Economists and nutrition experts were shocked at the data coming out of SHOUHARDO, a $126 million project designed to fight malnutrition in Bangladesh and improve the lives of more than 2 million of the country’s poorest people.

Stunting, a measure of the shortfall in a child’s growth due to malnutrition, had plummeted 28 percent from February 2006 to November 2009, even as Bangladesh suffered a crop-crushing cyclone and food-price spikes caused by global grain shortages. The annual stunting decrease was nearly double the average for U.S. government food security projects of this kind (See graphic, Page 4).

Designed and implemented by the poverty-fighting organization CARE, the SHOUHARDO project included a wide array of interventions, from child feeding and sustainable agriculture to sanitation and climate change adaptation. But researchers discovered that another force had actually produced the greatest independent impact on stunting. The game-changer? Women’s empowerment. Efforts to combat the deeply entrenched disparities between women and men had reduced stunting even more than giving women and their children food.

SHOUHARDO (which stands for Strengthening Household Ability to Respond to Development Opportunities and means “friendship” in Bangla) had promoted female entrepreneurship, encouraged greater participation by mothers in their children’s education and supported self-help groups where women and girls could address taboo subjects such as early marriage, dowry and violence against women. Once reluctant to leave their homes, the women of SHOUHARDO started travelling to markets to buy and sell goods. Detailed surveys revealed that their influence over household decisions — from the use of savings to what foods to buy — increased too. At the same time, their children were growing healthier — and taller. This was empowerment you could measure with a yard stick.

“What we saw was a clear pattern,” said Lisa Smith, a senior economist at TANGO International, the firm hired to evaluate the project. “Women who participated in the empowerment interventions were getting better antenatal care, eating more nutritious food and getting more rest during pregnancy. They and their children also had better diets in terms of the variety of foods.”

On International Women’s Day 2012, we celebrate this progress. The astounding results in Bangladesh, published in October 2011 by the Institute of Development Studies, underscore why CARE believes greater gender equality is the key to fighting poverty, hunger and injustice around the world. The results also shine a light on the need for more evidence in the growing movement to empower women and girls worldwide. After all, how can you celebrate wins — or more importantly, replicate them — if no one is keeping score?
This idea — that women’s empowerment can have a transformative effect on families and communities — is not new. Every day, the people who work on the front lines of the fight against poverty see what happens when you remove economic, political and social barriers holding back women and girls. But too often we lack even the basic tools for measuring that progress. The lack of data broken down by gender makes it hard to know how many businesses are owned by women in a given region, for example, or how many women have title to land.

“There’s an old saying: What gets measured, gets noticed,” U.S. Secretary of State Hillary Clinton declared in November 2011, as she called on the world to fill the information gap. “So that means we must collect data so we are constantly focused on how better to integrate women into our economies, and using this evidence, build gender-inclusive development policies that work.” Clinton then announced the Evidence for Data on Gender Equality initiative, or EDGE, which is led by the United Nations and will attempt to harmonize gender data kept across nations.

On International Women’s Day, CARE is urging donor governments around the world to join the United States and South Korea, the first to sign on to the EDGE initiative. CARE also is renewing its own commitment to building the evidence base, through tools such as its new Girls’ Leadership Index and rigorous research, including an ongoing evaluation of how CARE-supported Village Savings and Loan Associations change the lives of women in sub-Saharan Africa.

Over the life of SHOUHARDO, the proportion of households with three square meals a day skyrocketed from 32 percent to 74 percent.
Back in the poorest parts of Bangladesh, SHOUHARDO has demonstrated the value of taking a tape measure to women’s empowerment. Detailed surveys conducted before, during, and after the project showed that a score measuring women’s overall decision-making power increased by 23 percent. The women of SHOUHARDO had more say over the use of loans or savings, selling major household assets, and expenditures for personal items for themselves and their children (see graphic, Page 4).

Also noteworthy was the jump in women’s contribution to decision making about expenses for family planning. Women grew more active in local village courts too.

Among the most effective interventions was the formation of EKATA (Empowerment, Knowledge and Transformative Action) groups in 408 of the 2,342 villages and slums in the SHOUHARDO program. These groups of 20 women and 10 teenage girls met regularly, analyzing their own circumstances and generating solutions to the problems they face. Girls learned from the women’s life experience and the women committed to protect the girls from violence and abuse. Their slogan: *I am not alone. Together we can achieve something. Together we can change our lives.* And indeed they did. Researchers found a direct correlation between participation in an EKATA group and indicators of women’s empowerment, including women’s decision-making power, freedom of movement, freedom from patriarchal beliefs and women’s likelihood of earning cash income.

So what did these gains have to do with children’s health and nutrition? A lot, the researchers found. Using a statistical method called “propensity score matching,” they were able to compare stunting results for children of women who received the empowerment intervention with those from the group of similarly situated women who did not. They found that women’s empowerment led to greater reductions in stunting than any other intervention, even the maternal and child health and nutrition (MCHN) component that included regular rations of wheat, vegetable oil and yellow split peas. Also significant were the synergies between interventions. Women who participated in both the empowerment activities and the direct efforts related to maternal and child nutrition saw a greater reduction in the stunting of their children than those who participated in only one of these.

Those lessons learned are now being applied to SHOUHARDO II, which will reach nearly 2 million more poor people in Bangladesh, said Faheem Khan, head of both the original SHOUHARDO and the new one. “If we are able to significantly reduce stunting, we are able to change a population for the better for the rest of their lives,” he said. “The children will grow up more healthy and intelligent, enabling them to be more productive members of society.” In other words, as they reshape everything from homes and schools to local markets and village councils, the women of SHOUHARDO are doing something remarkable. The evidence, measured centimeter by centimeter, is clear: They’re giving birth to a better and healthier future.
Funded by USAID and implemented by CARE, the $126 million SHOUHARDO project was designed to fight poverty and improve nutrition among more than 2 million of Bangladesh’s poorest people. Direct nutrition-focused interventions such as child feeding were combined with indirect interventions — most notably the empowerment of women and girls — to produce great impact, including an unusually large reduction in child stunting.

**What:** Big Increase in Healthier, Taller Children

The number of children considered “stunted,” a measure of malnutrition, fell 28 percent under SHOUHARDO. Put another way, 56.1 percent of children were stunted in February 2006, while just 40.4 percent were stunted by November 2009. The annual stunting reduction of 4.5 percentage points (ppts) dwarfed the national average during that period (0.1 ppts) and was nearly double the average USAID project of its kind (2.4 ppts).

<table>
<thead>
<tr>
<th>Bangladesh National Average (6-24 Months Old)</th>
<th>USAID Projects Global Average (Under 5 Years Old)</th>
<th>SHOUHARDO (6-24 Months Old)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ppts</em></td>
<td><em>ppts</em></td>
<td><em>ppts</em></td>
</tr>
<tr>
<td>0.1</td>
<td>2.4</td>
<td>4.5</td>
</tr>
</tbody>
</table>

**Why:** Women’s Empowerment

Using a statistical method called “propensity score matching,” researchers found that women’s empowerment led to greater reductions in stunting than any other intervention. While this method could not determine the exact reduction attributable to each intervention, it does serve as a tool to assess the relative impact of each one. It also revealed the effectiveness of combining interventions.

**How:** Substantial Gains in Women’s Decision-Making Power

The percentage of women reporting that they participate in various types of decisions rose sharply in several categories during the course of SHOUHARDO. The program promoted female entrepreneurship, encouraged greater participation by mothers in their children’s education and supported the creation of women’s groups to confront early marriage, violence against women and limits on their mobility.