



GENDER, POWER & JUSTICE PRIMER

The state of gender and rights globally, and programming practices that work toward justice, strong communities, development and peace.



FOREWORD

We live in a wealthier, smarter, more globally connected world, where immense advancements have been achieved. Yet, growth and advancement remains inequitable – benefiting some, and at times exploiting and excluding others, leaving them more exposed to threats, harm and insecurity. CARE seeks a world where all people live in peace, are free from fear and the threat of violence, enjoy equal rights, freedoms, access to resources and opportunities. In this world, people across genders, ethnicities, abilities and ages work together to dismantle systems of oppression and build a world of mutual-aid and accountability, acceptance, compassion and understanding. This is why CARE engages issues of social justice alongside global development and emergency response.

CARE's Gender, Power and Justice Primer is an easy to use, curated gender resource highlighting key gender statistics, global commitments, evidence and promising practices at the intersection of international development, emergencies and gender justice. It highlights strategies to support progressive policy change and effective programming that advances gender justice in ways that are relevant to those targeted by gender injustice. This work could not have been done without the brilliance and efforts of co-authors Diana Wu and Sherine Jayawickrama, and design by Kristin Tanis. The co-authors would like to extend deep thanks to Holly Robinson, Tom Aston, Tam O'Neil, Mariela Rodriguez, Marit Virma, Caleb Tyndall, Aliya Firozvi, Doris Bartel and D'Ondra Donaldson who contributed to and supported sections of the primer. A number of colleagues from across the CARE federation also offered invaluable insights, resources and critical feedback to shape this resource:

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I am truly excited to see this resource, available at genderinpractice.care.org as well as in print, for colleagues, partners and the broader community of international aid institution. This resource is a critical pillar for CARE's global Gender Equality and Women's Voice Strategy, and I look forward to seeing how it advances programmatic innovation and accountability to gender justice across all we do.

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What is this resource?

The Gender, Power and Justice Primer serves as a collection of basic information on the state of gender justice globally. It compiles statistics and evidence around what we know of gender and rights. It also outlines global commitments as well as promising programmatic practices to advance gender justice within international development and humanitarian contexts.

HOW TO USE THIS RESOURCE

This resource is organized around five priority areas in international aid and their interactions with gender, power and justice:

1. Gender-based Violence
2. Food and Nutrition Security in the context of Climate Change
3. Sexual and Reproductive Health Rights
4. Women's Economic Empowerment
5. Gender in Emergencies

Based on a review of meta-analyses and evaluative reports, it also outlines promising practices – and evidence of their effectiveness – toward gender equality, resilience and development.

The gender, power and justice primer is meant to be a living resource. Please contact: Diana Wu at diana.wu@care.org with questions, additions, comments and clarifications.

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CARE defines GBV as:

a harmful act or threat based on a person's sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation, whether occurring in public or private spheres. GBV is rooted in unjust power relations, structures and social/cultural norms.



PRIORITY AREA 1:

Gender-based Violence (GBV)

GBV remains a critical rights violation committed against people based on their gender identity, gender expression or sexual orientation.

GBV itself is often used as a tool to dominate and intimidate to reinforce gendered inequalities among and across groups (for example, through family and peer pressures; policies and programs that criminalize certain sexualities, or powerful social norms that perpetuate child marriage).

In CARE's experiences, GBV has been used to control and stop people from entering the work force or making choices about their lives (including decisions related to sexual and reproductive health, their food and nutrition, etc.). GBV is a driver and a consequence of social and political exclusion, conflict, gender inequality and poverty.

Affirming the right of women and girls to live a life free from violence is a vital and necessary step toward advancing CARE's vision of a world of hope, tolerance and social justice, where poverty has been overcome and all people live in dignity and security. In CARE's experience, GBV can undermine the effectiveness of health, education, agriculture and other programs; for instance, when the threat of violence keeps certain people from participating or accessing services based on their

CARE works to address multiple forms of GBV through its work, including:

- Intimate partner relationships and violence, and
- Child and early forced marriage and other harmful traditional practices,
- Social norms related to toxic masculinities, homophobia and transphobia, and
- Gendered economic exploitation and exclusion.

gender status or sexuality. In some cases, development interventions can also trigger violence: for example, when women's income, public participation or mobility are perceived as threatening and cause backlash in households. Given how interventions across sectors interact with people of different genders, [monitoring, mitigating and responding to GBV is important for ethical and effective programming in all development and humanitarian work](#). GBV manifests in multiple forms and contexts.

Stats and Facts

INTIMATE PARTNER VIOLENCE

- Intimate partner violence is the most common form of GBV. This is deeply intertwined with [SRHR](#).
- 1 out of 3 women worldwide have experienced physical or sexual violence, mostly at the hands of an intimate partner.¹
- Physical and sexual abuse by male partners greatly exceeds the prevalence of all other forms of violence in most women's lives.² This is linked with violence as a source of power over women.³
- Surveys conducted in 52 countries between 2005 and 2015 indicate that 21 % of girls and women between the ages of 15 and 49 experienced physical and/or sexual violence at the hands of an intimate partner in the previous 12 months.⁴
- There is a correlation between alcohol abuse and the frequency and severity of partner violence.⁵

CHILD, EARLY AND FORCED MARRIAGE AND OTHER HARMFUL TRADITIONAL PRACTICES

- Child, early and forced marriage (CEFM) and other harmful traditional practices are practiced in several parts of the world and, in times of conflict and economic stress, can become a coping strategy.

RELATED DISCUSSION

 [SRHR: p 27](#)

 [GiE: p 56](#)

1 WHO, London School of Hygiene and Tropical Medicine, and South African Medical Research Council (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*;
2 Heise, L. (December 2011). "What works to prevent partner violence: An evidence overview". STRIVE.
3 Jewkes, R., Flood, M., Lang, J. (2015). "From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls." *The Lancet*, 385(9977), 1580-1589.
4 United Nations, Economic and Social Council (2016). *Progress toward the Sustainable Development Goals: report of the Secretary-General*.
5 Heise, L. (December 2011). "What works to prevent partner violence: An evidence overview". STRIVE.



- CEFM occurs around the world, and cuts across countries, cultures, religions and ethnicities: 45% of girls under age 18 are married in South Asia; 39% in sub-Saharan Africa; 23% in Latin America and the Caribbean; 18% in the Middle East and North Africa; and in some communities in Europe and North America too.⁶
- In general, CEFM practices are concentrated in the poorest countries of the world, particularly affecting those in poor households. Girls who marry young also face greater threats of chronic poverty.⁷
- 700 million women alive today were married before the age of 18 (more than one-third before the age of 15). However, trends also show this practice is shifting: globally, the proportion of women aged between 20 and 24 who reported that they were married before their eighteenth birthday dropped from 32% in around 1990 to 26% in around 2015.⁸

RELATED DISCUSSION

○ WEE: p 41

⁶ Girls Not Brides (2016). An Information Sheet: child marriage around the world.

⁷ Ibid

⁸ UNICEF (2014). Ending Child Marriage: Progress and prospects; United Nations, Economic and Social Council (2016). Progress toward the Sustainable Development Goals: report of the Secretary-General

RELATED DISCUSSION

○ GiE: p 56

- Girls married before 18 are at greater risk of physical, sexual and emotional abuse.⁹
- Female genital cutting takes place in over 28 countries today – across Africa, Asia and the Middle East. It can create lifelong physical and psychological harms like complications in urination, menses and birth.¹⁰
- Dowry-related violence affects an estimated 25,000 newly married women each year.¹¹
- Violence related to son preference – such as sex-based abortion and infanticide – are evidence in skewed birth and population ratios. For example in Central, South and East Asia, as well as Europe.¹² For example in Liechtenstein, Azerbaijan, Armenia, China, India, Vietnam, Albania and Georgia over 110 males are born for every 100 females.¹³

EMERGENCIES AND VIOLENCE

In times of war and in humanitarian emergencies, women often face amplified risks in terms of violence.

- While disruptions from emergencies raise risks of generalized violence, violent conflicts and disasters especially see the amplification of existing harmful practices and inequalities. Reasons behind this are often linked to lack of protection for populations affected by crises, group disempowerment, as well as tactics for livelihood security (as seen through child marriage trends and sexual exploitation, for example).¹⁴
- For example, following the 2011 floods in Pakistan, a survey found 52% of community members saw safety and privacy of women and girls as a concern. A rapid assessment with displaced persons affected by conflict revealed that many women and girls faced aggravated domestic violence, early and forced marriage and other forms of GBV.¹⁵
- In Liberia, a survey of 1666 adults found that 32.6% of male combatants had faced sexual violence, with 16.5% forced to act as sexual servants.¹⁶
- In Mali, displaced families from the North (where FGC/M is not common) reported taking up this practice after facing social stigma whilst displaced in Southern regions where FGC/M is a norm.¹⁷
- Rape of both women and men as a weapon of war is documented in Uganda, the Democratic Republic of the Congo, Sri Lanka, Chile, Greece, Iran, Kuwait, the former Soviet Union and parts of the former Yugoslavia.¹⁸

9 Girls Not Brides (2016). An Information Sheet: child marriage around the world.

10 International Planned Parenthood Federation (n.d.) Harmful Traditional Practices affecting women and girls.

11 Ibid

12 Ibid

13 Wikipedia (retrieved: March 2017). List of countries by sex ratio.

14 IASC (2005). Guidelines for Gender Based Violence Interventions in Humanitarian Settings; Refugees International (2014). Philippines: New approach to emergency response fails women and girls.

15 IASC (2005). Guidelines for Gender Based Violence Interventions in Humanitarian Settings

16 Ibid

17 Ibid

18 Stemple, L. (2009). Male Rape and Human Rights. Hastings Law Journal, 60(605).

- GBV against men and boys as victims has been reported in terms of forced perpetration and bystanders to acts of harassment, humiliation, sexual assault and genital mutilation. These were often used to “emasculate” male victims.¹⁹

The situation in Syria and neighboring countries is a case in point.

- Syrian refugee women and girls face heightened risk of assault amid conflict – via exposure to state violence at checkpoints and border crossings, and in detention facilities or camp settings (made worse with poor infrastructure and lighting, that put people at risk when accessing water, sanitation or other basic needs).²⁰
- Practices of child marriage have increased in communities where trends found the practice to be in decline. For example in Syria the rate of child marriage was 13% before the war, though among Syrian refugee communities in Jordan the rate of child marriage is now 25%.²¹
- There are reports of GBV (including child marriage) as a weapon of war in Syria and Iraq. This has particularly targeted those in the Yazidi minority group.²²
- Domestic violence and sexual exploitation are widely reported in sprawling refugee camps.²³

IMPACTS OF GENDER-BASED VIOLENCE

- Across the globe, 60% of women face reproductive health issues related to GBV.²⁴
- Communities terrorized by genocide, or ethnic conflict and disenfranchisement, can be characterized by post-traumatic stress disorder, alcoholism, suicide, hyper-masculinities, and domestic violence.²⁵
- Children who grow up witnessing domestic abuse are at a higher risk of experiencing physical, psychological, and emotional abuse themselves. Based on two separate meta-analyses witnessing abuse as a child has been found to be a moderate risk factor for abuse perpetration by men in adulthood.²⁶
- Intimate partner violence is also correlated with negative health outcomes like injuries, HIV and STD infection, low birth weight babies, unintended/coerced pregnancies, alcohol use, depression and suicide, and death by homicide etc.²⁷
- Female genital cutting is associated with lifelong physical and psychological harms like complications in urination, menses and birth.²⁸

¹⁹ Ibid

²⁰ UN News Centre, (May 7, 2015). Senior UN official warns of ‘widespread and systematic’ sexual violence in Syria, Iraq.

²¹ Save the Children (2014) Syrian child marriage in Jordan doubled; Women’s Refugee Commission (2016) A girl no more: the changing norms of child marriage in conflict.

²² The Guardian, (July 25, 2013), Rape and domestic violence follow Syrian women into refugee camps; Girls not Brides (retrieved Aug 16, 2016). Child Marriage in the Middle East and North Africa.

²³ CARE International UK (2016). On her own: How women forced to flee from Syria are shouldering increased responsibility as they struggle to survive.

²⁴ UNFPA (2013). The role of data in addressing violence against women and girls. New York.

²⁵ Walker, E., George, T, and Hughes, T. (2014). Addressing ethnic conflict, genocide and mass violence.

²⁶ Stith SM, Rosen KH, Middleton KA, Busch AL, Lundeberg K, Carlton RP. The Intergenerational Transmission of Spouse Abuse: A Meta-Analysis. J Marriage Fam. 2000; 62: 640–654. 9; Gil-Gonzalez D, Vives-Cases C, Ruiz MT, Carrasco-Portino M, Alvarez-Dardet C. Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. J Public Health. 2008; 30: 14–22

²⁷ Tsacoyeanes, J. (2014). Who is vulnerable to gender-based violence? Women Thrive Worldwide.

²⁸ International Planned Parenthood Federation (n.d.) Harmful Traditional Practices affecting women and girls.



SOCIAL NORMS AND GBV

- Despite two decades of policies and plans to eradicate GBV, its general rates continue to grow at varying rates.²⁹
- GBV is underpinned by social norms about women and men's roles, and masculinity and femininity, as well as expectations and status related to class, caste, age, religion, tribe/ethnicity, etc. These norms shape individual attitudes and behaviors, and deviating from these norms can often bring shame and disapproval.
- For example, social and cultural norms that promote and perpetuate intimate partner violence include:³⁰
- A man has a right to physically discipline a woman over "incorrect" behavior
- Intimate partner violence is a "taboo" subject to discuss publicly
- Sex is a man's right in marriage
- Sexual activity (including rape) is a marker of masculinity
- Girls are responsible for controlling men's sexual urges
- For child marriage, norms perpetuating the practice include parental pressure to control girls' sexuality rather than support positive environments for exploring sexuality and choice:
- Value on girls' virginity at marriage as a reflection of family honor, and fears of pregnancy before marriage. This is linked to social pressure to marry girls following cases of rape

29 Amaya, C. E. G., Acharya, A. K., & Bonfiglio, J. M. I. (2016). Gender-based violence and reproductive health of indigenous women in Mexico. *Sociology Mind*, 6, 107-113.

30 Heise, L. (December 2011). "What works to prevent partner violence: An evidence overview" STRIVE

- Silencing of girls from expressing their preferences and needs against coercive practices can put them at risk – both to child marriage as well as other sexual and reproductive health rights (SRHR) risks.³¹
- Expectations for male dominance, virility and control in sexual relationships, alongside women's subordination.³²
- Linked to this, WHO mortality data reported suicide now out-ranks maternal causes of death for girls, ages 15-19, globally.³³

VIOLENCE TARGETING MARGINALIZED AND CRIMINALIZED GROUPS

Certain groups of women and girls – indigenous women, women with disabilities, refugee women and women who identify as lesbian, bisexual or transgender – are particularly vulnerable to violence.³⁴

Violence against LGBTQI+ People

- LGBTQI+ people are particularly targeted by GBV. 80 countries criminalize homosexuality (notably in Africa, Central Asia and the Middle East, the Caribbean and Oceania), exposing individuals to criminalization and state violence, as well as militia/individual hate violence.³⁵
- Studies have found severe victimization against LGBTQI+ people, who face disproportionately high levels of threats, violence and harassment. These experiences have been correlated with higher mental health distress, depression, addiction and suicide.³⁶
- Statistics on homophobic and transphobic violence are scarce, as systems are not in place for reporting this and where they exist survivors may not come forward. However, general trends are that this violence is widespread, brutal and often met with impunity.³⁷
- News outlets have reported multiple incidents of targeting and murders of prominent LGBTQI rights activists. Over the past five years, news have reported killings of prominent activists within the community in Turkey, Argentina, Uganda, Bangladesh, Honduras, Colombia, Pakistan, El Salvador, the United States, Georgia, Mexico, South Africa, India. LGBTQI Pride parades have also been sites of violent attacks.³⁸
- While data remains slim worldwide, Grupo Gay da Bahia reported 190 homophobic murders in Brazil in 2008 alone.³⁹
- People who face criminalization and stigmatization due to their gender identity and sexual orientation, are made particularly targeted state and militia violence, while also facing barriers to health care, housing, education and jobs.⁴⁰

31 ABAAD (2015) Regional seminar on Child Marriage during democratic transition and armed conflicts; CARE Jordan Urban Refugee Protection Project Evaluation; Girls Not Brides Website. (n.d.) Why does child marriage happen?

32 Greene, M., Perlson, S., Taylor, A. and Lauro, G. (2015). Engaging Men and Boys to Address the Practice of Child Marriage. Washington, DC.

33 Brink, S. (June 2, 2015). The Truth behind the suicide statistic for older teen girls. NPR.

34 WHO, London School of Hygiene and Tropical Medicine, and South African Medical Research Council (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence

35 United Nations Free and Equal Campaign (n.d.) Fact sheet: Homophobic and transphobic violence.

36 Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology Bulletin*, 129(5): 674-697.

37 United Nations Free and Equal Campaign (n.d.) Fact sheet: Homophobic and transphobic violence.

38 AWID Website (n.d.) Women's Human Rights Defenders Tribute; Qazi, S. (April 26, 2016). Two gay rights activists hacked to death in Bangladesh. *Al Jazeera*; BBC News (January 27, 2011). Uganda gay rights activist David Kato killed; Wikipedia (Retrieved March 2017). Violence against LGBT people.

39 Wikipedia (Retrieved March 2017). Violence against LGBT people.

40 ORAM and Helsinki Citizens' Assemblies (2011). Unsafe haven: The security challenges facing lesbian, gay, bisexual and transgender asylum seekers and refugees in Turkey.

Violence against indigenous women and girls

- Race and ethnic discrimination, colonialism, age, gender, and dispossession of lands put indigenous women in positions that expose them to higher rates of GBV.
- Studies have found that indigenous and ethnic minority groups in Nepal, Cambodia, China, Indonesia, Myanmar, Taiwan, Bolivia, Thailand and Uganda disproportionately face hazardous economic and sexual exploitation.
- Inter-agency support group on indigenous people's issues (June 2014). [Elimination and responses to violence, exploitation and abuse of indigenous girls, adolescents and young women](#). Thematic paper towards the preparation of the 2014 World Conference on Indigenous Peoples. United Nations.
- In the context of colonialism, forced sterilization of indigenous women have been documented in the United States, Canada, Brazil, Peru and Mexico.⁴¹
- Higher rates of GBV targeting indigenous women have also been documented in the context of forced displacement and political conflict in Central and South America, the Asia-Pacific as well as Eastern and Central Africa.
- Inter-agency support group on indigenous people's issues (June 2014). [Elimination and responses to violence, exploitation and abuse of indigenous girls, adolescents and young women](#). Thematic paper towards the preparation of the 2014 World Conference on Indigenous Peoples. United Nations.
- Bolivia, India and the Philippines report higher rates of partner violence faced by indigenous/scheduled tribal women.
- Inter-agency support group on indigenous people's issues (June 2014). [Elimination and responses to violence, exploitation and abuse of indigenous girls, adolescents and young women](#). Thematic paper towards the preparation of the 2014 World Conference on Indigenous Peoples. United Nations.

Violence against women and girls with disabilities

- There is less visibility or documentation specifically related to GBV facing people with disabilities. However, the UN reports over half of women with disabilities have experienced physical abuse in their lifetime.⁴²
- According to the World Health Organization, people with disabilities are 3 times more likely to face sexual abuse, physical abuse or rape.⁴³
- People with disabilities also face multiple barriers in access to information, transport, health services and care.⁴⁴
- In addition to facing the same spectrum of violence and rights abuses that non-disabled women and girls face, women and girls with disabilities have also faced specific abuses including forced sterilization, marital restrictions, forced separation from their children and additional abuses related to the violence and abuses linked to institutionalization.⁴⁵

41 Stote, K. (2015). An act of genocide: Colonialism and the sterilization of aboriginal women; Johansen, B. (2000). Stolen wombs: indigenous women most at risk. *Native Americas*, pp. 38-42.

42 del Río Ferres, E., Megías, J., Expósito, F. (2013). Gender-based violence against women with visual and physical disabilities. *Psicothema*, 25(1): pp. 67-72.

43 Human Rights Watch (2015). Include women, girls with disabilities in anti-violence efforts: new resource on gender-based violence for people with disabilities.

44 Ibid

45 Stop VAW (2009). Violence against women with disabilities.



LEVERS OF CHANGE

Evidence also points to levers for change:

- A review of policies from 1975-2005 across 70 countries found feminist movements have been the most consistent and important change factor in shaping national policy to support women affected by domestic violence.⁴⁶
- Emerging research has found [restorative and transformative justice](#) processes to be a promising approach, though they require intensive and skillful facilitation. Evaluations have found that these processes are a preferred pathway for survivors of violence in many cases, who express more interest in ensuring abusive behaviors do not continue rather than seeking punitive or retributive justice. Early reviews of these processes have been found to be effective in promoting an empowering process for survivors, and transforming individuals beyond violence, though require strong facilitation skills and engagement.⁴⁷

⁴⁶ Weldon, SL and Htun, M. (2013). Feminist mobilisation and progressive policy change: why governments take action to combat violence against women, *Gender & Development*, 21:2, 231-247.

⁴⁷ Heise, L. (December 2011). "What works to prevent partner violence: An evidence overview" *STRIVE*, p xiv, 80; Marsh, F and Wager N, *Restorative Justice in cases of sexual violence: exploring the views of the public and survivors*. *Probation Journal*, 2015: 62(4), 336-356; Generation Five (2007). *Toward Transformative justice: A liberatory approach to child sexual abuse and other forms of intimate and community violence*.

- Social norms – particularly those related to gender but also youth sexuality, family privacy, family and male honor, child obedience and acceptability of divorce – act as a powerful influence either to perpetuate or shift partner violence.⁴⁸
- Reports have also found that cultures characterized by the denial of women’s access to resources and decision-making power, low status of women in comparison to men and normalization of domestic violence, are correlated to state repression and violent conflict.⁴⁹
- Looking at dismantling some of the drivers of violence, potential factors that could curb GBV in addition to social norms change, are in legal measures that promote women’s equal access to land, property and other productive resources.⁵⁰
- In general, girls who have attained secondary education are up to six times less likely to be married as a child, in comparison to those with little or no access to education.⁵¹
- An analysis also found that higher proportions of women active in the formal economy is linked to lower prevalence of partner violence.⁵²

48 Heise, L. (December 2011). “What works to prevent partner violence: An evidence overview” STRIVE.

49 Schmeidl, S., & Piza-Lopez, E. (2002). *Gender and conflict early warning: A framework for action*. London: International Alert; Hudson, V. et al. (2012) *Sex and World Peace*, Columbia University Press.

50 Heise, L and Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys. *Lancet Global Health* 2015(3): e332-40.

51 Malhotra, A., Warner, A., McGonagle, A., Lee-Rife, S. (2011). *Solutions to End Child Marriage: What the evidence shows*, p 14. citing UNICEF, 2007: UNICEF. (2007) a. *Progress for Children: A World Fit for Children Statistical Review*. 6, 45. New York: UNICEF. Or UNICEF. (2007) b. *The State of the World’s Children 2007*. New York: UNICEF.

52 Heise, L and Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys. *Lancet Global Health* 2015(3): e332-40.



What are key global commitments related to GBV?

The international community has made several landmark global commitments related to GBV. These are important reference points not only for policy analysis and advocacy, but also for program design.

SUSTAINABLE DEVELOPMENT GOALS

In 2015, the international community adopted a set of **Sustainable Development Goals** (to succeed the Millennium Development Goals) that articulated ambitious goals to be achieved by 2030. Under Goal 5, which focuses on “achiev[ing] gender equality and empower[ing] all women and girls,” there are three specific targets that relate to GBV, and can serve as important benchmarks for accountability. Each country is encouraged to produce a voluntary national review (VNR) annually to share progress against the SDGs at the national and sub-national level.

[Click here to see VNR documentation and reporting by country](#)

This is an opportunity for civil society engagement and advocacy.



- SDG Target 5.1** End all forms of discrimination against all women and girls everywhere
- SDG Target 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
- SDG Target 5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

The **Convention on the Elimination of All Forms of Discrimination against Women**, general recommendation 19 (GR 19) adopted in 1992, clarifies that GBV against women is covered by the scope of CEDAW. This is defined as *“violence that is directed against a woman because she is a woman or that affects women disproportionately.”* GR 19 requests States parties to include the following in their periodic reports to the Committee on the Elimination of Discrimination Against Women (CEDAW): statistical data on the incidence of violence against women; information on the provision of services for survivors; and legislative and other measures taken to protect women against violence in their everyday lives, including against harassment at the workplace, abuse in the family and sexual violence. 189 countries have ratified CEDAW, and these governments are obliged to submit regular reports to a committee of independent experts who monitor how the rights of the Convention are implemented. The CEDAW committee also accepts shadow reports from civil society organizations, which they use to evaluate government actions and commitments under the convention. Because the Convention is primarily enforced through a reporting system, the shadow reporting mechanism is an important way to ensure government accountability on CEDAW commitments.

[Click here to see ratifications and reservations by country](#)

DECLARATION ON THE ELIMINATION OF VIOLENCE AGAINST WOMEN

The **Declaration on the Elimination of Violence against Women** adopted by the UN General Assembly in 1993 calls on states to “condemn violence against women and... not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination.” Article 4 of this declaration specifies various policy measures that can be a useful reference point for advocacy with national governments.

SECURITY COUNCIL RESOLUTIONS

Security Council Resolution 1325 (on women, peace and security) was adopted in 2000 and calls on “all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict.” The resolution focuses not only on protecting women and girls in times when they are especially vulnerable, but also on increasing the participation of women in issues of peace and security as active agents in helping their families and communities cope and recover in crisis.

Security Council Resolution 1820 was adopted in 2008 and condemns the use of sexual violence as a tool of war, and declares that “rape and other forms of sexual violence can constitute war crimes, crimes against humanity or a constitutive act with respect to genocide”.



What does CARE's strategy call for?

CARE International's Program Strategy 2020 identifies strengthening gender equality and women's voice as a cross-cutting approach and articulates the right to a life free from violence as an outcome that CARE pursues. Monitoring, mitigating and responding to GBV in all CARE programming is mandatory. This means being deliberate about both confronting GBV in sectoral (health, food security, livelihoods, etc.) programming in an integrated way, as well as developing stand-alone innovative interventions and programming to confront and prevent GBV.

CARE understands GBV not as a technical problem to be solved, but rather as a systemic social problem that cross-cuts sectors. It is shaped by patriarchal social norms, unequal relationships, discriminatory laws and unresponsive institutions. **CARE seeks, by 2020, to support 100 million women and girls to exercise their right to a life free from violence.** CARE does so by implementing programming in alignment with a GBV strategy that is focused on four objectives:

People of all genders and ages make choices, assert their voices and realize their right to a life free of GBV.

This includes activities such as: fostering self-reflection on social norms and gender stereotypes; training and dialogues on masculinities and femininities; integrating GBV monitoring and mitigation interventions into the work of savings groups; and strengthening women's participation in community-based GBV response and referral systems.

People of all genders and ages negotiate and create healthy relationships within families and communities built upon mutual respect, open communication, solidarity and non-violence.

This includes activities such as: couples workshops and counseling on communication, trust and intimacy; parent-child workshops and counseling on family relationships (i.e. mother-in-law and daughter-in-law interactions, fatherhood); support for men as allies in GBV prevention; and challenging community norms through social media, theater and community dialogues.

Groups negotiate rights, choices, access to resources and services with formal and informal institutions, transforming social norms and practices to prevent and respond to GBV

This includes activities such as: promoting collective action of groups (i.e. indigenous groups, domestic workers, migrants) to reshape social norms through theater, journalism and sports; engaging religious and cultural leaders to denounce GBV and work against harmful traditional practices; and enabling grassroots voices to be heard in policy fora and broader discussions on GBV.

Transparent and accountable formal and informal institutions prevent and respond to GBV

This includes activities such as: strengthening district and national level systems for GBV prevention and response (particularly in humanitarian settings); networking and building the capacity of frontline institutions (i.e. social work, health, education) to implement coordinated and inclusive GBV response; and advocacy to hold national, regional and global actors to account for meeting GBV-related policy commitments.



In each of these domains of change, CARE aims to:

Employ gender-synchronized approaches that

- amplify voices of women and girls – particularly within groups most affected by GBV - in coordination with
- engaging men and boys, and
- shifting social norms that underpin GBV
- build on relationships and capacities of solidarity groups
- secure positive development outcomes as well as promote deeper social transformation



Promising practices for GBV Prevention

Programmatic practices that have been identified as pertinent for GBV prevention – in terms of content and impact – include the following. See relevant page numbers or click titles to jump directly to the relevant Promising Practice page.

RELATIONSHIPS AND SOLIDARITY	SOCIAL NORMS	INCLUSIVE AND ACCOUNTABLE INSTITUTIONS	LEADERSHIP AND COLLECTIVE ACTION
Women's village savings and loans groups	Community dialogues and action	Social accountability	Leadership and civic associations
Solidarity among marginalized peoples	Local change agents as campaigners	Human rights education for political change	Collective action in value chains
Engaging men as equal partners and family	Media and new narratives		
Male support groups: toward equity			
Supporting youth: solidarity, learning, self-determination and justice			





PRIORITY AREA 2:

Food and Nutrition Security & Climate Change Resilience

Rising food and nutrition insecurity in the face of climate change will be a defining challenge of the 21st century. Food and nutrition security encompasses the availability of food, access to nutritious food, stability of food supplies, and good care, feeding, health and sanitation practices.⁵³ It conveys having consistent and affordable access to enough of the right kinds of food.

Women are more vulnerable both to chronic food and nutrition insecurity and to food insecurity caused by shocks (i.e. illness, natural disasters or the fluctuation of global food markets) for multiple reasons. For example, women have less control over productive assets, limited mobility to get to markets and scarce opportunities to earn a sustainable income. The gender and generational influence on food security is heightened in situations of crisis. Women farmers receive fewer extension services, so they are less likely to know about drought-resistant seeds or climate-resistant practices. Women do not have equal rights to land ownership or inheritance of property, and often eat last and least in households.

⁵³ http://www.unscn.org/files/Annual_Sessions/UNSCN_Meetings_2013/Wustefeld_Final_MoM_FNS_concept.pdf



Stats and Facts

Food insecurity, malnutrition and undernutrition are major threats to the world's poor:

- Nearly one billion people today are undernourished. In sub-Saharan Africa, 1 in 4 people are undernourished. Nearly 795 million (1 in 9) people globally suffer from chronic hunger.⁵⁴
- 34 countries in the world hold 90% of the global burden of malnutrition.⁵⁵
- Malnutrition kills more than HIV/AIDS, malaria and TB combined.⁵⁶

GLOBALIZED INDUSTRIAL AGRICULTURE, POVERTY, CLIMATE CHANGE AND GENDER

- The intersection of commodification of lands, industrialized agriculture, climate change and gender inequality threaten food and nutrition insecurity worldwide:
 - Industrial agriculture is a major contributor to GHG emissions and loss of biodiversity.⁵⁷
 - Every year, 1.3 billion tons of food is wasted or lost, an amount more than enough to feed the world's hungry.⁵⁸
 - In developing countries, 79% of economically active women spend their working hours producing food through agriculture. Women are 43% of the farming work force.⁵⁹
 - Global warming is projected to reduce agricultural production by 2% per decade for the rest of this century.⁶⁰
- Recently, there has been a wave of large-scale land investments in Africa from Europe, USA, UAE and Saudi Arabia representing biofuels, agribusiness as well as lumber interests, leading to loss of access to land for small-scale farmers. The negative impacts of these land acquisitions often hit women hardest, as a result of their pre-existing vulnerabilities driven by economic and social exclusion and power differentials within communities.⁶¹
- In rural sub-Saharan Africa, women in smallholder agriculture access less than 10% of available credit.

NORMS, FOOD SECURITY AND GENDER

Social norms and gender inequality have important impacts on women's food and nutrition security within households. WFP reports a close correlation between food insecurity and GBV.⁶²

54 FAO (2015). State of Food Insecurity in the World (SOFI).

55 Ibid

56 Ibid

57 World Food Programme. Women and hunger: 10 facts.

58 Ibid

59 World Food Programme. Women and hunger: 10 facts.

60 Intergovernmental Panel on Climate Change (2013). Climate Change 2014: impacts, adaptation and vulnerability.

61 Madzwamuse, M. (2015). Economic justice as a site for women's empowerment. Open Society Initiative for Southern Africa (OSISA); Bracco, S., Antonelli, M., and Turvani, M. (2015). Foreign Investment in Land and Corporate Social Responsibility: An Investigation for Africa. Responsible natural resource economy program issue paper 002/2015.

62 Pattugalan, G. (2014). Linking food security, food assistance and protection from gender-based violence: WFP's experience. ODI Humanitarian Practice Network



When it comes to the provision and distribution of humanitarian assistance, the gender and generational differences of food security, such as the cultural and social context of access to and distribution of resources, distinct nutrition needs – particularly for pregnant and lactating mothers, and livelihood activities and roles – are pivotal to ensure equal access and avoid negative consequences:

- In some countries, tradition dictates that women eat last, after all the male members and children have been fed.⁶³
- The FAO notes that food distribution in refugee camps that fail to consider gender, often result in a drop in schooling rates among girls living outside of the camp, as they are pulled out of school to collect firewood and exchange it with refugees living in camps in exchange for food.⁶⁴
- When a crisis hits, women are generally the first to sacrifice their food consumption, in order to protect the food consumption of their families.⁶⁵
- Humanitarian interventions that radically alter gender roles, for example offering control over water and food distribution to women where that defines social norms, have been found to heighten tensions in gender relations and raise risks of GBV.⁶⁶
- Customary laws and practices have led to insecurity of tenure as women can often only acquire rights to land through their husbands and male relatives.⁶⁷

⁶³ World Food Programme. Women and hunger: 10 facts.

⁶⁴ FAO (2006). Socio-Economic and Gender Analysis for Emergencies and Rehabilitation Programs.

⁶⁵ World Food Programme. Women and hunger: 10 facts.

⁶⁶ Swedish international development agency (2015). Brief: Women and food security.

⁶⁷ Madzwamuse, M. (2015). Economic justice as a site for women's empowerment. Open Society Initiative for Southern Africa (OSISA)

RELATED DISCUSSION

○ GBV: p 1

○ GiE: p 56

RELATED DISCUSSION

○ SRHR: p 27

GENDER ROLES AND NUTRITION

Evidence points to the important role of women – particularly as mothers – for child nutrition outcomes:

- Malnourished mothers are more likely to give birth to underweight babies. Underweight babies are 20% more likely to die before the age of five.⁶⁸
- Around half of all pregnant women in developing countries are anemic. This causes around 110,000 deaths during childbirth each year.⁶⁹
- Breastfeeding is recognized as an important protection mechanism from diarrhea and other diseases. In humanitarian crises, where the risk of infection often increases, breast-feeding rates often decline, with potentially severe outcomes for child nutrition and health. This reduction in breastfeeding may be due to a multiplication of factors, including: maternal malnutrition, a lack of privacy due to displacement, uncontrolled distribution of breast-milk substitutes, the breakdown of normal social networks to help breastfeeding mothers, and the stress and disruption of daily routines.⁷⁰

GENDER EQUALITY AND FOOD SECURITY

- Education is key. One study showed that women's education contributed 43% of the reduction in child malnutrition over time, while food availability accounted for 26%.⁷¹
- Surveys in a wide range of countries have shown that 85–90% of the time spent on household food preparation is women's time.⁷²
- Given all of this, levers for realizing food and nutrition security have important gendered implications – both for supporting women's rights and enabling their leadership:
- If all pregnant women had access to all of the nutrition they needed, over 800,000 infant deaths could be averted every year.⁷³
- If women farmers had the same access to productive resources as men they could increase yields on their farms by 20–30% and the number of hungry people in the world could be reduced 100-150 million.⁷⁴
- The FAO reports that increases in women's income improve health and nutrition for children within the home.⁷⁵
- In many parts of the world, women play pivotal roles in the use and management of land. In Southern Africa, for example, apart from being managers and producers of food at both household and community levels, women are also carriers of local knowledge, coping strategies and cultural memory.⁷⁶

68 World Food Programme. *Women and hunger: 10 facts*.

69 Ibid

70 Victora, Cesar, G., et al., (2016). 'Breastfeeding in the 21st Century: Epidemiology, mechanism and lifelong effect', *The Lancet*, 387(10017); WHO (2004). *Guiding principles for feeding infants and young children in emergencies*.

71 World Food Programme. *Women and hunger: 10 facts*.

72 Ibid

73 Ibid

74 FAO (2012). *The State of food and agriculture 2010-2011: Women in agriculture closing the gender gap for development*.

75 UN Women (retrieved: March 2017). "Empowering women, ensuring food security and ending poverty."

76 Madzwamuse, M. (2015). *Economic justice as a site for women's empowerment*. Open Society Initiative for Southern Africa (OSISA).



What are key global commitments related to FNS?

SUSTAINABLE DEVELOPMENT GOALS

In 2015, the international community adopted a set of **Sustainable Development Goals** (to succeed the Millennium Development Goals) that articulated ambitious goals to be achieved by 2030. The SDGs are important benchmarks for accountability; as such they are useful reference points not only for policy analysis and advocacy, but also for program design. Each country is encouraged to produce a voluntary national review (VNR) annually to share progress against the SDGs at the national and sub-national level. This is an opportunity for civil society engagement and advocacy.

[Click here to see](#) VNR documentation and reporting by country

2 ZERO HUNGER



SDG2 aims to end hunger and all forms of malnutrition by 2030. Three specific targets relate to food and nutrition security.

SDG Target 2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

SDG Target 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

SDG Target 2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment

5 GENDER EQUALITY



SDG5 aims to achieve gender equality and empower all women and girls. These specific targets could relate to food and nutrition security.

SDG Target 5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

SDG Target 5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

13 CLIMATE ACTION



Goal 13, which focuses on climate change resilience and action, gendered targets include:

SDG 13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

SDG 13.B Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

16 PEACE, JUSTICE AND STRONG INSTITUTIONS



Goal 16, which focuses on "peaceful and inclusive societies for sustainable development" is also relevant:

SDG 16.1 Significantly reduce all forms of violence and related death rates everywhere

SDG 16.5 Substantially reduce corruption and bribery in all their forms

SDG 16.6 Develop effective, accountable and transparent institutions at all levels

SDG 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

- SDG 16.10** Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
- SDG 16.B** Promote and enforce non-discriminatory laws and policies for sustainable development

PARIS AGREEMENT

The [Paris Agreement](#) (on climate change) has been ratified by more than 120 countries.

Its preamble acknowledges that climate change is a common concern for humankind, and that Parties should, when taking action on climate change, respect their obligations on human rights, the right to health, gender equality, empowerment of women and intergenerational equity. In the context of adaptation to climate impacts and climate resilience (Article 7.5), Parties acknowledge that adaptation action should follow a country-driven, gender-responsive, participatory and transparent approach.

The Paris Agreement is built around a set of national commitments and policy development processes, particularly the Nationally Determined Contributions (NDCs) in which all governments laid out their (voluntary) plans to reduce their emissions of greenhouse gases and to address climate change impacts (i.e. adaptation). Many refer to the impacts of climate change on agriculture. The NDCs are becoming the framework for national climate policies, investments and budgets in various ways. The gender and climate community has been highlighting the gender gap and opportunities to bring gender equality and justice to the table.

As countries develop National Adaptation Plans (NAPs), sectors will build plans and investments that CARE could influence. For example, the risks and opportunities in the health sector, and health and adaptation debate, could shape SRHR advocacy at the country level.

SCALING UP NUTRITION (SUN)

The [Scaling Up Nutrition\(SUN\)](#) movement, launched in 2011, brings together 58 countries with civil society, the United Nations, donors, the private sector and researchers in a collective effort to end malnutrition. SUN is founded on the principle that all people have a right to food and good nutrition. SUN countries – who are at the heart of global efforts to improve nutrition – work to achieve the six World Health Assembly (WHA) Goals by 2025. SUN seeks to catalyze multi-stakeholder action and investments, particularly in line with national level nutrition plans.

THE GREEN CLIMATE FUND

The [Green Climate Fund](#) is an increasingly relevant funding tool (currently \$ 10 billion), and its [Gender Policy](#) has four key objectives:

- To ensure that, by adopting a gender-sensitive approach, the Fund will achieve greater, more effective, sustainable and equitable climate change results, outcomes and impacts in an efficient and comprehensive manner.
- To build equally women's and men's resilience to, and ability to address, climate change – and to ensure that women and men equally contribute to and benefit from activities supported by the Fund.
- To address and mitigate against assessed potential project and program risks for women and men associated with adaptation and mitigation activities financed by the Fund.
- To contribute to reducing the gender gap of climate change-exacerbated social, economic and environmental vulnerabilities.



What does CARE's strategy call for?

CARE's 2020 Food and Nutrition Security (FNS) Strategy recognizes gender inequalities and climate change as major contributors to rising food and nutrition insecurity, which exacerbates poverty, vulnerability and injustice. The strategy sets out to reach 50 million poor and vulnerable people and increase their food and nutrition security and their resilience to climate change by 2020.

As farmers, caregivers and producers, women play a key role in feeding the world. Yet, they have unequal access to the resources, services and assets that could increase their yields, incomes and caregiving skills. CARE's FNS strategy seeks to work with women, girls, men and boys to free women's potential to benefit society as a whole. CARE works to build food systems that are **sustainable**, **productive**, **equitable** and **resilient** (SuPER). CARE works through the following four technical pathways to build SuPER food systems, and each technical pathway incorporates gender:

NUTRITION

CARE will focus on reducing the impact of malnutrition on women, infants and children, recognizing that positive nutritional status require food security, climate change resilience, livelihoods, health, care practices and gender equality. This includes work to address gender and power inequalities that affect the nutritional status of women, girls, boys and men.

SUSTAINABLE ECONOMIES

CARE will support income and employment generation, including helping women to make use of markets in order to increase food and nutrition security and better withstand crises. CARE will help vulnerable people build assets, acquire skills, access markets, and develop coping mechanisms to respond to shocks. This will

encompass inclusive value chain approaches that incorporate resilience to climate change and strengthen the role of women in the value chain. This also includes promoting access to inclusive financial services to catalyze sustainable economic participation for women and men.

AGRICULTURE SYSTEMS

CARE will work to strengthen sustainable, climate-resilient smallholder agriculture systems to improve food and nutrition security for producers, workers and consumers – male and female, urban and rural. CARE will promote sustainable and nutrition-sensitive intensification that increases agricultural yields, builds adaptive capacity in the face of climate change (and increasingly frequent shocks), and preserves and enhances ecosystems.

HUMANITARIAN ACTION

Recognizing that gender issues both exacerbate and are exacerbated by humanitarian crises, CARE promotes changes to deep gender biases that affect food security across humanitarian activities. CARE will respond to emergencies with quality food and nutrition security interventions that meet the needs of women, girls, men and boys – and contribute to sustainable recovery that builds community resilience to risks such as conflict or climate change.



Promising practices toward gender justice, resilience and food/nutrition security

Programmatic practices that have been identified as pertinent for gender justice and food/nutrition security – in terms of content and impact – include the following. See relevant page numbers or click titles to jump directly to the relevant Promising Practice page.

RELATIONSHIPS AND SOLIDARITY	SOCIAL NORMS	INCLUSIVE AND ACCOUNTABLE INSTITUTIONS	LEADERSHIP AND COLLECTIVE ACTION
Women's village savings and loans groups	None listed, though high potential set of approaches that may be adapted for this work.	Human rights education for political change	Leadership and civic associations
Solidarity among marginalized peoples		Gender integrated adaptation and resilience	Leadership, networks and electoral politics
Engaging men as equal partners and family			Collective action in value chains
Male support groups: toward equity			Cross-agency consortia for advocacy





PRIORITY AREA 3:

Sexual & Reproductive Health Rights

CARE understands SRHR as integral to gender equality, promoting one's agency and rights over their body and health, and reducing poverty. A person's ability (or lack of ability) to exercise their reproductive rights is deeply intertwined with gender norms and power relations. It has widespread consequences on the ability of individuals – particularly women, girls and people whose sexual orientation and/or gender identity do not follow societal norms – to make decisions over their own bodies, health and lives.

Gendered socialization, taboos and prevention of education and information around sexuality and health expose people to riskier behaviors related to SRHR. This alongside unequal power relationships – often in terms of age and gender - aim to control people's sexuality lead toward exposure to health risks, constraints on accessing healthcare, and unintended pregnancies that constrain young people's opportunities to obtain an education. This affects different people in distinct ways: from young mothers who may face chronic health problems related to early and frequent childbirth; to younger people, unmarried individuals, those from the LGBTQI+ community and sex workers who face barriers and stigma in accessing SRH services and products; to men and boys who are socialized against seeking healthcare. The impact ripples more broadly on development and reconstruction efforts, given additional strains on family resources and opportunities for economic growth, due to care work and health needs.



Stats and facts

- Despite the range of available modern contraceptive methods, **the unmet need for modern contraception continues to be high in developing and disaster-affected countries.**
- In least developed countries, only 40% of women (married or in relationships) use any kind of contraception. In Africa, only 33% do so.⁷⁷ This can be made worse in situations of conflict and emergencies. For example, a study on contraception access in conflict-affected Northern Uganda (2004-2005) found that 91% of female Acholi adolescents had trouble accessing condoms.⁷⁸
- In most countries within Sub-Saharan Africa, less than half of sexually active men (aged 15-24) use any contraceptive method or rely on their partner's method.⁷⁹
- Unmet need for modern contraception is particularly high among these groups: adolescents, migrants, urban slum dwellers, refugees and women in the post-partum period – particularly those in developing countries, with low income and limited education.⁸⁰
- There are 80 million unintended pregnancies a year; an estimated 225 million women have an unmet need for modern contraception. While some expect this number to reduce, trends show the number of women with unmet need for modern contraception has been on the rise consistently since 2008.⁸¹
- Teen pregnancy is particularly high in disaster-affected areas. In 2003, 30% of births in Congolese refugee camps in Tanzania were among girls aged 14-18. During the 2012 food crisis in Niger, 39% of adolescent girls were mothers. In Afghanistan and in Yemen, 1 in 4 women aged 20 to 24 have had their first child before the age of 18.⁸²
- **Maternal mortality and newborn mortality remains a serious problem that falls unevenly across the globe.** It particularly affects women and children in countries characterized by conflict and disaster.
- There are an estimated 290,000 - 303,000 maternal deaths a year, nearly all in the global south. 7.5 - 7.9% of them are due to complications related to unsafe abortion.⁸³
- Of the 830 women and girls who die each day from pregnancy and child-birth related causes, 507 die in countries affected by conflict or disaster. That accounts for 3/5 of maternal deaths worldwide.⁸⁴
- In most industrialized nations, the lifetime risk of a woman dying in childbirth is 1 in 8,000. That risk for women in parts of sub-Saharan Africa can be as high as 1 in 7.⁸⁵

77 UN Department of Economic and Social Affairs, Trends in Contraceptive Use Worldwide: 2015.

78 UNFPA (2016). Adolescent girls in disaster and conflict: interventions for improving access to sexual and reproductive health services.

79 The Guttmacher Institute (2003). In Their Own Right: addressing the sexual and reproductive health needs of men worldwide.

80 Guttmacher Institute (2016). Unmet need for Contraception in Developing Countries. 2016 data: WHO (2016). Fact sheet: family planning/contraception.

81 Guttmacher Institute (2016). Unmet need for Contraception in Developing Countries; WHO (2016). Fact sheet: family planning/contraception; Singh, S., Darroch, J., Ashford, L. (2014). Adding it up: the costs and benefits of investing in sexual and reproductive health 2014. Guttmacher Institute.

82 Inter-agency working group on reproductive health in crisis (Retrieved March 20, 2017). Adolescent sexual and reproductive health facts and stats.

83 World Health Organization (2015). Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: WHO. Guttmacher Institute (2016). Unmet need for Contraception in Developing Countries

84 UNFPA (2016). Adolescent girls in disaster and conflict: interventions for improving access to sexual and reproductive health services.

85 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank, WHO, Geneva, 2007, p. 35.



- Risk of death in pregnancy and delivery for girls under age 15 is five times higher than for women in their 20s.⁸⁶
- **Humanitarian/emergency settings represent particular challenges** against access to SRH services and rights.
- In emergencies, people face heightened risks of GBV and HIV. Adolescent girls in particular face heightened risks of unwanted pregnancy, child, early and forced marriage, maternal mortality and disability, rape and sexual exploitation and abuse.⁸⁷
- Displaced and disaster-affected people face additional barriers limiting from accessing SRH services due to locality, language, registration status as a refugee or immigrant. In addition, women and girls face distinct cultural barriers against mobility and accessing SRH services independently.⁸⁸
- Spikes in child marriage rates during times of conflict and disaster have been documented across multiple countries cross the globe, including Haiti, Pakistan, Syria, Niger and Guinea.⁸⁹

RELATED DISCUSSION

○ GiE: p 56

⁸⁶ World Health Organization. (2003). Maternal mortality in 2000: Estimates developed by WHO, UNICEF and UNFPA. Geneva, WHO.

⁸⁷ UNFPA (2016). Adolescent girls in disaster and conflict: interventions for improving access to sexual and reproductive health services.

⁸⁸ Ibid

⁸⁹ Inter-agency working group on reproductive health in crisis (Retrieved March 20, 2017). Adolescent sexual and reproductive health facts and stats.

RELATED DISCUSSION

○ GBV: p 1

POWER AND SRHR

Within populations, unequal power relationships – at home, school, work and beyond – exacerbate risks to SRHR:

- Girls' and women's status within families and relationships in many countries across the globe deny fundamental rights on when or if to marry or have children. This is codified in law in multiple countries that require male permission for women to access contraception, and social expectations tied to bride price and dowry. It is also evident in the dynamics of GBV against women and girls in the home.⁹⁰
- A WHO Multi-country Study on Women's health and Domestic Violence found that 3-24% of women reported their first sexual experience was forced. For most, this occurred during adolescence.⁹¹
- Age is also an important factor that exposes people to sexual violence. In a multi-country survey, across 7 countries in Sub-Saharan African and Haiti, 9-21% of boys reported experiencing sexual violence before the age of 18. This figure was 20-33% for girls.⁹²
- Linked to these trends, WHO mortality data reported suicide now out-ranks maternal causes of death for girls, ages 15-19, globally.⁹³
- HIV disproportionately affects transgender women at 19.2% prevalence in comparison to a 0.8% prevalence rate among the general population. Sex workers across genders are also disproportionately at risk (27.3% prevalence among transgender women, 14% among men, and 11.8% among women sex workers).⁹⁴
- A Pacific Islands report found stigma against people living outside gender norms (including LGBTIQI people, sex workers, single mothers and unmarried women) delay many individuals associated with these groups from seeking services and care.⁹⁵

CRIMINALIZATION OF SEXUAL AND REPRODUCTIVE RIGHTS AND ITS IMPACT

Criminalization and denial of contraception and abortion services risks lives:

- Studies find that criminalization of abortion is linked to higher rates of unsafe abortion services that can result in injury and death. On the converse, in South Africa for example, legalization of abortion is linked to a 90% reduction in abortion-related deaths.⁹⁶

90 Bawah, A., Akweongo, P., Simmons, R. and Phillips, J. (2003). Women's Fears and Men's Anxieties: the impact of family planning on gender relations in Northern Ghana. *Studies in Family Planning*, 30(1): pp. 54-66; Doctors of the World (2016). Unwanted pregnancies and abortions: comparative analysis of socio-cultural and community determinants; Blanc, A. (2001). The Effect of power in sexual relationships on sexual and reproductive health: an examination of the evidence. *Studies in Family Planning*, 32(3): pp. 189-213.

91 Partners for Prevention (retrieved March 20, 2017). Facts and figures.

92 Together for girls (2016). Data from the violence against children surveys.

93 Brink, S. (2015). The truth behind the suicide statistic for older teen girls. *Goats and soda: stories of life in a changing world*. NPR.

94 The Lancet (2014). Infographic: HIV and sex workers.

95 Pacific Feminist Coalition (2013). Report on strategy meeting of feminists advancing sexual and reproductive rights in the Pacific: Cairo@20 and more.

96 Cohen, S. (2012). Access to safe abortion in the developing world: saving lives while advancing rights. *Guttmacher Policy Review*, 15(3).

- In the US, legalizing access to contraception for individuals has contributed to a 60% reduction in maternal mortality rates, and a 76% decline in infant death rates, and a drastic decline (from 20% in 1965 to 8.9% in 2011) of unwanted births among married women.⁹⁷
- Unwanted pregnancies and unsafe abortion contribute to mortality and disability of young and older women. Unsafe abortion and complications related to it account for 25% of pregnancy-related deaths and injury.⁹⁸
- Girls in particular bear a heavy social cost for unwanted pregnancies, ranging from social stigma, social and family exclusion and economic marginalization.⁹⁹
- Addressing contraception needs can reduce abortion rates. If women's needs for contraception were met, it would reduce the burden of medical care for complications related to unsafe abortion by 74% (8.4 – 2.2 million).¹⁰⁰
- An index of youth family planning across 9 countries found the highest rates of teen pregnancy in countries that actively restrict women and girls' access to contraception in terms of external authorization requirements, age restrictions and/or marital status. Those with the most supportive policy and community support environments had higher use of modern contraception among women, regardless of their marital status.¹⁰¹
- In South Africa, where sex between men is criminalized, one study found HIV prevalence among men who have sex with men reported to be 17.4%. Due to their sexuality, men also reported experiencing high rates of fear to access health services (18.5%), fear to walk in the community (19%), blackmail against them due to their sexuality (21.2%), denial of health care because of their sexuality (5.1%) and denial of housing for reasons other than lack of funds (6.9%).¹⁰²

SOCIAL AND POLITICAL STRUCTURES SHAPING SRHR

Social norms and values shape GBV dynamics, sexual and reproductive health related behaviors of individuals as well as the attitudes and response of communities and institutions. For example, a review of studies on young people's sexual behaviors found:

- Norms related to femininity prevent women's knowledge on sexual health and prohibit women and girls from taking control over their bodies. These norms also discourage women and girls from refusing sex in fear of losing a partner or retribution. Girls also reported pressure not to speak about issues of violence within intimate partners, and the need to be feminine when in a partnership. Girls also expressed fear that a failed partnership would reflect poorly on their worth. Women and girls are also often discouraged from carrying or asking for condom use, though they are also often considered responsible for prevention of pregnancy.¹⁰³

97 Planned Parenthood (2015). Griswold v. Connecticut - the impact of legal birth control and the challenges that remain.

98 Cohen, S. (2012). Access to safe abortion in the developing world: saving lives while advancing rights. Guttmacher Policy Review, 15(3); Doctors of the World (2016). Unwanted pregnancies and abortions: comparative analysis of socio-cultural and community determinants.

99 Doctors of the World (2016). Unwanted pregnancies and abortions: comparative analysis of socio-cultural and community determinants.

100 Cohen, S. (2012). Access to safe abortion in the developing world: saving lives while advancing rights. Guttmacher Policy Review, 15(3); Singh, S., Darroch, J., Ashford, L. (2014). Adding it up: the costs and benefits of investing in sexual and reproductive health 2014. Guttmacher Institute.

101 Population Reference Bureau (February 2017). Global Youth Family Planning Index.

102 Baral, S. (2009). HIV risk and human rights violations among African gay men and other men who have sex with men. Johns Hopkins School of Public Health.

103 Marston, C. and King, E. (2006). Factors that shape young people's sexual behavior: a systematic review. The Lancet, 368(9547): 1581-6.

- Norms and expectations related to masculinity encourage men and boys to show few emotions (outside of anger), express dominance and defend their honor with violence if need be, be seen as having multiple sexual partners and follow expectations for other stereotypical masculine traits, which can be harmful to their own and others' health.¹⁰⁴
- Norms facing men also act in ways that discourage male partners from becoming more involved in women's and children's health.¹⁰⁵
- Homophobia stigmatizes same-gender sexual relationships which limits safe opportunities for sex, and limits access to high-quality health care. It also exposes individuals to hate violence, related to their gender and sexuality (i.e. rape, murder, assault, etc.).¹⁰⁶

For child marriage, norms perpetuating the practice include parental pressure to control girls' sexuality rather than support positive environments for exploring sexuality and choice:

- Value on girls' virginity at marriage as a reflection of family honor, and fears of pregnancy before marriage. This is linked to social pressure to marry girls following cases of rape.
- Silencing of girls from expressing their preferences and needs against coercive practices can put them at risk – both to child marriage as well as other SRHR risks.¹⁰⁷
- Expectations for male dominance, virility and control in sexual relationships, alongside women's subordination.¹⁰⁸

In many countries, **laws and policies represent major structural barriers against the fulfillment of SRHR:**

- Examples of these legal restrictions are: prohibitions on emergency contraception and access to some modern methods of contraception; lack of guarantees of privacy and confidentiality; censorship of scientifically accurate sexual and reproductive health information; criminalization of same-gender sex and consensual sex work and restrictions on access to safe abortion.¹⁰⁹
- In 2017, the US Government also reinstated the draconian Global Gag rule, which restricts non-US organizations receiving any federal funds global health work for supporting safe abortion services, even when funded via other sources (US law already prohibits the US Government funds for abortion services).¹¹⁰

GAINS AND PROGRESS TOWARD SRHR

Research findings analyzed across a broad range of countries underpin an emerging consensus that **reproductive health improvements extend life expectancy for mothers and children.**

- Increase incentives to invest in schooling and other forms of human capital

104 Marston, C. and King, E. (2006). Factors that shape young people's sexual behavior: a systematic review. *The Lancet*, 368(9547): 1581-6.

105 Blanc, A. (2001). The Effect of power in sexual relationships on sexual and reproductive health: an examination of the evidence. *Studies in Family Planning*, 32(3): pp. 189-213.

106 Marston, C. and King, E. (2006). Factors that shape young people's sexual behavior: a systematic review. *The Lancet*, 368(9547): 1581-6; Singh, S., Darroch, J., Ashford, L. (2014). Adding it up: the costs and benefits of investing in sexual and reproductive health 2014. Guttmacher Institute.

107 UNICEF (Retrieved March 20, 2017). Gender and HIV/AIDS: Prevention among young people; Girls Not Brides (2015). Why does child marriage happen? ABAAD (2015) Regional seminar on Child Marriage during democratic transition and armed conflicts; CARE Jordan Urban Refugee Protection Project Evaluation

108 Greene, M., Perlson, S., Taylor, A. and Lauro, G. (2015). Engaging Men and Boys to Address the Practice of Child Marriage. Washington, DC: GreeneWorks.

109 WHO, Sexual Health, Human Rights and the Law, 2015.

110 CARE (2017). CARE Responds to reinstatement of Global Gag Rule.



RELATED DISCUSSION

○ WEE: p 41

- Create opportunities for participation in labor markets
- Raise individual's capacities to be productive in labor markets
- Lead to higher incomes and higher levels of asset accumulation¹¹¹

However, we know **the gains for meeting needs for modern contraception and antenatal as well as postnatal care would be huge:**

- Unintended pregnancies could be cut by 70% from 74 to 22 million.
- Maternal deaths could go down by 67% and newborn deaths could fall by 77%;
- Care work related to disability related to pregnancy and delivery would reduce by 66%;
- Transmission of HIV from mother to child could be practically eliminated (reducing by 93%)¹¹²

There are many **proven practices that have demonstrated how dramatic progress can be made on these issues.**

- Satisfying information and demand for family planning alone could prevent 70,000 maternal deaths annually.¹¹³
- Two-thirds of newborn deaths could be prevented if known health measures are provided at birth and during the first week of life.¹¹⁴
- Decriminalization of sex work could reduce HIV infections by 33-46%.¹¹⁵
- Evaluations of comprehensive sex education programs have found youth participants delay onset of sexual activity, reduce number of partners and frequency of sex, and increase use of contraception and condoms.¹¹⁶
- Studies have found that men's involvement in family planning leads to better outcomes for women's health.¹¹⁷
- Globally, there has been heartening **progress on contraception use and maternal health in past decades.**
- Globally, contraceptive prevalence almost doubled between 1970 and 2015 (from 36% to 64%). From 1990-2015, maternal mortality dropped by approximately 44% worldwide.¹¹⁸

111 Joshi, Shareen, Reproductive Health and Economic Development: What Connections Should We Focus On? (Research Brief) PopPov Research Network, January 2012.

112 World Health Organization (2015). Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: WHO. Guttmacher Institute (2016). Unmet need for Contraception in Developing Countries

113 Guttmacher Institute (2016). Unmet need for Contraception in Developing Countries. 2016 data: WHO (2016). Fact sheet: family planning/contraception; Singh, S., Darroch, J., Ashford, L. (2014). Adding it up: the costs and benefits of investing in sexual and reproductive health 2014. Guttmacher Institute.

114 The Partnership for Maternal, Newborn and Child Health. (Updated 2011). "Newborn death and illness".

115 The Lancet (2014). Infographic: HIV and sex workers.

116 Advocates for Youth (2009). Comprehensive sex education: research and results.

117 Blanc, A. (2001). The Effect of power in sexual relationships on sexual and reproductive health: an examination of the evidence. Studies in Family Planning, 32(3): pp. 189-213.

118 World Health Organization (2016). Maternal mortality fact sheet.



What are key global commitments related to SRHR?

The international community has made several landmark global commitments related to SRHR. These are important reference points not only for policy analysis and advocacy, but also for program design. Generally, however, discussions on SRHR continue to focus on women and girls, with little attention to trans, queer, men and boys' health needs.

SUSTAINABLE DEVELOPMENT GOALS

In 2015, the international community adopted a set of **Sustainable Development Goals** (to succeed the Millennium Development Goals) that articulated ambitious goals to be achieved by 2030. SDG5 aims to achieve gender equality and empower all women and girls; five targets under SDG5 relate to SRHR and can serve as important benchmarks for accountability. SDG3 aims to ensure health and wellbeing, at every stage of life; three targets under SDG3 relate to SRHR. Each country is encouraged to produce a voluntary national review (VNR) annually to share progress against the SDGs at the national and sub-national level.

[Click here to see VNR documentation and reporting by country](#)

This is an opportunity for civil society engagement and advocacy.

RELATED DISCUSSION

○ GBV: p 1



- SDG Target 5.1** End all forms of discrimination against all women and girls everywhere
- SDG Target 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
- SDG Target 5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- SDG Target 5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- SDG Target 5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- SDG Target 5.c** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels



- SDG Target 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- SDG Target 3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- SDG Target 3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs



Goal 16, which focuses on “peaceful and inclusive societies for sustainable development”, is also relevant for this priority area:

- SDG 16.1** Significantly reduce all forms of violence and related death rates everywhere
- SDG 16.5** Substantially reduce corruption and bribery in all their forms
- SDG 16.6** Develop effective, accountable and transparent institutions at all levels
- SDG 16.7** Ensure responsive, inclusive, participatory and representative decision-making at all levels
- SDG 16.10** Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
- SDG 16.B** Promote and enforce non-discriminatory laws and policies for sustainable development

PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD)

The 1994 **Programme of Action of the International Conference on Population and Development (ICPD)** was one of the first international agreements to address issues related to sexuality, sexual and reproductive health, and reproductive rights. Paragraph 7.3 clarifies that these are not a new set of rights, but reflect existing human rights instruments related to sexual and reproductive autonomy (freedoms) and the attainment of sexual and reproductive health (entitlements). The 1995 **Beijing Platform for Action** expands this definition by affirming in paragraph 96 the right to exercise control over and make decisions about one's sexuality, free of coercion, discrimination and violence. Fulfillment of each state's obligations under these global commitments is assessed every four years in a Universal Periodic Review (UPR), which is essentially a peer review of each state's human rights record.

The UN Secretary General's **Global Strategy for Women's, Children's and Adolescents' Health** is a global multi-stakeholder process and roadmap that brings together UN, governments, donors and other stakeholders to accelerate momentum for women's, children's and adolescents' health from 2016 to 2030.

GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

Global Strategy for Women's, Children's and Adolescents' Health was originally launched in 2010 as the Global Strategy for Women's and Children's Health. This strategy brought together 127 global stakeholders, including governments, NGOs and private sector to push forward momentum needed during the end of the MDGs to end preventable maternal and child deaths and also sought to close the estimated funding gap of US \$88 billion for maternal, newborn and child health. An **updated Global Strategy**, which was launched in 2016 to align with the 15 –year span of the SDGs now also puts adolescents at the center of a movement to accelerate progress to a multi-sectoral and integrated approach to health and sustainable development.

LONDON SUMMIT ON FAMILY PLANNING

In 2012, the **London Summit on Family Planning** brought together over 20 governments and NGOs, private and bilateral donors to committing to address the financial, service and policy gaps relating to women's access to contraceptive services and information. Out of the London Summit, Family Planning 2020 (FP2020) was created to work with the global community to ensure that 120 million women and girls fulfill their right to access and use contraception. FP2020 is a global partnership working in 69 countries around the world, with 38 countries having made financial, policy or service commitments.



What does CARE's strategy call for?

RELATED DISCUSSION

○ CARE's strategy
for prevention
of GBV: p 11

CARE International's Program Strategy identifies strengthening gender equality and women's voice as a cross-cutting approach and sets out to support 100 million women and girls to exercise their right to sexual, reproductive and maternal health and a life free from violence by 2020 (see: discussion on GBV). This involves CARE focusing on SRHR to support the most marginalized communities to overcome poverty, social injustice and humanitarian crises. Importantly, evidence and learning from this work is applied to influence policy change and scale up effective solutions.

CARE's work is embedded in human rights principles, of both a right to life and health, but also the right to reproductive self-determination and bodily integrity. CARE's SRHR programs seek to create the conditions – personal, social and structural - that enable all individuals to realize these rights. This work is based on principles of equality, non-discrimination and accountability.

CARE's SRHR work covers the following spectrum:

- Working with individuals, communities, service providers and policy makers to overcome inequitable social and gender norms, practices and policies at the household, community and service levels; and
- Working with partners to prepare for and respond to the sexual and reproductive needs of all individuals – with a focus on women and girls – in emergencies and fragile contexts
- Building trust and accountability between communities and health service systems by expanding spaces for dialogue, negotiation and shared oversight; and
- Working with health systems to increase health worker effectiveness, using innovative approaches to increase their capabilities, motivation and responsiveness; and
- Encouraging policy action, supporting policy implementation and helping to amplify the voices of women and girls in policy formulation



Promising practices toward gender justice and SRHR

Programmatic practices that have been identified as pertinent for gender justice and sexual/reproductive health rights – in terms of content and impact – include the following. See relevant page numbers or click titles to jump directly to the relevant Promising Practice page.

RELATIONSHIPS AND SOLIDARITY	SOCIAL NORMS	INCLUSIVE AND ACCOUNTABLE INSTITUTIONS	LEADERSHIP AND COLLECTIVE ACTION
Women's village savings and loans groups	Community dialogues and action	Social accountability	Leadership and civic associations
Solidarity among marginalized peoples	Leadership, networks and electoral politics	Human rights education for political change	
Engaging men as equal partners and family	Media and new narratives		
Male support groups: toward equity			
Supporting youth: solidarity, learning, self-determination and justice			





PRIORITY AREA 4:

Women's Economic Empowerment

The barriers that keep women from fulfilling their economic potential are complex and numerous. In many parts of the world, women have restricted mobility in the public sphere, and laws, attitudes and social norms discriminate against women's participation in the economy.

Throughout the world, women and girls bear most of the burden of unpaid household and care work, face GBV, and get paid less for their labor (in terms of lower pay for the same work as men, greater job insecurity, as well as the under-valuing of feminized jobs). Poor women tend to work in low-wage jobs in the informal sector, often with long hours in poor working conditions. Today, women have less access to education and training, face greater financial exclusion, have less ownership and control over land and other assets, and have less control over their reproductive health. These structural disadvantages compound the impact of crisis situations on women and girls, and are linked to key protection issues. Left without livelihood opportunities, the consequences of humanitarian situations are often multiplied. For example, in situations of displacement, women often have fewer employment opportunities available. Coupled with the often-high burden of care and responsibility for children, the pressure to engage in survival sex as a coping mechanism in exchange for goods or protection often emerges. The high stigmatization of such action by both communities and authorities can result in opening women up to exploitation, and can subsequently impact their, and their children's access to education, protection, or support services.



Facts and stats

GENDER INEQUALITY IN ACCESS TO AND RECOGNITION OF WORK

- Women participate in labor markets at much lower rate than men do. When they do, they get paid less than men for the same work.
- In South Asia, women's participation in the labor market is 50% points lower than men; this is due to social norms, the care burden and discriminatory laws.¹¹⁹
- In the majority of countries, women's wages represent between 70 and 90% of men's, with even lower ratios in some Asian and Latin American countries.¹²⁰
- Women bear disproportionate responsibility for unpaid care work. Women devote 1 to 3 hours more a day to housework than men; 2 to 10 times the amount of time a day to care (for children, elderly, and the sick), and 1 to 4 hours less a day to market activities.¹²¹
- Research estimates that 57 million people supply full-time unpaid work that fills gaps caused by inadequate healthcare provision world wide – the majority of whom are women who gave up employment to play this role. The net contribution of unpaid work to the global economy is estimated at \$10 trillion per year.¹²²

The economic role of women is often invisible, underpaid and unrecognized:

- Crops like cocoa in West Africa rely on women as producers, but are erroneously identified as “male crops.”¹²³
- There are at least 52.6 million domestic workers worldwide, and 83% of them are women. Domestic work accounts for 7.5% of women's wage employment worldwide, and a far greater share in some regions. Domestic workers often face discrimination based on their race or caste.¹²⁴
- Neoliberal policies have led to poor working conditions and pay – meaning poor people, especially women, are pushed into jobs with poor safety, long hours and wages that are not enough to sustain their families. For example, an Oxfam study of garment factory workers found employees working 18 hour shifts, sometimes working through the night to make wages that do not sustain workers or their families. At the same time, the companies that employ them - such as the fast fashion companies like Zara and H&M – reap huge profits and have some of the wealthiest CEOs in the world.¹²⁵
- Women earn on average three quarters of their income from agricultural activities, and work on average 12 hours more per month than male farmers, and yet earn less than male farmers.¹²⁶

119 ILO (2016b), Women at Work: Trends 2016

120 UN Women, In Brief: Economic Empowerment of Women.

121 Ibid

122 Ibid

123 Carr, E. (2007). “Men's crops and women's crops: the importance of gender to the understanding of agricultural and development outcomes in Ghana's central region. World Development, 5(2008): pp. 900-915.

124 International Labour Office, *Domestic Workers Across the World: Global and Regional Statistics and the Extent of Legal Protection*, 2013.

125 Rhodes, F., Parvez, A., and Rowan, H. (2017). An Economy that works for women: achieving women's economic empowerment in an increasingly unequal world.

126 Dyan Mazurana, Prisca Benelli, Huma Gupta and Peter Walker, “Sex and Age Matter: Improving Humanitarian Response in Emergencies.” Feinstein International Center, Tufts University, August 2011



- Women who engage in sex work face violence and discrimination, often linked to criminalization of their work and stigma surrounding it. 45% to 75% of sex workers experience workplace violence over their lifetime. 32% to 55% of sex workers experience violence within the past 12 months.¹²⁷
- Women make up 43% of the agriculture labour force. However, women are less likely to own land, and own fewer amounts of land when they do. When women have the same amount of land as men, there is over 10% increase in crop yields.

USAID Infographic “Why Invest in Women”

- The yield gap between women and men farmers averages 20-30% and if women were given the same access to resources as men women would achieve the same yield level as men thus boosting total agriculture inputs in developing countries by 2.5 – 4%.¹²⁸

¹²⁷ Deering K., Amin A., Shoveller J., Nesbitt A., Garcia-Moreno C, Duff P, Argento E, Shannon K. (2014). “A Systematic Review of the Correlates of Violence against Sex Workers”. American Journal of PublicHealth: 104(5): e42-54: <https://www.ncbi.nlm.nih.gov/pubmed/24625169>

¹²⁸ Source FAO - The State of Food and Agriculture

RELATED DISCUSSION

○ GBV: p 1

RELATED DISCUSSION

○ FNS: p 17

DRIVERS OF ECONOMIC EXPLOITATION

- The economic condition of women and the extent to which women are able to realize their economic potential are also shaped by underlying economic systems and public policies.
- For example, privatization of basic health, water, education and agricultural services in periods of structural adjustment, and the commodification of land, water and natural resources, has limited opportunities, recognition and resources for women's roles in the economy as well as added burdens on households to meet basic needs.¹²⁹
- The neoliberal overhaul of public services also cost public sector jobs, which represent decent work opportunities that tend to have more equitable gender hiring practices in many countries around the world.¹³⁰
- In addition, trade and financial liberalization, dismantling of worker rights and privatization of natural resources driven through transnational corporate interests have essentially triggered a 'race to the bottom' on pricing and labor standards which have disproportionately impacted poor working women.¹³¹

GAINS FROM GENDER INCLUSIVE ECONOMIES

- Restricting women's economic potential and under-investing in women slows economic growth and poverty reduction, and prevents more equitable, sustainable models for economic development.
- If women participated equally in the economy, it would add \$28 trillion to the global economy (26% of global GDP).¹³²
- Women's economic equality is good for business. Companies greatly benefit from increasing leadership opportunities for women, which is shown to increase organizational effectiveness. It is estimated that companies with three or more women in senior management functions score higher in all dimensions of organizational effectiveness.¹³³

FEMALE LABOR ORGANIZING AND ENTREPRENEURSHIP ARE CRITICAL PROMISING AVENUES FOR WEE.

- Success of women organizing for better work conditions are evident from historic union organizing like the New York Shirtwaist Strike of 1909, which led to work safety and wage standards in the US, to mobilizations of strawberry farm workers in Morocco and domestic worker alliances in Latin America.¹³⁴

129 Madzwamuse, M. (2015). Economic justice as a site for women's empowerment. Open Society Initiative for Southern Africa (OSISA).

130 Kabeer N (2013) Paid Work, Women's Empowerment and Inclusive Growth: Transforming the Structures of Constraint. UN Women.

131 Moussié, R. (2016) Challenging corporate power: struggles for women's rights, economic and gender justice. Association for Women's Rights in Development and the Solidarity Center.

132 Olney, S. (2015). The future of work depends on the future of women at work. Women, work and the Sustainable Development Goals. International Labour Organisation.

133 UN Women (Retrieved March 20, 2017). Facts and figures: economic empowerment.

134 Wikipedia (Retrieved March 20, 2017). "New York shirtwaist strike of 1909"; Rhodes, F., Parvez, A., and Rowan, H. (2017). An Economy that works for women: achieving women's economic empowerment in an increasingly unequal world

- Around the developing world, women own approximately 8 to 10 million small and medium-sized enterprises, accounting for 31-38% of all small and medium enterprises (SMEs) in emerging markets.¹³⁵
- The majority of the 1 billion women that will enter the workforce by 2020 will do so through entrepreneurial work.¹³⁶

EVIDENCE: LEVERS FOR CHANGE¹³⁷

- Evidence from the UN shows that savings is one of three interventions proven to accelerate the economic empowerment of women regardless of their context; the other two interventions are childcare provision and control over land.¹³⁸
- A work survey (Kabeer) found that the **quality** of paid work – characterized by formal work based on employment contracts, predictable work, regular income, legal rights and basic security – as important for achieving positive outcomes in women’s lives.¹³⁹
- Studies have found that women who are able to exercise choice on if and when to have children (and how many) can enable their economic empowerment. For example, globally, participation of women aged 15-39 in the labor force goes down by 10-15% with each additional child they have.¹⁴⁰
- Education is another key driver for employment, and research has found that each additional year of schooling for girls, particularly at the post-primary level- can support employment opportunities and increase future earnings by 10%.¹⁴¹
- Government regulatory frameworks that protect women against discrimination based on their gender, potential maternity and childcare needs can support women’s access to the formal wage economy.¹⁴²

RELATED DISCUSSION

○ SRHR: p 27

135 IFC and GPFI 2011, Strengthening Access to Finance for Women-Owned SMEs in Developing Countries.

136 PricewaterhouseCoopers (2014). Next Generation Diversity: developing tomorrow’s female leaders.

137 There is an emerging body of evidence for levers to promote WEE.

138 United Nations. (2016). A Roadmap for Promoting Women’s Economic Empowerment.

139 Cornwall (2014). Women’s empowerment: What Works and Why?

140 Grepin KA and Klugman J (2013) Investing in Women’s Reproductive Health: Closing the Deadly Gap Between What we Know and What we Do. Washington: World Bank. Available at Accessed 14 January 2015

141 World Bank (2002) Opening Doors: Education and the World Bank.

142 Kabeer N (2013) Paid Work, Women’s Empowerment and Inclusive Growth: Transforming the Structures of Constraint. UN Women.



What are key global commitments related to WEE?

The international community – at the governmental level and among corporations – has made several global commitments related to WEE. These are important reference points not only for policy analysis and advocacy, but also for program design.

SUSTAINABLE DEVELOPMENT GOALS

In 2015, the international community adopted a set of [Sustainable Development Goals](#) (to succeed the Millennium Development Goals) that articulated ambitious goals to be achieved by 2030. Each country is encouraged to produce a voluntary national review (VNR) annually to share progress against the SDGs at the national and sub-national level.

[Click here to see VNR documentation and reporting by country](#)

This is an opportunity for civil society engagement and advocacy. Key targets that relate to WEE, and can serve as important benchmarks for accountability include:

3 GOOD HEALTH AND WELL-BEING



Goal 3, which focuses on health and well-being includes:

- SDG Target 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- SDG Target 3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- SDG Target 3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- SDG Target 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

5 GENDER EQUALITY



Goal 5, which focuses on “achiev[ing] gender equality and empower[ing] all women and girls,” Relevant targets include:

- SDG Target 5.1** End all forms of discrimination against all women and girls everywhere
- SDG Target 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
- SDG Target 5.4** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- SDG Target 5.5** Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- SDG Target 5.a** Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
- SDG Target 5.c** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

8 DECENT WORK AND ECONOMIC GROWTH



Goal 8: “Sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all” is also critical for WEE. Pertinent targets are:

- SDG Target 8.3** Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services

- SDG Target 8.5** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
- SDG Target 8.6** By 2020, substantially reduce the proportion of youth not in employment, education or training
- SDG Target 8.7** Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
- SDG 8.8** Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
- SDG 8.10** Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
- SDG 8.B** By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization



Goal 16, which focuses on “peaceful and inclusive societies for sustainable development”, is also relevant for this priority area:

- SDG 16.1** Significantly reduce all forms of violence and related death rates everywhere
- SDG 16.5** Substantially reduce corruption and bribery in all their forms
- SDG 16.6** Develop effective, accountable and transparent institutions at all levels
- SDG 16.7** Ensure responsive, inclusive, participatory and representative decision-making at all levels
- SDG 16.10** Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
- SDG 16.B** Promote and enforce non-discriminatory laws and policies for sustainable development

Linked to the SDGs, the UN Secretary-General’s High-Level Panel on Women’s Economic Empowerment within the UN published a call to action to ‘[Leave No One Behind](#)’. The Call to Action accompanied a report, which highlights seven ‘proven and promising drivers to expand women’s economic opportunities’. These involve:

- Tackling adverse social norms and promoting positive role models;
- Ensuring legal protection and reforming discriminatory laws and regulations Redistribution, recognition and reduction of unpaid care work;
- Recognizing, reducing and redistributing unpaid work and care

- Building assets—Digital, financial and property
- Changing business culture and practice
- Improving public sector practices in employment and procurement
- Strengthening visibility, collective voice and representation
- Improving outcomes for women in four areas of work (labor in the informal economy, labor in the formal sector, agriculture, and small/medium enterprises – especially women owned enterprises).
- Convention on the Elimination of All Forms of Discrimination against Women
- The **Convention on the Elimination of All Forms of Discrimination against Women**, affirms gender equitable rights to education, employment and economic as well as social activities. Recommendation, as part of its call for an end of all forms of discrimination. Articles 13 and 14 specifically call for equal economic rights of women.

INTERNATIONAL LABOUR ORGANIZATION

The **International Labour Organization** articulates multiple **conventions** and protocols pertinent for WEE and justice, which – when ratified by countries – can be used as an effective tool for advocacy and accountability:

C087 Freedom of Association and Protection of the Right to Organize Convention (1948)

[Click here to see ratifications by country](#)

C098 Right to Organise and Collective Bargaining Convention

[Click here to see ratifications by country](#)

C100 Equal Remuneration Convention (1951)

[Click here to see ratifications by country](#)

C102 Social Security (Minimum Standards)

[Click here to see ratifications by country](#)

C111 Discrimination (Employment and Occupation) Convention (1958)

[Click here to see ratifications by country](#)

C156 Workers with Family Responsibilities Convention (1981)

[Click here to see ratifications by country](#)

C171 Night Work Convention (1990)

[Click here to see ratifications by country](#)

C175 Part-Time Work Convention (1994)

[Click here to see ratifications by country](#)

C177 Home Work Convention (1996)

[Click here to see ratifications by country](#)

- C182** Worst Forms of Child Labour Convention (1999)
[Click here to see ratifications by country](#)
- C183** Maternity Protection Convention (2000)
[Click here to see ratifications by country](#)
- C189** Domestic Workers Convention (2011)
[Click here to see ratifications by country](#)

WOMEN'S EMPOWERMENT PRINCIPLES

A set of **Women's Empowerment Principles** developed by UN Women and the UN Global Compact, launched in 2010, set out guidance for how to empower women in the workplace and marketplace. These principles emphasize the business case for corporate action to promote gender equality and women's empowerment.

- Principle 1** Establish high-level corporate leadership for gender equality
- Principle 2** Treat all women and men fairly at work – respect and support human rights and non-discrimination
- Principle 3** Ensure the health, safety and wellbeing of all women and men workers
- Principle 4** Promote education, training and professional development for women
- Principle 5** Implement enterprise development, supply chain and marketing practices that empower women
- Principle 6** Promote equality through community initiatives and advocacy
- Principle 7** Measure and publicly report on progress to achieve gender equality



What does CARE's strategy call for?

CARE International's Program Strategy identifies strengthening gender equality and women's voice as a cross-cutting approach and articulates WEE as a priority outcome area. The strategy sets out to enable 30 million women to have greater access to and control over economic resources by 2020.

CARE defines WEE as the process by which women fulfill their right to economic resources and power to make decisions that benefit themselves, their families and their communities. CARE recognizes that this requires women to have equal access to and control over economic resources, assets and opportunities; also that it requires long-term changes in social norms and economic structures.

IMPACT GROUPS

CARE works primarily with women who often face economic – and often ethnic or caste-based – marginalization, and work as micro-entrepreneurs (often in the informal sector), small-scale producers in agricultural value chains, workers in the formal and informal sector (domestic workers, workers in the hospitality and plantation industries, etc.) and financially excluded women. CARE also recognizes that this work requires engaging across genders to change deep-seated gender norms and stereotypes that constrain the economic potential of women, men and families.

PATHWAYS TO ECONOMIC EMPOWERMENT

CARE focuses on four interrelated pathways to WEE, recognizing women's economic roles as producers, workers, entrepreneurs and consumers.

Financial inclusion

CARE is a leader and innovator in savings-led financial inclusion. Through Village Savings and Loan Associations (VSLAs) and other informal savings groups, CARE helps poor women to build their financial skills and assets. This is combined with helping women to increase their decision-making power and voice within households and communities, and advocating for policies, regulations and corporate practices that enable equal access to financial inclusion for women and men.

- Evidence from CARE's extensive experience with VSLAs shows that, when coupled with enterprise training, VSLAs are a platform for women to enter productive value chains or start more successful income-generating activities.
- While VSLAs are a first step toward financial inclusion, mature VSLA groups require a safer place to keep their savings and more sophisticated financial services such as credit and insurance. CARE partners with the financial and telecommunications sectors to co-create models to formally expand financial inclusion of poor women.
- CARE's experience shows that VSLAs and other financial inclusion groups can be powerful platforms not only for advancing outcomes such as FNS Food and Nutrition Security (FNS) and Sexual, Reproductive and Maternal Health Rights (SRMHR), but also for developing women's leadership and fostering women's political participation; and

Women and value chains

Global value chains led by multinational companies account for 80% of the world's trade (UNCTAD). However, women are often at the lower end of these global value chains and do not benefit as they should because they have less control over land, and less access to financial services, rural extension services and technology. CARE works to: recognize and expand women's role in value chains; increase the value that women capture from contributing to value chains; and strengthen women's economic decision-making power. The goal is to promote gender-inclusive value chains that deliver equitable gains and control over productive resources for women and men.

- CARE partners with companies – national and multinational – to adapt their business models to reflect more inclusive value chains.
- CARE works at all levels – from the community level to the national policy level – to improve women's access and control over productive resources and promote women's leadership and voice.
- When working on agricultural value chains, CARE seeks to ensure these value chains have food and nutrition security, and environmental and climate sensitivity at their core as well as that the most powerful institutions have transparent and accountable governance systems in place.

Dignified work

Women participate in the labor market at a lower rate and, when they do, they do not participate on equal terms. Women often work in invisible roles – for example, working from their own homes or in other people's homes as domestic workers – and are not protected from discrimination or exploitation. Patriarchal gender norms mean that, on top of paid work, women shoulder most of the unpaid care-giving work in their households. CARE works to: improve women's access to safe, dignified work; enable women to have greater control over their earnings; change attitudes toward women's productive vs. reproductive roles; enable women workers to realize their rights by supporting collectives and organizing; and advocate for reforms of discriminatory labor laws.

CARE has learned from experience that WEE must be accompanied by a shift in the expectation (rooted in patriarchal social norms) – at the family and community level – that women must do all or most of the care-giving work. This must be complemented by supportive social protection policies such as affordable childcare.

Female entrepreneurship

The majority of the one billion women who will enter the workforce by 2020 will do so through entrepreneurial work (IFC and GPFI, 2011). As such, female entrepreneurship is a critical avenue for WEE. CARE will build on its financial inclusion work by support women’s ability to building financially (and environmentally) sustainable, profitable enterprises by targeting specific vulnerabilities that women face.

- CARE will help build a supportive set of relationship for women entrepreneurs, by facilitating peer networks, mentoring and women’s collective organizations.
- CARE will engage men to challenge gender norms that view men as sole breadwinners and natural decision-makers, and to encourage men to take a larger role in family care-giving.



Promising practices toward WEE, and gender and economic justice

Programmatic practices that have been identified as pertinent for gender justice and WEE – in terms of content and impact – include the following. See relevant page numbers or click titles to jump directly to the relevant Promising Practice page.

RELATIONSHIPS AND SOLIDARITY	SOCIAL NORMS	INCLUSIVE AND ACCOUNTABLE INSTITUTIONS	LEADERSHIP AND COLLECTIVE ACTION
Women’s village savings and loans groups	None listed, though high potential set of approaches that may be adapted for this work.	Social accountability	Leadership and civic associations
Solidarity among marginalized peoples		Human rights education for political change	Leadership, networks and electoral politics
Engaging men as equal partners and family			
Male support groups: toward equity			
Supporting youth: solidarity, learning, self-determination and justice			





PRIORITY AREA 5:

Gender in Emergencies

CARE's humanitarian mandate is to meet immediate needs of women, men, girls and boys affected by natural disasters and humanitarian conflicts in a way that also addresses the underlying causes of people's vulnerability, especially as a result and cause of gender inequality. The impact of crises on people's lives, experiences and material conditions differ based on their gender and sexuality. Our activities during a humanitarian response can increase and reinforce, or reduce, existing inequalities. Integrating gender into every stage of a response is therefore a core part of CARE achieving their humanitarian mandate.



Facts and stats

RELATED DISCUSSION

○ GBV: p 1

○ SRHR: p 27

WOMEN AND GIRLS ARE OFTEN MORE LIKELY TO EXPERIENCE ADVERSE CONSEQUENCES OF CRISES:

- In general, natural disasters kill more women than men, and kill women at a younger age than men.¹⁴³ For example, 64.7% of the Tsunami deaths in Aceh Province in 2004 were female. Young children and the elderly made up over half of the casualties.¹⁴⁴
- An estimated 60% of preventable maternal deaths take place in crisis settings.¹⁴⁵
- Armed conflict kills more women, and kills women of a younger age, than their male counterparts, through direct and indirect consequences (including reduced access to food, health services, hygiene, etc.).¹⁴⁶
- The risk of violence, exploitation and abuse is heightened in conflict and natural disaster. An estimated one in five refugee or displaced women in complex humanitarian settings have experienced sexual violence – a figure that is likely an underestimation – given the barriers associated with disclosure.¹⁴⁷

SOCIAL NORMS AND EMERGENCIES

- During conflict, males are often expected to put themselves at risk by engaging in fighting, or riskier behavior due to a socially ascribed idea of masculinity.¹⁴⁸
- Age and gender have been shown to greatly influence the kind of injuries suffered in armed conflict, as well as the capacity to access treatment.¹⁴⁹
- Socially ascribed gender norms can affect the likelihood of survival. For example, in the Sri Lankan tsunami, it was easier for men and boys to survive for having been taught to swim and climb trees – skills largely taught to boys.¹⁵⁰

143 World Health Organization (2011) "Gender, Climate Change, and Health" (Geneva, 2011); Gender equality and the empowerment of women in natural disasters Report of the Secretary-General (E/CN.6/2014/13), p.3

144 Mazurana, D., Benelli, P., Gupta, H. and Walker, P. (n.d.) "Sex and Age Matter: Improving humanitarian response in emergencies". Feinstein International Center, Tufts University.

145 World Health Organization. (2014). Trends in maternal mortality: 1990 to 2013. Estimates by WHO, Unicef, UNFPA, The World Bank, and the United Nations Population Division.

146 Plümpert, T. and Neumayer, E. "The Unequal Burden of War: The Effect of Armed Conflict on the Gender Gap in Life Expectancy." International Organization. Vol. 60, No. 3, summer 2006, pp. 723-754.

147 Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C., and Singh, S. (2014) "The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis" PLoS Currents. Public Library of Science

148 AYINET (2011), "Surgical and Medical Rehabilitation Report 2009/2010." Kampala, Uganda: AYINET.

149 Ibid

150 Oxfam (2005). The Tsunami's Impact on Women. Oxfam Briefing Note 30.



EMERGENCIES AND REINFORCING INEQUALITY

Crises can exacerbate and reinforce existing gender inequalities, or create new ones:

- Only 9% of landholders in conflict and post-conflict countries are women, compared with 19% globally.¹⁵¹
- The exclusion of women from preparedness can leave women ill-equipped to deal with future crises, compounding their vulnerability.¹⁵²
- Crises have been shown to increase the rates of early and forced child marriage. This stems from a variety of different factors, including the higher death rate of women in conflict; the need to “protect” young unmarried girls in risky situations; and financial pressures.¹⁵³
- Girls are more likely to be pulled out of school in crises and less likely to return, than boys.¹⁵⁴

RELATED DISCUSSION

○ WEE: p 41

EMERGENCIES AND POSITIVE POTENTIAL TOWARD EQUALITY

The changes experienced during crises can, however, offer opportunities for promoting transformative change and empowering women:

- The roles and responsibilities of women and men often change as a direct consequence of conflict or crisis. This can include changes in what is seen as appropriate behavior for women and men, including restrictive cultural norms regarding women and work, or movement.
- By seizing upon changing sentiments around gender roles, programming can work to support an enabling environment to capitalize on the changes experienced in gender equality.

¹⁵¹ UN Security Council (2015). Report of the Secretary-General on women, peace and security; and UN Security Council (2014). Report of the Secretary-General on women, peace and security, p. 22.

¹⁵² UN Security Council (2015). Report of the Secretary-General on women, peace and security; and UN Security Council (2014). Report of the Secretary-General on women, peace and security.

¹⁵³ UN Security Council (2015). Report of the Secretary-General on women, peace and security; and UN Security Council (2014). Report of the Secretary-General on women, peace and security; Save the Children (2014) *Syrian child marriage in Jordan doubled from ; Women's Refugee Commission (2016) A girl no more: the changing norms of child marriage in conflict.*

¹⁵⁴ UN Security Council (2015). Report of the Secretary-General on women, peace and security; and UN Security Council (2014). Report of the Secretary-General on women, peace and security.



What are key global commitments related to Gender in Emergencies?

CARE's commitments to gender in emergencies work is supported by international and national human rights law, humanitarian and gender standards and guidelines and UN Security Council Resolutions; underpinned by a validated set of extensive field experience pertaining to the equal protection of, and provision for, all beneficiaries without discrimination.

SUSTAINABLE DEVELOPMENT GOALS

In 2015, the international community adopted a set of [Sustainable Development Goals](#) (to succeed the Millennium Development Goals) that articulated ambitious goals to be achieved by 2030. The SDGs are important benchmarks for accountability; as such they are useful reference points not only for policy analysis and advocacy, but also for program design. Each country is encouraged to produce a voluntary national review (VNR) annually to share progress against the SDGs at the national and sub-national level. This is an opportunity for civil society engagement and advocacy

[Click here to see](#) documentation and reporting by country



SDG5 aims to achieve gender equality and empower all women and girls. These specific targets relate to our humanitarian work, with particular reference to:

- SDG Target 5.1** End all forms of discrimination against all women and girls everywhere
- SDG Target 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
- SDG Target 5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- SDG Target 5.4** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- SDG Target 5.5** Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- SDG Target 5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- SDG Target 5.a** Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws



Goal 16, which focuses on “peaceful and inclusive societies for sustainable development”, is also relevant for this priority area:

- SDG 16.1** Significantly reduce all forms of violence and related death rates everywhere
- SDG 16.5** Substantially reduce corruption and bribery in all their forms
- SDG 16.6** Develop effective, accountable and transparent institutions at all levels
- SDG 16.7** Ensure responsive, inclusive, participatory and representative decision-making at all levels
- SDG 16.10** Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
- SDG 16.B** Promote and enforce non-discriminatory laws and policies for sustainable development

CONVENTION FOR THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW)

The [Convention for the Elimination of All Forms of Discrimination against Women \(CEDAW\)](#), adopted in 1979 by the UN General Assembly provides the basis for realizing equality between men and women through the protection of women's equal access to, and equal opportunities in, political and public life. This includes in education, health, and employment across stable and emergency contexts. The countries that have ratified or acceded to the Convention are legally bound to put its provisions into practice. The integration of gender equality and women's empowerment in humanitarian action protects these fundamental freedoms and rights.

[Click here to see and reservations by country](#)

SECURITY COUNCIL RESOLUTIONS

The adoption of the [Women Peace and Security Framework \(United Nations Security Council Resolution \(UNSCR\) 1325\)](#) in October 2000 reaffirmed the role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and reconstruction. This resolution stresses the importance of women's equal participation, and full involvement in all efforts to maintain and promote peace and security. It urges special measures to protect women and girls from GBV in situations of armed conflict, and the need to implement international humanitarian and human rights law that protects the rights of women and girls during and after conflict. The resolution specifically notes the need to take into account the particular needs of women and girls in refugee camps and settlements, including in their design.

[Security Council Resolution 1820](#) was adopted in 2008 and condemns the use of sexual violence as a tool of war, and declares that "rape and other forms of sexual violence can constitute war crimes, crimes against humanity or a constitutive act with respect to genocide".

HUMANITARIAN ACCOUNTABILITY AND STANDARDS

The [Core Humanitarian Standard on Quality and Accountability \(CHS\)](#) outlines nine commitments to improve the quality and effectiveness of humanitarian response, facilitating greater accountability to crisis-affected communities. As a core standard, the CHS acknowledges the vital role of participation for an effective response, and pivotally, that this participation comes from a diverse range of the community, including those differing in sex, age and ability. Gender in emergencies work is particularly relevant to ensuring the fulfillment of CHS 1: **Humanitarian response is appropriate and relevant.**

Along with the CHS, [The Sphere Humanitarian Charter and Minimum Standards](#) is the core set of guiding principles by which CARE are committed to undertake their humanitarian work. The humanitarian principles, amongst which is impartiality, enshrine the principle of humanitarian assistance without bias or discrimination according to age, gender, race, religion, or ethnicity. The Sphere handbook is currently under review and revision.

WORLD HUMANITARIAN SUMMIT

The commitments generated during the 2016 [World Humanitarian Summit](#) prominently included improving gender outcomes. Women and girls, often previously seen as passive victims or beneficiaries of assistance, were recognized as often being amongst the first responders. Some of the specific outcomes included commitments to [catalyze action to achieve gender equality](#). These commitments include the effort to:

- Fully comply with humanitarian policies, frameworks and legally binding documents related to gender equality, women's empowerment, and women's rights.
- Ensure that all humanitarian programming is gender responsive.
- Implement a coordinated global approach to prevent and respond to GBV in crisis contexts, including through the Call to Action on Protection from GBV in Emergencies.
- Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the Outcome documents of their review conferences for all women and adolescent girls in crisis settings.
- Empower women and girls as change agents and leaders, including by increasing support for local women's groups to participate meaningfully in humanitarian action.

CALL TO ACTION ON PROTECTING GIRLS AND WOMEN IN EMERGENCIES

GBV violates international human rights law and the principles of gender equality. In 2013, DFID launched the [Call to Action on Protecting Girls and Women in Emergencies](#), with the US assuming leadership in 2014. The Call to Action aims to transform the way in which GBV is addressed through collective action from government partners, international organizations, and NGOs, and works through three objectives:

1. Establish specialized GBV services and programs that are accessible to anyone affected by GBV and are available from the onset of an emergency.
2. Integrate and implement actions to reduce and mitigate GBV risk across all levels and sectors of humanitarian response from the earliest stages of emergencies and throughout the program cycle.
3. Mainstream gender equality and the empowerment of women and girls throughout humanitarian action.

EVERY WOMAN EVERY CHILD

The [Every Woman Every Child](#) movement, launched in 2010 by the UN Secretary-General Ban Ki-Moon aims to mobilize action to address the major health challenges facing women, children and adolescents, aiming to both protect their wellbeing, and end preventable deaths. The Global Strategy is built in alignment with the SDGs, with one of the key action areas to assess risks, human rights and gender needs in humanitarian and fragile settings.



What does CARE's strategy call for?

CARE's humanitarian work is guided by the [CARE Program Strategy Humanitarian and Emergency Strategy](#) that strongly reinforces the focus on gender equality in humanitarian preparedness and response. The goal of the Humanitarian Strategy is to: *be a leading humanitarian agency known for our particular expertise to consistently reach and empower women and girls affected by humanitarian crises.*

The [Gender Equality and Women's Voice Guidance Note](#) further guides the practical application of the gender goals of the Program Strategy.

All CARE country offices and staff must comply with a number of policies put in place to ensure protection of women's and men's rights, including:

- [CARE Programming Principles](#): which guide CARE's ways of working that align toward its vision and mission, including working against discrimination and violence, toward empowerment and accountability.
- CARE member gender policies and codes of conduct, such as the [CI Gender Policy](#), which makes explicit CARE's commitments to support gender equality.
- [CARE Humanitarian Mandate](#) and [Humanitarian Accountability Framework](#), which serve to meet immediate needs of disaster-affected populations (disaggregated by gender), in a way that also addresses underlying causes of people's vulnerability, including gender discrimination, and
- Various international principles and codes of conduct (for example, IFRC Code of Conduct, HAP-I, People in Aid). Refer also to sections in the CARE Emergency Toolkit: [Chapter 2 Humanitarian policy framework](#), and [Chapter 6 Quality and accountability](#).

CARE has a number of tools and processes to help teams to integrate gender effectively into their humanitarian work. The [CARE Emergency Toolkit](#), open and accessible online, provides comprehensive guidance and links to all of the relevant tools and information to taking a gender in emergencies approach.

The key steps to guide gender integration into CARE’s humanitarian work (outlined in detail in the Emergency Toolkit) are:

1. Rapid gender analysis
2. Gender mainstreaming and gender specific programming
3. Women’s participation and leadership
4. Gender and monitoring, evaluation, accountability, and learning (MEAL)
5. Gender and emergency preparedness planning
6. Gender and human resources

The [Gender in Emergencies Wiki page](#) provides updated information on key learning, tools, and information emerging from the Gender in Emergencies approach. This includes links to the [Gender in Emergencies \(GiE\) Guidance Note Series](#), which offers a set of simple, user-friendly, short documents that can be used to provide practical guidance on key processes and approaches to further CARE’s Gender Equality mandate, and span: action planning, gender analysis, preparedness, recruitment, partnerships and monitoring/assessment.

For further support, guidance, or questions regarding the GiE approach, please contact the GiE team at: emergencygender@careinternational.org.



Promising approaches toward gender justice in emergency response

Programmatic practices that have been identified as pertinent for gender justice in emergencies – in terms of content and impact – include the following. Note, this list only includes examples where evidence and documentation exist, to uphold promising practices in gender in emergencies – however, all categories of work can be relevant for humanitarian response. Over time, we hope these links can be explored more deeply and integrated into this resource.

See relevant page numbers or click titles to jump directly to the relevant Promising Practice page.

RELATIONSHIPS AND SOLIDARITY	SOCIAL NORMS	INCLUSIVE AND ACCOUNTABLE INSTITUTIONS	LEADERSHIP AND COLLECTIVE ACTION
Women’s village savings and loans groups	Community dialogues and action	Human rights education for political change	

See also the [CARE Emergency Toolkit at: careemergencytoolkit.org](https://careemergencytoolkit.org)

Promising Practices

Gender synchronized approaches, which engage women, girls, men and boys, in intentional and complementary ways, are considered best practice. Such approaches strengthen communication and supportive relationships in households, shift social norms to be more supportive of women's and girls' rights, and help to secure sustainable progress. Men and boys can be engaged at multiple levels, including: engaging individual learning and reflection (often through participatory workshops), engaging with intimate relationships and families and community mobilization and outreach.



Across intervention areas – whether with women, men or youth, CARE’s experience also notes the importance of peer support groups – via mentoring, support groups and coaching – to support individuals to cross gender norms and organize for broader social change. This is essential for creating a safe space to share challenges and experiences with one another, as well as support one another through community backlash.

Finally, inclusive governance structures – in which women have meaningful representation, voice and influence and laws that protect equal access to rights and resources – drive and sustain more equitable power relations and gender equality. Women’s rights and other progressive organizations have been the vanguard of fighting for the reform of discriminatory laws and practices, but dialogue and alliances between civil society and state actors, both reformers and resisters, is also essential to close the gap between rights on paper and in practice.

This section highlights promising practices at the intersections of gender justice and humanitarian action/development work. Practices are grouped across 4 approaches:

- **Strengthening relationships and solidarity groups:** This collection of approaches engage groups of different compositions (i.e. across gender, class, age and other identities) to foster strong support networks as a platform for learning, solidarity and action
- **Social norms change:** These approaches seek to reshape social norms and influence individual attitudes by engaging multiple tactics – from community dialogue, supporting local campaigners and shifting narratives through media. The idea is to take on social issues, challenge norms, break taboos, imagine different futures and provide inspire reflection and discussion.
- **Inclusive and Accountable Institutions:** These approaches work toward supporting individuals and institutions to work in a way that is inclusive and accountable to diverse people’s rights and needs.
- **Leadership and collective action:** These approaches support women’s leadership, organizations and coalitions to bring about more equitable and inclusive policies, laws, norms, and institutional practices.



Strengthening Relationships & Solidarity Groups



Social Norms Change



Accountability & Inclusive Institutions



Leadership & Organizing



Strengthening Relationships & Solidarity Groups

These practices support strong relations - among family and intimate partners, peers and communities - toward gender justice. This can look like working with groups of women for savings, learning, analysis and action; supporting men's groups to confront toxic masculinities and support gender equality; working with adolescent and youth groups for self-expression, creativity, political education and support; or uniting socially marginalized workers for solidarity, mutual-aid, self-defense and advocating for their rights. While much of this work has built on community support networks, this area of work also engages interpersonal relationships and families to build strong communication, collaboration and support.

Supporting women's village savings and loans groups: sites for learning and mutual support

Village **Savings and Loans Associations (VSLAs)** are groups of 15-25 women, who use their weekly savings to build a collective fund, from which group members borrow (i.e. to invest in income-generating activities, expand farming, pay school fees, etc.) and then repay into the fund with interest. In these spaces, women often develop financial skills and build their understanding of how financial markets work, in some cases they connect to formal financial services providers.

RESOURCE: See description of the VSLA process

The capacity and cohesion that VSLAs have achieved has also made them a platform to connect to other services such as reproductive health or agricultural extension, building political education around gender and power, and for fostering women's leadership and collective action. VSLAs have also been used as a link between longer term and humanitarian programming through gender transformative approaches to increase resilience to future crises.

Since 1991, when the first VSLAs were created by CARE in Niger, they have been adapted in various ways. In CARE Niger itself, the approach to VSLA has increasingly focused on using VSLA groups as a platform for **building women's leadership and solidarity** networks.

CARE Burundi has **adapted VSLAs for the specific context of adolescent girls** first through the ISHAKA project and then through POWER Africa. These girls are organized into groups, provided with financial training, and oriented to the model of combining savings and giving out small loans. In the process, parents and male partners are also engaged so that the girls' enhanced agency and skills can be valued rather than seen as a threat.¹⁵⁵

RESOURCE: See the ISHAKA Toolkit for VSLAs with adolescent girls

¹⁵⁵ CARE (2015). POWER Africa – Burundi Rolling Baseline Report.

RELATED PRACTICE
See practice on engaging men as equal partners/family: p 70

The Pathways program **builds on VSLAs and other existing collectives** (producer groups, marketing groups and self-help groups) **to support Farmer Field and Business Schools (FFBS) with women farmers.** The **project** focuses on improving the productivity and profitability of poor smallholder women farmers by helping empower women to fully engage in agricultural systems. Pathways implements FFBS to provide training that follows the seasonal cycle, so that farmers can apply what they are learning (about sustainable agriculture or market engagement) in real time and so that it does not require extra time from already time constrained women farmers. FFBS includes specific training modules on gender to create an understanding of workload burden, access to and ownership of resources, GBV, household decision making and power analysis. Some sessions engage men and boys to support women's empowerment and changes in gender relations; similar sessions also involve whole communities.¹⁵⁶

RESOURCE: See the CARE Pathways project website

In Benin, the **Nutrition at the Center project engages husbands through men's VSLAs**, grandmothers and traditional leaders to influence feeding and sanitation practices, especially for infants and young children, and hold dialogues about gender norms. This responds to the reality that husbands make purchasing decisions and grandmothers influence the types of food that pregnant women and children eat. Men and women also get together on a biweekly basis to discuss nutrition, water, sanitation, hygiene and agriculture topics in order to encourage joint decision making at the household level.¹⁵⁷

WHAT DOES THE EVIDENCE INDICATE?

As groups, VSLAs have been able to negotiate access to information (i.e. literacy classes), services (i.e. health care) and financial opportunities (i.e. larger loans from formal banks).¹⁵⁸

- In **Niger**, where CARE's VSLA work started, every dollar invested in creating VSLA groups is associated with a return of \$6.50 per year.¹⁵⁹ The resilience of women built up through VSLA played a significant role in mitigating the impact of the 2011-2012 Sahel drought through a variety of factors. These include strengthened knowledge and solidarity, the accumulation of assets, and the role of the early warning system function that CARE established in the VSLA groups – used to gather information and strengthen preparedness. In addition, the growing confidence and leadership of women from VSLA groups led them to take on new roles in their communities and even in local and regional politics. In fact, half of women elected to public office in Niger have gone through a CARE women's empowerment program (VSLA, leadership training or other program).¹⁶⁰ During the 2011-12 crisis, the leadership skills women developed in the VSLA groups were acknowledged, when women were given the role of leading food aid distribution by community elders. VSLAs have offered a platform to build multiple capacities. For example, combining Savings and Loans activities with community-based adaptation has been effective at enhancing resilience.¹⁶¹

156 CARE (2013). Innovation brief: The farmer field and business school: a pathways programming approach.

157 CARE International (May 2016). *Nutrition at the Center: Using Village Savings & Loans Associations to Improve Nutrition in Benin*; Orgle, J., & Sekpe, H. (2015, December). *Nutrition at the Center: Using Village Savings & Loans Associations to Improve Nutrition in Benin*. CARE; Orgle, J. (2016, May 26). Utilizing Savings Groups to Improve Maternal and Child Nutrition in Benin. CARE.

158 Andreatta, B., & Taylor, L (May 2016). A Roadmap for Change: Impactful Women's Empowerment and Gender Equality Initiatives. CARE, p. 9.

159 CARE (August 2016). *Nourish and Flourish: Evidence for Impact to End Malnutrition*, p. 4.

160 CARE (n.d.) *Beyond Productivity: Delivering Impacts on Food and Nutrition Security in a Changing Climate*. (Lessons from CARE's Programming 2013-2016.), p. 9.

161 CARE (2015). *The resilience champions: when women contribute to the resilience of communities in the Sahel through savings and community-based adaptation*.

- In **Burundi**, the POWER Africa project, which adapts VSLAs for adolescent girls, is generating impressive outcomes. In terms of food security, 63% of participating girls say they *never* deal with hunger (compared to 42% of girls who didn't participate). Diversification of income and profitable businesses allow them to withstand shocks such as a poor harvest or a political crisis. Participating girls were also less likely to get married under the age of 18 (on average, 20% of girls in Burundi marry before age 18, compared to 1% of girls participating in VSLAs). Of the revenue from participating girls' small businesses, 40% is reinvested, demonstrating a good foundation for sustainability.¹⁶²
- In **Benin**, the involvement of women, men and traditional leaders in VSLAs has helped to positively influence social norms that shape nutrition behaviors, especially those detrimental to the health of pregnant women and young children.¹⁶³
- Across countries, in communities in which **Pathways** works, women and men alike observed improvements in food security and children's health, which they attributed to improved productivity. People also reported a greater ability to invest in education, clothes, food, domestic needs and health care costs. The Pathways mid-term review found that male respondents had greater respect for women and their leadership. Intra-household communication improved. In Ghana, women noted that the opportunity for men and women to communicate at VSLA group meetings directly contributed to more peaceful household relationships. There have also been increases in men sharing household tasks like fetching water and firewood. In Tanzania, community leaders acknowledged calling women for community meetings and speaking out actively against GBV or enforcing rules and fines for such violence. Women reported greater confidence to speak up and a greater sense of solidarity. Some limits emerged, however; for example, in Mali, even in one of the most male-engaged communities, community leaders noted that they would not accept any dialogue on female genital mutilation. A cross-country social cost-benefit analysis found that women's empowerment is important in driving food and nutrition security and economic resilience.¹⁶⁴
- An analysis of data across several women in value chain projects at CARE across multiple countries, **including Pathways**, looked at how working with community groups related to empowerment and other development outcomes. It found that women in CARE programs saw a 9.8% increase in income, compared to a 5.6% increase in income in communities without a CARE project. Women in predominantly female groups saw a 28% higher income than women in groups with few women. Women in CARE collectives (of any composition) are nearly twice as likely to have control of their income as women not in CARE programs. In gender-balanced groups, women had access to 100% of the resources that men could access, and women got an additional four hours of help with household work. Women in female-dominated groups got an additional 2 hours of support from others. The overarching lesson was the importance both of men's engagement and women's leadership. In general, the groups that were most successful at meeting both women's empowerment and development goals were mixed gender groups with women leaders. Women-only groups were less successful than those that had a balanced gender mix, especially for development outcomes like improving income.¹⁶⁵

¹⁶² CARE, POWER Africa – Burundi Rolling Baseline Report, 2015.

¹⁶³ CARE International (May 2016). Presentation: Utilizing Savings Groups to Improve Maternal and Child Nutrition in Benin; Orgle, J., & Sekpe, H. (2015, December). Nutrition at the Center: Using Village Savings & Loans Associations to Improve Nutrition in Benin. CARE; Orgle, J. (2016, May 26). Utilizing Savings Groups to Improve Maternal and Child Nutrition in Benin. CARE.

¹⁶⁴ Weatherhead, M., Mariam, S., Arnold, S., & Freeman, A. (2016, November). Social Cost Benefit Analysis of CARE International's Pathways Program.

¹⁶⁵ CARE (2016). CARE collectives and gender.

Solidarity and organizing among marginalized peoples

Multiple approaches started with a distinctly political lens, and intentionally worked with poor and marginalized groups to build unity, resilience and power to assert their rights. This links closely with approaches on **Leadership and Collective Action** (p. 88).

Saptagram, a grassroots organization founded by a woman history professor in Bangladesh, brings together landless women and, through group discussion and reflection, helps to build consciousness, agency and solidarity. Saptagram helps to build economic self-reliance through group savings and lending.¹⁶⁶ Similarly, CARE's **CHULI project** in the Terai region of Nepal brings together groups of the poorest, lower caste women and helps to critically analyze the problems they face and identify priorities for action as a group.¹⁶⁷ This approach is closely linked to the **Empowerment, Knowledge and Transformative Action (EKATA)** groups formed by CARE in Bangladesh (Shouhardo II). EKATA groups aim to sustainably reduce chronic and transitory food insecurity, are composed of 20 women and 10 teenage girls from the poorest classes of their communities. EKATA groups meet regularly to discuss their circumstances and generate solutions to problems such as violence against women, child marriage, dowry, lack of education, and lack of Savings and Loans. Through local facilitators, these groups engage critical reflection and plan collective action. CARE provides training in leadership and decision-making, helps to link groups at regional and national levels, and engages men to think more openly about gender roles.¹⁶⁸

RESOURCE: See participatory power analysis manual (on underlying causes of poverty) from CARE Nepal

VAMP (Veshya Anyay Mukti Parishad), which is a sex worker led association, brings sex workers in India together to: reflect on and analyze challenges in their lives (i.e. abuse and extortion by the police, prejudice toward their children, lack of access to education for their children, refusal of clients to use condoms); nurture solidarity and mutual support; and plan collective action and advocacy efforts. These collectives are also a platform for group savings and loans, provision of health education, etc. Similarly, the **Chinese NGO PinkSpace** convenes sex workers, lesbians, women with HIV, and wives of gay men. The intent is to build solidarity among non-normative women and break taboos about sexual expression, helping to empower this stigmatized group.¹⁶⁹

WHAT DOES THE EVIDENCE INDICATE?

- Shouhardo's **EKATA** group approach has, over the course of six years, secured significant results. The annual reduction in child stunting (a measure of malnutrition) in implementation communities was 4.5% (compared to the national average of 0.1% for the same period). Households eating three meals a day climbed from 32% to 72%.¹⁷⁰ Dietary diversity nearly doubled in households in the Shouhardo program, and families saw the number of months out of the year they spent without enough food drop from 6.1 to 1 – an 83% improvement. The number of children who got a minimally diverse diet more than quadrupled.¹⁷¹ In addition, women were approximately three times more involved in income generating activities (than they were at the beginning of Shouhardo II) and, as a result, families' incomes grew by 85% (compared to the 60% national average during the same period).¹⁷²

166 Cornwall, A. (2014). Women's empowerment: what works and why? (WIDER Working Paper 2014/104) [PDF]. Helsinki: United Nations University-WIDER.

167 Drinkwater, M. and Wu, D. (2011). Emergent struggles: Local activism and the 'Equal and Fair Wage' campaigns in the Janakpur area, Nepal. IKM Emergent.

168 CARE. (Retrieved: March 20, 2017). Shouhardo II Program Website.

169 Cornwall, A. (2014). Women's empowerment: what works and why? (WIDER Working Paper 2014/104) [PDF]. Helsinki: United Nations University-WIDER.

170 CARE. (2016, September). Beyond Productivity: Delivering Impacts on Food and Nutrition Security in a Changing Climate (Lessons from CARE's Programming 2013-2016).

171 Levinson, F., Blankenship, J., Francis, J., Hachhethu, K., Karim, R., Kurz, K., Akbar, N. and Bhuiyan, M. (2016). Qualitative evaluation of food for peace development food assistance projects in Bangladesh. Food and Nutrition Assistance III.

172 Kabeer, N., & Huq, L. (2010). The Power of Relationships: Love and Solidarity in a Landless Women's Organisation in Rural Bangladesh. IDS Bulletin, 41(2), 79-87. doi:10.1111/j.1759-5436.2010.00126.

RELATED PRACTICE

women's leadership and networking in civic associations and social movements:
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- As a result of **Saptagram**, real gains were made in employment rights - in terms of access to land and fishing, and opportunities for income generation. Women also reported greater support to access public services as well stronger autonomy, freedom and support in domestic relationships.¹⁷³
- As a result of **CHULI**, strike actions for equal and fair wages among agricultural day laborers have been organized, and district women's rights forums have been established to organize campaigns. The campaign for higher wages secured a substantial rise in wages for unskilled agricultural labor in nearly all VDCs: 26 out of 30 VDCs secured 20-50% wage rises.¹⁷⁴
- Women in **sex worker collectives (VAMP)** are able, as a result of strong group solidarity, to insist on clients' condom use and call for help with difficult clients or local thugs. They can also organize collectively to hold the state to account for police attacks on sex workers. As a result of PinkSpace, nearly 75% of women reported participating more equally in family decision-making, and over 50% resumed their interrupted education.¹⁷⁵

Engaging men as equal partners and family: toward health and equitable relationships at home

- Programs like **EMERGE**, used economic initiatives as an entry point to work more closely on gender with households. It provided training to married couples to enhance their communication with respect to matters such as money management, positive parenting, support for household work and decision making. Through this project, male change agents engaged with political and religious leaders to create space for a dialogue about GBV and develop alternative definitions of masculinity.¹⁷⁶
- **Journeys of Transformation** engaged male partners of women in VSLA groups, and stimulated discussions on household relationship dynamics, health and GBV. Concurrently, women discussed business skills, income generating activities, health and wellbeing, and GBV.¹⁷⁷ **Husband schools** in Niger, which has been implemented by UNFPA as well as CARE, bring men over 25 together to discuss health issues, discuss how to support women's participation in community life and develop action plans.¹⁷⁸
- **Family Business Management Training (FBMT)** in Papua New Guinea works with smallholder coffee producers' families that typically run their business at the household level, sharing tasks inside the family. Women bear the burden of both productive and reproductive

173 Farnworth, C., Sundell, M. F., Nzioki, A., Shivuste, V., & Davis, M. (2013). Transforming Gender Relations in Agriculture in Sub-Saharan Africa; GROOTS Kenya. (2011, March). POLICY BRIEF MARCH 2011: Complementing the state: the contribution of the "watchdog groups" in protecting women's land rights in Gatundu District, Kenya.

174 CARE Denmark and CARE Nepal. (2010, December). Final Report Midterm Review (MTR) Churia Livelihood Improvement (CHULI) Program.

175 Cornwall, A. (2014). Women's empowerment: what works and why? (WIDER Working Paper 2014/104) [PDF]. Helsinki: United Nations University-WIDER.

176 CARE International Sri Lanka (2015). EMERGE Final Evaluation; CARE International Sri Lanka (2016). Redefining Norms to Empowerment Women: experiences and lessons learned.

177 Promundo and CARE International in Rwanda (2012). Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women's Economic Empowerment. Washington, DC, USA, and Kigali, Rwanda: Promundo and CARE.

178 UNFPA (n.d.) Niger: Husbands' schools seek to get men actively involved in reproductive health; Edstrom, J., Hassink, A., Shahrokh, T. and Stern, E. (2015). Engendering men: a collaborative review of evidence on men and boys in social change and gender equality. EMERGE Evidence report, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.

work, while men control the budget decisions. The FBM engages both men and women to improve their financial and management skills and, at the same time, share the workload inside and outside the house in a more equitable manner that makes the whole family happier and more productive.¹⁷⁹

WHAT DOES THE EVIDENCE INDICATE?

- GBV: As a result of **Journeys of Transformation**, both men and women reported coping better with stress, which they related to reduced abuse of alcohol by men and reduced violence against women. Some men also became more supportive of family planning and many men became more involved in child care activities than the control group.¹⁸⁰

RESOURCE: See the Journeys of Transformation Manual

- **Husband schools** were associated with the doubling of safe deliveries between 2008 and 2009.¹⁸¹
- **Family Business Management Training** in Papua New Guinea helped to bring about incremental positive changes in household attitudes and behaviour, such as joint decision making and more equitable workloads, which enable the whole family to achieve more from their coffee farming. This has also contributed to improve women's participation in coffee extension services in Papua New Guinea, increasing from less than 5% to 33% (and as high as 55% in some areas).¹⁸²

RESOURCE: See Family Business Management Training Handbook

Support groups with men and boys to redefine masculinities toward equity and peace

To support men to make changes in their own lives as well as shift gender norms in their homes and communities, a number of projects facilitated men's support groups for structured reflection on gender, power and masculinities. This work combined building positive support networks for men, supporting women's groups and leadership, alongside community social norms change campaigns:

- **Abatangamuco** is a men's group supported by CARE in rural Burundi to challenge traditional notions of masculinity. They do so by helping other men realize that domestic violence, heavy drinking, leaving the majority of income-generating and household-related work to their wives, and excluding their wives from decision making is not only morally wrong but also an impediment to the family's economic and social progress. These men visit

RELATED PRACTICE

social norms change
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179 CARE (n.d.) Family Business Management Training: trainers' handbook.

180 Sleggh, H., Barker, G., Kimonyo, A., Ndolimana, P. and Bannerman, M. (2013) 'I can do women's work': reflections on engaging men as allies in women's economic empowerment in Rwanda. *Gender & Development*, 21:1, 15-30

181 Edstrom, J., Hassink, A., Shahrokhi, T. and Stern, E. (2015). Engendering men: a collaborative review of evidence on men and boys in social change and gender equality. EMERGE Evidence report, Promundo-US, Sonke Gender Justice and the Institute of Development Studies, 49.

182 Bryan, A. (n.d.). CARE International in PNG: Coffee Industry Support Project.

communities and share their testimonies at open meetings (sometimes organized by religious leaders or local authorities) and also intervene personally in instances when a man is mistreating his wife. Abatangamuco has helped to create an alternative masculine status at a local level that men can aspire to, and it has become a legally recognized organization, with registered members and an organizational structure.¹⁸³

- CARE's Northern Uganda Male Engagement Initiative supports groups of men, with the title of role model men, to come together for reflection and discussion as community change agents, gender equitable partners and support as survivors of violence. Through these groups, members commit to share their learning with ten other households in their community, as well as lead local campaigns for gender equality and peace through radio and theater. Members of these groups have also engaged with couple seminars, counseling on conflict management and resolution as well as peer education around topics related to gender and family life. These groups also work in support of women's VSLA groups within program areas.¹⁸⁴
- **The Young Men Initiative (YMI)** in the Balkans, which involved CARE and a number of partner organizations, works with youth-focused civil society organizations (especially on HIV prevention and SRH) to help them engage young men on issues of gender, masculinity and health, with an emphasis on violence prevention. "Be a Man" after-school clubs and social marketing campaigns are organized, and residential retreats are held for more intensive engagement; training is led by youth facilitators, and topics include GBV and substance abuse. The intent is to change popular conceptions of what it means to be a man.¹⁸⁵

WHAT DOES THE EVIDENCE INDICATE?

- A review of the **Abatangamuco** work, showed growing membership of men who make public commitments and take concrete steps as peacemakers in their homes and communities. Men themselves formalized a membership and organizational structure from which to continue to operate and grow.¹⁸⁶
- Qualitative studies of **CARE Uganda's Male Engage Initiative** indicate gains in the household, which include: family support for childhood education, improvements in SRHR and maternal and child health, greater household livelihood and food security, and closer family relationships. In community levels, people have valued positive support networks for men and a more enabling environment for women's leadership. However, issues of chronic and severe poverty, alcoholism and violence related to it remain a persistent challenge within programming areas.¹⁸⁷
- The evaluation of **YMI** in Kosovo indicated that boys in intervention schools (in which YMI worked) reported perpetrating significantly less violence than boys in comparison schools. Even a year after engaging with YMI, 14% of participating boys reported having used violence against a peer in the preceding three months, compared to 26% of comparison school boys. YMI's efforts do not seem to have significantly changed homophobic attitudes or the tendency to blame female victims of violence, however.¹⁸⁸

183 Wallacher, H. (2012). *The Abatangamuco: Engaging men for women's empowerment in Burundi*. Peace Research Institute Oslo (PRIO).

184 Muhammed, A. (2015). Impact report on male engage initiative (MEI) of CARE's Northern Uganda Women's Empowerment Program. CARE and Global Community Development, Hebrew University of Jerusalem.

185 CARE (n.d.) *Young Men Initiative Website*.

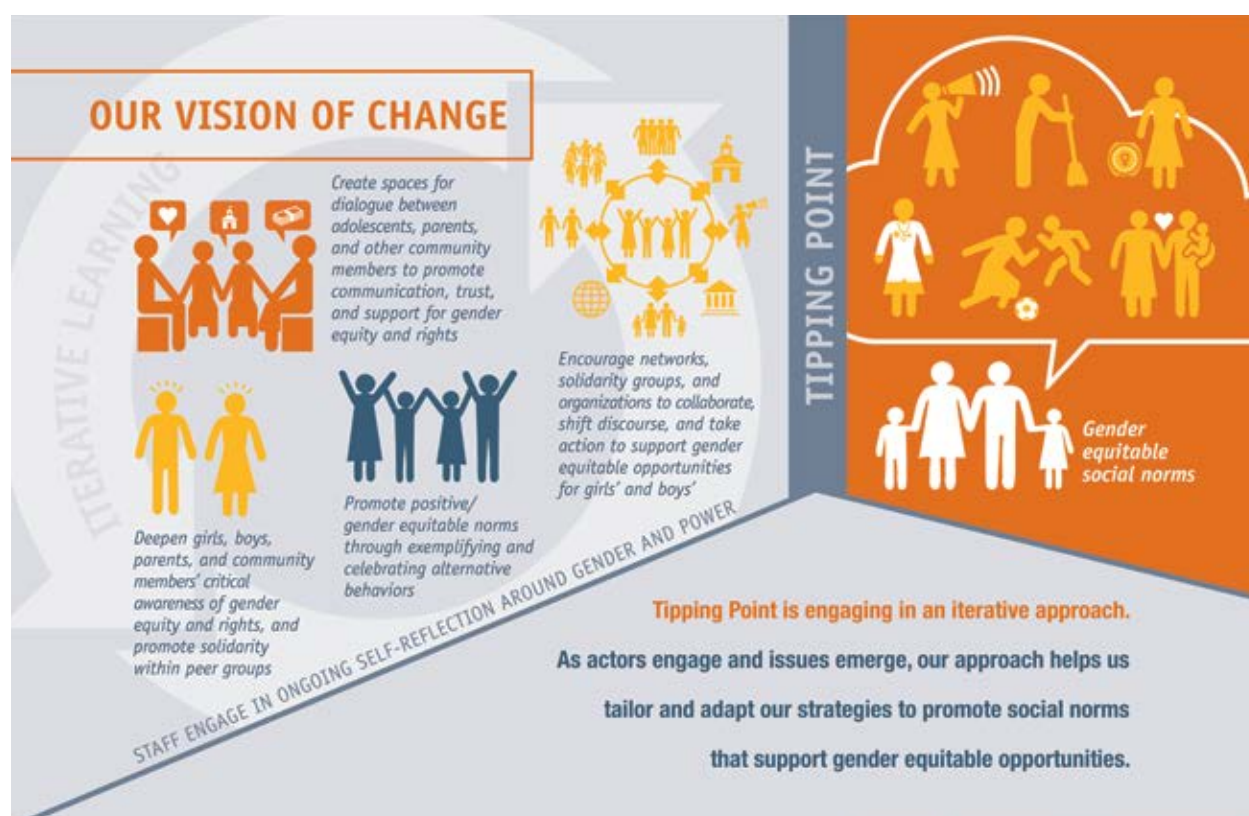
186 Wallacher, H. (2012). *The Abatangamuco: Engaging men for women's empowerment in Burundi*. Peace Research Institute Oslo (PRIO).

187 Wu, D., Baron, R., Martins, S. and Shannon, R. (2016). 'Man in the Mirror; Reflections on men and boys engaging gender work in development. CARE; Montoya, O. (2016). Final Research Report: The role of men in reproductive, child and maternal health in Northern Uganda. A participatory study with role model men. CARE and GWED G. Referenced in: CARE (2016). *Engaging men in gender equality: Lessons from CARE Uganda*.

188 CARE International-Balkans (2016). *Young men initiative case study: YMI in Kosovo, 2011-2015*.

Supporting youth: solidarity, learning, self-determination and justice

CARE's **Tipping Point** project in Bangladesh and Nepal supports adolescents, their families and communities to promote girls' rights and dismantle the drivers of child, early and forced marriage (CEFM). Taking a developmental evaluation approach, this project began with intensive reflection and dialogue with staff and partners on topics of gender, sexuality and power. Its programming was formed based on community participatory analyses in project areas to identify the characteristics and nature of child marriage. Based on analysis, Tipping Point worked through adolescent groups for boys and girls to build leadership, support peer relationships and take action to prevent CEFM. Mobilization among adolescents – through theater, religious festivals, sports and cooking competitions for boys – aimed to engage social change work at the community level to begin shifting the conditions that reinforce child marriage practices. In addition, Tipping Point worked to build relationships between parents and children to strengthen connection and accountability for child rights within families. At key moments, the project also engaged with schools, religious leaders and elected officials to promote and support girls' rights.¹⁸⁹



189 CARE (n.d.) Tipping Point: digging up the roots of child marriage to replant the future. Website.

CARE's **Renacer** program in Honduras supports programming led by youth to undertake participatory action research to analyze issues affecting them, and to address barriers to education. Non-formal education was provided, with the help of local volunteers (mostly youth themselves). Extra-curricular activities (i.e. sports, vocational training, handicrafts, civic action like repairing community infrastructure) are organized so young men and women, and boys and girls, can interact in an equal and respectful manner and develop peer networks. This provides a safe alternative to the violent and exploitative brotherhoods built through gangs. Gender roles can be challenged in a safe and supportive space.¹⁹⁰

WHAT DOES THE EVIDENCE INDICATE?

- While **Tipping Point** is yet to undergo rigorous evaluation, current reporting notes that leaders for social change are emerging among adolescent girls, boys and adults who engage with the project. In some cases, these leaders find that the project supports them to speak up about issues important to them, while others have learned more about CEFM through community discussions that Tipping Point has introduced. The project also reports success in linking parents with economic opportunities, and catalyzing re-enrollment of boys and girls into school. At the community level, Tipping Point efforts have also been credited for linking villages with resources from government funds and stakeholders.¹⁹¹
- Evaluations of **Renacer** indicate that the role of adolescent girls and boys in program communities has been profoundly transformed. The context has shifted from one in which child labor, teenage pregnancy and violence is the norm to adolescents becoming powerful voices and actors for change in their communities. Providing a meaningful and empowering education, facilitating a network of supportive peer relationships for young men and women, and developing leaderships skills have been key. Youth activists have created three community organizations in order to sustain extra-curricular activities, mentoring and counseling, home visits to persuade out-of-school children to re-enroll and advance grassroots advocacy for child rights. Some youth groups have received local government support for education activities.¹⁹²

190 Moll, A., & Renault, L. (2014). Rebirth, empowerment, and youth leading social change: non-formal education in Honduras. *Gender & Development*, 22(1), 31-47. doi:10.1080/13552074.2014.889345

191 CARE (not published). Tipping Point Year 2 report.

192 Moll, A., & Renault, L. (2014). Rebirth, empowerment, and youth leading social change: non-formal education in Honduras. *Gender & Development*, 22(1), 31-47. doi:10.1080/13552074.2014.889345



Social Norms Change

Social norms change is an exercise in future-making. These practices aim to expand options on what is possible, normal and affirmed in society. Social norms change work seeks to enable individuals to make choices affecting their lives and promote gender justice. Approaches build on identifying and supporting local change agents, carving space for dialogue and debate and supporting new media and narratives to make space for different experiences and voices to be shared and heard.

Community-based education and commitments

- **The SAA approach** – In Kenya, CARE trained facilitators (i.e. community health care workers, religious leaders, local government officials, and teachers) who, in turn, facilitated dialogues in markets, churches, women’s groups and village meetings. In other contexts, SAA has been used in VSLA groups and project review meetings among CARE staff. The dialogues are designed to normalize communication about sensitive issues related to gender and sexuality.¹⁹³

RESOURCE: Social Analysis and Action Manual

- **The Tostan approach** – In six West African countries, Tostan provides community education to groups of 25-30 adults, and in parallel to groups of adolescents. Multiple topics are covered, including hygiene, sexual and reproductive health, decision-making, leadership and child development. Each participant is expected to “adopt” a friend or relative to share and discuss the information learned in these sessions. The curriculum draws on positive traditional practices to ensure sessions are relevant, participatory and empowering. Group actions are often accompanied by a public declaration.¹⁹⁴

RESOURCE: Tostan Project Modules

- **Stepping Stones**, a training package on gender communication and HIV, runs intensive (50 hours) training sessions that use participatory learning approaches, role play and drama to increase knowledge and stimulate critical reflection on contraception, risk taking, sex and love, GBV, and one’s own behavior. Parallel sessions are run for women. Older men and younger men are able to have separate discussions, and men have the opportunity to hear perceptions of women. Skilled male facilitators are an important ingredient of success.¹⁹⁵

RESOURCE: Stepping Stones Training Package

- CARE’s **Information Volunteers Program** in Turkey encourages members of refugee communities to become champions on raising awareness on the negative impacts of child marriage, supporting of positive community-based role models, promoting referrals and access to psychosocial support for GBV survivors, and organizing events that change opinions and practice towards child marriage. Volunteers conduct house visits, peer-to-peer education sessions, and group discussions on health and psychosocial risks of childbirth to girls.¹⁹⁶

¹⁹³ CARE (2007). Ideas and action: Addressing the social factors that influence sexual and reproductive health.

¹⁹⁴ Tostan (2017). Tostan Website.

¹⁹⁵ Stepping Stones [2017]. Stepping Stones Community of Practice Website.

¹⁹⁶ Spencer, D. (2015). “To protect her honour”: Child marriage in emergencies - the fatal confusion between protecting girls and sexual violence; CARE (2015). CARE information volunteers help tackle child marriage.

WHAT DOES THE EVIDENCE INDICATE?

The SAA approach – the following results were measured after 3.5 years of programming in Kenya:

- Women using any method of family planning rose from 36.5% to 51.8%, and women using modern methods of family planning rose from 34% to 51.2%.
- Men using any method of family planning rose from 33.7% to 55.8%, and men using modern methods of family planning rose from 27.9% to 52.2%.
- Women exposed to discussions on family planning were 1.78 times more likely to use contraception in comparison to women who had not engaged in these discussions.
- Women were more likely to report increased use of family planning if they reported more spousal communication.
- Both men and women reported learning from the “living proof” offered by users and non-users of family planning in these discussions.
- Community discussions increased the acceptability of talking about family planning as well as using family planning.¹⁹⁷

In **Stepping Stones**, which took place in South Africa, among participants aged 15-26:

- A lower proportion of men who completed the program engaged intimate partner violence in the two years after program completion in comparison to those who had not participated.
- Stepping Stones was also associated with decreased transactional sex and substance abuse.¹⁹⁸

The Tostan approach – multiple reviews and evaluations suggest the following:

- Women reported a reduction in partner violence over the past 12 months in the intervention community.¹⁹⁹
- Men and women reported a significant increase in knowledge of contraceptive methods over the past 12 months in the intervention community.²⁰⁰
- Tostan mobilized communities to stand against female genital cutting (the majority said FGM/C is no longer practiced in their village). A reduction in cutting was reported in the intervention community relative to the comparison community.²⁰¹
- Tostan inculcated a culture of non-violence and gave them a model for solving problems; one of the outcomes was better gender relations.²⁰²

197 CARE (2016). Social Analysis & Action: An integrative approach to catalyzing change through reflection and action; Wegs, C., Creanga, A., Galavotti, C., Wamalwa, E. (2016) Community Dialogue to Shift Social Norms and Enable Family Planning: An Evaluation of the Family Planning Results Initiative in Kenya. PLoS ONE 11(4): e0153907. doi:10.1371/journal.pone.0153907

198 Perlson, S., & Greene, M. E. (2014, June). Addressing the Intergenerational Transmission of Gender-Based Violence: Focus on Educational Settings Report; Edstrom, J., Hassink, A., Shahrokhi, T. and Stern, E. (2015). Engendering men: a collaborative review of evidence on men and boys in social change and gender equality. EMERGE Evidence report, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.

199 Heise, L. L. (2011, December). *What Works to Prevent Partner Violence? An Evidence Overview*. STRIDE.

200 Ibid

201 Diop, N. J., Ph.D, Moreau, A., & Benga, H. (2008, January). Evaluation of the Long-term Impact of the TOSTAN Programme on the Abandonment of FGM/C and Early Marriage: Results from a qualitative study in Senegal.

202 Ibid

- Though evidence is still emerging on the CARE Information Volunteers Program, initial feedback indicates that girl child marriage has reduced within refugee communities. Evaluators found that attitudes and opinions amongst the Syrian refugee population had shifted, with both women and girls voicing stronger objections to girl child marriages.²⁰³

Supporting local change agents as campaigners

- **SASA!** is an approach to mobilizing communities to prevent violence against women and reduce HIV risk. It was designed by Raising Voices and implemented in Kampala (Uganda) by the Centre for Domestic Violence Prevention (CEDOVIP). SASA! (meaning “now” in Kiswahili) is a four-phase approach: Start, Awareness, Support and Action. The methodology is designed to catalyze community-led change of norms and behaviors that perpetuate gender equality, violence and increased vulnerability to HIV. An equal number of interested men and women are selected to be community activists and institutional activists (i.e. from the police, health services, local government, faith groups), and all activists are mentored in the SASA! approach, which helps them reflect on power imbalances in their own lives and in the community. With support from program staff, the activists lead informal activities within their own social networks – fostering open discussions and supportive action with family members, neighbors and colleagues. The intent is to stimulate people to think about power in more positive ways, and for a critical mass of community members to be exposed to new ideas from people they know and trust. The goal is for this, over a period of time, to lead to change in social norms.²⁰⁴
- **Oxfam’s “We Can” campaign**, launched in late 2004 in Bangladesh, India, and Sri Lanka and in 2005 in Pakistan, worked through local partners who adapt and implement campaign activities (workshops, street theater, exchange visits, mobile vans, distribution of campaign booklets and other materials) and encouraged individual men and women to reflect on their own attitudes and beliefs and to reject all forms of violence against women. Individuals could become Change Makers by signing a public pledge to take action against violence and to carry the campaign message to 10 other individuals.²⁰⁵

RESOURCE: We Can campaign strategy

- **IMAGE**, a project of **RADAR (Rural AIDS and Development Action Research Program)** and the Small Enterprise Foundation (SEF) in South Africa, build gender and HIV education on top of microfinance groups with women. Following this, the project selected women as community mobilizers to facilitate dialogues with men and others in the community to identify and address problems facing them.²⁰⁶

203 Spencer, D. (2015). “To protect her honour”: Child marriage in emergencies - the fatal confusion between protecting girls and sexual violence.

204 Raising Voices (2017). SASA!

205 Green, D. (2015, January). The ‘We Can’ Campaign in South Asia.

206 Perlson, S., & Greene, M. E. (2014, June). Addressing the Intergenerational Transmission of Gender-Based Violence: Focus on Educational Settings Report.

WHAT DOES THE EVIDENCE INDICATE?

SASA! has shown positive results on multiple fronts, after nearly three years of implementation.

- Women in SASA! communities were 52% less likely to experience physical violence from an intimate partner as women in control communities.
- Women in SASA! communities were half as likely as women in control communities to report attitudes accepting men's use of physical violence. Men in SASA! communities were 8 times less likely (than men in control communities) to report attitudes accepting men's use of physical violence.
- Women in SASA! communities were twice as likely as women in control communities to receive helpful support.²⁰⁷

In **"We Can,"** on average, each Change Maker reached out to 5 people in their environment. 79% of Change Makers provided concrete and specific examples of taking action to prevent violence. 84.8% of Change Makers and 81% of people in the circle of influence endorsed the view that violence against women is not acceptable. Qualitative and quantitative data confirm that awareness of gender equity and rejection of violence has moved well beyond individual Change Makers to permeate groups within their environment. However, attitudes that domestic violence is warranted in some circumstances were harder to change.²⁰⁸

In **IMAGE**, participants reported a 55% decrease in the number of acts of intimate partner violence in the past 12 months.²⁰⁹

Media work and supporting alternative narratives

- **Soul City** is a South African television series set in a fictional township; it depicts the social and development challenges faced by poor communities everywhere. Characters face a range of challenges (i.e. domestic violence, HIV/AIDS, alcohol abuse, maternal and child health) and the 30-minute episodes are designed to keep people thinking and talking about the issues raised.²¹⁰
- **Puntos de Encuentro** discusses issues like sexual abuse, domestic violence, HIV/AIDS, condom use and homosexuality that have traditionally been taboos.²¹¹
- **Breakthrough TV** in India aims to make discrimination against women and GBV unacceptable, by leveraging popular culture and multimedia. It engages issues of domestic violence, sexual harassment in public spaces, early marriage and gender-based sex selection. In

207 Abramsky, T., Faris, D., Namy, S., & Michau, L. (2015). Is Violence Against Women Preventable? Findings from the SASA! Study Summarized for General Audiences.

208 Oxfam GB. (n.d.). We CAN | Oxfam Policy & Practice.

209 Perlson, S., & Greene, M. E. (2014, June). Addressing the Intergenerational Transmission of Gender-Based Violence: Focus on Educational Settings Report; Edstrom, J., Hassink, A., Shahrokhi, T. and Stern, E. (2015). Engendering men: a collaborative review of evidence on men and boys in social change and gender equality. EMERGE Evidence report, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.

210 Heise, L. L. (2011, December). What Works to Prevent Partner Violence? An Evidence Overview. STRIDE.

211 Ibid

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Sri Lanka, CARE worked with Breakthrough TV to design a media campaign to spread positive depictions of violence-free homes and alternative masculinity through songs, posters, radio shows, and community dialogues.²¹²

- **Young Men Initiative in the Balkans** has worked with social media campaigns, community theater and a local rap artist to carry messages challenging traditional notions of manhood.²¹³
- In Egypt, young bloggers have been engaged in a process of exploring popular images of women (i.e. using well-loved Egyptian films, popular songs and newspaper articles) and rewriting narratives that challenge stereotypes.²¹⁴
- **Within CARE**, Tipping Point project in Nepal and Bangladesh, and TEFSa project in Ethiopia have begun to work with adolescents, using Photovoice and other storytelling media to allow girls to tell their stories and use their voices and creativity.²¹⁵

WHAT DOES THE EVIDENCE INDICATE?

- Exposure to **Soul City** is positively associated with both support-seeking (i.e. calling the helpline established for reporting domestic violence) and support-giving (i.e. doing something concrete to stop domestic violence). Eight months after the helpline was established, 41% of respondents nationally had heard of the helpline, and media coverage of it had increased.²¹⁶
- Participants with greater exposure to **Somos Diferentes, Somos Iguales** (a program of Puntos de Encuentro in Nicaragua) demonstrated: a 62% greater probability of having talked with someone in the last six months about domestic violence, HIV, homosexuality or the rights of young people; a 42% greater probability of consistently using a condom with casual partners in the last six months; and 33% greater probability of knowing a center that serves domestic violence cases.²¹⁷
- Even though impacts in terms of development outcomes may be hard to measure, the value of people – especially women and adolescents – seeing themselves and their options in a different light (through the lens of popular culture) is valuable to the work of women’s empowerment and gender equality. Further, bringing sensitive gender issues into public discussion and expanding public imagination can be vital.²¹⁸

212 Ibid

213 CARE (2015). Using social media and the arts to transform gender roles: Case study from the Young Men Initiative.

214 Cornwall, A. (2014). Women’s empowerment: what works and why? (WIDER Working Paper 2014/104) [PDF]. Helsinki: United Nations University-WIDER.

215 CARE and International Center for Research on Women (2013). Photovoice: TEFSa project.

216 Heise, L. L. (2011, December). What Works to Prevent Partner Violence? An Evidence Overview. STRIDE.

217 Ibid

218 Cornwall, A. (2014). Women’s empowerment: what works and why? (WIDER Working Paper 2014/104) [PDF]. Helsinki: United Nations University-WIDER.



Inclusive & Accountable Institutions

These approaches promote effective institutions that are inclusive of and accountable to diverse peoples across genders and other identities. This work supports community, community, market and state agencies and actors to integrate gender equality and justice in their leadership, formal rules and institutional practice, and services. This involves working directly with government and community decision-makers, service providers and the private sector, building more inclusive and resilient community governance, and support to social accountability and other processes that bring power-holders and different groups together – centering those most impacted by exclusion and marginalization – to discuss rights and services.

Social accountability

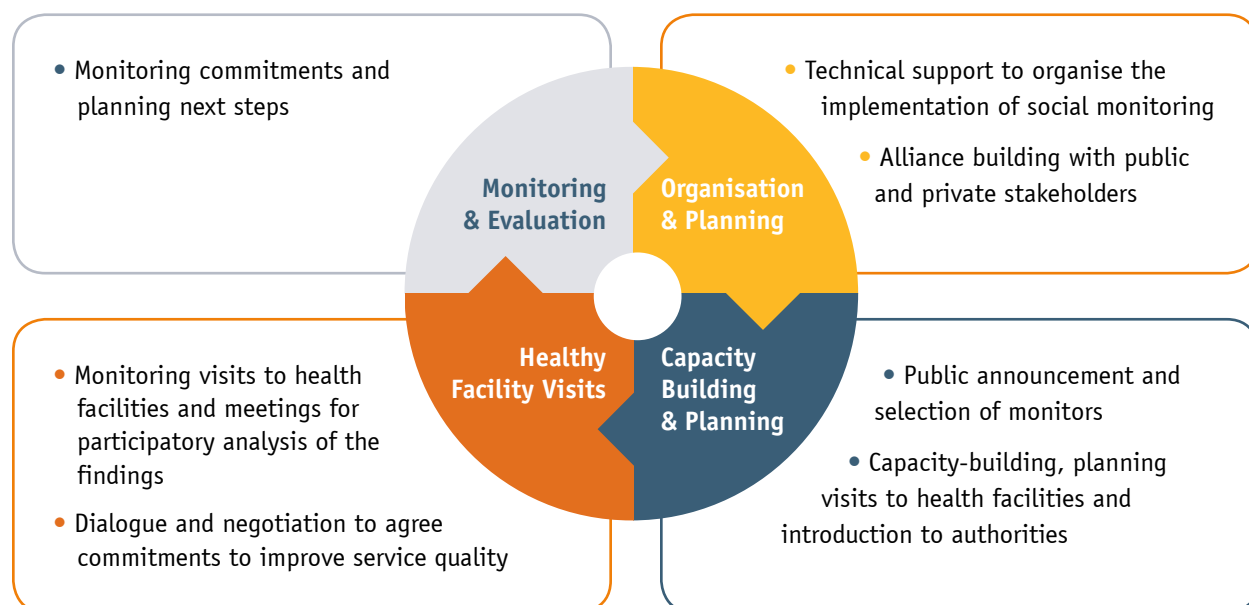
These approaches help citizens engage systematically with power-holders of different kinds – including service providers, government and the private sector– to increase dialogue, transparency and accountability. These approaches often focus on improving services for poor and marginalized people, including citizen oversight and other social accountability activities (i.e. public audits, citizen charters and community scorecards).

- CARE's **Social and Economic Transformation of the Ultra-Poor (SETU)** and the subsequent project, **Journey for Advancement in Transparency, Representation and Accountability (JATRA)** in Bangladesh engages with Union Parishads (local government) and extremely poor communities, and facilitates spaces for the two sets of groups to engage in dialogue and negotiate entitlements. Among the extreme poor, groups are formed to build solidarity and natural leaders are identified. These natural leaders mobilize communities to negotiate with landlords, or with employers for fairer wages, and represent community needs to Union Parishads. The SETU and JATRA projects also helped reestablish Ward Shava budget planning meetings to help influence spending decisions in line with the priorities of the most marginalized communities (para). The project ensured consultations and social audits with local decision-makers and marginalized groups of women to ensure poor women's perspectives are taken into account.²¹⁹
- In the remote highlands of **Peru**, CARE trained community health monitors to regularly visit health centers (generally 2-3 visits per week) and discuss with female patients how they had been treated, how long they had waited to be seen, whether information was provided in their native language, etc. This was part of a **citizen monitoring project** to promote quality healthcare. This information was documented and then the regular reports were analyzed with ForoSalud (Peru's largest civil society health network), the regional Ombudsman's office, CARE and others. This process helped citizens to voice their concerns, hold service providers to account and promote constructive dialogue on the quality of services.²²⁰

219 Hinton, R. (2011). Inclusive governance: transforming livelihood security. Experiences from Bangladesh. CARE International UK; CARE (2016). Results in Citizen Participation in Local Governance. Project Highlights.

220 CARE International UK (2015). Learning and policy series: Citizen monitoring to defend maternal health rights in Peru. Briefing Paper, 6.

Social monitoring stages and processes



RESOURCE: Citizen Monitoring in Peru - Guidance Note

- CARE's **Community Score Card® (CSC)** bring together service users, service providers and local government to identify challenges to access, utilization and provision challenges, and generate solutions that can be collectively tracked. CSC facilitators are trained, and then use the CSC with focus groups (i.e. men, women and youth) to identify their issues and experiences using the service that is in focus. In parallel or subsequently, the CSC is used with service providers to record the issues and barriers they face. Then, an interface meeting is held with community members, service provider and government staff, and a joint action plan is developed to resolve the problems identified. The implementation of the action plan is monitored in much the same way, on a six-month cycle.²²¹ The citizen report card process supported by the World Bank in Uganda follows a similar process, though uses community-based facilitators to ensure representation across gender, age groups, and different abilities to meet and share their experiences with services.²²² The Community Score Cards can help mainstream good governance in women and value chains projects, as well.²²³

RESOURCE: Community Scorecard Toolkit

- Community Support System (CmSS)**, developed by CARE Bangladesh in 1999, is a community mobilization mechanism that builds community capacity and participation to demand, negotiate and utilize health services. CmSS has been used in Bangladesh to track pregnant women and provide need-based support to ensure pregnancies are safe and timely use of emergency obstetric care. CmSS conducts community surveillance for tracking, registration of pregnancy and violence against women; facilitates birth

²²¹ CARE Malawi. (2013). The Community Score Card (CSC): A generic guide for implementing CARE's CSC process to improve quality of services.

²²² Fox, J. A. (2015). Social Accountability: What Does the Evidence Really Say? *World Development*, 72, 346-361. doi:10.1016/j.worlddev.2015.03.011

²²³ Mondelez International, Cocoa Life, & CARE International. (2016, October). Women's Leadership in Cocoa Life Communities.

Community Score Card Process Diagram



preparedness; mobilizes local funds and resources to support emergency transport and referral; promotes accountability and responsiveness through community feedback and advocacy; links with local government and health system; and creates an enabling environment for communities to become “watch dogs” to prevent harmful practices.²²⁴

WHAT DOES THE EVIDENCE INDICATE?

These approaches gave marginalized people a channel to voice their needs, preferences and experiences with service provision, where before they had none.

- **SETU’s** work (and the work of natural leaders) helped to increase diversity of livelihood strategies and greater benefits from government safety net programs. There was less reliance on exploitative labor. This did not lift households out of poverty, but reduced vulnerability to shocks. SETU’s development of self-help groups helped women build assets, and helped communities to led collective action in fisheries and vegetable/banana cultivation; Union Parishads facilitated access to public lands and ponds. While results from JATRA are still being assessed, the project has seen gains in broader participation among poor women and men in social audit processes and meetings.²²⁵
- The Union Parishad Act of 2009 stipulates that at least 5% attendance. By tracking attendance records, among the 130 wards that conducted Ward Shava budget meetings in year 1 of the project, a study found that a total of 49,761 community members (25,184 men and 24,577 women) participated. And this represents just over 10% of the total voting population of these wards – double the mandated number and significantly more than in other wards. Likewise, there is initial evidence which suggests that a higher proportion of resources has been allocated towards issues women raised in these meetings as a result of this citizen engagement.²²⁶
- In Peru, in health centers where social monitoring was introduced, users have a four times higher awareness of complaint mechanisms and percentage of users with complaints was twice as high. Social monitoring has driven a rise in expectations and an improvement in the quality of services, but the latter has not kept pace with the former.²²⁷ Monitors have worked with participatory budgets to successfully advocate for the construction of birthing houses where women can stay before delivery.²²⁸ This work also increased transparency in health facilities: for example, which services and medicines were provided free of charge, and that birth certificates are free. There is also an increased receptivity to user preferences: for example, there has been a two-fold increase (from 194 births in 2008 to 437 in 2009) in the number of vertical birth deliveries (the preferred method of many rural indigenous women). Greater confidence in the quality of care has translated into increased demand for services. CARE’s quantitative assessment in 2010 (comparing data between 2007 and 2009), comparing micro-networks with control facilities in Azángaro, found an increase in:

224 Hossain, J., Dr. (2015, March). Project Summary: Community Support System.

225 Hinton, R. (2011). Inclusive governance: transforming livelihood security. Experiences from Bangladesh. CARE International UK; CARE (2016). Results in Citizen Participation in Local Governance. Project Highlights.

226 CARE (2016). Results in citizen participation in local governance: Journey for Advancement in Transparency, Representation and Accountability (JATRA).

227 Aston, T. (2015). Learning and policy series: Citizen monitoring to defend maternal health rights in Peru. Briefing Paper, 6.

228 Gozzo, G. (2015). The power of participatory monitoring in making the Sustainable Development Goals a reality.

- pre- and post-natal controls;
- women's access to laboratory exams;
- institutional birth delivery;
- the proportion of women affiliated with the national health insurance program. In Ayaviri, improvements were found only in women's access to laboratory examinations. This difference is largely attributed to greater problems in the quality of attention in the Ayaviri hospital, related to a greater staff rotation than in Azángaro.²²⁹
- Citizen monitoring can have an important impact on the quality of service delivery. Beyond empowering monitors themselves, the citizen monitoring model has improved transparency in health facilities, ensured greater respect for users' preferences in birth delivery, and helped reduce corruption; and this improved quality has generated greater demand for health services. Moreover, in comparison with other social accountability models such as Community Score Cards, the mobilization of community monitors means that there is regular community engagement to check that whatever promises are made by service providers are met.²³⁰ A review of evaluations of **Community Score Card**® projects in Malawi, Tanzania, Ethiopia, Rwanda and Egypt reported overall increases in utilization of health services. CSCs improve the user-centered dimension of quality in several ways, including by increasing respectful treatment of patients by health providers. This helps to increase service utilization, and whether women deliver in facilities with skilled providers.²³¹ Several projects also suggested that the CSC process unlocked resources (i.e. human, material, financial) from the system, improved the ability of citizens to hold providers to account, improved the relationship between providers and citizens, and shifted power to citizens. Several projects also indicated that CSCs providers working in unsupportive work environments found citizen pressure useful to shift resources and be more effective.²³² Some areas for improvement on CSCs are: ensure that marginalized groups participate (i.e. have separate focus groups for women); consider how to not only focus on accountability at the local level, but also at the national level; and build bridges between citizens and public policy making processes from early on.²³³
- Through the **Community Score Card**® (CSC) approach, the Maternal Health Alliance Project (2011-2015) empowered community members, health providers and local government officials in Ntcheu, Malawi to identify reproductive health service utilization and provision challenges, to mutually generate solutions, and to work in partnership to implement and track the effectiveness of those solutions in an on-going process of improvement. CARE's cluster-randomized control evaluation revealed that compared with communities where the CSC was not implemented, the proportion of women receiving a home visit during pregnancy increased by 20%, while satisfaction with health services increased by 16%. Use of modern family planning methods was also estimated to be 57% higher in the intervention area, showing how inclusive governance approaches such as scorecards can make important contributions to the health outcomes that CARE and others are seeking.²³⁴

229 Aston, T. (2015). Learning and policy series: Citizen monitoring to defend maternal health rights in Peru. Briefing Paper, 6.

230 Ibid

231 Kruk, M. E., Paczkowski, M., Mbaruku, G., Pinho, H. D., & Galea, S. (2009). Women's Preferences for Place of Delivery in Rural Tanzania: A Population-Based Discrete Choice Experiment. *American Journal of Public Health*, 99(9), 1666-1672. doi:10.2105/ajph.2008.146209

232 Chen, L., Evans, T., Anand, S., Boufford, J. I., Brown, H., Chowdhury, M., Wibulpolprasert, S. (2004). Human resources for health: overcoming the crisis. *The Lancet*, 364(9449), 1984-1990. doi:10.1016/s0140-6736(04)17482-5

233 Gullo, S., Galavotti, C., & Altman, L. (2016). A review of CARE's Community Score Card experience and evidence. *Health Policy and Planning*, 31(10), 1467-1478. doi:10.1093/heapol/czw064

234 Björkman-Nyqvist, M., De Walque, D., & Svensson, J. (2014, August). Information is Power: Experimental Evidence of the Long Run Impact of Community Based Monitoring (Rep. No. WPS 7015).

- In a review of a Uganda community-based health clinic monitoring and social contract initiative using Citizen Report Cards, treatment communities observed a reduction in infant mortality (33%), increased use of outpatient services (20%) and overall improvement of health treatment practices (immunization rates, waiting time, absenteeism).²³⁵
- In Bangladesh, the **Safe Motherhood Promotion Project** sought to develop community capacity to improve safe motherhood practices at the local level and strengthen emergency obstetric care services at sub-district health complexes. The project used community mobilization activities that aimed to increase awareness and demand for maternal health services through the development of the CmSS, and established regular meetings between community members, service providers and sub-district level policy makers. As a result, women and the community have a greater voice with respect to governance of the local health system, and service providers are more accountable to the community for the quality of care. An impact study found that CmSS resulted in 71% antenatal care access for women in the lowest wealth quintile compared to 30% in the non-CmSS area.²³⁶

Human rights education for political change

- The **Human Rights Education Program (HREP)** for Women, a project of Women for Women's Human Rights and the Umraniye Women's Center took part in poor urban areas of Turkey with its first pilot in Umraniye, a poor area on the outskirts of Istanbul. Heavily informed by action research with women across Turkey, the program developed a participatory curriculum that lasts 16 sessions. HREP used a human rights framework to facilitate sessions, touching on civil, economic, political, sexual and reproductive rights, as well as topics like child rights, ending GBV and gender-sensitive parenting. HREP worked with closed groups of women and eventually linked with the state to implement the program via trained social workers who facilitated HREP in community centers in cities across the country. Through this space, women involved in the project organized at the grassroots level to advance their needs and interests, and HREP took an active role to support HREP cohorts in networking, fundraising, capacity-building and linking with broader movements for women's rights.²³⁷
- At a broader scale, **Mulher e Democracia**, a joint effort of 3 Brazilian feminist NGOs (AGENDE, Casa da Mulher do Nordeste and Brazilian National Congress), established a program for women leaders in local (municipal and district), national and state levels of government to undergo a series of trainings on history, political economy and economics with strong feminist analyses and group-based learning. This work specifically sought to build relationships of solidarity among women leaders, and raise consciousness around women's rights, which they could apply in their roles in public service and decision-making.²³⁸

²³⁵ Hossain, J., Dr. (2015, March). Project Summary: Community Support System.

²³⁶ Hossain, J., Dr. (2015, March). Project Summary: Community Support System.

²³⁷ Amado, L. E., & Pearson, N. L. (2005). The Human Rights Education Program for Women (HREP): Utilizing state resources to promote women's human rights in Turkey

²³⁸ Cornwall, A. (2014). Women's empowerment: what works and why? (WIDER Working Paper 2014/104) [PDF]. Helsinki: United Nations University-WIDER.

WHAT DOES THE EVIDENCE INDICATE?

- Results from **Mulher e Democracia**'s program are still nascent. However, surveys from 1992 and 2012 show that those who have undergone the program have increasingly expressed commitment to represent and support women as a motivation for their work (from 3-13.8%). However, a challenge remains in terms of how women view support from their broader political parties, which have not supported their leadership in practice. As noted by Cornwall, this highlights the importance of pressure groups and organized movements to demand greater commitment and accountability for women's rights.²³⁹
- Evaluations of **HREP** identified impacts across personal, family and community levels. At the personal level, about 90% of respondents who participated in HREP increased self-confidence and problem solving abilities. Home lives also improved. 72% of participants reported more positive relationships with husbands and 93% reported more positive attitudes toward their children. 73% of women reported greater say in family decision-making. 63% of women who had faced domestic violence before the project reported that they were able to stop it, and 22% reported they were able to reduce domestic violence in their lives. 30% of women participants reported entering the workforce while 54% discussed returning to formal and informal education opportunities following the program. At the community level, 88% women participants reported they have become resource people in their communities. In at least 7 cities where HREP was implemented, women started their own associations from which they organized economic cooperatives, local counseling centers, campaigns to raise community consciousness and support for local women's leadership.²⁴⁰

Gender integrated adaptation and resilience

As natural disasters and climate change affect people in distinct ways based on their status, gender and livelihoods, it is critical to ensure equity remains at the center of decision making, participation, access to resources and services and interventions.

- CARE's **Adaption Learning Program (ALP)** works off a Community-Based Adaptation (CBA) framework that brings together development, risk management, and humanitarian response to work to ensure communities can adapt to, and reduce their vulnerability to the impacts of climate change. This approach is grounded in participatory analysis with village-based groups to identify climate change vulnerability and adaptive capacities, who then develop and implement community adaptation action plans. These plans are also used to influence the local development planning of government structures. Promoting gender equality and diversity is now a large component of the CBA approach. In the Sahel region, a combined CBA/VSLA approach has been investigated as a way to increase long-term resilience of communities to future crises.²⁴¹

RESOURCE: Gender Sensitive Climate Vulnerability and Capacities Analysis

RESOURCE: Gender and Inclusion Toolkit for Climate Change/Agriculture Work

²³⁹ Cornwall, A. (2014). Women's empowerment: what works and why? (WIDER Working Paper 2014/104) [PDF]. Helsinki: United Nations University-WIDER.

²⁴⁰ Amado, L. E., & Pearson, N. L. (2005). The Human Rights Education Program for Women (HREP): Utilizing state resources to promote women's human rights in Turkey

²⁴¹ CARE West Africa. (2015). The resilience champions: When women contribute to the resilience of communities in the Sahel through savings and community-based adaptation.

- CARE's **Disaster Risk Reduction (DRR)** work in Vanuatu from 2013 to 2015 aimed to increase the resilience of at-risk communities and schools to the impact of natural disasters. This included an explicit aim to build women's leadership in disaster preparedness and response through setting up and training Community Disaster and Climate Change Committees (CDCCCs) and supporting them over time with planning, capacity building and coordination. The CDCCCs aimed to not only be gender balanced in membership, but to provide training to CDCCC members on gender and protection.²⁴²

RESOURCE: Integrating Gender in Climate Change and Disaster Risk Reduction Toolkit

WHAT DOES THE EVIDENCE INDICATE?

- A 2015 study suggests that combining the VLSA approach with CBA programming appears to offer more sustainable, effective results to building resilience to the crises brought about by environmental changes. Whereas VSLA activities indicate numerous benefits for decreasing the vulnerability of women such as the improved social capital and economic situation of members, it doesn't in itself strengthen the capacity of communities to adapt to environment change that are significantly impacting food and income security. It appears that combining VSLA with a CBA approach can ensure that environmental changes that are particularly serious for women and marginalized groups.²⁴³
- An evaluation of the gender sensitive approach of the DRR in Vanuatu found that the inclusion of women in Climate Change Committees (CDCCCs) led to an increased representation of women in community leadership roles, and increased respect for women's membership and leadership in disasters in comparison to communities without the CDCCCs. The evaluation also found evidence that greater involvement of women in disaster leadership contributed to more inclusive preparedness and response – with specific actions taken to seek out and support women, children and people with a disability in preparing, responding and recovering from the Tropical Cyclone Pam.²⁴⁴

²⁴² Webb, J. (2016). Does gender responsive Disaster Risk Reduction make a difference when a category 5 cyclone strikes? Preparation, response and recovery from Tropical Cyclone Pam in Vanuatu. CARE.

²⁴³ CARE West Africa. (2015). The resilience champions: When women contribute to the resilience of communities in the Sahel through savings and community-based adaptation.

²⁴⁴ Webb, J. (2016). Does gender responsive Disaster Risk Reduction make a difference when a category 5 cyclone strikes? Preparation, response and recovery from Tropical Cyclone Pam in Vanuatu. CARE.



Leadership & Collective Action

For gender justice to be sustainable, women need to be represented and to have voice and influence within public and political life and decision-making. This set of approaches works to build the leadership and collective strength of women and marginalized groups to increase their influence within political decision-making processes, whether as private citizens, civic activists or elected officials. Networking of diverse groups with an interest in political and social change and facilitating broad-based coalitions and movements is central to this approach.

Women's leadership and networking in civic associations and social movements

These approaches seek to reform policies, laws, regulations and institutional practices that discriminate against women and prevent women's access to equal rights, opportunities and resources. They also seek to help organize and catalyze collective action, develop the capacity of women leaders and organization, and amplify women's voices and strategic action in order to increase women's access to policy and decision-making process. In many cases, groups are more able to influence public and political decisions about rights and resources when they work together, and particularly in diverse alliances that bridge women from different geographic areas, classes, ethnicity and other identity groups. These approaches increase women's collective strength and influence by helping them to network, either horizontally and/or vertically.

- CARE implemented the Great Lakes Advocacy Initiative (GLAI) in Burundi, Rwanda, Uganda and the DRC to seek greater protection against GBV for women and girls in the Great Lakes region (as set out in UNSCR 1325) by increasing capacity and catalyzing links between grassroots communities, national civil society organizations and policy makers at the national, regional and international levels. GLAI helped to develop grassroots activism and connected grassroots activists with policy audiences. Many activists themselves are survivors of GBV. GLAI also developed systems to collect data on GBV cases for purposes of tracking and advocacy. Men were engaged to lead dialogues on GBV, model gender-equitable behaviors, and support women to promote their empowerment.²⁴⁵
- **GROOTS** Kenya has facilitated women in self-help groups coming together to share ideas and experiences, network with one another, and find ways to influence local decision making and planning. It also supports women to stand for election to local committees and participate effectively in them, and engages men to be supportive. A taskforce of constituents and leaders was set up to meet regularly and advocate for work related to women's rights and priorities, and watchdog groups were set up to ensure implementation of agreements made (for example, on women's land rights).²⁴⁶

²⁴⁵ WayFair Associates. (2013, December 16). *The Great Lakes Advocacy Initiative: Final Edition*.

²⁴⁶ Farnworth, C., Sundell, M. F., Nzioki, A., Shivustee, V., & Davis, M. (2013). *Transforming Gender Relations in Agriculture in Sub-Saharan Africa*, p. 70

- The **Women-Headed Families Empowerment Program (PEKKA)** in Indonesia came out of the National Commission to Stop Violence against Women, which documented the lives of widows in Aceh. Based on this analysis, PEKKA mobilized women household heads into village-level savings groups. These groups are networked at district and national levels to build collective organizing, and meet annually, with group leaders meeting every 3-4 months. In addition to supporting group savings, PEKKA supports women's popular education to build critical consciousness among women, strengthen participatory management and planning skills, and support positive communication and collective leadership skills. As a group, PEKKA engages local government staff to recognize the problems women household heads face, and also engage in direct actions with the government. Recognizing their own leadership capabilities and seeing the failures in traditional leadership in their villages, a number of members have pursued formal leadership positions within their communities.²⁴⁷
- The Asociación de Hombres Contra la Violencia (AHCV, or Association of Men Against Violence/AMAV) in Nicaragua evolved from a focus on enabling personal change in men to a more public and political stance on addressing GBV. AHCV's strategies in this area are evolving, and include strengthening cross-movement alliances with women's organizations and proactively monitoring legislation and public policy that address and shape GBV outcomes. The movement is also undertaking training with men in political power, including the police and the judiciary. Activists are also participating in government committees on program design and engaging with civil society to design, apply and monitor local development plans.²⁴⁸
- CARE in Latin America has been working with associations and federations of domestic workers to promote their right to dignified work since 2010. CARE established partnerships in Ecuador, Peru, Bolivia and Guatemala and engaged in research, exchange of experiences and capacity building with the objective of influencing public policies and improving the lives of more than 10 million domestic workers across the region.²⁴⁹

WHAT DOES THE EVIDENCE INDICATE?

These approaches have been successful at elevating policy issues and pressing for legal and policy solutions by: generating data and information that more authentically reflects women's realities; linking women and their experiences to policy makers and policy spaces; helping to strengthen women's organizations, networks and coalitions, fostering women's leadership, and amplifying their collective voice and political influence.

- Data on GBV cases gathered under the auspices of GLAI, and analyzed at the grassroots level, was used to flag problems and focus attention on issues like the relationship between alcoholism and GBV in Uganda. Data has increased the pressure for policy makers to act; in Rwanda, it has also encouraged women to report cases of GBV. This data has also provided the impetus for national advocacy campaigns. Including the voices of activists who are survivors of GBV has had a powerful impact in national dialogues and in international spaces like the UN Commission on the Status of Women. The engagement of men has begun to transform men's attitudes in communities. In Uganda, women activists have moved into leadership positions in local

²⁴⁷ Wakefield, S. (2017). *Transformative and Feminist Leadership for Women's Rights*. Research Backgrounder series. Oxfam America.

²⁴⁸ WayFair Associates. (2013, December 16). *The Great Lakes Advocacy Initiative: Final Edition*.

²⁴⁹ Welsh, P. (2010). Community development: a gendered activism? The masculinities question. *Community Development Journal*, 45(3), 297-306. doi:10.1093/cdj/bsq023

government (at sub-county, parish and district levels); women activists have been elected into local office in Rwanda and Burundi as well. GBV-related national legislation moved forward in all four countries.²⁵⁰

- **GROOTS** Kenya's experiences indicates that women involved in self-help groups gained confidence and agency to pursue their rights, and developed the skills they needed to engage in governance dialogues at the community level. Evaluative research found that watchdog groups were effective in securing land rights and resettlement of widows. Provincial officials appreciated the mapping and research conducted by the watchdog groups and their collaborative, reconciliatory approach (over the adversarial legal system). The vigilance of watchdog groups also had a preventive effect against property disinheritance and property grabbing, by encouraging greater community ownership with respect to resolving social issues.²⁵¹ A review of GROOTS Kenya also found that, as a network, it helped 'grassroots' women to build their own cultural identity, solidarity with one another, and visibility in local to international forums.²⁵²
- **PEKKA** experiences have found growing leadership among women household heads, strong organizing for more transparent leadership, and more responsiveness to women heads of family in villages and nationally. PEKKA members report gaining knowledge, information and networks through their membership. A number of women have run for government positions, and some now hold village-level leadership roles. In addition, Indonesia passed policies that support women heads of families and their rights within the past five years. PEKKA has also seen women heads of family gaining power to access and manage local government funds, promote greater transparency and participation in government processes, and build strong relationships with local government representatives.²⁵³
- Men's engagement in **AHCV** initiatives had a profound effect on their relationships with women. An impact study carried out by CANTERA showed that men who underwent training and awareness raising had adopted gender-sensitive attitudes, and changes in their behavior were evident in the healthier relationships they developed with their wives and children. AHCV has also formalized alliances with women's movement groups, though stronger political agendas and coalition work are needed for change in structures and institutions remain limited and more work is needed.²⁵⁴
- Through alliances with women's associations at national and regional level and the strengthening of a regional network focused on domestic workers, CARE has pressed for important changes in national legislations and contributed to the ratification of the ILO Convention 189 (protecting the rights of domestic workers) to be ratified in Ecuador and Bolivia. This has been possible through in-depth research on issues affecting domestic workers, information and education campaigns, effective use of the concept of gender based division of labor, and capacity building of local women's associations.²⁵⁵

RESOURCE: Read lessons learnt from organizing with domestic worker alliances

250 WayFair Associates. (2013, December 16). The Great Lakes Advocacy Initiative: Final Edition.

251 Farnworth, C., Sundell, M. F., Nzioki, A., Shivuste, V., & Davis, M. (2013). Transforming Gender Relations in Agriculture in Sub-Saharan Africa, p. 70

252 Okech, A. (2008). GROOT Kenya. In *Changing Their World: Concepts and Practices of Women's Movements* (1st ed., pp. 1-17). Toronto: Association of Women's Rights in Development (AWID).

253 Wakefield, S. (2017). Transformative and Feminist Leadership for Women's Rights. Research Backgrounder series. Oxfam America.

254 Welsh, P. (2010). Community development: a gendered activism? The masculinities question. *Community Development Journal*, 45(3), 297-306. doi:10.1093/cdj/bsq023

255 CARE International - Latin America/Caribbean (2017). Dignified work: by shedding light on women's work, we contribute to their autonomy and empowerment.



Strengthening women's leadership, networks and engagement in electoral politics

In addition to organizing, mobilization and participation in social accountability processes, women can also influence public and political decision-making from inside the government, as elected representatives or civic servants. Women's representation in public bodies is a human right and, in most countries, a statutory right, and is also essential to ensure that public decision-making, policy and service reflect the women's diverse experiences, needs and interests.

- In Niger, CARE's Women's Empowerment Program works with VSLAs (Matu Masu Dubara (MMD), or Women on the Move) to support women's empowerment, including their participation and influence within community decision-making and formal politics. In addition to supporting economic empowerment and women's networking and social mobilization, the program has also worked with the MMD federation to increase the number of women in elected, including training potential candidates for the municipal council, supporting them through their campaigns and once creating networks between women once elected, and dialogue with political parties.²⁵⁶

256 Rodway, F. (2015) Women's Economic Program Niger (2009-2013): Evaluation. Oslo: International Law and Policy Institute.

- Rupantar, a Bangladeshi NGO, has been supporting Grassroots Women's Leadership in Khulna district for the past 20 years. The project works to empower poor women and develop their collective and individual leadership skills and influence over local government decision-making, to improve rights and services for women and the poorest. The project does this in two main ways: setting up women's collectives (Nari Bikas Kenras) and supporting their engagement with local government processes; and enabling women from the collectives to contest for in local government elections in both the seats reserved for women and in open seats (i.e. the projects also engage with male family members, i.e. through couples training), local leaders and institutions to generate support for women's leadership and mitigate backlash.²⁵⁷

WHAT DOES THE EVIDENCE INDICATE?

The evidence base on whether and how women's political representation contributes to social norm change and to improving social welfare, public goods, and to improved development outcomes for women more broadly is still developing. Examples of positive linkages include:

- In addition to positive changes in women's ownership and control of assets, in areas where CARE's Women's Empowerment Program has activities in Niger, women from the Mata Masu Dubara (MMD) groups/federation are twice as likely to participate in community decision-making as other women, there is now a strong presence of women in community committees (i.e. school management, health, education and water committees) and women reported an increase in their participation over the four years of the program (2009 and 2013) in village and communal councils (from 8% to 13% of women surveyed) and in political parties (from 21% to 33%). The program has had a significant impact on women's participation in formal political institutions. The number of MMD members competing in municipal council elections has almost doubled from 112 candidates in 2004 to 279 in 2011 and the number winning seats has increased three-fold, from 45 councilors in 2004 to 140 in 2011. In areas where the program operates, half of the female municipal councilors are MMD members. Four women who were part of the MMD federation have also been elected as Member of Parliament (out a total of 29 women MPs) and another as an adviser in the Niamey City Council.²⁵⁸
- Through the Grassroots Women's Leadership project in Bangladesh, Rupantar has supported the emergence of 32 independent women's collectives (Nari Bikas Kenras, NBKs) in Khulna district, each with committees at ward and Union Parishad levels and a total of 55,000 members. NBK members have successfully competed in elections for informal and community committees, such as school management, bazaar, and local service committees (104 members winning executive positions and 960 in general member positions). In the 2011 elections NBK women won reserved seats, 1 general seat, 1 chair at Union Parishad level, and one vice-chair position at Upazila Parishad. In the 2016 elections, women supported by NBKs won 77 out of 96 of the Union Parishad reserved seats they contested. NBK is now a recognized social movement in Khulna, advocating for women and the ultra-poor and producing tangible outcomes, including direct impacts on 5,000 extreme poor women's livelihoods through their access to safety net services and an increase in access to assets for at least 80,000 poor women and men through better targeting of a range of training and services.²⁵⁹

257 Hobley, M. and Dey, A. (2013) Mid-Term Review of Grassroots Women's Leadership Rupantar; Castillejo, C., Myrtilinen, H., O'Neil, T. and Robinson, K. (2016) Review of the practice of donor support to gender equality and women's rights in fragile and conflict-affected states (forthcoming OECD, 2017).

258 Rodway, F. (2015) Women's Economic Program Niger (2009-2013): Evaluation. Oslo: International Law and Policy Institute.

259 Hobley, M. and Dey, A. (2013) Mid-Term Review of Grassroots Women's Leadership Rupantar; Rupantar (2016) UP Election 2016: Focusing Women Candidacy. Grassroots Women's Leadership Project and SDC (unpublished).



- In India, since 1993, a third of village council leaders' positions have been reserved for women. As these councils are randomly selected, this sets up a natural experiment for assessing the impact of women's leadership on public policy choices. In West Bengal and Rajasthan, councils headed by women were found to invest more in public good that benefit women, such as water, sanitation and roads.²⁶⁰ In West Bengal and Kolkata, exposure to women council leaders for two electoral cycles had a significant positive role modelling effecting, closing the gender gap in aspirations for children by 25% in parents and 32% for adolescents.²⁶¹
- At state level in India, women's representation is positively associated with reduced neo-natal mortality.²⁶²
- A quantitative analysis of Brazilian municipalities found that those with a woman mayor are awarded more federal transfers and that less educated women have better health outcomes (fewer women without pre-natal visits, fewer premature births) than those led by a man.²⁶³

260 R. Chattopadhyay and E. Duflo (2004) 'Women as Policy Makers: Evidence from a Randomized Policy Experiment in India', *Econometrica* 72 (5): 1409-1442

261 L. Beaman, E. Duflo, R. Pande and P. Topalova (2011) 'Female Leadership Raises Aspirations and Educational Attainment for Girls: A Policy Experiment in India', *Science Magazine*.

262 Bhalotra, S. and Clots-Figueras, I. (2011) *Health and the Political Agency of Women*. Bonn: Institute of Labour Studies.

263 Brollo, F. and Troiano, U. 2012 What happens when a women wins a close election? Evidence From Brazil

Supporting women's individual and collective action in value chains

Linked to WEE, one strand of work has focused on supporting women's skills and collective power and linkages for enhancing livelihoods:

- The **Smallholder Horticulture Empowerment Project (SHEP)**, implemented through the Ministry of Agriculture, the Horticultural Crops Development Authority and the Japan International Cooperation Agency (JICA) in 2006–2009, was implemented in an area of Kenya where women performed some 80% of the labor on food crops and 50–60% of the labor on commercial crops, yet did not benefit commensurately. The project sought to link women and men smallholder farmers to stakeholders like input suppliers, agro-processors, transporters, etc. It also deepened awareness of gender issues among stakeholders. Equal numbers of men and women farmers attended a one-week residential training that included gender awareness as well as concepts like market surveys, democratic crop selection and agro-processing.²⁶⁴
- **Gender Action Learning Systems (GALS)** is a community-led empowerment methodology for life and livelihood planning, collective action and gender advocacy for change; it supports a change of power relations vis-à-vis service providers, private sector stakeholders and government bodies. GALS starts with women and men as individuals, and helps them map a personal vision for change in their lives. Diagram tools are used to help people think through how to get from their current situation to their goals; a key focus is breaking through gender-based barriers that keep women and men from achieving their goals. A “gender balance tree” is used to analyze gender inequalities. The model can scale up through a community to form collective visions. The highly participatory processes and visual tools make the concepts easy to follow, even for people who don't read or write. Since GALS is flexible, it can be adapted to value chain development, for example, using market and value chain maps, and business road journeys.²⁶⁵

RESOURCE: See the Gender Action Learning Systems (GALS) Phase I Manual

WHAT DOES THE EVIDENCE INDICATE?

These approaches have helped to enhance women's economic participation and to increase the value secured by participating in economic roles, including strengthening their resilience and capacity to cope during crises, as well as women's engagement and leadership in community issues.

- **SHEP** final evaluation indicated that farmer incomes doubled (between May 2007 and October 2009) and income parity between men and women improved (the discrepancy was 31.1% in favor of men at the beginning, and 14.9% in favor of men two years later).²⁶⁶
- Using the **GALS** approach, some communities have been motivated to form new organizations, for example, to address male alcoholism. Often, a key realization of men and women participants is that, without equitable households with a balanced gender tree, no one can move forward. The advantages of collaboration at a household level were quickly apparent. Coffee sorters, all of whom are women, receive more money

264 Farnworth, C., Sundell, M. F., Nzioki, A., Shivust, V., & Davis, M. (2013). Transforming Gender Relations in Agriculture in Sub-Saharan Africa.

265 Farnworth, C. R. and Akamandisa, V. (2011). Report on Gender Action Learning Systems (GALS) Approach to Value Chain Development in Bukonzo Joint Cooperative Microfinance Ltd, Uganda. Oxfam Novib and GIZ.

266 Farnworth, C., Sundell, M. F., Nzioki, A., Shivust, V., & Davis, M. (2013). Transforming Gender Relations in Agriculture in Sub-Saharan Africa.

daily in recognition of the importance of their role to quality control. Some members of the community are registering customary joint land (husband-wife) agreements with the Land Board, and for the first time, fathers have agreed to include daughters in their plans for inheritance. People also reported increased male participation in child care, drawing water and cooking. Rates of GBV have fallen considerably; violent disputes were previously tied to arguments over income and expenditure. Alcohol consumption, a major drain on household funds, has decreased.²⁶⁷

Cross-agency advocacy and accountability coalitions

In Peru, CARE played a lead role in creating and facilitating the **Child Nutrition Initiative (CNI)** to combat child malnutrition. CNI brought together 16 organizations – spanning donors, NGOs, UN agencies and research institutions – to advocate for nutrition to be central to the Peruvian government’s commitment to fight poverty.²⁶⁸

WHAT DOES THE EVIDENCE INDICATE?

CNI’s work in Peru effectively pooled coalition members’ financial and technical resources to evaluate the government’s positions and secure cooperation from elected officials. For example, it secured a “5 by 5 by 5” pledge from all ten presidential candidates to reduce malnutrition in children under 5 by 5 % in 5 years. CNI maintained the pressure on President Garcia, once he was elected, and resulting in his increasing the pledge to reduction of malnutrition by 9% with a focus on children under 3. As a result of sustained attention and action, the “5 by 5 by 5” target was met, and chronic infant malnutrition reduced by 50% in 7 years, preventing 430,000 children from becoming malnourished.²⁶⁹

267 Farnworth, C. R. and Akamandisa, V. (2011). Report on Gender Action Learning Systems (GALS) Approach to Value Chain Development in Bukonzo Joint Cooperative Microfinance Ltd, Uganda. Oxfam Novib and GIZ.

268 CARE (not published). CARE & Nutrition: Policy change to end malnutrition in all its forms.

269 CARE (August 2016). Nourish and Flourish: Evidence for Impact to End Malnutrition.

Annex I: Resources



A Roadmap for Change: Impactful Women’s Empowerment and Gender Equality Initiatives

Review of promising programming at CARE toward gender justice.

Barbara Andreatta and Laura Taylor • CARE International • 2016



Women’s empowerment: what works and why? (WIDER Working Paper 2014/104)

Discussion on initiatives that work toward women’s empowerment and gender justice, in terms of women’s economic empowerment, political empowerment, and the body/sexuality.

Andrea Cornwall • United Nations University-WIDER • 2014



Engendering men: a collaborative review of evidence on men and boys in social change and gender equality.

Specific look at successful experiences working with men and boys toward gender justice across sectoral programming.

Jerker Edström, Alexa Hassink, Thea Shahroksh and Erin Stern • Promundo-US, Sonke Gender Justice and the Institute of Development Studies • 2015



Transforming Gender Relations in Agriculture in Sub-Saharan Africa

Cases and evidence of interventions effectively working toward gender justice in agriculture, drawing examples from across sub-Saharan Africa.

Cathy Farnworth, Melinda Fones Sundell, Akinyi Nzioki, Violet Shivutse, and Marion Davis • Swedish International Agricultural Network Initiative • 2013



Social Accountability: What Does the Evidence Really Say?

Review of cases and what works to promote social accountability.

Jonathan Fox • World Development Journal • 2015



What Works to Prevent Partner Violence? An Evidence Overview

Review of evidence on preventing partner violence.

Lori L. Heise • Department for International Development, United Kingdom • 2011



Solutions to End Child Marriage: What the evidence shows

Review of what works (meta-analysis) to end child marriage.

Anju Malhotra, Ann Warner, Allison McGonagle, Susan Lee-Rife • International Center for Research on Women • 2011



Addressing the Intergenerational Transmission of Gender-Based Violence: Focus on Educational Settings Report

Synthesis of promising practices toward ending inter-generational transmission of gender-based violence within educational settings.

Stephanie Perlson and Margaret E. Greene • CARE • 2014



Transformative and Feminist Leadership for Women’s Rights

Review of experiences working toward women’s political empowerment, leadership and organizing.

Shawna Wakefield • Oxfam America • 2017



Tostan Project (Tostan)



Pathways Project (CARE)



Tipping Point Project (CARE)



Gender Analysis Toolkit (CARE)

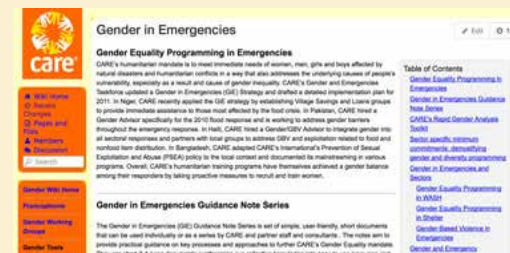


Rapid Gender Analysis Toolkit (CARE)

EMERGENCIES



Care Emergency Toolkit (Care)



Guidance Note Series for Gender In Emergencies (Care)



Rapid Gender Analysis Toolkit (Care)

SOCIAL ACCOUNTABILITY



Citizen Monitoring (Care, Peru)

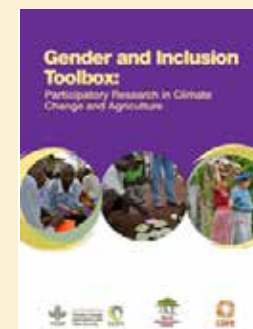


Community Scorecard Toolkit (Care)

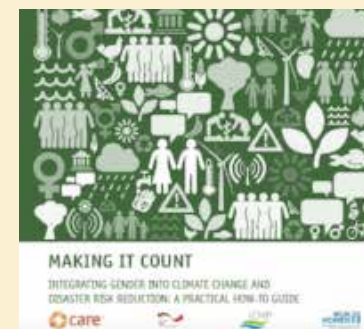
CLIMATE CHANGE RESILIENCE



Gender Sensitive Climate Vulnerability And Capacities Analysis (Care)



Gender And Inclusion Toolkit For Climate Change/Agriculture (Care)



Integrating Gender In Climate Change And Disaster Risk Reduction Toolkit (Care)

ECONOMIC EMPOWERMENT, AND FOOD AND NUTRITION SECURITY



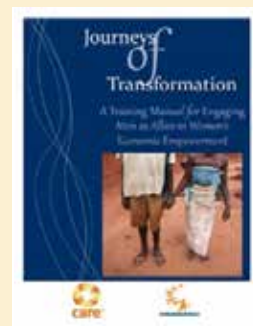
Family Business Management Toolkit (Care, Papua New Guinea)



Ishaka Toolkit For Vslas With Adolescent Girls (Care, Burundi)



Gender Action Learning Systems, Phase I Manual (Oxfam Novib)



Journeys Of Transformation Manual (Care, Rwanda)

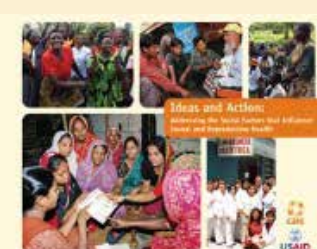
SOCIAL NORMS: TARGETING SRHR AND GBV



Stepping Stones Training Package (Strategies For Hope)



Sasa Activist Toolkit (Raising Voices)



Social Analysis And Action (Care)

Annex II: Complete List of Global Commitments

The international community has made several landmark global commitments related to gender justice. These are important reference points not only for policy analysis and advocacy, but also for program design.

Sustainable Development Goals

In 2015, the international community adopted a set of **Sustainable Development Goals** (to succeed the Millennium Development Goals) that articulated ambitious goals to be achieved by 2030. Each country is encouraged to produce a **voluntary national review** (VNR) annually to share progress against the SDGs at the national and sub-national level. This is an opportunity for civil society engagement and advocacy.

Key targets that relate to women economic empowerment (WEE), and can serve as important benchmarks for accountability include:

SDG2 aims to end hunger and all forms of malnutrition by 2030. Three specific targets relate to food and nutrition security.

- SDG Target 2.1** By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
- SDG Target 2.2** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
- SDG Target 2.3** By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment

Goal 3, which focuses on health and well-being includes:

- SDG Target 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- SDG Target 3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- SDG Target 3.5** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- SDG Target 3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

SDG Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Goal 5, which focuses on “achiev[ing] gender equality and empower[ing] all women and girls”. Relevant targets include:

SDG Target 5.1 End all forms of discrimination against all women and girls everywhere

SDG Target 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

SDG Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

SDG Target 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

SDG Target 5.5 Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

SDG Target 5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

SDG Target 5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Goal 8: “Sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all” is also critical for women’s economic empowerment. Pertinent targets are:

SDG Target 8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services

SDG Target 8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

SDG Target 8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training

SDG Target 8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms

SDG Target 8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment

SDG Target 8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all

SDG Target 8.B By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization

Goal 13, which focuses on climate change resilience and action, gendered targets include:

SDG Target 13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

SDG Target 13.B Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

Goal 16 focuses on “peaceful and inclusive societies for sustainable development”. Relevant targets include:

SDG Target 16.1 Significantly reduce all forms of violence and related death rates everywhere

SDG Target 16.5 Substantially reduce corruption and bribery in all their forms

SDG Target 16.6 Develop effective, accountable and transparent institutions at all levels

SDG Target 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

SDG Target 16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements

SDG Target 16.B Promote and enforce non-discriminatory laws and policies for sustainable development

Linked to the SDGs, the UN Secretary-General’s High-Level Panel on Women’s Economic Empowerment within the UN published a call to action to ‘Leave No One Behind’. The Call to Action accompanied a report, which highlights seven ‘proven and promising drivers to expand women’s economic opportunities’. These involve:

- Tackling adverse social norms and promoting positive role models;
- Ensuring legal protection and reforming discriminatory laws and regulations Redistribution, recognition and reduction of unpaid care work;
- Recognizing, reducing and redistributing unpaid work and care
- Building assets - Digital, financial and property
- Changing business culture and practice
- Improving public sector practices in employment and procurement
- Strengthening visibility, collective voice and representation
- Improving outcomes for women in four areas of work (labor in the informal economy, labor in the formal sector, agriculture, and small/medium enterprises – especially women owned enterprises).

International Law

CEDAW

The **Convention for the Elimination of All Forms of Discrimination against Women (CEDAW)**, adopted in 1979 by the UN General Assembly provides the basis for realizing equality between men and women through the protection of women's equal access to, and equal opportunities in, political and public life. This includes in education, health, and employment across stable and emergency contexts. The countries that have ratified or acceded to the Convention are legally bound to put its provisions into practice. The integration of gender equality and women's empowerment in humanitarian action protects these fundamental freedoms and rights.

The CEDAW general recommendation 19 (GR 19) adopted in 1992, clarifies that GBV against women is covered by the scope of CEDAW. This is defined as *"violence that is directed against a woman because she is a woman or that affects women disproportionately."* GR 19 requests States parties to include the following in their periodic reports to the Committee on the Elimination of Discrimination Against Women (CEDAW): statistical data on the incidence of violence against women; information on the provision of services for survivors; and legislative and other measures taken to protect women against violence in their everyday lives, including against harassment at the workplace, abuse in the family and sexual violence. 189 countries have ratified CEDAW, and these governments are obliged to submit regular reports to a committee of independent experts who monitor how the rights of the Convention are implemented. The CEDAW committee also accepts shadow reports from civil society organizations, which they use to evaluate government actions and commitments under the convention. Because the Convention is primarily enforced through a reporting system, the shadow reporting mechanism is an important way to ensure government accountability on CEDAW commitments.

International Labour Organization Conventions for Gender Justice

The **International Labour Organization** articulates multiple **Conventions** and protocols pertinent for women's economic empowerment and justice, which – when ratified by countries – can be used as an effective tool for advocacy and accountability:

- C087** Freedom of Association and Protection of the Right to Organize Convention (1948)
[Click here to see ratifications by country](#)
- C098** Right to Organise and Collective Bargaining Convention
[Click here to see ratifications by country](#)
- C100** Equal Remuneration Convention (1951)
[Click here to see ratifications by country](#)
- C102** Social Security (Minimum Standards)
[Click here to see ratifications by country](#)
- C111** Discrimination (Employment and Occupation) Convention (1958)
[Click here to see ratifications by country](#)

- C156** Workers with Family Responsibilities Convention (1981)
[Click here to see ratifications by country](#)
- C171** Night Work Convention (1990)
[Click here to see ratifications by country](#)
- C175** Part-Time Work Convention (1994)
[Click here to see ratifications by country](#)
- C177** Home Work Convention (1996)
[Click here to see ratifications by country](#)
- C182** Worst Forms of Child Labour Convention (1999)
[Click here to see ratifications by country](#)
- C183** Maternity Protection Convention (2000)
[Click here to see ratifications by country](#)
- C189** Domestic Workers Convention (2011)
[Click here to see ratifications by country](#)

Declaration on the Elimination of Violence against Women

The **Declaration on the Elimination of Violence against Women** adopted by the UN General Assembly in 1993 calls on states to “condemn violence against women and... not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination.” Article 4 of this declaration specifies various policy measures that can be a useful reference point for advocacy with national governments.

Security Council Resolutions on Gender and Conflict

The adoption of the **Women Peace and Security Framework (United Nations Security Council Resolution (UNSCR) 1325)** in October 2000 reaffirmed the role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and reconstruction. This resolution stresses the importance of women’s equal participation, and full involvement in all efforts to maintain and promote peace and security. It urges special measures to protect women and girls from GBV in situations of armed conflict, and the need to implement international humanitarian and human rights law that protects the rights of women and girls during and after conflict. The resolution specifically notes the need to take into account the particular needs of women and girls in refugee camps and settlements, including in their design.

Security Council Resolution 1820 was adopted in 2008 and condemns the use of sexual violence as a tool of war, and declares that “rape and other forms of sexual violence can constitute war crimes, crimes against humanity or a constitutive act with respect to genocide”.

Humanitarian accountability standards and commitments

Core Humanitarian Standard on Quality and Accountability (CHS)

The **Core Humanitarian Standard on Quality and Accountability (CHS)** outlines nine commitments to improve the quality and effectiveness of humanitarian response, facilitating greater accountability to crisis-affected communities. As a core standard, the CHS acknowledges the vital role of participation for an effective response, and pivotally, that this participation comes from a diverse range of the community, including those differing in sex, age and ability. Gender in emergencies work is particularly relevant to ensuring the fulfillment of CHS 1: *Humanitarian response is appropriate and relevant*.

The Sphere Humanitarian Charter and Minimum Standards

Along with the CHS, **The Sphere Humanitarian Charter and Minimum Standards** is the core set of guiding principles by which CARE are committed to undertake their humanitarian work. The humanitarian principles, amongst which is impartiality, enshrine the principle of humanitarian assistance without bias or discrimination according to age, gender, race, religion, or ethnicity. The Sphere handbook is currently under review and revision.

World Humanitarian Summit

The commitments generated during the 2016 **World Humanitarian Summit** included a prominent theme of improving gender outcomes. Women and girls, previously often seen as passive victims or beneficiaries of assistance, were recognized as often being amongst the first responders. Some of the specific outcomes included commitments to *catalyze action to achieve gender equality*. These commitments include the effort to:

- Fully comply with humanitarian policies, frameworks and legally binding documents related to gender equality, women's empowerment, and women's rights.
- Ensure that all humanitarian programming is gender responsive.
- Implement a coordinated global approach to prevent and respond to gender-based violence in crisis contexts, including through the Call to Action on Protection from Gender-based Violence in Emergencies.
- Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the Outcome documents of their review conferences for all women and adolescent girls in crisis settings.
- Empower women and girls as change agents and leaders, including by increasing support for local women's groups to participate meaningfully in humanitarian action.

- The 1994 **Programme of Action of the International Conference on Population and Development (ICPD)** was one of the first international agreements to address issues related to sexuality, sexual and reproductive health, and reproductive rights. Paragraph 7.3 clarifies that these are not a new set of rights, but reflect existing human rights instruments related to sexual and reproductive autonomy (freedoms) and the attainment of sexual and reproductive health (entitlements). The 1995 **Beijing Platform for Action** expands this definition by affirming in paragraph 96 the right to exercise control over and make decisions about one's sexuality, free of coercion, discrimination and violence. Fulfillment of each state's obligations under these global commitments is assessed every four years in a Universal Periodic Review (UPR), which is essentially a peer review of each state's human rights record.

Thematic global strategies and efforts for gender justice

Women's economic empowerment

A set of **Women's Empowerment Principles** developed by UN Women and the UN Global Compact, launched in 2010, set out guidance for how to empower women in the workplace and marketplace. These principles emphasize the business case for corporate action to promote gender equality and women's empowerment.

- Principle 1** Establish high-level corporate leadership for gender equality
- Principle 2** Treat all women and men fairly at work – respect and support human rights and non-discrimination
- Principle 3** Ensure the health, safety and wellbeing of all women and men workers
- Principle 4** Promote education, training and professional development for women
- Principle 5** Implement enterprise development, supply chain and marketing practices that empower women
- Principle 6** Promote equality through community initiatives and advocacy
- Principle 7** Measure and publicly report on progress to achieve gender equality

Nutrition and food security

The **Scaling Up Nutrition (SUN)** movement, launched in 2011, brings together 58 countries with civil society, the United Nations, donors, the private sector and researchers in a collective effort to end malnutrition. SUN is founded on the principle that all people have a right to food and good nutrition. SUN countries – who are at the heart of global efforts to improve nutrition – work to achieve the six World Health Assembly (WHA) Goals by 2025. SUN seeks to catalyze multi-stakeholder action and investments, particularly in line with national level nutrition plans.

Climate change and gender commitments and funds

The **Paris Agreement** (on climate change) has been ratified by more than 120 countries.

- Its preamble acknowledges that climate change is a common concern of humankind, and that Parties should, when taking action on climate change, respect their obligations on human rights, the right to health, gender equality, empowerment of women and intergenerational equity. In the context of adaptation to climate impacts and climate resilience (Article 7.5), Parties acknowledge that adaptation action should follow a country-driven, gender-responsive, participatory and transparent approach.
- The Paris Agreement is built around a set of national commitments and policy development processes, particularly the Nationally Determined Contributions (NDCs) in which all governments laid out their (voluntary) plans to reduce their emissions of greenhouse gases and to address climate change impacts (e.g. adaptation). Many refer to the impacts of climate change on agriculture. The NDCs are becoming the framework for national climate policies, investments and budgets in various ways. The gender and climate community has been highlighting the gender gap and opportunities to bring gender equality and justice to the table.
- As countries develop National Adaptation Plans (NAPs), sectors will build plans and investments that CARE could influence. For example, the risks and opportunities in the health sector, and health and adaptation debate, could shape SRHR advocacy at the country level.

The **Green Climate Fund** is an increasingly relevant funding tool (currently \$ 10 billion), and its **Gender Policy** has four key objectives:

- To ensure that, by adopting a gender-sensitive approach, the Fund will achieve greater, more effective, sustainable and equitable climate change results, outcomes and impacts in an efficient and comprehensive manner.
- To build equally women's and men's resilience to, and ability to address, climate change – and to ensure that women and men equally contribute to and benefit from activities supported by the Fund.
- To address and mitigate against assessed potential project and program risks for women and men associated with adaptation and mitigation activities financed by the Fund.
- To contribute to reducing the gender gap of climate change-exacerbated social, economic and environmental vulnerabilities.

Gender in Emergencies

Gender-based violence (GBV) violates international human rights law and the principles of gender equality. In 2013, DFID launched the **Call to Action on Protecting Girls and Women in Emergencies**, with the US assuming leadership in 2014. The Call to Action aims to transform the way in which GBV is addressed through collective action from government partners, international organizations, and NGOs, and works through three objectives:

- Establish specialized GBV services and programs that are accessible to anyone affected by GBV and are available from the onset of an emergency.
- Integrate and implement actions to reduce and mitigate GBV risk across all levels and sectors of humanitarian response from the earliest stages of emergencies and throughout the program cycle.
- Mainstream gender equality and the empowerment of women and girls throughout humanitarian action.

Gender and health commitments

The **Every Woman Every Child** movement, launched in 2010 by the UN Secretary-General Ban Ki-Moon aims to mobilize action to address the major health challenges facing women, children and adolescents, aiming to both protect their wellbeing, and end preventable deaths. The Global Strategy is built in alignment with the SDGs, with one of the key action areas to assess risks, human rights and gender needs in humanitarian and fragile settings.

The **UN Secretary General's Global Strategy for Women's, Children's and Adolescent's Health** is a global multi-stakeholder process and roadmap that brings together UN, governments, donors and other stakeholders to accelerate momentum for women's, children's and adolescents' health from 2016 to 2030.[1] The Global Strategy for Women's, Children's and Adolescents' Health was originally launched in 2010 as the Global Strategy for Women's and Children's Health. This strategy brought together 127 global stakeholders, including governments, NGOs and private sector to push forward momentum needed during the end of the MDGs to end preventable maternal and child deaths and also sought to close the estimated funding gap of US \$88 billion for maternal, newborn and child health.[2] An updated Global Strategy, which was launched in 2016 to align with the 15-year span of the SDGs now, also puts adolescents at the center of a movement to accelerate progress to a multi-sectoral and integrated approach to health and sustainable development.[3]

In 2012, the **London Summit on Family Planning** brought together over 20 governments and NGOs, private and bilateral donors to committing to address the financial, service and policy gaps relating to women's access to contraceptive services and information. Out of the London Summit, **Family Planning 2020 (FP2020)** was created to work with the global community to ensure that 120 million women and girls fulfill their right to access and use contraception. FP2020 is a global partnership working in 69 countries around the world, with 38 countries having made financial, policy or service commitments.

Ministerial Declaration on Ending Violence and Discrimination against Individuals Based on Sexual Orientation and Gender Identity

In September 2013, the UN hosted the first Ministerial meeting on the rights of lesbian, gay, bisexual and transgender individuals. The meeting articulated rights and commitments in relation to gender and sexual minorities, and abuses they face, and led to the **Ministerial Declaration on Ending Violence and Discrimination against Individuals Based on Sexual Orientation and Gender Identity** was signed by 11 national governments.



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Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 87 countries and reached 82 million people around the world. To learn more, visit www.care.org.

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