

# THE RAISING HER VOICE NEPAL PROGRAMME

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**By Duncan Green**

*'I was just a baby making machine'; 'Before the project, I only ever spoke to animals and children'; 'This is the first time I have been called by my own name'*

Quotes from interviews of women participants, March 2011

**While gender inequality remains extreme in Nepal, Oxfam's Raising Her Voice (RHV) programme on women's empowerment is contributing to and reinforcing an ongoing long-term shift in gender norms, driven by a combination of urbanization, migration, rising literacy and access to media, all of which have combined to erode women's traditional isolation.**

**That shift has produced some important windows of opportunity, including 'implementation gaps' on which RHV seeks to build. To do this, RHV has set up some 80 Community Discussion Classes (CDCs), bringing women together for up to two hours a day to share experiences, enhance their knowledge of local decision making, and build their communication, advocacy and leadership skills. Crucially, facilitators of the groups come from the communities themselves and are chosen by RHV's programme partners.**

**Women formulate action plans to deal with issues identified in the CDCs, and are supported to join management committees for local forest, school, health and sanitation resources.**

**CDCs have become the building blocks of a remarkable exercise in grassroots empowerment of women in a society historically characterized by extreme levels of gender discrimination. Women have seen tangible progress in their homes, communities, and broader social and political role on issues such as violence against women (VAW), political representation and the right to be heard.**

## BACKGROUND

During the past 20 years, Nepal has undergone major political changes. It has moved from being an absolute monarchy to a republic, from having an authoritarian regime to a more participatory governance system, from a religious state to a secular one, and from a centralized system to a more decentralized one.

Parliamentary politics was reintroduced in 1991. However, poverty and inequality persist, caused by the concentration of power and resources within a small ruling elite built on systematic exclusion by caste, ethnicity, and gender. This situation led, in 1996, to a Maoist-inspired insurgency with an agenda of redistribution of wealth, development, and removal of discrimination. The conflict lasted for ten years and claimed 13,000 lives.

The Comprehensive Peace Agreement in November 2006 paved the way for the Maoists to join the mainstream political process and to participate in the Constituent Assembly elections held in April 2008. However, this failed to produce a new constitution even after four years of talks, due to a lack of consensus among three major political parties on vital issues concerning federalism, the judiciary and forms of governance. In November 2013, the country elected a second Constituent Assembly to try and break the deadlock, but agreeing a new constitution still remains a huge challenge as there is as yet no sign of the political parties reaching consensus.

With the governments and political parties bogged down in talks on the constitutional transition, not much attention has been paid to improving the lives of poor Nepalis. Weak governance, lack of jobs, particularly in rural areas, unequal access to education, to opportunities for skills development, and to productive assets are all hindering efforts to lift people, especially women and girls, out of poverty. The reach of government to remote areas is minimal and the process of decentralization that started with much fanfare a decade ago has remained stunted. There have been no elections to local government bodies for the past 14 years, so most decisions are taken by political elites and government appointees in the absence of elected representatives at local level.

### **Gender rights**

'Gender-based discrimination is rampant in Nepali society. It affects all women, whatever their economic status, caste, ethnicity, or regional affiliation,' notes the Nepal Human Development report.<sup>1</sup> While male literacy stands at 81 percent, women's is only 54.5 percent, and in some lower-caste groups fewer than a quarter of women can read and write. Only six percent of women own their own house and 11 percent their own land. As Priti Bhakta Giri, Village Development Committee secretary in Chhinchu, Surkhet says, 'Men take better care of their animals than their wives. They can get another wife, but they can't get another buffalo.'<sup>2</sup>

It is not surprising, then, that it is difficult for women to speak out, let alone hold positions of authority. For example, in 1991, women held only three percent of parliamentary seats. But the Constituent Assembly elected in 2008 saw a remarkable increase in women's representation to 33 percent, followed by 30 percent of the 575 members in the present (second) Constituent Assembly elected in 2013. As the Nepal Human Development Report notes: 'Broadening representation and participation has the potential to change power

relations'.<sup>1</sup> It was this change that Oxfam's Raising Her Voice (RHV) programme wanted to support.

## THEORY OF CHANGE

RHV<sup>3</sup> has identified three spheres of action and impact in its theory of change (see Figure 1) starting with personal capacity and confidence; building public awareness and the social capital of women through groups, associations and alliances; and linking to political participation and advocacy. Initiatives are focused primarily on local level but integrated into action at district and national levels.

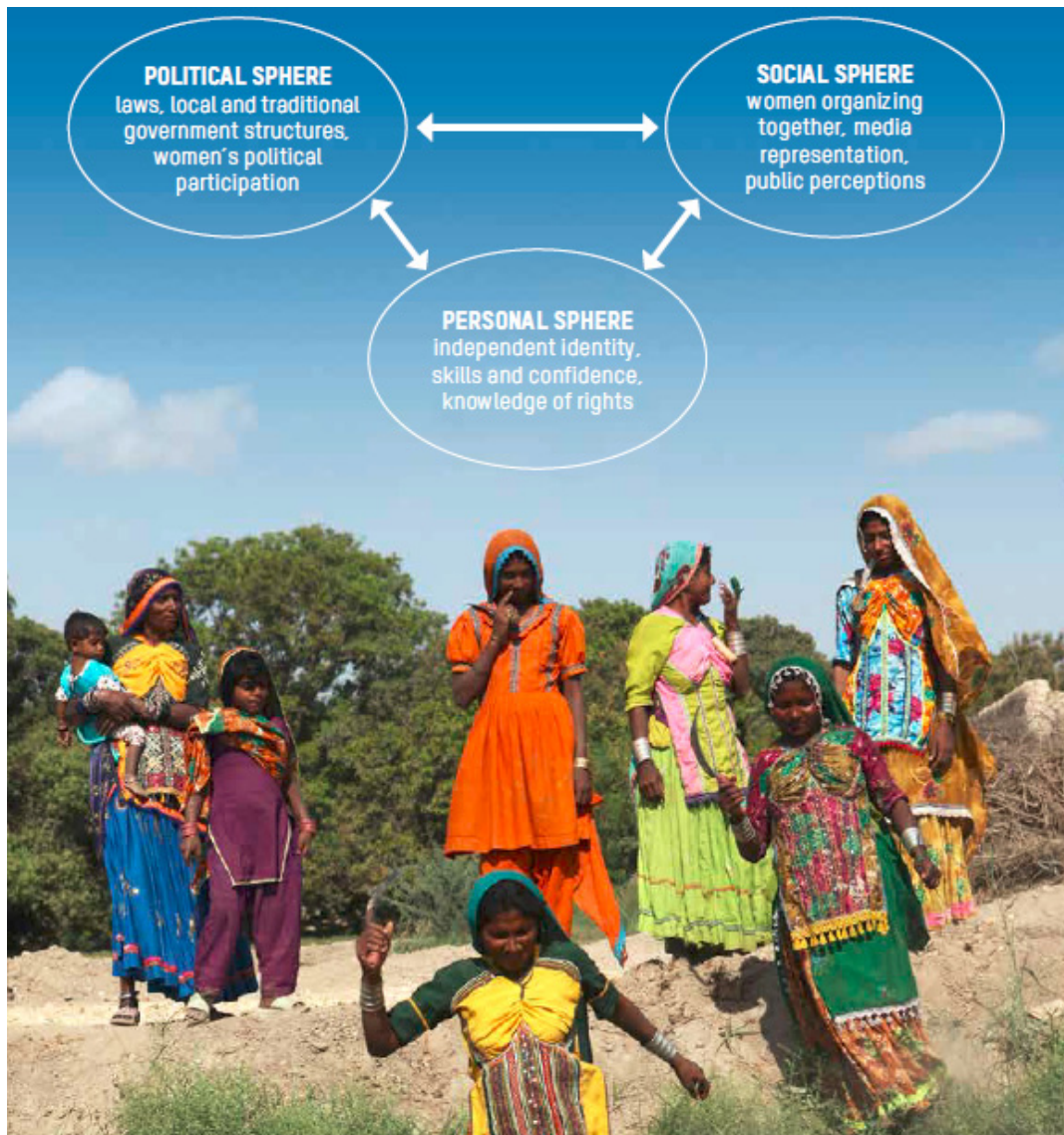
The project was implemented in three rural districts in Nepal: Dailekh, Surkhet, and Bardiya, covering different topography (high, mid and low lands) and demography, but all with high degrees of marginalization of women.

RHV aimed to make closing 'implementation gaps' a central part of its approach. The project was able to take advantage of a positive policy environment, for example the government's quota for 50 percent women's participation in Community Forest User Groups. Other local committees are required to have at least 33 percent representation. At the outset of the project, many of these quotas were unfilled, allowing RHV to make addressing these gaps a priority. Implementation gaps are useful in that they are a sign that officialdom has already accepted the principle, and so has no admissible reason to block the demands of activism.

From the outset, RHV decided not to work with existing livelihoods partners (because none of these were women's organizations or with existing gender expertise), but to look for new community-based organizations with a commitment to promoting women's rights. Working with and through three local women's organizations (one each in three districts of mid-west Nepal) and three national NGOs (focusing respectively on advocacy, skills creation and communications (radio), it aimed to:

- raise women's awareness of their rights and the importance of participation in decision making structures by disseminating information and enhancing their knowledge;
- motivate women to meaningfully participate in decision making structures that influence their lives;
- influence policy and change attitudes of service providers by enhancing women's meaningful participation in decision making structures and tackling violence against women (VAW); and
- build public support for the increased participation of poor and marginalized women in community decision making structures, and against domestic VAW through policy dialogue, lobbying and advocacy.

**Figure 1: Raising Her Voice Theory of Change**



After months sleeping ‘under the sky’ following a dispute with her landlord, Neetan Kohli (far left), WLG member in Hatri, Hyderabad, has returned to her home and to work in the fields, with the support of the WLGs. Photo ©Irina Werning (2012). Source: J. Repila (2013)<sup>4</sup>

## **Change strategy**

The change strategy in Nepal echoes RHV’s global framework (see Figure 1).

**Personal sphere:** Although men have many informal and formal forums in which to discuss their issues, such as local tea shops or community meetings, women have previously been more isolated. The main project activity in this sphere is the Community Discussion Classes (CDCs), reaching about 2,000 women through 80 classes.

CDC activities include literacy classes, discussions on community issues selected by the participants, and agreement on action plans to tackle shared problems. Often the facilitator introduces new information to the group using printed material, but also role plays and debates.

**Social sphere:** The CDCs have proven effective in breaking down the walls of women's isolation. Almost all the CDCs have started collective savings and credit schemes. Many have claimed ring-fenced, but often undisbursed village budgets for construction of community toilets and halls. Others have organized ward meetings that bring together women and men from across the community, as well as teachers, political party representatives and local government officials.

In many cases, CDCs took root slowly, identifying a few women who were relatively free to join project activities and building out from there, as they encouraged others who were either less convinced or faced greater constraints from husbands or others.

By creating an 'enabling environment' of women's empowerment, rather than a specific project, RHV was able to adapt to the different contexts in the three project districts. In Dailekh, the focus was on addressing shared issues such as alcohol abuse, whereas in Surkhet and Bardiya there was a stronger focus on supporting individual women through group coaching, counselling and mediation.

In addition to promoting women's participation, the project deliberately sought to influence existing, mainly male, Village Development Committee members as well as other influential local actors such as policy officers and civil servants.

**Political sphere:** Work at national level contributed to highlighting poor governance, particularly at village and district levels, and its negative effects on people, especially women. This drew politicians' and senior bureaucrats' attention to the non-implementation of existing policies, partly due to levels of inertia and apathy among officials.

This was achieved through radio programmes, national assemblies involving over a hundred community women representatives, subsequent lobby meetings with politicians, bureaucrats, police, rights organizations, etc. The women who came to Kathmandu (the majority of them for the first time in their lives) for the national assembly and lobby meetings were trained in how to decide their agenda, how to present it to the power holders effectively, how to document the lobby meeting and the reactions/commitments of the office bearers etc.

In the event, RHV found that although the lobby meetings did not yield anything concrete immediately, they served as a strong morale booster for the women, who felt emboldened, saying that now that they had interacted face to face with so many senior officials and politicians, they could easily face the local level officials and politicians and would not allow them to look down on them and ignore their voice. They went back to their villages and did exactly that.

One aim of the CDCs is to encourage women's participation in Nepal's plethora of community organizations. RHV targeted four in particular: Community Forest User Groups (CFUGs), School Management Committees (SMCs), Sub-Health Post Management Committees (SHMCs), and Drinking Water and Sanitation User Groups (DWSUGs).

The umbrella organizations, the Federation of Community Forestry Users, Nepal (FECOFUN) and the Federation of Drinking Water and Sanitation Users, Nepal (FEDWASUN) both had widely-ignored policies for a minimum of 50 percent women on the committees, an implementation gap which became a rallying point for the CDCs.

Of the women interviewed for the final evaluation, 82 percent reported observing an increase in the number of women in community discussion classes, compared to 18 percent from non-RHV comparator villages. Women's participation has grown most in committees with quotas, and evaluation finds that women members have more influence on, and are more likely to have leadership roles in, committees when they have attended more training, are involved in more than one committee and are fully supported by their family.



New institutions are often more malleable and thus easier to influence than established ones, and an opportunity has arisen with the Ward Citizen Forums that are being gradually implemented under the Ministry of Local Development's Local Governance and Community Development Programme. These are intended to facilitate participatory planning processes at village and ward levels, and also espouse accountability and transparency in local governance until local elections are held.

To some extent, CDC women leaders have also become role models for women in other communities, inspiring them through direct contact, or media coverage of their achievements. One striking example is the very strong demand from women from communities adjacent to RHV communities for minimal support/guidance for them to organize in CDCs and act like RHV women. Although it was not possible for RHV and its partners to meet all of these demands, it supported women in three adjacent communities each in Dailekh and Surkhet districts with guidance from CDC women and some minimal financial support from Oxfam towards the end of 2011. Now, their degree of organization is on a par with other CDCs.

## WHAT HAPPENED? RESULTS AND OUTCOMES

In the personal sphere, there has been a great impact on the strength and influence of women's voices: the ability to meet and discuss common problems has led to changes in household relationships. For example, women in Dailekh district have long been badly treated in a practice known as Chaupadi in which they are forced to sleep in cattle sheds during menstruation. Previously taboo, this is now being openly discussed and challenged. The knowledge gained in CDCs is recognized by other family members: 'what we learn here, we teach our family. Now they wait to hear something from us.'<sup>5</sup>

Literacy classes conducted in the first hour of many CDCs are also highly prized. Simply by learning to write their name, women are able to cash remittances at the bank, sent by migrant husbands.

More subtly, RHV has influenced deeply held beliefs about gender roles and identities. In the words of one partner 'RHV doesn't give chickens which can die. It gives knowledge, information and new ways of thinking which change the women's lives forever.'<sup>6</sup>

This work has necessarily influenced the attitudes of men. A major topic of discussion in most CDCs has been domestic violence, and 70 percent of participants in focus group discussions conducted during the programme's mid-term review<sup>7</sup> believed that violence had fallen in recent times. Almost 90 percent of the 700 plus VAW cases that came to CDCs from 2009-2013 were dealt with locally by women's groups or CDCs, the remainder being referred up to the competent authorities.

*Fed up with being subjected to domestic violence by their drunken husbands, CDC women in Sorahawa, Bardiya District, decided to impose a 500 Rupee fine (rising for further offences) on any man who beats his wife or female members of the household even after he has been warned not to do so by the community. 'Now, our husbands go off quietly to sleep fearing that they have to lose face on account of community-level insults and also cough up the fine.'*  
Thapa and Thapa, 2010<sup>8</sup>

There is anecdotal evidence of men taking up more domestic work (looking after children, some cooking and cleaning) to enable women to participate in community activities.

In the **social sphere**, women have become more willing and confident to speak up in public spaces, and organize meetings of their own, and more strategic with their interventions. One participant explained: 'The CDC gave me the vision and confidence and developed my capacity, which has enabled me to earn the respect and trust of society. This is something which no wealth can buy'.<sup>9</sup>

The actions taken are wide ranging but mainly consist of:

- social justice (mediating community-level conflicts, combating alcohol and gambling, caste discrimination etc.);
- community infrastructure (improving roads, community halls, health posts etc.);
- protection of community forests (tree planting and preventing deforestation);
- sanitation (improving latrines and public education).

*In Sorahawa, Bardiya District, the women exerted group pressure to end rampant gambling in the village. This year, an application came from men to the women's group asking them to allow them to play cards for seven days during Dashain (a Hindu festival during October). The women's group allowed them five days.*  
Thapa and Thapa 2012<sup>10</sup>

Some of the key areas of progress have been in women becoming more assertive when engaging with public services. As one migrant (and thus largely absent) husband observed:

*When my children were sick and had to be taken to the health post, my wife could not explain the problem properly. Now she is a changed person. She does not turn back from the health post until she is satisfied with the service. Now I can sleep in peace.*

Thapa and Thapa 2011<sup>5</sup>

This kind of activism has produced tangible benefits at health posts (longer hours, more medicines), schools (more transparent information, more regular classes) and in village development committees (more responsive in recommending citizenship papers, invitations to meetings, etc).

A local health centre manager explained that, 'Women are more aware and organized. If we ignore their voice, they can make it quite difficult for us', while the secretary of a village development committee noted that, 'within a year or two, things have changed completely. Now I have to be well prepared before I go to hold a discussion session with [these women]'.<sup>11</sup>

In the **political sphere**, there has been a measurable increase in the participation and representation of poor and marginalized women in the target community organizations. Overall, around 75 percent of CDC participants, 1,472 women, have taken up local leadership roles, including the four target organizations and other local groups such as Parent-Teacher Associations (PTAs) and ward citizen forums; many women hold multiple leadership roles. About a third (28 percent) of these are key (e.g. Chair, Treasurer) positions.

Women also report feeling more able to influence district and village development councils (VDCs). Of the women CDC members surveyed for the programme's final evaluation, 42 percent stated they felt able to influence the village and district development councils to allocate financial support for the promotion of women's interests, compared to just two percent of respondents from non-RHV villages. This is readily acknowledged by local officials and leaders, such as the district secretary of the Communist Party, who said, 'I have visited all the VDCs and found that women participating in CDCs are far more empowered than others'.

However, while some women have developed into prominent activists, others still need support to build on their relatively low management capacity, confidence, and understanding of roles and responsibilities – all of which is acknowledged and now being integrated into the evolving curricula of CDC classes, which are now focusing deliberately on embedding skills and competencies from April 2014, under the project's new Phase II.

After some initial resistance from men at the household level (see 'power analysis' section, below), women's activism and influence in mediation and decision making has come to be valued and supported. Of women surveyed in RHV villages for the final evaluation, 91 percent reported increased community/family support to women's representation in community structures, compared with 15 percent from non-RHV villages.

As a result of women's participation and leadership, there has been a noticeable shift in public policy priorities towards a focus on poor, marginalized and excluded communities, especially women. Between 2009 and 2013, 308 of the total 596 agenda items discussed in the four target bodies (Community Forest User Groups, School Management Committees, Sub-Health Post Management Committees, and Drinking Water and Sanitation User Groups), were proposed by women. Of these, 265 were implemented. Women from 21 CDCs in the three districts accessed over £47,690 of public money for local service improvements such as free services for pregnant women, changes in opening times for firewood and fodder collection, toilet building and sanitation infrastructure, and mobile clinic accessibility. CDC members have traced and returned misused funds to a total of over £11,000.

Women have successfully brought cases of VAW to justice and mediated disputes with the support of local leaders, and the unity of the CDC women is an impressive social force against discriminatory practices, including domestic violence. One CDC member explained that their actions in reporting a violent husband to the police had been effective because: 'He is scared of the women's group. He realizes that the moment he commits violence, he will be taken to jail'.

As a result of their activism over the three years, 87 percent of CDC women surveyed also reported a change in the attitude and practice of local service providers – compared with just 3 percent from the comparator group. Support has grown for women's mobilization and participation, including gender and inclusion policies in health, forest, education and other line ministries. The chair of one community forest explained: 'It is easier for us to work now. As women are the primary user of forests, their representation brought a common understanding on the use and protection of our forest'.

Women experience less restriction on mobility and increased family and community support, and men are changing their perception of gender relationships, considering women 'more of an asset than a liability'.

The CDC groups have created a critical mass of aware and organized women, and facilitators are recognized as change agents by local bodies. Women in neighbouring areas are also starting to replicate the CDC process. The partners have increased institutional capacity to engage in women's rights initiatives and advocacy, and are more accessible. Oxfam in Nepal has also incorporated the CDC model and learning from RHV to strengthen women's participation in all its programming (Water/Sanitation/Health (WASH), livelihoods and enterprise development).

Local stakeholders consider that public awareness has also grown thanks to the project, although this has been difficult to measure and attribute. In particular, 90 percent of respondents in project areas reported increased awareness of VAW, compared to 30 percent from comparator groups, and 88 percent had heard of the Domestic Violence Against Women bill (passed in 2009) compared to 23 percent at the project's mid-term.



However, the national level communications component of RHV appears to have had less success. Few of the proposed 'listener clubs' of radio users took off, and links with local programmes only focused on specific activities, such as bringing together all the CDC facilitators for training, to meet and to influence targeted policy makers. National advocacy has been further weakened by the low level of implementation of relevant policies and the general atmosphere of political upheaval and uncertainty about the progress of the Constitutional Assembly process. With national work yielding fewer tangible benefits for the CDC groups, the decision was made to refocus resources at the local level.

## BUDGET

The budget, which was entirely contributed by DFID, was £445,260 over a three-year period.

## MONITORING, EVALUATION AND LEARNING

The project has established a quantitative as well as qualitative monitoring system. Monitoring is carried out through periodic progress reports, field visits, and review and reflection meetings. A baseline survey was conducted in January 2009.

A 'final evaluation' conducted in late 2011 by two independent evaluators arrived at positive conclusions:

*The RHV project has had multiple impacts in a short period of time. Several affirmative actions in terms of changing policies, rules and practices in favour of women at the national and local level across the project areas have emerged. This can be mainly attributed to sensitization of stakeholders and enhancement of the capacity of women to demand equal participation and equitable distribution of resources and services. There have been increasing examples of women groups being able to claim and utilize public resources and services. These efforts have strengthened social cohesion and harmony and thereby mainstreamed women in the local development process. Positive change in the attitude and behaviour of representatives of community structures and service providers were reported by women. They were now viewed by women as more cooperative and respectful. Women attributed this more to their own enhanced capacity to demand and dialogue for their rightful share of services and resources and less to internalisation by service providers about their roles and responsibilities as duties bearers.*  
Thapa and Thapa 2012<sup>10</sup>

Evaluations have produced a veritable blizzard of impact statistics, for example:

*By the project's end, women's representation in the four targeted decision-making structures had increased to 48 percent from the 2009 baseline figure of 28 percent. Participation in Health Management Committees for example, increased from 15.6 percent to 47 percent; from 13.2 percent to 71 percent in Water and Sanitation User Groups; from 5.3 percent to 40 percent in School Management Committees and 28.4 percent to 60 percent in Forest User Groups.*

Independent assessment of the self-reported impacts is also impressive. Of women CDC members surveyed in the Final Evaluation, 42 percent stated they felt able to influence the village and district development councils to allocate financial support for the promotion of women's interests, compared to just two percent of respondents from non-RHV villages. In

addition, 87 percent of CDC women surveyed also reported a change in the attitude and practice of local service providers, compared with just 3 percent from the comparator group. And 91 percent of RHV activists reported increased community/family support for women's representation in community structures, compared with 15 percent from non-RHV villages.<sup>11</sup>

Although the core of the project is the CDCs, supporting activities included a weekly radio programme that was aired in the three districts, alongside occasional TV and newspaper articles, to raise awareness of women's rights, representation and participation, with 16 listeners' clubs of radio users mobilizing young people to share information with their communities through traditional arts and media.

Partners also worked on policy advocacy and campaigning for women's participation, including a social audit of women's participation in political and government structures and multi-stakeholder processes, and to reduce VAW through legislation. After the enactment of the Domestic Violence Against Women Act in 2009, partners and women's groups lobbied the ministries concerned at the central level, along with the police, district administration and the Village Development Councils (VDCs) to make sure the Act was honestly implemented. They even distributed copies of the Act to the VDCs and Police, many of whom had no idea that such an Act had been passed by Parliament.

### **Alliances and power analysis**

Overall, alliance building remained less than satisfactory due to some weaknesses in the work of the three national partners. RHV has not worked directly with faith organisations or the private sector. It has, however, engaged with teachers, village elders, mothers' groups and female community health volunteers, according to the issues.

During the initial period of RHV, husbands and in-laws of CDC women, male members of the community and office bearers of local community bodies including health posts, school management committees and community forestry user groups were the main obstacles to be overcome.

Husbands and in-laws felt that wives/daughters-in-laws' involvement in public affairs was against socio-cultural norms and practices and that they would stop 'obeying' their husbands and in-laws, and bring disrepute to the family or might even elope with someone else. So, women's participation in CDCs and public meetings was initially severely restricted.

Moreover, public office bearers, who had never before been held accountable to the people, were hostile to women's 'meddling' in their 'affairs' by demanding proper service delivery, transparency and accountability. Their response was to try to ignore, humiliate and even harass the women questioning their accountability. Community body office bearers did everything they could to stop women's election/nomination to these bodies and even after the women got elected to the executive committees, male members tried to harass and chase them away. But the women refused to budge.

## **CRITICAL JUNCTURES, COURSE CORRECTIONS AND SURPRISES**

Local political party committees and leaders soon noticed the empowerment, leadership skills, organization, networking, and remarkable work of the women in the RHV areas and started trying to recruit CDC women to join their parties. For quite some time the women were reluctant for fear that if they join different political parties, they would lose their previous levels of solidarity and organization, and things might fall apart.

Oxfam and its RHV partners cautiously watched and supported the CDCs, helping them analyse the manifestos of different political parties, orienting them to the way political parties function, the electoral processes, and the pros and cons of joining political parties. This was a delicate balance of giving them some knowledge but at the same time leaving the decision up to them. So far more than 150 CDC women in Dailekh and Surkhet have joined different political parties and some of them are aspiring to stand in local elections.

When a project like this succeeds, it has to accept a certain loss of control. In the phrase of Robert Chambers, project managers have to 'hand over the stick' to poor women to take their own decisions. Empowered women come up with their own priorities and approaches, typically targeting domestic violence, male alcohol abuse and gambling, and discriminatory traditional practices. Recently, many young educated girls studying in high schools or above have started to attend the groups.

Sometimes this evolution posed a degree of risk, for example when women set up a number of Alcohol Control Committees, started limiting alcohol sales in the villages and imposing fines on drunkards. In some cases they have gone further and physically destroyed bars.

Since the RHV Project ended in March 2013, initiatives have continued on a reduced scale with two partner organizations in Dailekh and Surkhet, as a 'Women's Leadership Programme'. Five months on, in August 2013, 80 percent of the RHV groups were still meeting regularly. Further funding was secured and Phase 2 of RHV began in April 2014 and will continue for three years. The next stage of the project aims to move the work on by directly engaging with men and boys in homes and communities, linking women's groups to national networks, and building independent community-level women's committees to monitor public service delivery.

## FURTHER READING

### From RHV Nepal:

Shrestha, S. (2012) 'Raising Her Voice in Nepal: rekindling women's lifelong desire to go to school', <http://policy-practice.oxfam.org.uk/blog/2012/06/rekindling-womens-lifelong-desire-to-go-to-school> (accessed 13 October 2014).

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Oxfam (2011) South Asia Peer Review of Raising Her Voices & Strategic Planning on Women's Political Leadership, 31<sup>st</sup> January – 6<sup>th</sup> February 2011, (mimeo).

Punpiputt, D. (2013) 'Women making change in Nepal' <http://policy-practice.oxfam.org.uk/blog/2013/03/women-making-change-in-nepal> (accessed 13 October 2014).

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### Other:

Beardon, H. and E. Otero (2013) 'Women's Right to be Heard: An evaluation of Oxfam GB's "Raising Her Voice" Portfolio'. <http://policy-practice.oxfam.org.uk/publications/womens-right-to-be-heard-an-evaluation-of-oxfam-gbs-raising-her-voice-portfolio-301544> (accessed 13 October 2014).

Brown, E. (2013) 'When Women Get Together Great Things are Possible' <http://policy-practice.oxfam.org.uk/blog/2013/11/when-women-get-together-great-things-are-possible> (accessed 13 October 2014).

Beardon, H. (2013) 'Dear Oxfam, an Evaluator Writes', blog post, Policy and Practice, 15 November 2013 <http://policy-practice.oxfam.org.uk/blog/2013/11/reasons-to-be-proud-of-raising-her-voice> (accessed 13 October 2014).

Beardon, H. (2011) 'Women's Right to be Heard: an evaluation of Oxfam GB's "Raising Her Voice" Portfolio', mid-term review, [http://api.ning.com/files/KIfTU2r1qC\\*GF6B1vxfVus4vPS9MEZ1BAafefGJKIJCDCjZ\\*yzrNuccbIJG00XBtylbr5IG78piDGQMqEOO\\*pJhGDvghs65n/1.GTF158RaisingHerVoiceMidTermEvaluationFINALREPORTJune2011.pdf](http://api.ning.com/files/KIfTU2r1qC*GF6B1vxfVus4vPS9MEZ1BAafefGJKIJCDCjZ*yzrNuccbIJG00XBtylbr5IG78piDGQMqEOO*pJhGDvghs65n/1.GTF158RaisingHerVoiceMidTermEvaluationFINALREPORTJune2011.pdf) (accessed 7 November 2014).

## AUDIO VISUALS

Nothing can explain the power of Raising Her Voice to change lives better than the story of Tika Darlami from Nepal: Oxfam GB (2013) 'Tika's Story'

<http://raisinghervoice.ning.com/video/tika-s-story> (accessed 13 October 2014).

'Unfinished Journey' tells the story of how poor and marginalized women are giving continuation of their activism and creating more space in decisions from private to public: Oxfam (2012) 'Unfinished Journey' <http://raisinghervoice.ning.com/video/unfinished-journey> (accessed 13 October 2014).

## ANNEX: TIMELINE

|                      |  |
|----------------------|--|
| August 2008          | RHV Programme begins.  |
| July 2010            | Mid-term Review.   |
| July 2010 onwards    | Programme builds on MTE findings – reduced collaborations with national partners and ceased listener group collaboration with Radio Sagamatha to focus remaining time and resources on deepening support for women leaders and CDCs at community level.  |
| February 2011        | South Asia peer review.  |
| March 2011           | Nepal Exchange Learning Visit.   |
| December 2011:       | RHV final evaluation; DFID funding over.   |
| January– March 2013: | Oxfam invests funds to support three national partners with continued RHV initiatives with three district level partners. Remuneration for REFLECT class facilitators stopped, so women themselves run the classes.  |
| March 2013 onwards:  | End of RHV Project. Three national partners exit but initiatives continue on a reduced scale with two partners in Dailekh and Surkhet through internal resources such as ‘Women’s Leadership Programme’ (WLP).   |
| August 2013:         | Five months after end of DFID funding, Oxfam staff report that 80 percent of RHV groups are still meeting on a regular basis in two of the three original districts. 60 out of the original 81 REFLECT groups are now running weekly without paid facilitators.  |
| January 2014:        | Programme receives three-year Projects Direct funding (small number of Oxfam projects funded by public appeal), beginning April 2014. RHV Phase 2 will directly engage men and boys in homes and communities, linking women’s groups to national networks and build independent community-level women’s committees to monitor public service delivery. |



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This case study was written by Duncan Green, [dgreen@oxfam.org.uk](mailto:dgreen@oxfam.org.uk). Oxfam acknowledges the assistance of Emily Brown, Sandhya Shrestha and Binay Dital in its production. It is part of a series of papers and reports written to inform public debate on development and humanitarian policy issues.

For further information contact Oxfam RHV lead in Nepal: Sandhya Shrestha  
[sshrestha@oxfam.org.uk](mailto:sshrestha@oxfam.org.uk)

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