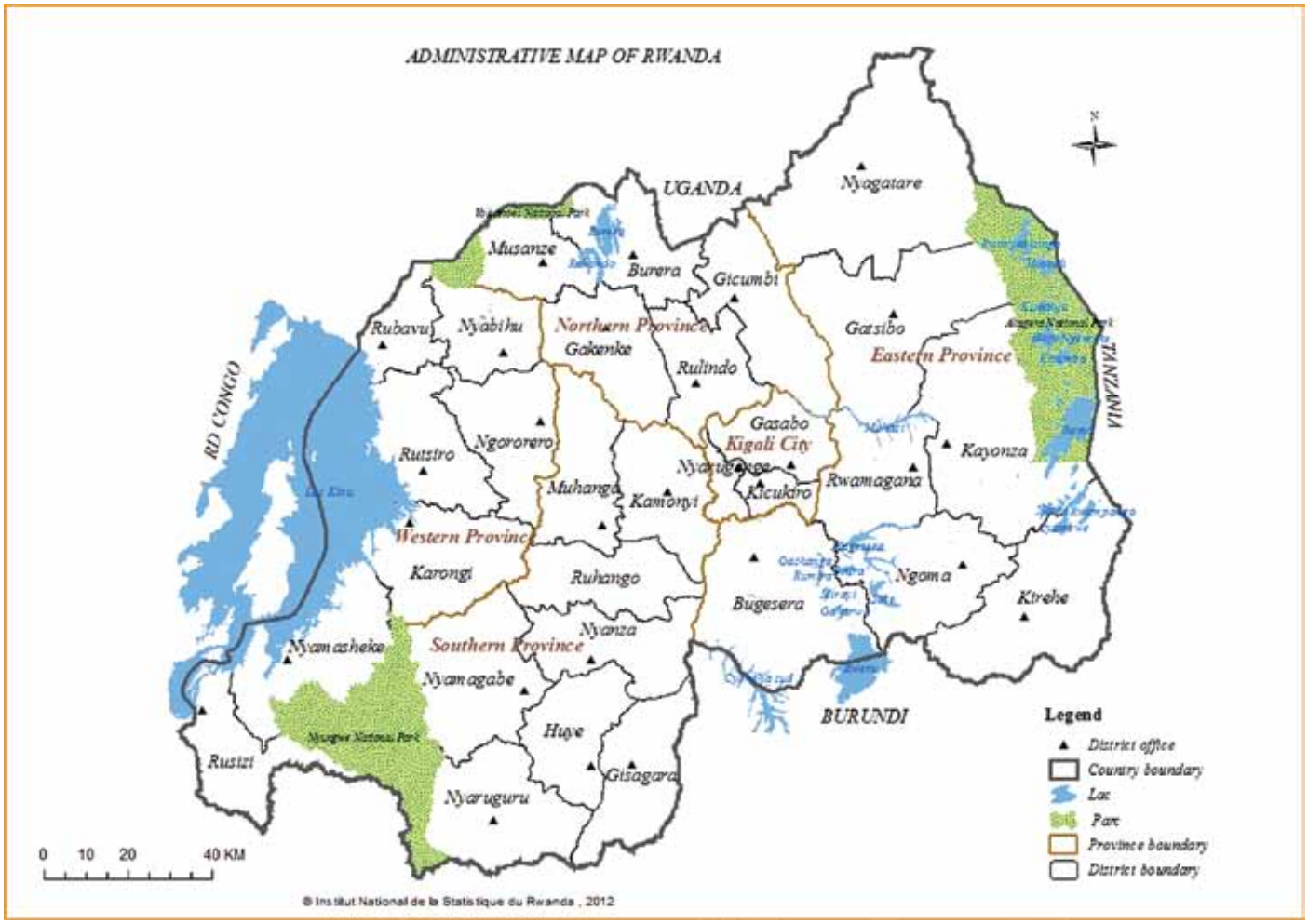


Introduction

Since 2009, CARE Rwanda has been implementing both the Sustainable Access to Financial Services for Investment[1] (SAFI) project and the Social Change for Family Planning Results Initiative[2] (RI) in Gatsibo district, Eastern Province with the goal of increasing economic opportunities, reducing poverty, and improving gender equity and sexual, reproductive, and maternal health.

The SAFI project is a three-year project that was designed to build on CARE experience targeting vulnerable people who do not have access to financial services and increasing their access through the village savings and loan (VSL) methodology. The project, which ran from 2009 to mid-2012 in 15 districts in Rwanda, including Gatsibo, prioritized reaching marginalized women. The goal of the project was to enhance the livelihood security and financial literacy of at least 108,200 VSL members, 70% of whom are women, with at least 30% accessing formal financial services such as savings, credit and insurance.

In four sectors of Gatisbo district, CARE implemented the Results Initiative. The RI was designed to improve access to and quality of health services and information while also addressing deeply entrenched social, cultural, gender, and power norms that inhibit uptake of family planning. Through recurring reflection and dialogue of social barriers, community groups developed their capacity to analyze social issues and develop solutions to address them. Some of the most powerful social barriers to optimal health were inequitable gender attitudes and behaviors in the community and in the household. The RI was originally integrated into an existing project called Communities Allied Against Violence and AIDS (CAVA)[3], a project aimed to reinforce the capacity of local actors to prevent HIV infection and gender-based violence (GBV) through existing micro-finance structures.

Project Objectives

SAFI Project

- Scale-up VSL methodology and improve access to financial services through a multi-pronged implementation model led by a VSL Technical Support Unit
- Develop sustainable linkages with formal financial institutions to ensure that VSL groups can access savings, lending, insurance, loans, and other services
- Facilitate learning and knowledge management

Results Initiative

- Increase and sustain family planning use through a combination of strengthening family planning service quality and access, while also addressing the inequitable gender roles and social norms that influence health.

1 The SAFI project is funded by the MasterCard Foundation and CIDA.

2 The Results Initiative is funded through CARE USA's Reproductive Health Trust Fund, a cooperative agreement supported by USAID and CARE private donors.

3 The CAVA project was funded by CARE UK and CARE International in Rwanda.

Family Planning Methods

The Case for Integration

Results from a midterm rapid assessment of the SAFI project found that members in the VSL groups had developed new skills in financial literacy and management and that there was an increase in members' household income as their sources of income broadened to include growing and selling vegetables, clothing, and poultry products. However, the review also indicated that women were still confronting barriers to optimal participation in the VSL due to issues related to rigid gender roles, inequitable power dynamics between men and women and limited communication within the household. Women's meaningful participation in the VSL group was often constrained by their husbands' control over important decisions, such as when to seek a loan and how to use the loan. Many women reported that they also did not have control or ownership of the valuable assets purchased through VSL activities. Women were also burdened by numerous household chores, inability to discuss important household topics like ideal family size, and fear of domestic violence all of which affected their participation in the VSL group and ultimately their economic empowerment.

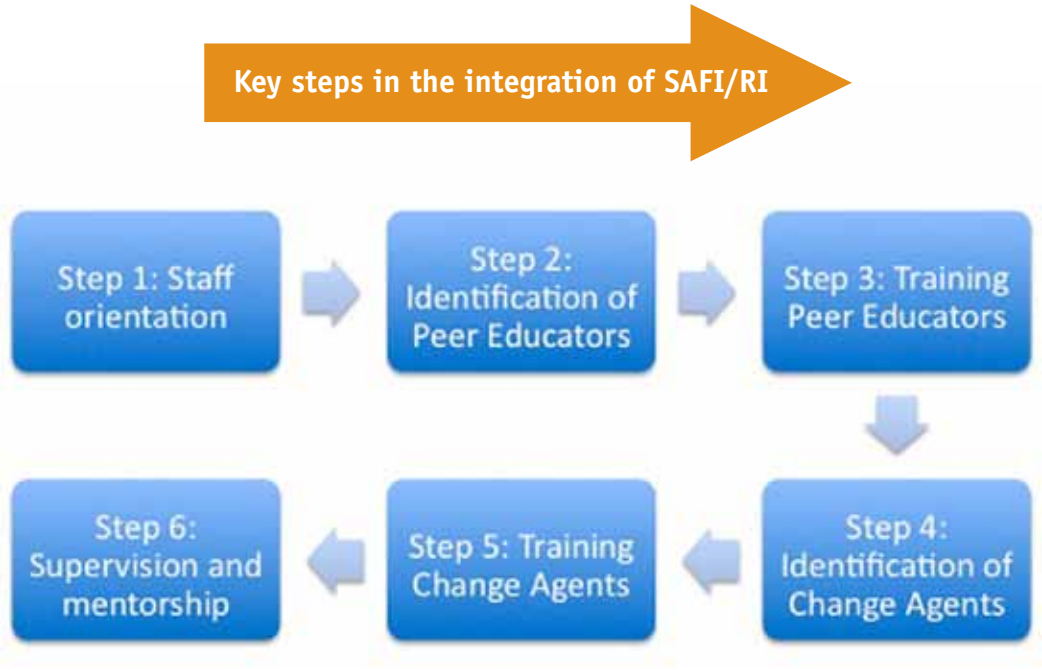
> **The VSL group helps us develop; a woman can take a loan and do small business and afford to buy what she could not before, like buying a soap when she needs it… solving other financial need in the household… What pleases about the VSL group is that a wife and her husband feel that they can share all the chores, not having all the chores as the wife's responsibility—this sharing relieves the wife… not burdening one side.**
>
> — Rosine Mukankiko, Peer Educator

At about the same time as the SAFI assessment, a midterm evaluation of the integrated CAVA-RI project revealed a number of positive changes in households, such as increased communication in couples, sharing of household chores, and greater community acceptance of family planning. These findings suggested that, by addressing underlying gender dynamics, CAVA-RI was helping to meet the health outcomes, women's empowerment, and household income improvements. CAVA-RI activities worked synergistically to meet the goals of both projects. A third party final evaluation of CAVA found similar results, indicating that the SAA approaches used to address gender and power were influencing changes at the household level resulting in improved economic status and health. Equipped with these compelling program lessons, CARE Rwanda chose the most effective approaches from RI and integrated those with SAFI.

The new SAFI-RI pilot sought to use the VSL platform as an entry point for more integrated programming. Specifically, the SAFI-RI project planned to integrate three high-impact strategies into six additional sectors in Gatsibo. These strategies included 1) the introduction of Social Analysis and Action (SAA) activities into existing VSL groups to engage men in women's empowerment, 2) engaging religious leaders as champions for family planning, and 3) working at various levels in the community to increase access to quality family planning services and information.

The remainder of this document focuses on how strategies aimed at exploring and challenging community attitudes about gender, sexuality, power, and fertility—at various levels—were integrated into VSL groups to improve women's status within their households and communities and increase their abilities to take actions to improve their economic positions.

The Process of Integrating SAA



Integration of SAA into SAFI project was done in a step-by-step process modeled after the lessons from the CAVA-RI project.

Step 1: *Staff Orientation*

An important first step is creating a shared understanding of Social Analysis and Action (SAA) approaches and how they can be used to initiate critical reflection and dialogue about gender, family planning and GBV. A series of trainings and reflections sessions were held for the new SAFI-RI team to explore and reflect on how their own assumptions, beliefs, and attitudes about gender, power and sexuality, influence their decisions and behavior and ultimately their work. Staff also reflected on how those same social and gender norms related to a woman's ability to participate in making sound economic decisions for her family. The SAA approach is unique in that it begins with dialogue and reflection amongst CARE staff first.

This process was conducted in eight days over the course of two months. The orientation included building a shared understanding of key concepts related to gender, sex, and social barriers to services, ensuring a solid understanding of how SAA is different than other more directive behavior change approaches, and consensus of how the team will need to work differently with the new SAA tools. This process is often met with some initial resistance, because it is seen as extra work rather than a different way of working.

Definition of SAA

Key Elements of Social Analysis and Action

- The process of exploring the social components of well-being in order to create community understanding of how health is shaped by socio-cultural and economic factors
- An understanding of the social complexities that aid or impede the fight for good health within a programming context
- Taking concrete steps to address health and social issues within a reflection-action cycle

Step 2: *Identifying Peer Educators*

The next step in the integration process was to reach out to the community to identify peer educators to be trained. VSL members were first led in a discussion of the characteristics of a peer educator, like the ability to conduct discussions within the VSL groups, after which interested VSL members self-identified themselves. It was important for the peer educator to have adequate literacy skills and to be willing to work as a volunteer. Members of the VSL management committees were discouraged from volunteering as peer educators in order to avoid over-tasking them with responsibilities. By mid-2011, CARE identified one peer educator in 129 different VSL groups.

A Peer Educator is a VSL and community member trained to conduct discussions related to family planning, gender and violence in an engaging and participatory way. Equipped with these skills and through mentorship by CARE staff, the Peer Educators creates a safe space to engage their peers within the VSL in conversations about the benefits of family planning and how to prevent GBV. As a trusted member of the VLS, providing locally-relevant and meaningful suggestions, in the local language and taking account of the local context, CARE and the Peer Educators aim to promote health-enhancing behavior change and discussions on sensitive social and gender norms to catalyze positive changes within the VSL group, their households, and the community.

Step 3: *Training Peer Educators*

The 129 peer educators were trained in basic family planning, GBV and how to use SAA tools like "gender roles pile-sorting" and "the bead game" (a game to initiate discussion about son preference). The peer educators gained knowledge on different family planning methods, which enabled them to understand how to address and challenge community rumors and misconceptions related to them. The training was not a conventional training, in that it was a safe space for peer educators and CARE staff to speak openly about topics usually not discussed in public settings. Some peer educators felt comfortable enough to share their positive experiences using certain FP methods-

-experiences that ran counter to common community rumors about those very methods. The peer educators were trained on women's rights and how different forms of violence affect household wellbeing and family planning use. Concerns about GBV also came out strongly during the midterm review and were noted to affect effective participation of women in VSL group activities. The facilitators enabled the peer educators to discuss the various forms of abuse common in the community and to learn about corresponding laws that prohibit and penalize these abuses. Trainers from Rwanda Men's Resource Center (RWAMREC), a local partner focused on male engagement strategies, led discussions on how men's support to women and men's involvement in family planning was crucial to the improved economic status of households and the prevention of violence.

> **My husband supports me now but he initially did not because when a man is poor he lacks peace and there is violence. Before, he used to feel bad because he had no money to buy drinks and meet other men. But today we have joy, he helps me in everything. When for example they call me to receive the supply of a bag of beans, he rides his bicycle and goes to bring them.**
> — Consolée Kwizera, VSL member

SAA Tools

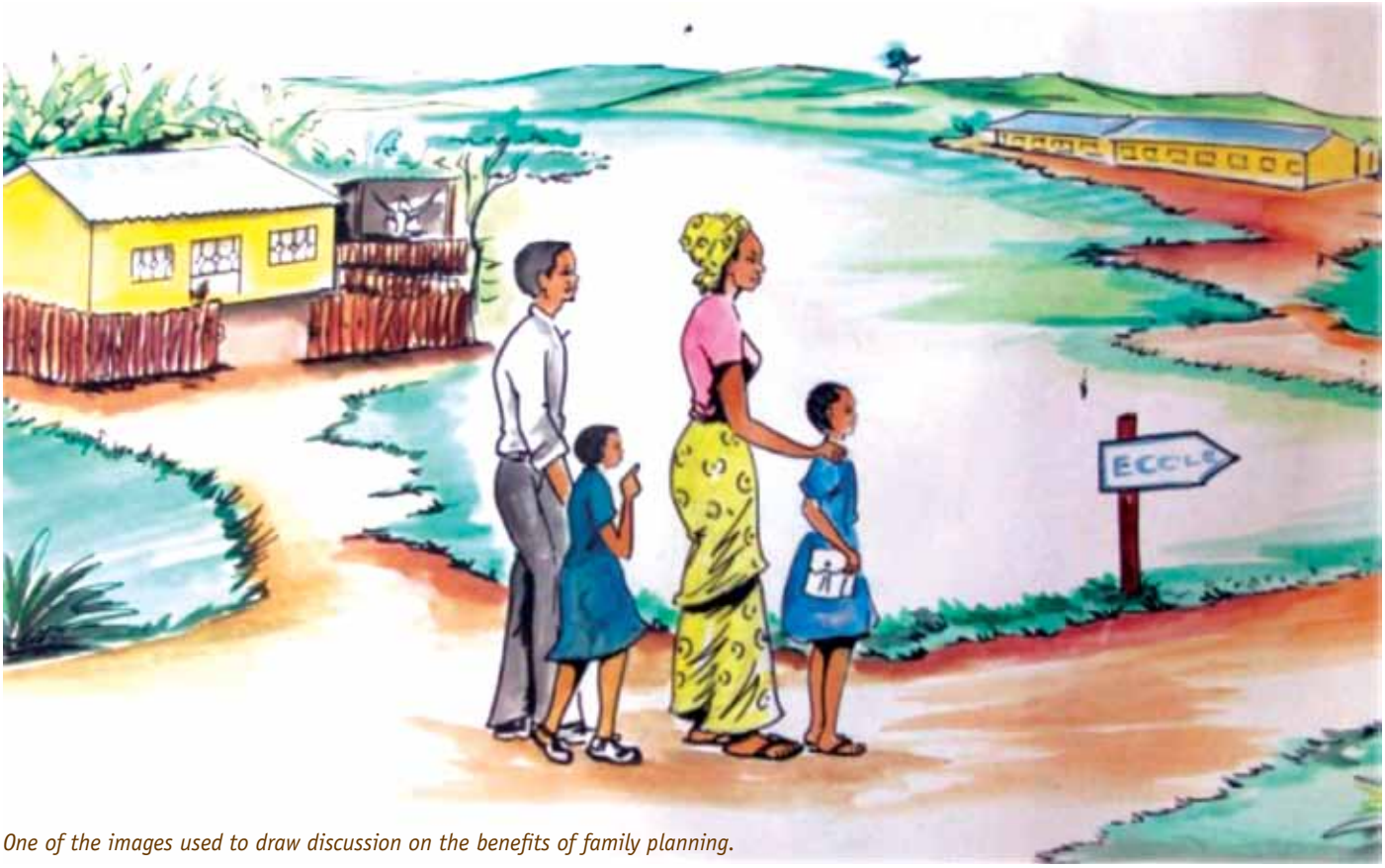
Gender roles pile-sorting	• Discuss which household chores and responsibilities fall on women or men and which are shared • Discuss different ways that women and men can work together to meet household chores and responsibilities
Bead game	• Educate the community how the sex of a child is determined • Reduce stigma to women who give birth to daughters • Discuss the repercussions of son preference

Step 4: *Identification of Change Agents*

In order to extend the reach of the conversations being held within VSL groups, 44 community change agents were identified among the 129 peer educators. These change agents were trained and mentored in advanced facilitation skills to conduct discussions outside the VSL group and with the community-at-large. The selection of change agents required an ability to facilitate large community discussions and the willingness to be more engaged with CARE through regular support and mentorship meetings. Table 1 describes some of the differences between change agent and peer educator responsibilities.

Table 1: Profile of Peer educators and Change agents

Peer Educators	Change Agents
Conduct discussions only inside VSL	Conduct discussions outside and inside the VSL
One peer educator per VSL	Change agents may support several VSL groups
Discussions are held twice a month	Discussions are held on a weekly basis
Meet with CARE staff on a quarterly basis	Meet with CARE staff on a monthly basis
Report on a quarterly basis	Report on a monthly basis
Technical support from CARE on a quarterly basis	Monthly supervision and mentorship from CARE



One of the images used to draw discussion on the benefits of family planning.

Step 5: *Training of Change Agents*

Change agents underwent a more in-depth training, specifically on leading community reflections. Change agents were trained on how to use SAA tools to stimulate community reflections on social norms, such as son preference or the sharing of household chores between husbands and wives. They were also trained in advanced facilitation skills to conduct community discussions, including managing discussions on taboo subjects and coaching others in decision-making and problem solving. The change agents now hold discussions in the community both within and outside VSL groups on sharing household chores between husbands and wives and on how the sex of a child is determined. Change agents have also played a key role in the community by providing additional information on the family planning methods available at nearby health centers and will work with local leaders to garner their public support for family planning.

Step 6: *Supervision and Mentorship*

Meetings with peer educators, change agents and religious leaders are conducted on regular basis to support them in reaching the project objectives. For peer educators and religious leaders, the meetings are organized on a quarterly basis; monthly support and supervision meetings are held with change agents. During the meetings with CARE staff, both religious leaders and peer educators discuss progress on their implementation plans, challenges encountered, and possible solutions. During these meetings, CARE staff provide refresher exercises on various tools used for community or VSL group reflection. Plans for the next quarter or month are then designed together to ensure coordination. CARE staff also provide follow-up through the collection of community activity reports compiled by change agents. Community activity reports provide important information on the number of people attending community discussions, topics discussed, and who is conducting the discussions.

Action at Different Levels

As described above, SAA offers opportunities to critically reflect upon, discuss, and take action to address household and community factors that influence health and economic decisions. Integrating SAA also includes identifying actions at various levels to promote changes that directly influence the well-being of communities. For instance, a participatory community mapping activity revealed that a potential source of rumors and misconceptions around family planning came from religious leaders opposed to modern methods. CARE brought together religious leaders to listen to their concerns and engage them in a discussion on the social factors affecting their community, such as high rates of unintended pregnancies, inequitable gender and sexual norms, and high levels of GBV. Currently, 30 religious leaders have been trained on family planning and SAA. This has enabled religious leaders to conduct discussions on the benefits of family planning with their communities and even use religious scripture in support of planning families and gender equity. Religious leaders also work with youth groups and counsel couples on how to work together to end violence and share household responsibilities including decision-making and childcare. In the future, religious leaders and change agents will work together to develop action plans and leverage each other's efforts.

Moreover, due to increased knowledge and demand for family planning, the project supported the establishment of a family

planning auxiliary post in the new SAFI area[4]. In collaboration with the local Ministry of Health, the family planning post in Kigasha serves a population of 9,100 people and has expanded to include other health services like immunization, PMTCT, and antenatal care. Not only was the establishment of the post an important milestone in the health of the community, but it also complements the VSL and community level activities aimed to increase knowledge about and demand for family planning services.

Feedback

Recent SAFI documentation[5] clearly indicates that women's lives have positively changed from their participation in a VSL group—from feeling a sense of confidence and solidarity with others, to their ability to contribute to the improvements of their households through savings and loans.

However, as mentioned previously, recent reviews clearly stated the need to address the inequitable gender dynamics that were acting as barriers to women's ability to more fully participate and benefit from their membership in a VSL group. Addressing those gaps was an important driver for an integrated VSL model to help meet the project's economic empowerment objectives. Although integration to meet these concerns is still in its initial stages, ongoing project monitoring and interviews collected from project participants, community agents, local district and religious leaders, and CARE staff provide a positive initial snapshot of the integrated model's effect on people's lives. The feedback suggests that integrating SAA into VSL activities has helped to increase women's decision-making at the household level and has increased the support that men give to women in various household chores, creating an environment where women can increase their contribution to the household income. Some women also reported greater comfort discussing sexual and reproductive health with their husbands, directly resulting from their participation in a VSL groups' discussions on sensitive topics like family planning. Peer educators and change agents report increased self-confidence and skills to discuss sensitive issues with their peers, including the use of new SAA tools to initiate those discussions. Several men disclosed dismay when they first took part in discussions about household chores, admitting that they had not previously realized just how much work fell to their wives. Lastly, the theme of working together extended beyond the household into better coordination of household assets and VSL participation.

> **Sharing of household chores has brought development in the household since there is a difference between work done by one person and work done by two people. Development is increasing in the household.... the child has benefited, when the mother is busy at some work, her husband can take care of the child and this brings children to grow well.**
> — Pastor Emmanuel

Moving Forward

Now that the essential components of the integrated project are in place, the project is prepared for a final year of systematic implementation of the integrated model of VSL and SAA. The peer educators and change agents embedded into VSL groups will help continue and extend transformative critical reflection, dialogue, and action deeper into the community for sustainable change. A cadre of religious leaders is now actively supporting community members to make informed choices about their families. And lastly, family planning and other health services are now available to communities previously unable to reach quality services.

Moving forward, ongoing monitoring and learning of the project will contribute to the documentation and knowledge sharing of programming innovations, successes, and challenges. In early 2013, CARE USA and CARE Rwanda will collaborate on the final evaluation of the Results Initiative. The goal of the final evaluation will be to measure changes in a number of different domains related to increased access to and use of family planning services, improved gender equitable attitudes and behaviors, and the economic position of women and to suggest correlations with project activities. The lessons, challenges, and potential solutions from the project's efforts will be documented and shared with local health, civil society, and government partners, as well as across CARE for global learning, potential replication, and scale.

4 Three other FP auxiliary posts were established in the CAVARI sectors. In collaboration with the national family planning technical working group, CARE advocated for the Ministry of Health to include in the budget for full time staff and to link the posts to the local health information system.

5 SAFI Technical Briefs Series

Additional Resources

1. SAFI mid-term review report
2. CAVA final report
3. CAVA-RI midterm review report
4. Gender gap analysis report
5. SAFI-RI integration video
6. SAA tools in action

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