Social Funds: Examining Women’s Reproductive Health and Women’s Empowerment

Prepared for the

Human Development Network
Population and Reproductive Health Group

Poverty Reduction and Economic Management Network
Gender Division

The World Bank

By

Tamara Lewis Johnson
U.S. Department of Health Human Services
Health Resources Services Administration
Bureau of Primary Health Care

August 1999
Social Funds: Examining Women’s Reproductive Health and Women’s Empowerment

Introduction

Social Funds finance a wide variety of demand-driven projects to meet the particular needs of poor and vulnerable populations. In this report, eight social funds were examined to assess the impact of social funds on women’s empowerment and women’s reproductive health. It is proposed that the demand driven aspects of social funds produce a significant relationship between women’s empowerment and women’s reproductive health. Women’s empowerment is defined as an increased level of decisionmaking as a result of women’s participation in social fund projects. It was found that women’s empowerment in social fund projects, as reflected in women’s involvement, could produce an indirect benefit to women’s reproductive health. Women’s empowerment is an important leveraging tool for influencing how social fund projects are identified, designed and implemented. Where there is more women’s empowerment there is a greater emphasis on health and education projects that can advance the lives of women as well as the larger community.

Background

The latest generation of social funds is shifting away from the traditional practices of financing physical infrastructure and large scale public works projects to financing multisectoral projects that are more responsive to community needs, in general, and women’s needs, in particular. Social funds are demand driven, multi-sectoral in this approach to service delivery, and work in collaboration with other donor agencies to meet community needs. Since social funds finance but do not implement projects, they are inherently dependent on ministries, municipalities, non-governmental organizations and communities to implement the projects financed through their funds. They can, however, promote women’s empowerment by using gender as a mechanism for measuring the effectiveness of ‘demand-driven’ projects. Many of the newer social funds have developed strategies to reach groups of poor women through the financing and monitoring of projects with gender-focused components. This report presents the findings of eight social funds reviewed in relation to five topical areas: (1) the development impact of women’s empowerment, (2) the impact of micro-credit and group banking programs on women participants, (3) the development impact of women’s reproductive health, (4) the development impact of education on women, and (5) adolescent women’s involvement in social funds.

Methodology

Information is drawn from the Poverty Reduction Economic Management’s (PREM) gender ratings scale that identifies those World Bank’s social funds with gender-focused components. For purposes of this report, gender focused components are those projects or activities which address the unique needs of a community that result from an assessment of the different roles of men and women in society. Twelve social funds with the highest gender ratings were selected. The researcher was able to obtain substantive information
on eight\(^1\) of the twelve social funds identified. Additional information was obtained from interviews with task managers, beneficiary assessments, staff appraisals and related information on social funds developed by World Bank staff.

**Women’s Empowerment and Reproductive Health**

An examination of the relationship between women’s empowerment and reproductive health reveals a critical link to women’s well being. For purposes of the report, the following evaluation criteria were examined:

**Women’s empowerment**
- *Management*— the numbers of women who held management, senior management or board of directors’ seats in a social fund.
- *Staff* — the level and frequency of gender awareness training of social fund staff.
- *Community* — the extent of women’s participation in community assemblies or selection committees sponsored by a social fund.
- *Individual* — the extent to which a women indicated a heightened sense of self-confidence and autonomy in decisionmaking about her reproductive health and other household decisions.

**Micro-Credit and Group Banking Programs**
- The contribution of micro-enterprise income or group banking savings to household income
- Expressed levels of increased household decisionmaking or self-confidence
- Level of participation of women in micro-credit and group banking programs
- The impact of the solidarity group on group banking programs
- Access to credit for women in micro-credit and group banking programs

**Women’s Reproductive Health**
- Increased access to primary care clinics
- Increased number of prenatal and family planning visits
- Access to maternal and emergency care
- Number of health providers who are women
- Training of health personnel
- Nutrition supplements to women and children
- Increased level of decision making over family size and family planning options

**Education**
- Literacy rate of women participating in social fund projects
- Participation in educational programs as a prerequisite to social fund projects
- Number of social fund literacy projects directed at working women

---

\(^1\) The social funds examined include the Bolivia Social Investment Fund, the Nicaragua Social Fund, the Guatemala Social Fund, the Honduras Social Investment Fund, the Malawi Social Action Fund (MASAF), the Eritrea Social Fund, Social Investment and Compensation Fund (FONCODES) of Peru, and the Egypt Social Fund for Development.
Adolescent Women

• The extent to which social fund projects targeted adolescent women
• The contribution of adolescent women to household activities
• The level of adolescent women’s access to income generating activities
• The impact of adolescent women’s empowerment on their reproductive health

While direct causality between women’s empowerment and women’s reproductive health has not been confirmed, there is a clear need for further research to better understand the relationship between women’s empowerment and reproductive health. This can only be achieved through a more in-depth analysis of gender equality among social funds. This next section presents findings that were common across social funds in the area of women’s empowerment, reproductive health, education and adolescent women.

Women’s Empowerment

Among social funds, women’s empowerment varies at the organizational and subproject levels. Nonetheless, women’s empowerment plays a critical role in social fund operations and the implementation of subprojects. Findings in the area of women’s empowerment are provided below:

• **Management.** Three social funds (MASAF, Eritrea, Egypt) employed women in management positions in the areas of training, gender and project identification. The Egypt social fund also had two women who sat on the board of trustees and were in a position to have some involvement in the leadership of the social fund. For women in management positions, one women was hired as a director of the public works project at MASAF where the other management positions were in support areas such as training, gender and project identification. For instance, the MASAF public works director targets female heads of households for short term employment (4 hours/day) doing tasks such as excavating water valley tanks, maintenance of roads and fetching water. Nearly one of every four MASAF public works employees is a woman. FONCODES, in Peru, also has agricultural projects where female heads of households are targeted for employment. Women’s empowerment, as represented by women’s leadership and management of the social fund, is an avenue through which social funds can encourage the identification, design and implementation of projects, which are gender-responsive.

• **Staff.** The social funds did require gender awareness training for all staff. The training was carried out by either a gender consultant or, as in the case of the Egypt Social fund, a gender manager directed the training. Social funds that underwent gender awareness training were more likely to carry out gender responsive recommendations.

• **Community.** Two social funds (MASAF, FONCODES) mandated women’s participation at the project committee level requiring that one of every three project committee members be a woman. It was found that women who served on the project
committees tended to serve in the position of either secretary or treasurer. There are reports that committees with women serving as treasurer tended to have greater fiscal management over their projects.

- **Individual.** Women’s empowerment for individuals was more common among indigenous communities in Peru where there was greater gender equality. Of the eight social funds examined, three have gender action plans, which describe strategies to increase women’s involvement in social funds. Only one of the social funds was operating in a country that had a legal framework within government for gender equality. This was Eritrea but it also had some of the poorest health and education indicators for its women. Of those social funds with no mechanism for ensuring women’s empowerment, women were identified as one of several targeted groups.

**Micro-credit and Reproductive Health**

As demonstrated in the area of women’s empowerment, women’s participation is a critical factor in the success of social fund operations. In this section, the researcher presents the findings of a literature review on the relationship between women’s empowerment, women’s participation in micro-credit programs and the effect of micro-credit programs on their reproductive health. The findings below offer insights in the subtle interplay of women’s empowerment, micro-credit and reproductive health:

- A study of Bangladesh micro-credit programs found that participants were more likely to be educated, married to educated husbands, and to have worked for money in the past. Although Bangladesh micro-credit program members were more likely to use contraceptives they had the same probability of becoming pregnant as non-program members (Population Briefs, 1998).

- Findings from a study of the Egyptian demographic health survey found that empowerment of married Egyptian women is important for fertility desire formation and contraceptive use of women in need. Women’s education and employment were important, not for their effects on contraceptive use, but for their effects on women’s empowerment. In addition, the findings show a strong association between higher levels of empowerment and egalitarian marriage (where inter-spousal age differentials were small, interpersonal communication high and wives were less likely to feel that husbands were justified in beating them). A woman’s household decision making was highest if her husband had completed primary and/or secondary education. The importance of factors such as egalitarian marriage and educational level of husband suggests that gender equality is a contributor to women’s empowerment and reproductive health (Kishor, 1998).

- Similarly, a study of the role of credit programs on women’s contraceptive use found that credit programs did not change the patterns of contraceptive use among women but it found that contraceptive use increased and fertility desire decreased when the women’s husbands participated in the credit programs.
These studies illustrate the importance of gender equality and its implications for reproductive health. Subprojects that integrate education, health and employment could produce effective inroads to gender equality for both men and women with promising results for women’s empowerment, micro-credit programs and reproductive health.

**Micro-Credit and Group Banking Programs**

Four out of eight social funds support micro-credit and group banking programs for women. These activities have produced some significant advances for women’s empowerment when women work collaboratively. The power of women’s collective efforts is demonstrated in the following findings:

**Contribution to income.** Social funds reports that women who operate micro-enterprises or participate in group banking allocate their income to household activities such as supplementing food, paying for school fees or expansion of their micro-enterprises. For instance, one Eritrean woman who operated a micro-enterprise reported using the additional income to supplement the food intake of the family, to clothe her four children and to send them to school. MASAF supported micro-enterprises used earnings to supplement their household income during the rainy season of their agricultural economy.

**Expressed levels of self-confidence.** Women participating in micro-credit programs reported having increased levels of self-confidence and household decision-making. Women who participated in the Egypt social fund’s micro-credit program also indicated benefits to family income and increased decision making. In one case, the increased level of decision making resulted in a reduced desire to increase family size. For example, one Egyptian micro-entrepreneur and mother of two indicated that she enjoyed working and wanted to expand her operations. She found that she did not want to increase her family size.

**Level of participation.** The beneficiary assessment of the Eritrean social fund’s micro-credit program shows that 36% of all participants in the micro-credit program were women. Guatemalan women participated in group banking programs where lending is approved at the village level. Although the numbers of women participants are few, women indicated they benefited from the programs. There was limited information on level of participation in micro-credit and group banking programs.

**Limitations.** There are also reports of women who were not successful with the micro-credit programs. One Eritrean woman used all of her borrowed money to settle personal debts. Her default affected her solidarity group who paid her share of the losses but she is still expected to settle her account. Women who participated in the Malawi micro-credit program reporting having insufficient credit to fully capitalize their seasonal businesses.

Overall, in each of these programs, women convene in groups to support their micro-credit or banking programs. Research suggest the social interaction, that takes place when women form micro-credit and banking groups, may be an important component of social transformation (Population Briefs, 1998). These examples indicate that micro-credit
programs and group banking circles are likely to boost the self-confidence of women who successfully complete the program.

**Women’s Reproductive Health**

A woman’s reproductive health is influenced, among other things, by her education, empowerment and income generating opportunities. These are activities that are available to women through social funds. In addition, social funds support health projects that build health clinics and provide an array of health services. While earlier social funds generally financed the building of health clinics, the newer social funds finance projects that more directly impact on women’s reproductive health services. The following examination of the reproductive health projects which are financed by social funds provide insights into women’s empowerment.

While all the social funds have health projects as part of their portfolio, there was limited information available on the scope of health services. The information obtained on health services was obtained through beneficiary assessments, individual interviews with task managers or the researcher’s observations during her mission to the Egypt Social Fund for Development. The development impact of women’s reproductive health is indicated in the following findings:

**Training of health professionals.** The Honduras social fund sponsored a one-time training of lay midwives from the community to address the reproductive health needs of pregnant women. The Honduran social fund also distributed food coupons through primary health centers to pregnant and lactating mothers as well as families with children under five.

**Access to primary care clinics.** Social funds have enhanced women’s access to maternal and primary care clinics. Some examples follows:

- MASAF has reports of women having greater access to health care where health facilities have been constructed. Malawi women have better access to maternal care and emergency cases have better chances of being addressed as a result of road improvements which permit ambulances to reach previously inaccessible communities.

- Findings from the Eritrean social fund’s beneficiary assessment indicate that improved access to health clinics enabled women to have more frequent prenatal visits. Eritrean women has a high maternal mortality rate of 1400 per 100,000 live births, pregnant women who were experiencing medical complications often died in route to medical facilities carried by husbands and family members. Women also expressed a reluctance to go to the clinics because there were so few health providers who are women. With lower educational attainment of Eritrean women, in general, there are fewer women trained in the clinical health professions. It was also noted that health clinics, in some Eritrean communities, had design problems resulting in a health facility being built with no access to a water system. This left the health facilities at risk for infection, particularly in Eritrea, which has a higher incidence of malaria. It was noted that a portable water system was significant in reducing the
labor of men and women as well as improving hygiene. Health education was also targeted for Eritrean women with an emphasis on hygiene.

- The Egypt Social Fund for Development has the most comprehensive reproductive health program that is linked to its micro-credit program. It is limited to young married women who have two or fewer children. It hires social change agents who take women to the health clinics to address their reproductive health needs and teach the family about health education, family planning, the risks of female circumcision and parenting. This project is unique because it targets women in the early childbearing years to be more active in their reproductive health and links the women to income generating opportunities. These measures could potentially improve the reproductive health of women.

Overall, social funds finance a variety of reproductive health projects based on the needs of the community. It is important to continue to investigate the level of women’s empowerment on the resulting reproductive health projects that are financed by social funds.

**Education**

Educational attainment is an important link to advance women’s empowerment and reproductive health. In this section, the researcher examines educational opportunities for women served by social fund projects. The findings below illustrate the development impact of educational attainment (or lack thereof) on women:

*Literacy rates of women participating in social funds projects*. Low educational attainment and literacy rates were common among women participating in social fund projects. The educational projects tend to target school age children and there are fewer literacy programs for women either in the micro-credit programs or the employment programs generated by social fund projects. Women were allocating resources to their children’s school fees but there is insufficient information as to whether women have adequate access to educational opportunities for themselves.

*Participation in educational programs*. Educational attainment varied considerably among the social funds ranging from women entrepreneurs needing basic reading and writing skills to projects that required enrollment in a literacy program as a prerequisite for participation in a group banking program.

*Number of social funds literacy projects directed at working women*. The Egypt Social Fund for Development finances a considerable number of literacy projects directed at women and men. It was found that women participating in the micro-credit programs had limited time to also enroll in a literacy program. As such, those with limited literacy skills could be at risk for lower performing micro-enterprises. Education could be linked with micro-credit programs and reproductive health project as an empowering tool for women to attain better jobs, enhance businesses, increase their decision making and supplement the education of their children.
Adolescent Women – A Window of Opportunity

Adolescent women represent a potential opportunity for advancing women’s empowerment and reproductive health. Of the social funds examined, adolescent women were not targeted for micro-credit programs or reproductive health services. There is a pivotal period of time starting when adolescent women have either completed their schooling or have dropped out and ending when they decide to marry and have children. This window of opportunity could have a greater impact on the lives of young women if subprojects targeted activities to meet the multiple needs of adolescent women. Of the social funds examined and where information was available, the percentage of girls ages 16-17 who were attending school ranged from 36% for Malawi girls to 68% for Peruvian girls compared to 61% percent of Malawi boys and 71% of Peruvian boys in the same age categories (Mensch, 1998). With higher percentages of adolescent girls out of school, many are faced with limited opportunities for empowerment. Teenage girls are the primary supporters of household activities. For instance, Peruvian adolescent women are the primary caretakers of small livestock in their households. They were likely to start families during their teen years. Researchers suggest that legitimate income-generating work could provide girls with a more fulfilling adolescence where they have a higher degree of autonomy, self-respect and freedom from traditional gender roles (Mensch, 1998). For example, under the Egypt Social Fund for Development’s reproductive health project, young women were hired as social change agents who talked with married women about family planning and assisted the women with their micro-enterprises. These adolescent women were more likely to have more years of schooling, more likely to delay childbearing, and felt more empowered about their role as social change agents. Although no study is underway, it would be useful to monitor the reproductive health of the social change agents in comparison to other Egyptian adolescent women.

Summary Findings

Social funds present a unique vehicle for women to participate in the identification, design and implementation of subprojects. Given the demand driven aspects of social funds and the increased interest in women’s participation in projects, this report provided a review of gender-focused projects. Although social funds generate unique projects tailored to the needs of poor women, the findings listed below were common to all the social funds that were examined:

1. Women’s participation in micro-credit and group banking programs does increase women’s self-confidence.

Women who participated in micro-credit and group banking programs do report having heightened self-esteem, increased levels of decision making and greater autonomy. The increased levels of self-confidence could enable more women to participate in the identification, selection and implementation of social fund projects. Women’s greater involvement in social funds could produce benefits for their families, communities and themselves. Women participating in micro-credit and banking programs could also serve
as role models to adolescent women of the new roles of women actively engaging in the
gender-responsive social fund projects.

2. Social funds have increased women’s access to reproductive health.

Social funds have increased women’s access to reproductive health services. Projects
varied considerably depending on the demand driven needs of the community. Through
an array of subprojects such as improved roads, nutrition programs or the building of
health clinics, women have identified access to reproductive health as a priority for
financing through social funds. In future studies, it will be important to evaluate the
impact of reproductive health projects on women’s health in communities working with
social funds.

3. The more organized women are in the community, the greater the likelihood of the
project success.

Whether women are participating in community banking programs, micro-credit
programs or reproductive health projects, women’s involvement is essential to the
identification, design and implementation of the successful gender-focused projects.
Participation of informal groups of women, ministries of Women’s affairs, and women’s
non-governmental organizations are necessary for successful gender-focused projects.
Higher levels of organization on the part of women were common to the more successful
projects.

4. Women supported initiatives are carried out because of women’s empowerment.

When women speak out on behalf of women initiatives, the gender-focused projects were
more likely to be supported by a social fund. Women will feel a greater sense of
ownership of a project by fully participating in all aspects of the project cycle. Full
participation can only be achieved when there are the appropriate conditions for women
to actively participate (e.g., childcare, time and location of committee meetings). By
actively working on the development of projects at the management level, village-level
and as beneficiaries, women can achieve greater benefits from social fund projects.

Developing a Research Agenda

Although the Bank has conducted studies on gender and reproductive health, gender
specific primary resource data is scarce. As such, designing a research agenda to assess
gender-focused components of social funds is critically important for Bank operations.
Given that some of the social funds examined are in the early phases of their
implementation, this is an opportunity to create appropriate outcome measures for
monitoring women’s empowerment and reproductive health. As with all research
agendas, it is important to gather baseline data. Comparative studies are also informative
tools to measure the impact of a project. While empirical studies use living standards
measurement surveys to assess the impact of social funds on women, to further enhance
Bank operations with respect to women’s empowerment and reproductive health, the
collection and analysis of qualitative data gathering is equally important. Because gender
is a cross-cutting element common to many different sectors within the Bank, it will be
useful for staff from the Human Development (Social Protection, Population and Reproductive Health), the Poverty Reduction and Economic Management (Poverty, Gender) and the Private Sector Development Networks to collaborate on a strategy for implementing a research agenda. A preliminary agenda is offered as a starting point for Bank staff:

• Assess women’s involvement in social funds throughout the life of the project.

• Examine the outcomes of multisectoral projects that integrate health, education and income generating opportunities.

• Dis-aggregate data by gender, age, income, and educational attainment to measure how effectively social funds are meeting the needs of women through the lifecycle.

• Measure the impact of social funds with gender action plans with social funds that have no gender action plan.

• Expand beyond reproductive health to measure the women’s health outcomes.

• Incorporate qualitative data on women’s empowerment into the research design.

• Gather data on women who do not participate in social funds as comparison group for women who do participate in social funds.
References

Kishor, Sunita. Women’s Empowerment and Contraceptive Use. Perspectives on the Population and Health Situation in Egypt, National Population Council and Demographic and Health Surveys, Macro International Inc.


Appendices

Overview of Social Funds

Eight social funds were examined in this report. A brief description of each fund is provided which some information on the unique characteristics of the poor women in each country.

**Bolivia Social Investment Fund.** In retrospective, the more mature social funds were designed primarily for employment generation. The Bolivia Social Investment Fund (SIF), as one of the older social funds, encouraged employment opportunities. SIF developed programs that focused specifically on women. The training of poor women to take a more prominent role in the family, community and economy, addresses fundamental issues affecting half of the country’s population, particularly rural women. SIF obtained the services of a gender specialist to increase women’s participation in social funds. Although Bolivian women contributed their labor (paid and unpaid) to social fund projects, there were few if any evaluative criteria that examined women’s empowerment in the social fund. Beneficiaries were those who worked on subprojects not those who actually received services. As the social funds evolved, there was greater interest in the impact of projects on beneficiaries, both men and women. There was increased monitoring of social impact on women and families which arose as the composition of staff of social funds changed from mostly engineers to staff with more diverse areas of expertise. One example of an older gender focused subproject is the “Pro-Mujere” educational project that worked on issues of women’s rights and women’s self defense. This project reached a smaller number of women and there is limited information on the degree of impact of the project.

**Nicaragua Social Fund** focused on gender training as an approach to reach more women. This is one of the poorest countries in Latin America. With the Nicaraguan Revolution in the eighties, women gained legal rights and are getting stronger politically. Still the country is conservative on the reproductive rights of women. Domestic abuse is a concern. Although a gender specialist has been working to train social fund staff, women’s participation in the social fund is limited at best. Nonetheless the training of the social fund staff is one step to ensure women play a larger role in the identification of projects. There are no credit programs underway for women. Reproductive rights are limited within the socio-cultural context of the people.

**Guatemala Social Fund** has supported a community-training program to address the issues of women. There are community banking projects for poor women. Any woman can borrow after approval from the village credit committee. The funds have been used to purchase desks, sewing machines, chicken, and school fees for children. The women get heightened self-esteem and additional income to contribute to the household. Only recently is the fund requiring women to get education as a condition of participation. There is a gender action plan in place and heightened awareness regarding gender. Regarding women’s participation in the social fund, there are women in senior positions...
in training and project identification. There are education/training programs for a small number of girls.

**Honduras Social Fund** has a micro-credit program for women but it was managed poorly and is in financial trouble. There was a one-time health-training program for midwives. There is a health project that finances food coupons for pregnant and lactating women. Women’s employment is supported under the German Credit Institute for Reconstruction (KfW). This pilot project pays contractors an additional fee to employ female laborers. This additional fee does not go to the women but to the contractors. Some contractors use the fee to hire a childcare provider for the women’s children. The social fund has worked with a gender specialist and is implementing gender recommendations.

**Malawi Social Action Fund** (MASAF) has worked with the Ministry of Women’s Affairs to identify the needs of women. The ministry hires community development workers to assist the social fund with identifying women’s needs. From the beginning, MASAF brings in women to assist with applying for funding from a social fund. Three of the five managers are women (including the director of the public work projects). Female single heads of households are targeted for short-term employment (e.g., 4 hours/day). MASAF, which is know for its multisectoral approach for social funds, is responsive to the messages sent to the community about the use of MASAF funds. One of their model implementation efforts is the information education communication campaign dedicated to women’s short-term employment. The idea is to encourage income generation during the rainy season. Women are involved in forestry, bamboo furniture, poultry or pork businesses. The income is used primarily to increase the food intake of the family. These microenterprise programs are problematic because there are not sufficient funds to fully capitalize the businesses. Women also work on the water valley tanks, which are used to irrigate gardens and provide potable water. Women are encouraged to participate in the social funds selection committees. They tend to serve in the position of secretary or treasury rather than a higher decision making position such as the chair or vice-chair of the committee. The power of women is seen in the control of local resources where the women are likely to maintain control of the water tank by keeping the water faucets. Health clinics and maternity clinics are being built and there are reports that women have improved access to health services.

**Eritrea Social Fund** (Task manager: Laura Frigenti) has a gender action plan in place. There is a legal framework within the government for gender equality. Still the illiteracy rate among women is high (90% at the beginning of the project 1992). Women were empowered during the conflict between Ethiopia and Eritrea because women were fighters or wives of fighters. As a result, there is cohesion between the people and the government. The village assembly is given a legal status in the government framework. The social fund works closely with the government to support rebuilding of the communities. Women are in leadership positions in the social fund where they manage the training and capacity building components of the projects. Community facilitators and NGOs are not used because the community is empowered. Since the conflict with Ethiopia, the priorities of the government are focused on rebuilding the country through the financing of basic health facilities, small roads, water management, natural resources
management, and educational facilities. Reproductive health outcomes are still poor however and women’s educational attainment is low.

The Social Investment and Compensation Fund (FONCODES) in Peru was created in 1991 to finance social investments in poor areas of the community. Peruvian women represent 50 percent of the rural poor. They are usually responsible for agricultural activities in addition to the care of their families. 20 percent of the heads of rural households are women. However, the majority of women did not own land and they did not have access to credit or education. According to the most recent beneficiary assessment, women represent 41 percent of the beneficiaries of the project sample. 92 percent of the women consulted acknowledged their opinions were taken into account; however, nearly one third of this group indicated it was only a small group of women participating in the project selection phase. 49 percent of the women participated in project execution and 1 out of every 3 nucleos ejecutores included at least one woman. These results demonstrate the need for increased participation on the part of women in the FONCODES.

Women’s participation decreased during the life of the project. This is particularly true for women participating in projects managed at the community level. The social fund does require that at least one of the four members of the project management team be a woman. Women tend to serves in the position of treasurer and were adept at handling the finances at the community level. There was greater participation of women among the indigenous communities in the jungle regions of Peru whereas women in the Sierras had less gender equality and in some cases were not allowed to speak in public settings.

With respect to the allocation of funds to projects, health and education were seen as priority areas to funding. In the health projects, women and children were 80 percent of the recipients. There is limited access to family planning services and the demographic and health surveys indicate contraceptive use is 40-50 percent for women who seek such services. The archbishop of Peru was an original board member of FONCODES and he was actively opposed to family planning. The predominant type of health project is the building of health clinics and the installment of health equipment. The Ministry of health reviews every health project.

Although FONCODES has focused on education and health, more sanitation projects are being funded. Women are direct beneficiaries of the water sanitation projects. Given that these projects are selected through the community assembly process. There is greater participation of women in these community level committee meetings. This indicates that women are influencing the project selection process and are placing a priority on water sanitation.

Women’s participation is also seen in rural communities in the Sierras, where there is a preference given to female head of households for employment opportunities in the FONCODES agricultural programs. These women are usually the heads of household because the husband has migrated to seeking higher income generating opportunities.
Education is a priority but schooling is primarily in the 1st through 6th grades. Young girls are not delaying childbearing and many are becoming mothers during their teenage years. There are also reports of rape and incest among girls. Young girls play a critical role in the agricultural cycle because they are the primary caretakers of small livestock (e.g., guinea pigs) which is a major source of food in Peruvian communities.

There is a gender-focused project that was recently initiated at FONCODES. It is a natural resource management project. Women are the caretakers of small livestock and certain crops (food, medicine). The project requires that at least ten families are organized to participate in this project and there is a commitment to train ten additional families to replicate this project.

The Egypt Social Fund for Development has demonstrated a commitment to women’s empowerment and women’s reproductive health. The social fund has a two of its twelve executive board members who are women. There is a full time gender unit manager who is actively working to increase women’s participation in all levels of social fund. The gender unit provides social fund staff at the central and regional levels with training in gender concepts and tools to implement gender into the social fund.

Women’s empowerment is demonstrated with the management position of the gender unit manager. The gender and development approach at the social fund emphasizes relationships between women and men rather than focusing exclusively on women. There is also a women manager of the non-governmental organization carrying one of several population projects. This particular project has an integrated approach to address women’s reproductive health. In cooperation with the Ministry of Health and the social fund, the population hires social change agents to talk with families about family planning, child health, education and nutrition. The social change agent also takes the women to the clinic for their reproductive health care needs. Through the social change agents, newly married women with one or two children are encouraged to participate in a micro-credit program. The majority of the small enterprises financed through the micro-credit program provide women with a heightened sense of self-esteem. There is increased cooperation between the husband and wife. Most of the businesses are home-based and provide additional income to women. Of these women participating in the reproductive health projects, there was a desire to keep family size smaller than those that did not participate in the project. The social change agents exhibited a heightened level of self-confidence and garnered respect in their communities. With the social change agents visiting families in their homes there is increased participation of several generations within a family.

Among the women beneficiaries, there are increased levels of decision making associated with participating in the micro-credit program and the reproductive health project. By operating small home-based businesses, women were able to supplement their income, which could provide additional food for the family. Women took an interest in their work and expressed a desire to keep their family size small. Even without the income generating opportunities afforded them, women still participated in the family planning aspects of the projects. One woman that chose not to participate in the micro-credit component stated that she did so because she was a female head of household who had to care for a disabled husband. There were several micro-credit were the husband was
actively involved in business operations. In one case, an unemployed husband was able to seek employment with his wife’s small microenterprise.

**Building a Better Information Base for Assessing Social Fund Impact on Women**

Some outcome measures are listed below:

**Social Funds**
- Number of beneficiaries by gender
- Number and expenditures allocated to projects targeting women
- The impact of gender action plans on actual operations of social fund
- Expenditures allocated to reproductive health projects, educational projects, income generating projects and women’s empowerment projects.
- Management structure of social funds
- Outreach campaigns that target women

**Micro-credit and bank programs:**
- Number of women served
- Marital status of women
- Number of women with children
- Defaults rates on loans
- Types of businesses
- Size of loans
- Payback rates of loans
- Educational level of women (literacy rate)
- Educational level of husband (if involved)
- Allocation of income to household needs

**Reproductive Health:**
- Age of mother at the birth of first child
- Contraceptive Use
- Desire of Family Size
- Number of miscarriages
- Number of family planning visits
- Number of pregnant women that have access to prenatal and postnatal care
- Number of trained health professionals who are women

**Adolescents** (Mensch, 1998):
- Use of time
- Overall health
- Productive work and livelihood aspects
- School experience (including the regularity of their attendance, the content of their lessons, age appropriateness of grade level, the risks they face at school and the attitudes conveyed by teachers and teaching materials)
It is understood that integrating these measures into the beneficiary assessment will enhance the design and implementation of future projects supported by social funds.