

## IV. Women as Beneficiaries

*When talking about women, it is essential to identify which women. Rural women? The urban, privileged ones? In Botswana, there are major differences in the lives of rural and urban women. When working with rural women, it is important not to damage their pride. It is important to let them identify their needs and goals.*

Catherine Thupayagale  
Secretary General,  
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### A. INTRODUCTION

The international community has now acknowledged that past relief and development efforts have not always served women's needs adequately. Men have often disproportionately benefited from labor-saving technological innovations, credit access, health services, and educational and training opportunities. Economic, cultural, political, and legal gender-based inequalities have reduced women's access to a wide range of program interventions (18). Some studies have indicated that women have not had full access to emergency food distributions (19). Relief and development professionals - the vast majority of whom are male - have not always understood the needs of women nor given them sufficient priority.

The international community has begun to respond to the needs of women in relief and development programming. Virtually all donor government development agencies have produced women in development policy guidelines, and many have conducted aid impact evaluations (20). Likewise, most developing country governments have set up mechanisms through which the

subject of women in development is promoted. The United Nations' has been a major actor in the field of women in development. The United Nations' Administrative Committee on Coordination developed a "system-wide medium-term plan for women in development for the period 1990/1995," (21) and all relevant United Nations organizations have now incorporated women in development within their organizational structures. (22)

Despite all of these efforts, vast needs remain unmet. While women's issues have received increased attention, overall funding for women's projects has remained low because "they are presumed to be marginal efforts that require a heavy investment in staff and are difficult to replicate." (23) Women's programs have often been welfare-oriented, perceived as out of the mainstream of international development agendas.

The introduction of gender as a relevant category in program design and evaluation raises questions of technique: Should women's concerns be integrated into mainstream projects, or should separate women's projects be established? As the following pages reveal, both strategies have been adopted in the Red Cross/Red Crescent National Societies operate an enormous range of relief and development programs, and the vast majority do not explicitly single out women as a special category of beneficiaries. As one National Society expressed in its questionnaire response: "Our Society is trying to plan constant improvements of new activities for the whole population, not only the female population." Elizabeth Kassaye of the Ethiopian Red Cross expresses her Society's programming philosophy:

*(The Ethiopian Red Cross) Society's programmes and services follow a priority of needs widely felt in the country. In most cases, these are pressing basic needs which affect all members of a family, and the programmes designed to meet these needs are also direc-*

ted to all members of the family. As such, there are not separate programmes/services for women and there will not be much distinction between overall development programmes and "women's development" programmes for some time to come. Accordingly, the challenge for our society will be on involving and tapping the potential of women for the implementation of existing programmes aimed at meeting basic needs.

A number of National Societies insisted that special programming strategies were essential in order to effectively target female beneficiaries. According to Gudrun Goransson, President of the Swedish Red Cross: "Experience has taught us that special programs are needed. Integrated programs all too often fail to reach women." This approach was less controversial in National Societies in cultures characterized by gender-based segregation. For example, Saudi Arabia plans to join neighboring Qatar and establish a separate Red Crescent branch exclusively for females. The Moroccan Red Crescent offers a range of training programs specifically for women, as described by Fatima Hassar:

*In (the Moroccan Red Crescent's) Program of Action for the 1990s, we plan to improve the system of assistance for girls and women - taking into account their specific needs in Morocco... Training programs operated by the Moroccan Red Crescent put an emphasis on allowing beneficiaries to obtain income. This is very important since most of the young girls belong to lower socioeconomic strata and the financial support that they bring to their families is an important factor in the overall improvement of their family's well-being... But the programs go beyond vocational training. They also offer education in the larger sense of the term in such subjects as... civic education, basic math, first-aid, and health and nutrition.*

In short, given the enormous range of Red Cross/Red Crescent programming activities, no single blueprint can be globally applicable. However, specific strategies are needed to insure that gender issues are considered fully. While program goals are often the same for both men and women - i.e., improving health, decreasing vulnerability or raising income - the methods for achieving these goals will only be successful if gender-specific opportunities and constraints are explicitly incorporated into program design.

## B. PROGRAM PRIORITIES

The League's Plan of Action on Women in Red Cross and Red Crescent Development identified three broad program areas through which to increase women's resources and opportunities: Health, income-generation, and education and training. These program areas represent fields in which many National Red Cross and Red Crescent Societies have already achieved some expertise, and also fields in which some National Societies seek to play greater roles in the future. Most importantly, they are issues of profound concern to women themselves.

### 1. Income-Generation

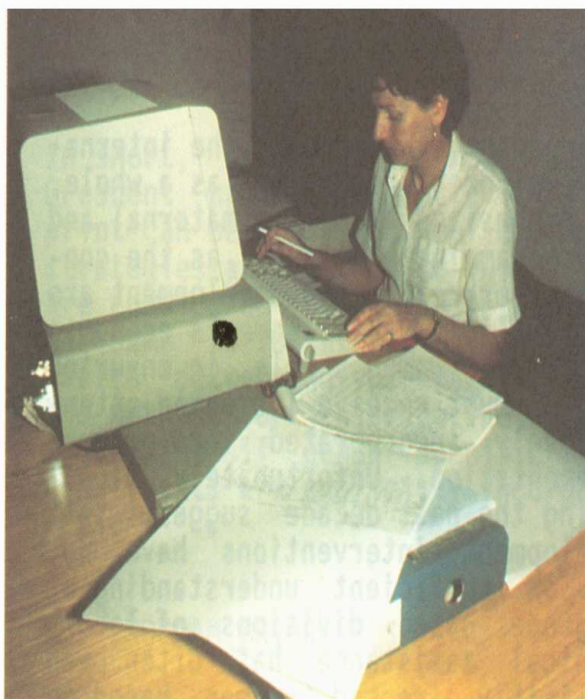
*I think that now is the time to create awareness and to make women self-reliant, and we can only do this through income-generation projects and group organizations so that the women get together and we can start a process moving. Otherwise it is really difficult to receive any help from anybody when we are not organized.*

Margaret Jenkins,  
Women's Desk Coordinator  
Uganda Red Cross

The Red Cross/Red Crescent, along with the international relief and development community as a whole, has traditionally emphasized women's maternal and familial roles in programming. However, as the connections between disaster relief and development are made increasingly explicit (24), women's economic roles - and particularly women's role in ensuring family food security - must receive increased attention and be effectively incorporated into program planning and implementation. Unfortunately, global data collected during the past decade suggests that international development interventions have not always been based on sufficient understanding of gender roles or gender-based divisions of labor. Economic and technical assistance has often been implicitly or explicitly directed to men, based on an idealized model of a household economy sustained by a single male bread-winner.

In today's economic environment, increased income is ever more essential for family survival. However, gender-disparities exist in income-earning possibilities worldwide. Women face unique obstacles in economic life due to deficits in skills and training, cultural restrictions, and the multifaceted nature of women's productive and reproductive roles. Thus, more women than men live in poverty, and women's income is indispensable for survival among the poorest families. International data indicate that women are among the most adversely affected by structural adjustment programs and global economic recession. (25)

The implications of gender disparities in income are unfavorable for family welfare. Women reportedly spend more of their income on family needs, and particularly on the health and welfare of their children (26). Thus, program interventions that increase women's income are likely to decrease family vulnerability. Women's need for income is particularly acute given familial and marital instability: An estimated one-third of all households worldwide are headed by women. (27)



*Operating computers in Niger*



*Nursing in Bangladesh*

A number of Red Cross and Red Crescent Societies have initiated income-generation projects directed specifically to women. While this project activity is encouraging, it is unclear to what extent National Societies share their program experience and expertise, or if the projects are successful. A number of recent studies conducted outside of the Red Cross/Red Crescent context have concluded that women's income-generation projects have often had marginal economic impact, despite achieving other goals such as improved organizational skills and empowerment (28). Thus, there is an urgent need for National Societies to pool their resources and experiences and evaluate their activities in the field of income generation.

**Income-Generation Projects Sponsored by  
National Societies  
(Partial Listing)**

Sewing, knitting and/or handicrafts: Burkina Faso, Bolivia, Botswana, Costa Rica, Egypt, Ghana, India, Lesotho, Libya, Mauritania, Morocco, Mozambique, Qatar, Rwanda, Saint Vincent and the Grenadines, Sierra Leone, Tanzania, Uganda, Yemen Arab Republic

Grainmill operation: Ghana, Niger

Fisherwomen's cooperatives: Congo

Pottery cooperatives: Mozambique

Market gardens: Ethiopia, Niger

Small business entrepreneurship: Colombia, Mexico

Poultry and produce cooperative: Zimbabwe

A number of National Societies plan to start additional income-generation projects in the near future. Some Societies, particularly in Africa, are developing programs to increase the productivity of small farmers by addressing the hardships associated with the "feminization of subsistence agriculture." Many women have become responsible for meeting family subsistence needs, while men concentrate on export-oriented cash crops or migrate in search of non-farm employment. While women produce up to 80 percent of the food in Sub-Saharan Africa and work from 14-18 hours each day, subsistence farming has received minimal research and policy attention. (29)

#### Income-Generation Activities Planned for the Future (Partial Listing)

Agricultural projects: Gambia, Malawi, Togo,  
Mauritania, Lesotho

Agricultural cooperatives: Mozambique, Congo,  
Zimbabwe

Sewing, knitting and/or handicrafts: Afghanistan,  
Liberia, Niger

Nutritional gardens: Zimbabwe

Small business entrepreneurship: Philippines, Saint  
Vincent and the Grenadines

## 2. Health and Nutrition

Women's health and nutritional needs are often not met adequately. Every day, over 1,300 women die from problems related to pregnancy and childbirth, and millions more become permanently disabled. Ninety-nine percent of these deaths occur in developing countries (30). Close to one-half of all women in developing countries suffer from nutritional



anaemia. In some regions, women suffer from higher rates of malnutrition than males as well as higher rates of infant and child mortality. It is not uncommon that health services and facilities are outside the ready access of women. (31)

Women play a pivotal role as primary health care providers both within their homes and their communities. Nurses - the vast majority female - make up the largest group of professional workers in the Red Cross/Red Crescent. Despite this impressive resource base, nurses are not always positioned favorably on staffing hierarchies, and cannot always influence program priorities. In 1979, World Health Organization data indicated that women represented over 90 percent of the world's nurses and only 20 percent of physicians, and that only "one percent of female doctors are in positions of authority in countries where they practice." (32) Trends in primary and community-based health care result in increased responsibilities for all members of the health team. Nonetheless, these responsibilities do not always accompany greater authority or decision-making power.

Almost all National Societies include health-oriented programming that either implicitly or explicitly addresses women's health needs. Some National Societies have concentrated on the health needs of vulnerable groups of women. For example, the Brazilian Red Cross operates satellite health and first aid stations for prostitutes and their children in urban slum areas. And in Zimbabwe, the St. David's Project was established to provide supplementary feeding to malnourished children in the community. Project funds come from sales of chickens and garden produce by the women themselves. Several additional National Society programs are described as case studies below. At the international level, women's health has received special emphasis. In 1989, the League of Red Cross and Red Crescent Societies announced

its participation in the global Safe Motherhood Initiative. The theme of World AIDS Day in December 1989 was "Women and AIDS."

### 3. Education and Training

Education and training are essential components of virtually any strategy to help reduce women's economic and social vulnerabilities. Women's training provides direct benefits to women as well as their families. Increased female education is closely correlated with reduced infant and child mortality and improved child nutrition. Furthermore, women's education is positively correlated with child school enrollments (33). But most importantly, training can provide new assets to women and rectify long-standing trends of gender-based discrimination and disadvantage.

National Societies have adopted a number of different strategies to promote women's education and training. The Indian Red Cross operates "Awareness Camps" for rural women in which women are introduced to Red Cross services as well as government benefits programs. The Swedish Red Cross plans to launch a basic education program for women refugees. The Jamaican Red Cross operates a Women's Center for schoolgirls who become pregnant. During pregnancy, the center offers instruction in regular academic subjects as well as family life education, child health, and nutrition. The program insures that pregnancy will not force the young mother to discontinue her regular education. Additional National Society programs are described as case studies below.

Many National Societies, including Algeria, Egypt, Liberia, Qatar, Mauritania, India, and Saint Vincent and the Grenadines play a facilitating role by offering child care services. This enables women with children to participate in educational and/or employment activities.

## C. PROGRAM INITIATIVES: SELECTED CASE STUDIES

A number of National Societies have launched programs specifically targetted to female beneficiaries. The following case studies illustrate some of these initiatives.

### *1. Uganda Red Cross: Women's Desk*

In January 1989, the Ugandan Red Cross established a Women's Desk in order to initiate and promote income-generation and training projects for women. Margaret Jenkins, Women's Desk Coordinator, explains: "Now is the time to create awareness and make women self-reliant, and we can only do this through projects and group organizations so that the women get together and we can start a process moving."

In Uganda, a process is in motion. In a region badly hit by prolonged civil strife and where many widows are struggling to survive, the Red Cross has begun many income-generation projects, including poultry and swine farming, and sewing. Income raised is deposited into a group bank account and supports interest-free loans. Additional money-making projects are being explored, such as passion fruit, tomato, and pineapple production.

Nationwide information programs for women are now held twice per year. Women religious and political leaders provide instruction on forming cooperatives, budgeting, project management, primary health care, environmental protection, and confidence-building. The programs also include, of course, dissemination of Red Cross Principles.

The Norwegian Red Cross lends support to these initiatives in Uganda. Runnar Soerensen, League delegate from Norway, has been "working like a lion" to get the projects off the ground. On a recent consultation in Geneva, he extolled the women's energy

and intelligence. Clearly he too deserves some of the credit for the Women's Desk's successes. However, he acknowledges: "A man will never burn for the situation of women. Only women fully understand their own life situations."

## *2. Moroccan Red Crescent: Training for Women*

Disadvantaged rural women are a priority target group for the Moroccan Red Crescent. In order to assist these women, the Society runs "multidisciplinary training centers." The demand for the Society's technical and vocational training and job placement services has been so high that the Centers have been proliferating in recent years.

Most of the Centers offer training in traditionally female fields such as embroidery, weaving, knitting, and dress-making. However, a pilot socio-educational center in the village of Souissi, recently inaugurated by Princess Lalla Malika, has embarked on a new approach. Training is targetted "in response to the demands of the modern job market." Women are trained in commerce, nursing, cooking, computer programming, and commercial sewing. Graduates are now employed by private companies, government offices, and organizations throughout Morocco.

The Moroccan Red Crescent's training centers for women have two basic objectives. One is the provision of marketable skills. According to Fatima Hassar, most of the trainees are poor, and "the financial support they bring to their families is an important factor in the improvement of their family's standard of living." The second goal is to provide training in the deeper sense of the term: Training for life itself. Thus, subjects such as civic education, basic numeracy and literacy, first aid, and nutrition are also important components of the curriculum.