



WORKING PAPER

Linking women's economic empowerment, eliminating gender-based violence and enabling sexual and reproductive health and rights



ACKNOWLEDGEMENTS

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We thank Navanita Bhattachya for her work on the initial drafts of this think piece. Peer review and feedback was provided by CARE International's Head of Gender Equality (Alison Burden) and CARE's Global Leads on Women's Economic Empowerment, Sexual and Reproductive Health, and Gender-Based Violence as well as Asia Pacific Country Offices of UNFPA and CARE, which contributed significantly to the insights and framing of this paper.

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November 2020

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LIST OF ABBREVIATIONS

GDP	Gross domestic product
GEF	CARE's Gender Equality Framework
GBV	Gender-based violence
CSW61	The 61st Session of United Nations Commission on the Status of Women
DFID	UK Department for International Development
HIV	Human immunodeficiency virus
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
SDGs	Sustainable Development Goals
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
STOP	Enhancing Women's Voice to STOP Sexual Harassment
UNFPA	United Nations Population Fund
VSLAs	Village Saving and Loan Associations
WEE	Women's economic empowerment
WGF	Women and Girls First



PREFACE





It is increasingly clear that gender-based violence, women's economic empowerment, and sexual and reproductive health and rights are interlinked. Programming in any one area alone, without linkages to others, is incomplete. We cannot divorce the exercise of power and control over resources from women's ability to exercise control over their bodies, and live a life free from violence. By understanding the links between women's economic empowerment, gender-based violence, and sexual and reproductive health and rights, we are better positioned to ensure a solid foundation for empowerment overall.

Given many shared objectives between programmes and policies working to promote and advance women's economic empowerment, their sexual and reproductive health and rights, and freedom from gender-based violence, CARE Australia and UNFPA Asia Pacific Regional Office collaborated to develop this think piece.

In unpacking and drawing connections between these dovetailing areas, we hope the observations, reflections and recommendations presented here inspire further collaboration between agencies and individuals working to advance gender equality throughout Asia and the Pacific. Specifically, this think piece highlights natural synergies for the United Nations and international organisations like CARE and perhaps offers enhanced guidance to how they can better support locally led civil society organisations as well as policy makers and others involved in women's rights at a community level.

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EXECUTIVE SUMMARY

It is increasingly clear that women's economic empowerment (WEE), gender-based violence (GBV), and sexual and reproductive health and rights (SRHR) are interlinked and interdependent. And now, amid the COVID-19 pandemic, crosscutting challenges undermining progress toward these issues are exacerbated all the more.

We cannot divorce the exercise of power and control over resources from women's ability to exercise control over their bodies and from living a life free from violence. Dr Naila Kabeer, Professor of Gender and Development at the London School of Economics and Political Science, puts it succinctly:

*"If the aim of women's economic empowerment is not simply to create more female entrepreneurs, farmers and wage workers but also to dismantle some of the barriers that perpetuate gender inequality in the economy and the wider society, then programme goals should include greater attention to the non-economic dimensions of change."*¹

Women's economic empowerment has graduated from being solely focused on economic concerns—such as income generation, land, labour, product and financial markets—to recognise the importance of diverse women having power and control over resources to meaningfully participate in decision making that benefits them, their families, and their communities. Programming on preventing GBV has enhanced an understanding of the use of violence as a deliberate strategy to exercise power that keeps gendered hierarchies in place. Further, central to women's power and control is their ability to exercise control over their own bodies through the enjoyment of SRHR.

By linking WEE, GBV and sexual and reproductive health (SRH) we offer a solid foundation for empowerment overall, which, Dr Kabeer notes:

*"[...] touches on many different aspects of change in women's lives, each important in themselves, but also in their inter-relationships with other aspects. It touches on women's sense of self-worth and social identity; their willingness and ability to question their subordinate status and identity; their capacity to exercise strategic control over their own lives and to renegotiate their relationships with others who matter to them; and their ability to participate on equal terms with men in reshaping the societies in which they live in ways that contribute to a more just and democratic distribution of power and possibilities."*²

United Nations Population Fund (UNFPA)'s Gender Equality Strategy 2018-2021 recognises the intersections between gender equality, the realisation of women's SRHR, and their right to live free of violence, without which economic empowerment is not possible. The strategy highlights the importance of SRHR as a precondition for women's economic participation, and also recognises that economic empowerment is essential for women to be able to make their own decisions with regard to SRHR as well as to protect themselves from all forms of violence.³

CARE's Gender Equality Framework (GEF) aligns with the above understanding of empowerment and presents an integrated approach to programming that interlinks WEE, GBV and SRHR. The focus is on transformative change. For transformative change to occur, we need to address the structural causes as well as the symptoms of gender inequality, with the aim of achieving lasting change in the power and choices women have over their own lives, rather than just a temporary increase in opportunities. The focus of integrated programming that interlinks WEE, GBV and SRHR must emphasise work across three change domains: build agency of people of all genders and life stages, change relations between them, and transform structures. Change is also required in both private and public spaces, in other words at the individual, household, community and societal levels.

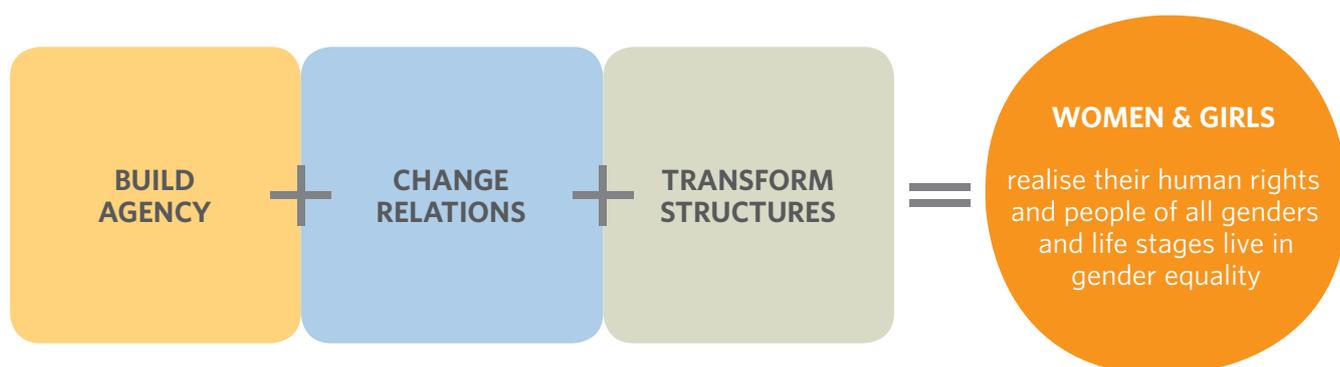


Figure 1: CARE International (2018) Gender Equality and Women's Voice Guidance Note

This working paper **synthesises evidence on links between WEE, GBV and SRHR**. Drawing on evidence from CARE and UNFPA's work in the Asia-Pacific region, and a rapid review of recent literature, this working paper makes a case for a holistic approach to WEE programmes that integrate addressing GBV and SRHR issues. The working paper is a CARE Australia and UNFPA Asia-Pacific collaboration to develop a conceptual framework for advancing gender transformative programming⁴ through the interlinkages between WEE, GBV and SRHR.

KEY MESSAGES

- Gender inequality is at the heart of GBV, lack of SRHR, and women's unequal economic participation.
- Addressing gendered social norms relating to women's participation in the economy, SRH, GBV, and women's productive and reproductive roles and responsibilities are fundamental for gender-transformative programmes.
- GBV and restrictions on SRHR pose barriers that impede women from entering into the economy as well as continued engagement in both the formal and informal economies.
- While GBV or SRH—usually one, rarely both—might feature in WEE programmes as risk mitigation strategies, a truly gender transformative approach takes a holistic view to address violence and SRH issues as an integral part of WEE programming. An intersectional feminist approach to WEE, GBV and SRH assumes we will eliminate gender inequalities and advance women's empowerment when women and girls:
 - Are able to make decisions for themselves without fear;
 - Have access to and control over resources and autonomy over their bodies; and
 - Exercise their collective voice, within an enabling environment where structures, systems and institutions are responsive to their self-defined needs and priorities.

WHAT ARE THE LINKAGES BETWEEN WOMEN'S ECONOMIC EMPOWERMENT, GENDER-BASED VIOLENCE, AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS?

Gender equality will never be achieved while women have fewer economic rights, less control over economic resources, and less access to economic opportunities than men. It is, fundamentally, an issue of social and economic justice.⁵ WEE boosts economic growth and overall productivity, leads to greater equality and more equitable income distribution, and increases economic resilience.⁶

While women have contributed to economic growth across the region, negative social norms and socio-economic barriers and factors limit their participation. Women's labour force participation has either fallen or remained stagnant across Asia. Women remain over-concentrated in informal employment and carry out the majority of unpaid care work.⁷ Women's labour force participation declined from 70.8 percent in 1994 to 63.3 percent in 2014 in East Asia, and from 36.4 percent to 30.6 percent in South Asia, over the same period. Across the region, women are more often found in vulnerable forms of employment such as self-employment and unpaid care work, are concentrated in fewer industries and occupations, and earn less than their male counterparts. Even in countries in East Asia where women's workforce participation is high, women remain over-represented in unpaid household work and in low-skill, poorly paid work.⁸ Furthermore, in some countries women's labour-force participation has fallen despite strong economic growth, in part because women can 'afford' to stay home, in line with restrictive gender norms. Nor are higher education levels across the Asia-Pacific region translating into better jobs for women.⁹ Further, the World Bank estimates that GBV costs an estimated 1.2-3.7 percent of gross domestic product (GDP) in some countries due to lost productivity.¹⁰

Meeting the unmet need for modern contraception would result in an estimated 76,000 fewer maternal deaths each year globally. Prevention of unwanted pregnancy through access to modern contraception costs significantly less than the cost of providing care for unintended pregnancy. If both unmet need for modern contraception and maternal and newborn care were fully met in developing countries, these investments would result in savings of \$6.9 billion, compared with investing in maternal and newborn health alone. Boosting these investments would provide broader socio-economic benefits as well, including increases in women and children's education, women's earnings and reduced poverty.

The intersectionality of the women's multiple identities—for example gender, race/ethnicity, sexuality, age, ability/disability, geographies, etc.—also shapes experiences of economic participation, experiences of violence and access to SRH services. **In this working paper, references to 'women' signifies women in all their diversity.**

Pervasive, deeply rooted social and gender norms that perpetuate gender inequality give us reason to caution against a narrow focus on achieving WEE without a broader focus on structural inequalities and unequal power relations that are expressed in women's lack of access to SRHR and experiences of GBV. The lived experience of millions of women is that their entry and ongoing participation in the economy depends not only on access to education but also enjoyment of their right to a life free of all forms of GBV, their SRHR, and a reduction in the burden of unpaid care work. Such changes require addressing structural inequalities, including breaking down harmful gender social norms.

WEE programmes must, therefore, include multiple and intersecting interventions to address structural barriers that limit women's ability to enjoy their freedoms and benefit from their participation in dignified and productive work. This approach to WEE is endorsed in the Agreed Conclusions of the 61st Session of the United Nations Commission on the Status of Women (CSW61) and the United Nations Secretary General's High-Level Panel on Women's Economic Empowerment.

Adopting an “ecosystem of strategic enablers” approach, the CSW61 Agreed Conclusions recognise the nexus between WEE in the changing world of work and women’s fundamental right to freedom from violence. GBV is seen as hampering “women’s ability to enter, advance, and remain in the job market and make contributions commensurate with their abilities.” Further, for the first time, the Agreed Conclusions affirm the importance of “SRHR as a contribution to the fulfilment of women’s economic rights, independence and empowerment.”

Two of the seven drivers of change in the global High-Level Panel on Women’s Economic Empowerment report also link freedom from violence, enabling SRHR, and WEE. One of the key recommendations under Driver 1: “Tackling adverse norms and promoting positive role models,” is eliminating, preventing and responding to all forms of violence against women and girls. Explaining the links between Driver 3: “Recognising, reducing and redistributing unpaid work and care” and SRHR, the report emphasises that “given their unpaid care responsibilities, the lack of maternity protection and adequate and affordable childcare services reduces women’s economic opportunities and economic empowerment.”

The recommendations under Drivers 1 and 3 discussed above, which link WEE, GBV and SRHR, draw on Sustainable Development Goal 5 (SDG 5): “Achieve gender equality and empower all women and girls.” The achievement of SGD 5 hinges on meeting Targets:

- 5.1: “End all forms of discrimination against all women and girls everywhere”;
- 5.2: “Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”;
- 5.4: “Recognise and value unpaid care and domestic work”;
- 5.6: “Ensure universal access to sexual and reproductive health and reproductive rights”; and
- 5.A: “Undertake reforms to give women equal rights to economic resources.”

SDG 5 is a cross-cutting priority across the 2030 Agenda for Sustainable Development framework.

However, progress towards SDG 5 now risks being reversed in the face of the COVID-19 pandemic, which has dangerously impeded women’s access to SRH and GBV services. At the outset of the pandemic, in April 2020 UNFPA forecast serious disruptions to meeting family planning needs, resulting in millions of unintended pregnancies among other consequences. The projections also anticipated devastating increases in GBV incidents and simultaneous reductions in lifesaving prevention and protection programmes. Therefore, the COVID-19 context makes investments in holistic and integrated approaches to addressing WEE, GBV and SRHR all the more essential.



Figure 2: From Gender Equality and the Sustainable Development Goals in the Asia Pacific Region (2018)

LINKING WOMEN'S ECONOMIC EMPOWERMENT & SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The SDGs recognise the interdependence between SRHR and women's socioeconomic status. Women's ability to access paid work and other income generation activities are made difficult by challenges associated with:

- Managing menstruation;
- Pregnancy;
- Early and child marriage;
- Maternal mortality;
- Maternal disability from lack of pre- and postnatal care;
- Restriction of movement because of the fear of violence or the risk of pregnancy; and
- Taking on domestic care and unpaid work responsibilities in the family.¹⁵

Limited access to SRHR impacts women's economic opportunities in both formal and informal sectors (SDGs 1, 5 and 8). Multiple and unwanted pregnancies impact maternal health (SDG 3) and increase the time women spend on unpaid care and domestic work (SDG 5). Further, women's economic vulnerability and dependence on men increases their vulnerability to sexually transmitted diseases by constraining their ability to negotiate the conditions, including sexual abstinence, condom use and multiple partnerships, which shape their risk of infection.¹⁶

Without access to SRH information and services, women will not be able to exercise their right to decide if, when and how many children to have or protect themselves from sexually transmitted disease. Globally, female labour force participation, of women aged 25-39, decreases with each additional child by about 10 to 15 percent.¹⁷ In addition, in places where health care systems are too weak to support HIV care and treatment programmes, households must rely on home-based care. Within this 'care economy,' women and children carry the overwhelming burden.¹⁸ The increase in unpaid care work means that women have less time to engage in paid work, and affects their ability to find and stay in work. The increasing burden of unpaid care work may also push women into informal work, which may offer greater flexibility in working hours, for example, but is lower paid, less secure and more open to exploitation. Also, the increasing burden of unpaid care work affects women's access to SRH services as they may have neither the time nor the resources required to access contraceptives or to receive critical ante- and post-natal care.¹⁹

There are also important, though often neglected, linkages between sexual rights and WEE. According to the World Bank, the discrimination, exclusion and violence that LGBTQI people face results in lower education outcomes, higher unemployment rates, and lack of adequate access to services including, health services. As a result, LGBTQI people are likely to be over-represented in the bottom 40 percent of the population and experience higher rates of poverty.²⁰

LINKING WOMEN'S ECONOMIC EMPOWERMENT & GENDER-BASED VIOLENCE

Recently, the links between WEE and GBV have received significant attention.^{21, 22, 23} GBV is pervasive in homes, workplaces and public spaces. Women are at risk both when they are in paid work—formal, informal and self-employed—and in their unpaid care roles and care work.

The relationship between GBV and WEE is complex. On one hand, improving women's financial autonomy, bargaining power and self-esteem can reduce the risk of violence.²⁴ Women's financial contributions to the household can reduce economic stress, a frequently stated contributing factor in domestic violence, and in some cases, contributing to the household income can increase women's bargaining power and say in how resources are allocated. Earning income also provides women with the means to leave abusive relationships.²⁵ A global evidence review of 22 studies of cash transfer programmes, as one form of women's economic empowerment intervention, to poor households in low and middle-income countries showed reduced intimate partner violence in over 70 percent of the studies reviewed.²⁶ The evidence review showed that the impact was primarily achieved through three pathways:

1. Increased economic security and emotional wellbeing (through the provision of cash, which reduced poverty-related stress);
2. Reduced intra-household conflict (by reducing arguments over limited budgets, for example); and
3. Increased women's empowerment (if appropriately targeted, provision of cash could increase a woman's bargaining power, strengthen her self-worth, and potentially increase her perceived value to the household).²⁷

At the same time, however, research also shows that engaging in employment—formal, informal or self-employed—can exacerbate the risk of violence in some contexts. Earning an income can challenge existing power dynamics within households. The perception that access to and control over resources is transferring to women may be resented by some men, who use violence to reassert their position of authority. For example, in Vanuatu, women who earned their own income were about 1.5 times more likely to experience physical and sexual violence than those who did not earn an income. Further, women who experienced physical and/or sexual partner violence in their lifetime were significantly more likely to work for an income (83 percent) than those who had never experienced violence. This was despite the fact that women living with violence were also significantly more likely to have to give up or refuse a job because of their husband/partner.²⁸

In humanitarian contexts, WEE interventions through multi-purpose cash grants, which are unrestricted cash grants that recipients can use to meet their basic needs, have shown mixed results on the prevention, mitigation of and response to GBV.²⁹ It has been noted that while carefully designed cash and voucher assistance programming—as one component of livelihood/economic support in humanitarian response aimed at contributing to WEE—can help to address negative gender and social norms that confine women to the domestic sphere, threats to prevailing norms can risk increasing the incidence of some forms of GBV.³⁰

GBV impacts women and girls' ability to complete an education (SDG 4), which limits their opportunities for finding work in the formal sector and forces them into informal work where the risks are even greater with fewer regulations to protect women and girls from violence.³¹ As a result of injury—both physical and psychological—women may be absent from work. And if they go to work, they may not be as productive, resulting in a loss of income or possible loss of employment, which can lead to increased economic vulnerability (SDGs 1, 5 and 8). Injuries also lead to poor health outcomes in the short and longer term, and as a result, may increase barriers to entry into the economy or staying in paid work.³²

In the workplace, sexual harassment and violence creates a hostile and threatening environment. Research shows that *more frequent though less intense* workplace experiences of sexual harassment—such as sexist jokes, remarks or ignoring women during meetings—can negatively affect women's occupational wellbeing as much as *less frequent yet more intense* forms of abuse and mistreatment at work, such as sexual coercion and abuse.³³

Another common issue in the workplace is discrimination on the basis of sexual orientation and gender identity. Globally, 70 countries still criminalise homosexuality.³⁴ LGBTQI people experience discrimination and harassment in education and in the workplace as a result of perceived non-conformity with norms of heterosexuality as well as gender norms that govern men and women's behaviour. Workplace harassment, bullying, violence and fear of discrimination and violence reinforces exclusion and undermines equal participation in employment. Transgender people report the most severe forms of workplace discrimination, including in securing employment, discrimination within workplaces, and increased vulnerability to bullying and harassment.³⁵

The UK Department for International Development's (DFID) *What Works to Prevent Violence against Women and Girls Programme* demonstrates that combining economic empowerment and gender-transformative interventions for women and families can reduce intimate partner violence and strengthen the economic position of individuals and families. Further, economic empowerment interventions with men may reduce their use of violence; however, such interventions must address the underlying gender power imbalances, norms and attitudes that drive violence. Additionally, "in highly patriarchal settings where the power of young women is particularly constrained within multi-generational family households, combined economic empowerment and gender transformative interventions may best be targeted at families, to strengthen outcomes, ensure that women can fully participate in interventions and may reduce the risk of backlash against women."³⁶

LINKING GENDER-BASED VIOLENCE & SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Although on the face of it, the links between GBV and SRHR may seem obvious, few programmes explicitly make this link. GBV can be used to dominate and intimidate to reinforce gendered inequalities, such that it prevents people from making choices about their lives, including decisions related to their SRH. Forced sterilisation; forced abortion; forced pregnancy; reproductive coercion; violence experienced during pregnancy; criminalisation of abortion; denial or delay of safe abortion and post-abortion care; forced continuation of pregnancy; and abuse and mistreatment of women and girls seeking SRH information, goods and services are all forms of GBV.^{38, 39, 40, 41}

Globally, LGBTQI people are at an elevated risk of violence, including homicide, and are more likely to be victims of physical and sexual violence than the general population.⁴² Violence against people based on their perceived sexual orientation and gender identity is a form of GBV. Such violence may be physical or psychological, and is an expression of sexual stigma whereby homosexuality is denigrated and discriminated against relative to heterosexuality, motivated by a desire to punish those seen as transgressing or defying gender and sexual norms.⁴³

GBV is also linked to a variety of negative health outcomes for women. A recently published systematic review about the SRH outcomes of GBV in lower-income countries found that this violence has been associated with pain during sex, arousal problems, risky sexual behaviours, genital and reproductive tract infections, increased risk of sexually transmitted infections, and unintended/early pregnancies and pregnancy complications.⁴⁴ When women face an unwanted pregnancy resulting from rape, they are more than twice as likely to choose to terminate that pregnancy, even if safe and legal abortion options are unavailable. And, women who experience violence during their pregnancies could face a number of complications with regard to maternal and newborn health. Studies have shown that violence against pregnant women is associated with an increased likelihood of miscarriage, stillbirth and premature labour.⁴⁵

As most GBV survivors seek health services at one point or another, SRH services can be an entry point to mitigate and reduce violence. When SRH service providers are trained to recognise signs of GBV and to provide first-line support, survivors of violence have an opportunity to break away from the cycle of violence. This support can include medical treatment and psychosocial care, and facilitated access to other GBV response services in a timely, safe, dignified and confidential manner.

LINKING WEE, GBV, SRHR & GENDER EQUALITY

Overarching environment

- Discriminatory legal and policy environment
- Harmful social and gender norms
- Economic inequality
- Low levels of female labour force participation & gender segregation of the labour market

The following diagram illustrates these interlinkages:

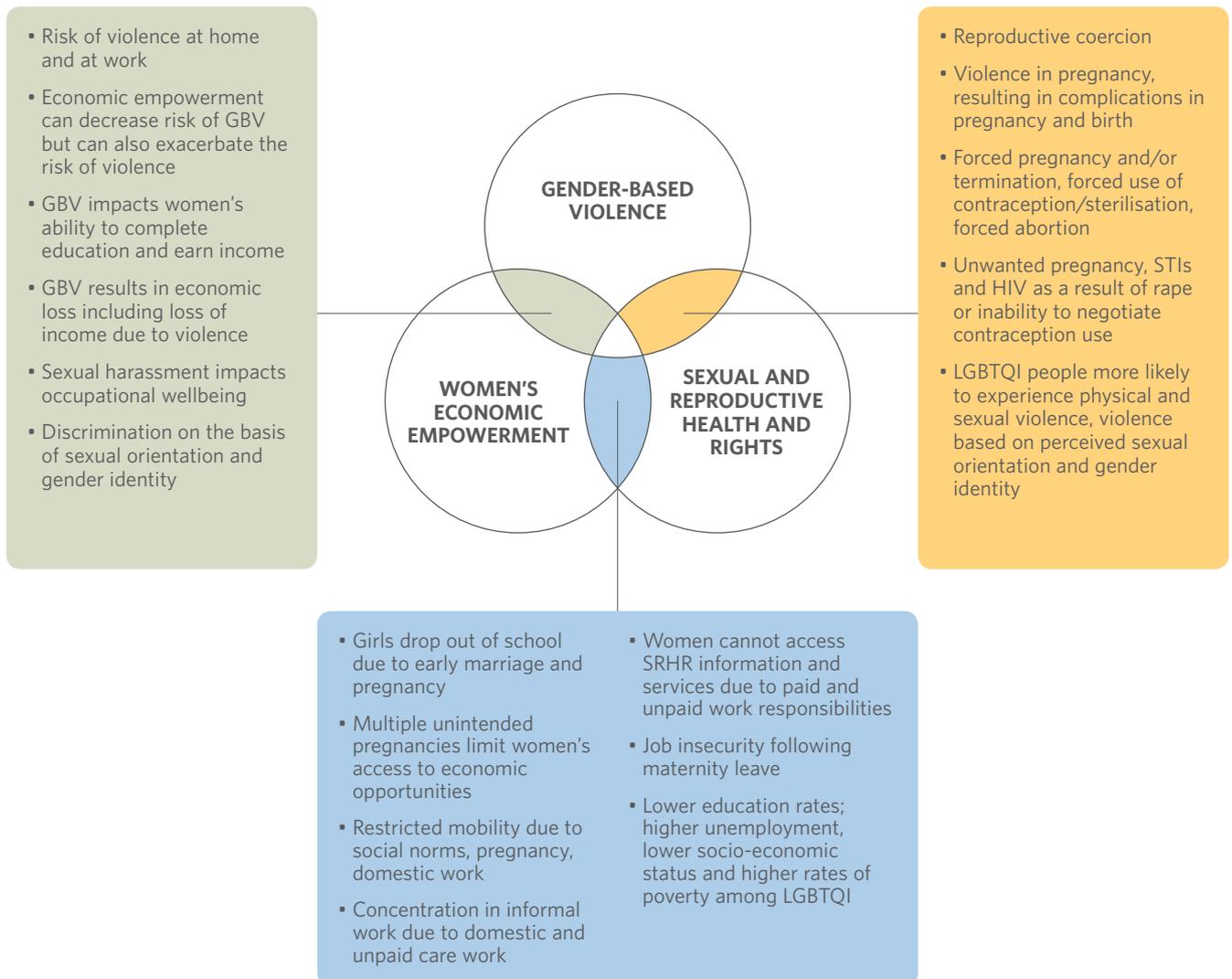


Figure 3: Linkages Between WEE, GBV, SRHR and Gender Equality

Speaking to these interlinkages between SRHR and GBV, the General Committee for the International Covenant on Economic, Social and Cultural Rights recognised that violations of the obligation to protect occur when a state fails to take effective steps to prevent non-state actors and individuals from undermining the enjoyment of the right to SRH. This includes the failure to prohibit and take measures to prevent all forms of violence and coercion committed by private individuals and entities, including domestic violence; rape, including marital rape; sexual assault, abuse and harassment, including during conflict, post-conflict and transition situations; and violence targeting LGBTQI persons or women seeking abortion or post-abortion care.⁴⁶

WHAT WORKS AND IN WHAT WAYS?

Insights from the work of CARE and UNFPA in the Asia-Pacific region suggest the following takeaways. In the interest of brevity, only key highlights are provided here. More information can be found by reading the references.

WHAT WORKS?	IN WHAT WAYS (HOW)?	EXAMPLES
<p>Focusing on changing harmful gender norms at the household and community levels: addressing gender roles and responsibilities, distribution of power and decision making in households, and normalisation of violence as a means to resolve conflict.</p>	<p>Provides an entry point to address WEE, GBV and SRHR holistically.</p> <p>Creates a more balanced division of labour within households, reducing the burden of unpaid care work done by women.</p> <p>Creates spaces for women's voices to be heard in decision making on family planning, and decisions on distribution of household finances and use of savings.</p>	<p>A mid-term review of CARE Vanuatu's Leftemap Sista II programme shows that combining WEE activities with GBV interventions (in the form of workshops on Good Relationships Free from Violence) and interventions on changing gender roles and responsibilities (in the form of workshops on Family Financial Management) has ripple effects in creating spaces for women's voices to be heard in family planning.</p> <p>In Nepal, existing life-skills packages (for example, the Rupantaran package for parents and adolescents) are being strengthened with a stronger focus on child marriage under the UNICEF and UNFPA Global Programme to End Child Marriage. Work with parents, families and communities further aims to support adolescent girls and to challenge harmful gender norms, raising awareness of girls' value and rights.⁴⁷</p>
<p>Working with employers on workers' rights and organisational mechanisms to address harassment and violence, engaging with service providers, getting power-holder buy-in, and social norms change initiatives.</p>	<p>Creates more equitable business practices by adopting an ecological change model.</p> <p>Establishes accountable feedback mechanisms to ensure that gender equality policies and regulations will be effectively implemented.</p> <p>Provides entry points to addressing gendered social norms in workplaces (e.g. around caregiving, appropriate workplace norms and behaviours).</p> <p>Strengthens national regulatory environments.</p>	<p>Analysis under CARE's Made by Women strategy, which is focused on the economic empowerment of women garment workers,⁴⁸ demonstrates that addressing inequalities in the supply chain—such as harmful business practices, worker repression, ineffective social protections, and harmful gender norms—requires a systems approach.</p> <p>CARE's Enhancing Women's Voice to STOP Sexual Harassment (STOP) project adopts an ecological model to addressing sexual harassment in workplaces, in particular garment factories. The project supports garment factories to develop effective workplace mechanisms to respond to sexual harassment. It addresses challenging workplace norms by supporting female garment factory workers to feel safe to report sexual harassment without negative consequences. The project also works to strengthen the national regulatory environment to promote laws, policies and mechanisms to address sexual harassment in the workplace.</p>

WHAT WORKS?	IN WHAT WAYS (HOW)?	EXAMPLES
<p>WEE capacity development programmes or safe employment programmes with modules on GBV and SRHR.</p>	<p>Increases awareness of rights related to GBV, gaining of skills and confidence to claim them, and an increased valuing of SRH services.</p>	<p>Capacity development programmes that go beyond employment skills development to include SRHR and GBV modules can have a significant impact on overall attitudes toward empowerment and improve women's awareness of their SRHR. The Women in Factories training programme—an initiative of the Walmart Foundation's Women's Economic Empowerment Programme and CARE—included health and nutrition among core training modules in addition to modules on functional literacy and personal finance; communication; gender, social status, and relationships; and leadership. Although the programme did not include a core focus on SRHR, an evaluation of the initiative found there to be an impact on women factory workers' attitudes towards birth spacing.</p> <p>CARE's Sewing for a Brighter Future project in Cambodia—an initiative of the Levi Strauss Foundation—also focused on skills development for worker wellbeing, including a module on SRHR. These sessions increased women's awareness of different contraception methods, ability to identify at least two risk behaviours related to HIV, and knowledge about sexually transmitted infections.⁴⁹</p>
<p>Integrating women's economic empowerment with SRHR initiatives, and engaging men and boys in SRH.</p>	<p>Favourable changes to women's lives and wellbeing, especially women's ability to work and earn an income due to adoption of family planning.</p> <p>Men provide greater support for women accessing SRH care and information.</p>	<p>The Women's Initiative Network project in Myanmar—funded by the Norwegian Agency for Development Cooperation, Norad—promotes women's participation in community-level decision making and empowers them to initiate and implement actions to address the economic and social issues affecting their day-to-day lives. The project combined a focus on SRHR with promoting access to financial services through Village Saving and Loan Associations (VSLAs), facilitating access to markets and the establishment of cooperatives or group-based small enterprises. VSLAs and livelihood training included information and awareness sessions on SRH and access to related services. The project also found that engaging men and boys improves WEE.⁵⁰</p>

WHAT WORKS?	IN WHAT WAYS (HOW)?	EXAMPLES
<p>Integration of WEE, GBV and SRHR services.</p>	<p>Services are provided and available to women in a single setting, linking WEE, SRHR and GBV services and referrals.</p> <p>In humanitarian settings, women-friendly spaces offer SRHR and GBV services and support as well as capacity building and employment opportunities.</p>	<p>Integrated service delivery can bring together interventions to promote WEE and SRHR and address GBV. Through the Women and Girls First (WGF) programme, UNFPA is pioneering integrated GBV and SRHR services for women and girls in Myanmar, including psychosocial support and health referrals, and providing women access to economic empowerment and leadership. Women and adolescent girls access livelihood support to mitigate the risk of GBV, and survivors access socio-economic support as part of a multi-sector response. Economic empowerment activities such as weaving, cooking, digital literacy training, language and literacy training, and soap and fishing net production are made available in 31 Women and Girls Centres across Kachin, Northern Shan and Rakhine States. Participants report that the activities have had a positive impact on their resilience and confidence. It has allowed women to develop skills that contribute to their self-sufficiency and enhance their sense of wellbeing and belief in themselves.⁵¹ The mid-term evaluation⁵² of the WGF programme conducted in 2018 recognised the progress made on integration of SRHR and GBV services. The evaluation also recommended the further expansion of economic empowerment activities to enhance access to services and information offered at the Women and Girls Centres, to build resilience and to enable women to meaningfully participate in decision making. An evaluation of Phase I (2016-2019) of the WGF programme is planned for 2020.</p> <p>During disaster response in the Philippines, women survivors of GBV are empowered to become facilitators at women-friendly spaces in evacuation camps. As part of the Cash for Work scheme, the facilitators get economic support for the role they play. The women-friendly spaces not only conduct psychosocial support programmes for GBV survivors but also link sexual and reproductive health information and services.</p>
<p>Integrating GBV and SRHR services into safe employment projects and engaging community-based organisations, trade unions, etc. on workplaces-free-from-violence activities.</p>	<p>Increases the number of safe job options.</p> <p>Increases access to legal and health services, including an increase in women's awareness of their rights related to GBV, their gaining of skills and confidence to claim them, and an increased valuing of SRH services.</p> <p>Establishes positive attitudes about gender and support for women's rights in workplaces.</p> <p>Increases belief in a shared responsibility for decision making, for earning household incomes and for performing household care tasks.</p>	<p>Safe employment projects can multiply their impact if access to GBV and SRHR services are integrated into the design of such projects. For example, Improving Access to the Safe Employment for Migrant Women in Urban Myanmar is a partnership between CARE International in Myanmar, Marie Stopes International, Legal Clinic Myanmar and various vocational training and employment service providers.⁵³</p>

MOVING FORWARD

PRINCIPLES

Gender transformative programming that addresses the linkages between WEE, GBV, and SRHR should be informed by the following principles in every step of the programme and project cycle:

- Do no harm.⁵⁴
- Systemic and structural changes that address discrimination to achieve sustainable results.⁵⁵
- Meaningful participation of women and girls.
- Engagement of men and boys to address harmful gender norms that uphold male privilege and female subordination, justify GBV, and limit women's bodily autonomy.^{56, 57}
- Strengthening and networking with women's organisations, disabled people organisations or organisations representing diverse sexual orientations and gender diversities.⁵⁸
- Survivor-centred approach when working with women and girls who have experienced violence, exploitation, abuse or harassment.⁵⁹

Organisations need to 'walk the talk' on gender equality. To design, implement, monitor and evaluate transformative programmes, we need to **build a gender transformative organisation** at the same time.^{60, 61, 62} This requires strong leadership and adequate resources to ensure that policies and strategies are in place to promote gender transformative changes. It also requires strong gender capacity of national staff who take a leading role throughout the transformational process at the individual, programme and organisational levels.

PATHWAYS TO CHANGE

CARE's Gender Equality Framework (GEF) provides a model for transformative change. To achieve gender equality, we need to address the structural causes as well as the symptoms of gender inequality, with the aim of achieving lasting change in the power and choices women have over their own lives, rather than just a temporary increase in opportunities. Gender-integrated programming that is holistic and interlinks WEE, GBV and SRHR is therefore necessary to achieve gender equality. Such programming must emphasise work across three change domains: build agency of people of all genders and life stages, change relations between them and transform structures. Change is also required in both private and public spaces, including at the individual, household, community and societal levels.

Where programmes are gender-integrated, which means they include WEE, GBV and SRHR, and when programmes work across the Gender Equality Framework (agency, relations and structures—Figure 4), evidence from CARE and UNFPA shows that greater change can be achieved. The section below lists examples of outcomes that can come from this holistic approach against the three change domains. Context-specific programmatic actions will then need to be taken to ensure that these identified outcomes are realised through integrated programming opportunities.

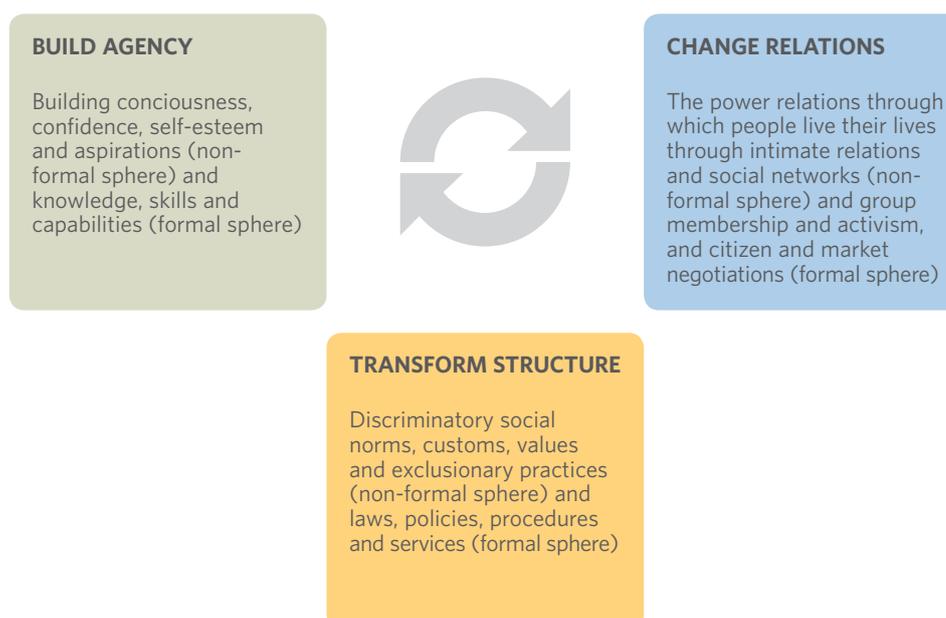


Figure 4: CARE International (2018) Gender Equality and Women's Voice Guidance Note

BUILDING AGENCY

Common changes at the agency level could include:

- Increased awareness on access to quality SRH information and services.
- Increased awareness of rights to equality, freedom of movement, bodily integrity, equitable division of labour, and life free from violence.
- Increased awareness of workers' rights, GBV and the existence of social support services.
- Increased productivity, income and savings, such as women's:
 - Capacity to select safe and suitable saving and financial products;
 - Capacity in processing, marketing, and sale and group management;
 - Access to financial services, rural extension services, farming contracts, market price, etc.;
 - Ability to identify market niche;
 - Business and technical capacity (e.g. negotiation, leadership, organisational and financial management, business development plans);
 - Ability to use technology and social networks to access information on financial services, technical and legal regulations;
 - Right to access economic resources;
 - Access to equal remuneration; and
 - Access to safe work environments.
- Increased agency to reduce women and girls' vulnerability to violence; increased capacity of women to make decisions on household expenditures, including SRH issues, to assert their voices and realise their right to a life free of GBV, and to exercise sexual and reproductive rights through leadership and life-skills training.

CHANGING RELATIONS

Common changes at the relations level could include:

- Respectful attitudes and willingness among family members to discuss about sharing unpaid domestic and care work, and to make joint decisions regarding:
 - SRH;
 - Household expenditures; and
 - Economic development activities.
- More equitable and respectful relations across people of all genders with regard to more equal sharing and decision making for productive and reproductive labour, both at household and institutional levels.
- Women's increased negotiation power in building healthy relationships based on mutual respect and non-violence in making SRH decisions; household expenditure decisions and greater levels of women's control over their earnings and assets; and increase in women's access to saving groups and use of financial products tailored to their needs and situations.
- Engaging men and boys to support women's leadership, economic participation and decision making on SRHR; and ending violence against women.
- Increased respect for women's voice within households, communities and workplaces.
- Enhanced women's collective negotiation power in workplaces and with market actors, employers and other business actors in the value chain.
- Economic independence that allows women to make decisions, including leaving a violent relationship.
- Greater levels of diverse women's control over their earnings and assets.
- Increased men's and women's recognition of women's contribution in all stages of value chains—in both livelihood and economic growth activities.
- Cohesion, trust and inclusivity of peer networks and support groups.
- Women's involvement and/or representation in local trade associations, and professional and social support networks.

TRANSFORMING STRUCTURES

Common changes at the transforming-structures level could include:

- Shifting of gendered roles related to unpaid reproductive work (domestic and care work) versus productive work that earns an income.
- Changing perceptions of men, women and communities about women's capabilities to manage financial resources and/or take on leadership roles.
- Power holders, especially government and in communities, recognise the links between WEE, GBV and SRHR, and policy is consistent and aligned, such as economic policies enabling SRHR rights and addressing GBV.

- Policy development and implementation is meaningfully informed by lived experiences of diverse women.
- Transparent and accountable mechanisms to prevent and respond to GBV within key institutions and accessible to all women, and strengthened capacity of allied systems, such as health or justice sectors, to respond to SRH and GBV-support needs.
- Increased value of women's work in all stages of value chains in livelihood and economic growth activities—both in terms of representation and increased remuneration.
- Strengthened women's decision-making power at the institutional, community and national levels.
- Improved working conditions, practice and policies for life free from discrimination and exploitation.
- Increased career opportunities and choices for women in the labour market.
- Reduction and redistribution of unpaid work through investments in social protection, such as affordable childcare.
- Social and legal protections for women entrepreneurs, informal workers and women working in the formal sector.
- Shift in social norms that perpetuate GBV and restrict women's control over enterprises, income and SRH decisions.
- Transforming business services and workplace policies and cultures to meet the needs of women, to support ending GBV and women's realisation of SRHR.
- Women's control over enterprise, including inputs, production, process, sales and finance.
- Collective actions and movements led by diverse women to claim rights related to SRH, economic empowerment and a life free from violence.
- Acknowledgement by men of their vulnerability to diverse gender and sexual identities in realising rights related to SRH, economic empowerment and a life free from violence.
- Alliance with men as a change-partner for gender equality at the household, institutional and public levels.

NEXT STEPS

This working paper between CARE Australia and the UNFPA Asia-Pacific Regional Office set out to develop a conceptual framework for advancing gender transformative programming through the interlinkages between WEE, GBV and SRHR. This is an important first step into developing such integrated programming, and in the process, next steps have been identified, including:

- Identification of further collaboration opportunities between UNFPA and CARE International around integrated programming to address WEE, GBV and SRHR;
- Reflections on how to build a gender transformative organisation, and how we and others can measure our progress against this; and
- Case studies and best practice programmatic guidance on how to achieve the integration of WEE, GBV and SRHR programming.

ENDNOTES

- ¹ Kabeer, Naila (2017). Economic Versus Non-Economic Empowerment: Is it a False Dichotomy?, 9 November. Available at <https://seepnetwork.org/Blog-Post/Economic-versus-Non-Economic-Empowerment-Is-it-a-False-Dichotomy>.
- ² Kabeer, Nalia (2008). *Mainstreaming gender in social protection for the informal economy*. New Gender Mainstreaming in Development Series. London: Commonwealth Secretariat.
- ³ UNFPA. *UNFPA Gender Equality Strategy 2018-2021*. United Nations publication. Available at https://www.unfpa.org/sites/default/files/pub-pdf/19-132_UNFPA_GenderStrategy-EN.pdf.
- ⁴ Rottach, Elisabeth, and others (2009). *Gender perspectives improve reproductive health outcomes: New evidence*. Population Reference Bureau. Available at <https://www.prb.org/wp-content/uploads/2010/03/genderperspectives.pdf>.
- ⁵ CARE International. CARE 2020 Programme Strategy: Women's Economic Empowerment. Available at <https://www.care-international.org/files/files/Summary-Women's Economic Empowerment.pdf>.
- ⁶ International Monetary Fund (2018). *Pursuing Women's Economic Empowerment*.
- ⁷ Oxfam (2016). *Underpaid And Undervalued: How Inequality Defines Women's Work In Asia*. Available at https://asia.oxfam.org/oxfam-in-asia-policy_paper/underpaid-and-undervalued-how-inequality-defines-women%E2%80%99s-work-asia.
- ⁸ International Labour Organization (2017). Women in Asia: High contribution, little rewards, 1 March. United Nations. Available at https://www.ilo.org/asia/media-centre/news/WCMS_545923/lang--en/index.htm.
- ⁹ Ibid (same as 6)
- ¹⁰ World Bank (2018). *Fact Sheet: Update on Addressing Gender-Based Violence in Development Projects*. Available at <https://www.worldbank.org/en/news/factsheet/2018/08/30/fact-sheet-update-on-addressing-gender-based-violence-in-development-projects>.
- ¹¹ Guttmacher Institute (2017). Adding It Up: Investing in Contraception and Maternal and Newborn Health. Available at <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>.
- ¹² International Centre for Research on Women (ICRW) (2019). Women's Economic Empowerment: The Unintended Consequences. Available at <https://www.icrw.org/publications/womens-economic-empowerment-the-unintended-consequences>.
- ¹³ Puri, Lakshmi (2017). Report on CSW61 and Analysis of the Agreed Conclusions. United Nations, Commission on the Status of Women. Available at <https://www.unwomen.org/en/digital-library/publications/2017/5/report-of-csw61-and-analysis-of-the-agreed-conclusions>.
- ¹⁴ UNFPA (2020). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*. United Nations publication. Available at <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>.
- ¹⁵ Oxfam Canada (2019). *A feminist approach to women's economic empowerment*. Available at https://www.oxfam.ca/wp-content/uploads/2019/01/a-feminist-approach-to-womens-economic-empowerment_FINAL.pdf.
- ¹⁶ Kim, Julia, and others (2008). Exploring the Role of Economic Empowerment in HIV Prevention. *AIDS*, vol. 22, No. 4 (December), pp. 57-71. Available at https://journals.lww.com/aidsonline/fulltext/2008/12004/exploring_the_role_of_economic_empowerment_in_hiv.6.aspx.

- ¹⁷ Grépin, Karen, and Jeni Klugman (2013). *Investing in women's reproductive health: Closing the deadly gap between what we know and what we do*. World Bank. Available at <https://reliefweb.int/report/world/investing-women%E2%80%99s-reproductive-health-closing-deadly-gap-between-what-we-know-and-what>.
- ¹⁸ ICRW (2010). *What role can economic empowerment strategies play in reducing HIV risk and vulnerability among girls and young women?* Available at <https://www.icrw.org/wp-content/uploads/2016/10/What-role-can-economic-empowerment-strategies-play-in-reducing-HIV-risk-and-vulnerability-among-girls-and-young-women.pdf>.
- ¹⁹ Ibid (same as 12)
- ²⁰ World Bank (n.d.). Sexual orientation and gender identity. Available at <https://www.worldbank.org/en/topic/sexual-orientation-and-gender-identity>.
- ²¹ Bolis, Mara, and Christine Hughes (2015). *Women's economic empowerment and domestic violence*. Oxfam intersectionality series. Oxfam. Available at https://s3.amazonaws.com/oxfam-us/www/static/media/files/Womens_Empowerment_and_Domestic_Violence_-_Boris__Hughes_hX7LscW.pdf.
- ²² UN Women (2018). Facts and Figures: Economic Empowerment. Available at <https://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures>.
- ²³ Golla, Anne Marie, and others (2011). *Understanding and measuring women's economic empowerment*. ICRW. Available at <https://www.icrw.org/wp-content/uploads/2016/10/Understanding-measuring-womens-economic-empowerment.pdf>.
- ²⁴ See for example:
- Gibbs, Andrew, and others (2017). *What Works Evidence Review: The Relationship between poverty and intimate partner violence*. What Works to Prevent Violence. Available at <https://www.whatworks.co.za/resources/evidence-reviews/item/348-what-works-evidence-review-the-relationship-between-poverty-and-intimate-partner-violence#:~:text=Poverty%20is%20a%20key%20driver,more%20likely%20to%20experience%20IPV>.
- Bolis, Mara, and Christine Hughes (2015). *Women's economic empowerment and domestic violence*. Oxfam intersectionality series. Oxfam. Available at https://s3.amazonaws.com/oxfam-us/www/static/media/files/Womens_Empowerment_and_Domestic_Violence_-_Boris__Hughes_hX7LscW.pdf.
- ²⁵ Abramsky, Tanya, and others (2019). Women's income and risk of intimate partner violence: secondary findings from the MAISHA cluster randomised trial in North-Western Tanzania. *BMC Public Health*, vol. 19, No. 1108. Available at <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7454-1#citeas>.
- ²⁶ The Prevention Collaborative (2019). *Cash Transfers and Intimate Partner Violence: Findings from a review of quantitative and qualitative studies in low and middle income countries*. Available at <https://prevention-collaborative.org/wp-content/uploads/2019/10/EVIDENCE-BRIEF-CASH-TRANSFERS-IPV-low-res-final.pdf>.
- ²⁷ Ibid (same as 19)
- ²⁸ Pacific Community (SPC) (2017). *Women's Economic Empowerment in the Pacific: Regional Overview*. Available at <https://www.spc.int/sites/default/files/wordpresscontent/wp-content/uploads/2017/09/Overview-Pacific-Womens-Economic-Empowerment-SPC2.pdf>.
- ²⁹ International Rescue Committee and Women's Refugee Commission (2018). *Can cash transfers in humanitarian contexts help prevent, mitigate and respond to gender-based violence? A review of evidence*. Available at <https://reliefweb.int/report/world/can-cash-transfers-humanitarian-contexts-help-prevent-mitigate-and-respond-gender-based>.
- ³⁰ CARE (2019). *Cash and Voucher Assistance and Gender Based Violence Compendium: Practical Guidance for Humanitarian Practitioners*. Pg. 32, available at <https://gbvguidelines.org/en/documents/cash-voucher-assistance-and-gbv-compendium-practical>.

- ³¹ International Labour Organization (2017). *Violence and Harassment against Women and Men in the World of Work: Trade Union Perspectives and Action*. A United Nations publication. Available at https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---actrav/documents/publication/wcms_546645.pdf.
- ³² Sabia, Joseph J., and others (2013). Sexual Violence against Women and Labor Market Outcomes. *American Economic Review*, vol. 103, No. 3, pp. 274–78.
- ³³ Campbell, Helen and Suzi Chinnery (2018). *What works? Preventing and Responding to Sexual Harassment in the Workplace*. CARE. Available at <https://www.care.org.au/wp-content/uploads/2018/12/STOP-Rapid-Review.pdf>.
- ³⁴ ILGA (2019). World map on sexual orientation laws. Available at <https://ilga.org/maps-sexual-orientation-laws>. Accessed August 2020.
- ³⁵ International Labour Organization (2015). *Discrimination at work on the basis of sexual orientation and gender identity: Results of the ILO's Pride Project*. A United Nations publication. Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_368962.pdf.
- ³⁶ Gibbs, Andrew, and Kate Bishop (2019). *Preventing violence against women and girls: Combined economic empowerment and gender-transformative interventions*. What Works to Prevent Violence. Available at <https://www.whatworks.co.za/documents/publications/354-eco-and-genderweb/file>.
- ³⁷ CARE (2015). CARE GBV Strategy.
- ³⁸ UNFPA (2018). *Women and Girls First Programme Fact Sheet: SRHR and GBV integration*. A United Nations publication. Available at <https://myanmar.unfpa.org/en/publications/women-and-girls-first-programme-fact-sheet>.
- ³⁹ Committee on the Elimination of Discrimination Against Women (CEDAW) (2017). General Recommendation 35 on Violence Against Women. July, paragraph 18.
- ⁴⁰ Committee on Economic, Social and Cultural Rights (CESCR) (2016). General Comment No. 22 on the right to sexual and reproductive health. Adopted 7 March, paragraph 59.
- ⁴¹ Marie Stopes Australia (2018). *Hidden Forces Shining a light on Reproductive Coercion: White Paper*. Available at https://www.mariestopes.org.au/wp-content/uploads/Hidden-Forces_MSA-RC-White-Paper_FINAL_WEB.pdf.
- ⁴² Blondeel, Karel, and others (2017). Violence motivated by perception of sexual orientation and gender identity: a systematic review. *Bulletin of the World Health Organization*. Available at <https://www.who.int/bulletin/volumes/96/1/17-197251/en/>.
- ⁴³ Ibid (same as 41)
- ⁴⁴ Grose, Rose Grace, and others (2020). Sexual and Reproductive Health Outcomes of Violence Against Women and Girls in Lower-Income Countries: A Review of Reviews. *The Journal of Sex Research*, 1-20. DOI: 10.1080/00224499.2019.1707466.
- ⁴⁵ Population Action International (2013). *Gender-based violence: A threat to women's reproductive health*. Available at <https://pai.org/wp-content/uploads/2014/01/GBVBrief.pdf>.
- ⁴⁶ Ibid (same as 40)
- ⁴⁷ UNICEF and UNFPA (2019). *Joint Evaluation Report. UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage*. A United Nations Publication.
- ⁴⁸ CARE (2017). *Made by Women: Dignified Work in Asia Impact Report*. Available at https://www.care.at/wp-content/uploads/2017/12/Made-by-Women_Dignified-Work-in-Asia-Impact-Report-2017.pdf.

- ⁴⁹ Holden, Jenny, and others (2018). *Sexual and reproductive health and rights (SRHR) interventions in the workplace and women's economic empowerment (WEE): a review of the evidence*. DFID. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744571/WOW-Helpdesk-Query-5-SRHR-interventions-in-the-workplace-and-WEE.pdf.
- ⁵⁰ Hnin, Tluang Lian (2015). *Women's Empowerment Program Myanmar Evaluation: 2009-2013*. International Law and Policy Institute and CARE. Available at <http://www.careevaluations.org/wp-content/uploads/evaluations/evaluation-wep-2009-2013-myanmar-4-of-8.docx>.
- ⁵¹ DRC (2019). Annual Progress Report.
- ⁵² Independent mid-term evaluation report of the Myanmar Women and Girls First programme, (2018), Ms. Alison King, Ye Shwe Htoon
- ⁵³ CARE (2017). *End of project evaluation report: Improving access to safe employment for Migrant women in Myanmar*. Available at <http://www.careevaluations.org/wp-content/uploads/Improving-Access-to-Safe-Employment-for-Migrant-Women-in-Myanmar.pdf>.
- ⁵⁴ International Women's Development Agency (IWDA) (2018). *Do No Harm: Integrating the elimination of violence against women in women's economic empowerment programming*. Available at <https://iwda.org.au/assets/files/Do-No-Harm-Research-to-Practice-Briefing.pdf>.
- ⁵⁵ CARE (2018). *Gender Equality and Women's Voice: Guidance Note*. Available at https://insights.careinternational.org.uk/media/k2/attachments/Gender_equality_womens_voice_Guidance_Note_2018.pdf.
- ⁵⁶ CARE (n.d.). Engaging men and boys. Available at <https://insights.careinternational.org.uk/in-practice/engaging-men-and-boys>.
- ⁵⁷ UNFPA and Promundo (2010). *Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action*. Available at <https://promundoglobal.org/wp-content/uploads/2014/12/Engaging-Men-and-Boys-in-Gender-Equality-and-Health-A-Global-Toolkit-for-Action-English.pdf>.
- ⁵⁸ The first five programme principles are from CARE International's programme strategy: CARE (2019). *CARE 2020 Programme Strategy Resource Manual*. Available at http://careglobalmel.careinternationalwikis.org/_media/care_2020_program_strategy_resource_manual_-_180301.pdf.
- ⁵⁹ UN Women (n.d.). Survivor Centred Approach.
- ⁶⁰ Gender at Work (n.d.). Available at <https://genderatwork.org>.
- ⁶¹ Mukhopadhyay, Maitrayee, and others (2006). *Politics of the Possible*. Oxfam Publishing.
- ⁶² Ibid (same as 55)
- ⁶³ Ibid (same as 4)

