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philanthropywomen.org Printed on May 9, 2022

Sarah Hillware: “Feminism Is Not Feminism Unless It’s Intersectional”

February 14, 2021

Categories: Activism, Feminist Philanthropy, Feminist Strategy, Philanthropy Networks, Women of Color, Women's Health

Tags: Feminist Giving IRL

Editor’s Note: This interview in our [Feminist Giving IRL series](#) features Sarah Hillware, the Deputy Director of [Women in Global Health](#) (WGH), a 35,000+ strong women-led organization working to challenge power and privilege for gender equity in health.



1. What do you wish you had known when you started out in your profession?

Personally, I wish I'd known that it was OK and, in fact, healthy, to take detours on my career journey. My path was not a straight and narrow one, but one which took me in directions that, at the time, I did not fully understand. For instance, I took a certification course in advertising sales and subsequently worked at a marketing and advertising firm for a year. That industry was not ultimately where I saw myself long-term, but the skills and knowledge I gained were invaluable, and ultimately helped me land my position at the World Bank.

My first assignment involved leading communications and stakeholder engagement in the process to build a multi-million dollar fund to make cleaner cooking and heating solutions accessible, an overlooked global health and climate change issue that impacts 40% of the world's population, a majority of whom are low-income women in sub-Saharan Africa and South Asia. During that assignment, I also worked in several countries to help design awareness-raising campaigns, all of which involves developing a deep understanding of, and respect

or, local social norms and cultures.

Fast forward to my job today at Women in Global Health, a large portion of my work involves mobilizing resources to carry out our mission, and I still use what I learned during my “detour” in marketing and advertising to communicate issues of power and privilege and gender equality to a donor audience. Donors are not a monolith, but a complex set of organizations and individuals who require tailored communication. They also require empathy. My experiences in advertising (and in life) taught me that not everyone is starting at the same point, so it’s essential to reach people where they are.

2. What is your current greatest professional challenge?

One of the greatest challenges I face in my work with Women in Global Health is that the donor audience is not yet at a place where their philanthropy is focused on addressing systems issues. I often find in my conversations that the space is extremely fragmented and siloed, even within our specific sectors. Instead of taking a consultative approach and asking those doing the work what the most impactful way to spend a dollar would be, there are still too frequently donors who design a fund where solutions are prescribed and grantees are hand-selected to fit their predetermined priorities.

To truly transform global health to be equitable and gender-responsive, and to break silos that hinder a systems impact, donors must lean into giving in a manner that transfers power to grantees. This involves ensuring grantees have the ability to decide where to spend money, how and when to spend it, and how to measure impact. It also means moving money from where power has been traditionally concentrated and putting resources in the hands of those with lived experience.

3. What inspires you most about your work?

I am inspired daily by the incredible women leaders in our Women in Global Health chapters. We have chapters in 24 locations globally with 19 in the pipeline to launch in the next few years. Several of our chapters launched during the 2020 pandemic, and I am in awe of the resilience and determination of the women who have led the charge locally to challenge power and privilege and push for gender equity in health, in some of the hardest places to work in the world. They have stood strong, while some faced additional burdens as healthcare workers, as parents forced into homeschooling, along with personal illness, political instability and more. They've also achieved enormous success.

For instance, our Somalia chapter mobilized to ensure COVID-19 data was disaggregated by sex at the national level; our India chapter hosted a series of 11 dialogues on power and leadership focused on women frontline workers; Nigeria launched a 12-day advocacy campaign around women's leadership in global health; and Zambia hosted an event that brought together ministerial representatives in dialogue with local women's organizations around our COVID-19 Five Asks for Gender-Responsive Global Health Security.

4. How does your gender identity inform your work?

As a woman, and as a Black American woman from the US South, I approach everything I do through the lens of my lived experience. Early on, I learned how gender inequality perpetuates violence, especially for the most marginalized women. Growing up, I witnessed domestic violence in my own household, and it wasn't until much later that I began to recognize how harmful gender norms contributed to this violence, and eventually financial disenfranchisement and homelessness.

Having these experiences changed the trajectory of my life and career. During my studies, I started working as a volunteer at the local health clinic in my neighborhood at the time in Southeast Washington, DC, "prescribing" things like transportation vouchers, food assistance and rental assistance to low-income

families who visited the clinic. Having lived the realities of poverty and gender inequality and having seen it up close in the clinic and other contexts, I am able to directly apply this to my work.

I know my experiences are not unique and unfortunately, similar barriers are present in many contexts globally. I also know that my experiences are about more than gender alone.

I truly believe that feminism and intersectionality can't be unlinked. If you try to address gender issues without also addressing race, geography and class issues, you're not going to get very far, because there are many factors that determine whether someone can be 'equal'. We must remember that feminism is not feminism unless it's intersectional.

5. Do you think your gender identity has affected your career?

Yes, it has. One very tangible example is income. Not only do Black women earn 61 cents to every 1 US dollar of a white male counterpart according to the National Women's Law Center, but we also often have much more in student loans according to the Brookings Institute, in addition to cultural expectations to support extended family.

I recall being told in the workplace that my superior was withholding information about how much I was eligible to make on the organizational salary scale, and then being told later from a colleague how much he made and how much I could request. I eventually moved to another department and got a raise, but recall feeling a bit cheated for having made 20% less than I was eligible to make for several years. Despite the fact that he'd given me information to obtain a raise, it was also infuriating to learn that my male colleague with a similar experience level made so much more than I did.

6. How can philanthropy support gender equality?

Currently, less than 1 percentage point of development assistance for gender equality goes to women's and gender equality NGOs. Furthermore, the recent AWID and Mama Cash report showed that only 50% of women's NGOs had funding for the following year. It's also important to note that funding for women's NGOs is not synonymous with general funding for girls and women.

Women's NGOs have historically been a driving force behind many social change movements and have secured policy wins that couldn't have otherwise been achieved without their grassroots activism. They have also created informal social safety nets; for instance, hand-weaving PPE equipment for frontline health workers before government assistance was able to reach their communities.

Donors need to trust and invest in women leading change in their communities (the most powerful catalyst for gender equality) and those with lived experience and use their purse strings to ensure that majority white, Global North organizations achieve gender parity and intersectional diversity on their leadership teams and boards. Currently, this is not what is happening. Large donors are paying those in power without lived experience to design policies and programs, instead of trusting those who are closest to the work.

Philanthropy needs a full makeover to start to transfer power to those with expertise of their own needs.

What does this world look like? It looks like a sector where girls and women are at the center of deciding what the funding priorities are, dictating the terms of grants, and coming up with their own impact metrics. In this world, systemic barriers (e.g. traditional networks and personal connections, language proficiency requirements, organization size) to learn about opportunities and apply for funding are removed, and eligibility is tied to diversity and lived experience of the organization's leadership.

7. In the next 10 years, where do you see gender equality movements taking us?

Over the next decade, I see the international community finally moving towards an enlightened place where we systemically recognize and invest in women-led organizations and take a gender-transformative approach to put gender equality at the center of every sustainable development goal.

It is my hope that the devastating impacts of COVID-19 on girls and women have been a wake up call to the world, and that we finally start to see gender-responsive global health as a smart long-term investment in our global economy and prioritize it the same way we do investments in national and global security. The only bright side of this terrible pandemic is that gender equality movements have gotten stronger, and they are demanding rapid change.

I see the top global health and development agencies having at least 50% women in their leadership and on their boards, and hardwiring intersectionality. By the year 2025, we are calling for the percentage of women from diverse backgrounds (including from low- and middle-income countries) in top leadership in global health to increase by 25%. This ensures programs and policies actually reflect those they are meant to serve, and increases resilience within marginalized communities against health emergencies and other systemic shocks.

About Sarah Hillware: *Sarah Hillware is the Deputy Director of [Women in Global Health](#) (WGH), a 35,000+ strong women-led organization working to challenge power and privilege for gender equity in health. Sarah leads fundraising efforts, partnerships, and grassroots movement-building through its global network of 24 chapters. WGH's intersectional approach puts the traditionally "last" women first and intentionally elevates underrepresented women to visible roles in global health. WGH drives policy change at all levels by mobilizing a diverse group of emerging women health leaders, advocating to existing global health leaders to commit to transform their own institutions, and by holding these leaders accountable.*

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