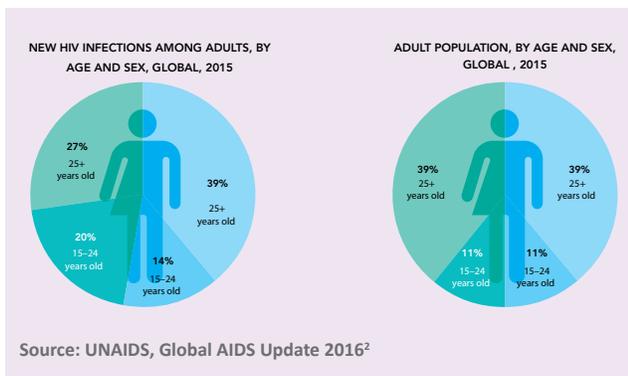


FACTSHEET Women's economic empowerment

Women and HIV

AIDS is the leading cause of death among women of reproductive age. In 2015, an estimated 17.8 million women (15 and older) were living with HIV globally, representing 51% of all adults living with HIV. Adolescent girls and young women are particularly affected by HIV. In 2015, adolescent girls and young women (15-24) accounted for 20% of all people acquiring HIV, despite representing just 11% of the population. 60% of young people (15-24) living with HIV are women and girls.¹



Gender inequality fuels the HIV epidemic. Women's unequal status in society affects their right to make choices about their own health and restrictive laws and norms affect access to comprehensive sexuality education and to sexual and reproductive health and rights (SRHR). Globally, 225 million women still have an unmet need for family planning commodities.³

Gender based violence (GBV) leads to a higher incidence of unsafe sex and a lower ability to negotiate condom use. Emerging evidence suggests that GBV can also have a biological effect on immune and hormonal functions believed to affect HIV acquisition and disease progression.⁴ Around a third of women experience intimate partner violence (IPV) in their lifetime, increasing the risk of acquiring HIV by 50% in high prevalence settings.⁵ Once diagnosed, women living with HIV experience increased levels of GBV, especially in healthcare settings.⁶ GBV can then act as a barrier to accessing anti-retroviral therapy (ART) and other treatment.⁷ Evidence has shown that the impact of IPV on treatment adherence for women is the same or greater than the impact of HIV-related stigma and discrimination.⁸

Social norms around child marriage, age discordant relationships and early sexual debut can also affect HIV acquisition. For example, a recent CAPRISA study revealed a cycle of HIV transmission where girls and young women acquire HIV from men who are on average eight years older than them. Many of the men in the study also had partners of a similar

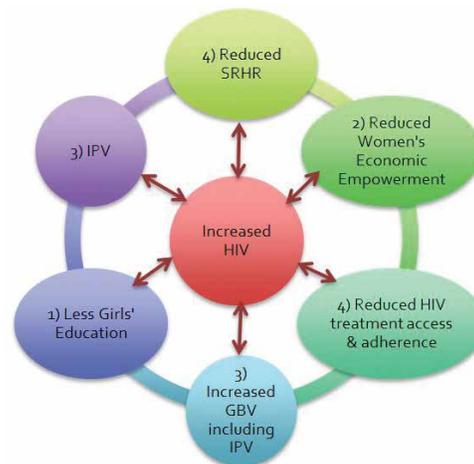
DEFINITION

Women's economic empowerment (WEE): A woman is economically empowered when she has both the ability to succeed and advance economically and the power to make and act on economic decisions. To succeed and advance economically, women need the skills and resources to compete in markets, as well as fair and equal access to economic institutions. To have the power and agency to benefit from economic activities, women need to be able to make and act on decisions and control resources and profits.

age, among which HIV prevalence rates exceeded 60%.⁹ Age related and gender related power dynamics make it extremely challenging for girls and young women to negotiate condom use with older male partners.¹⁰

Economic empowerment and gender equality

The links between gender inequality and HIV



Source: ATHENA Network and Salamander Trust submission to the International Development Committee, January 2017.¹¹

Research indicates that economic dependence on male partners or family members makes women and girls more likely to acquire HIV. Studies have demonstrated that when a woman has no economic alternatives to remaining in a relationship, she is less able to negotiate condom use, and more likely to tolerate a partner having sex outside the relationship.¹² There is also evidence that women's recent experience of IPV is strongly correlated with experience of poverty.¹³

Economic dependence is also central within age discordant couples where adolescent girls form relationships with older

men who provide them with 'gifts'. These men are likely to have already had multiple partners, and can pass HIV on to their younger partners.¹⁴

Low household income can negatively impact women and girls' right to education, and subsequent access to information about HIV. Household poverty increases the risk of child marriage, and girls in the poorest economic quintile are 2.5 times more likely to be married as children compared with girls in the richest quintile.¹⁵ Insufficient income can also be a factor in a woman's decision to enter sex work, although many sex workers choose the occupation as a form of economic empowerment rather than as a 'last resort'. Sex workers are disproportionately impacted by HIV, particularly in the context of stigma, discrimination and criminalisation.

For women living with HIV, economic independence can be further impeded by HIV-related illnesses, as well as stigma and discrimination which impact their ability to work. Insufficient income can in turn impact women's right to health services of the highest attainable standard. When health services charge user fees, women and girls are the first to lose out given that spending on their health is a low priority within the household. Even where ART is free, additional costs such as travel to the clinic and taking time off work can be prohibitive, especially for women working in the informal sector. In families affected by HIV, women bear the burden of the caring responsibility for sick family members¹⁶, further restricting their opportunities to take up paid work outside the home.

Women's economic empowerment within the HIV response: Good practice principles

International institutions are increasingly recognising the links between WEE and achieving the Sustainable Development Goals. In 2016, the Secretary General of the UN established a High Level Panel on WEE and in 2017 the Commission on the Status of Women set WEE as its main theme. The Department for International Development's (DFID) recently published strategy on economic development puts women and girls at the heart of its approach. DFID's strategy also recognises that economic development is closely linked to better health

outcomes and that a healthy workforce is a vital ingredient for economic development.

The connection between HIV and economic development suggests women's economic empowerment could play a powerful role in the HIV response, both in terms of reducing transmissions and supporting women living with HIV to access and be retained in treatment and care, and to live healthy and fulfilling lives. Studies have consistently showed that economic interventions are most effective when supported with gender transformative programming.¹⁷

1. Programmes designed, implemented and monitored in partnership with women

Pathways to WEE are diverse and highly contextual. What works to transform women's lives in one context might not work in another.¹⁸ To understand and account for the context specific gender and wider power dynamics that govern economic empowerment, WEE interventions should involve women, including women living with or most affected by HIV, in project design, implementation and monitoring.¹⁹

Programming, led by women or with the meaningful involvement of women, will ensure that WEE interventions take into account women's diverse and multiple identities, as mothers, daughters, partners, and workers. Understanding women's overlapping identities is critical to mapping and addressing the multiple barriers to economic empowerment and to building a sense of local community ownership and sustainability of the intervention.

A key objective of WEE programming is to increase women's agency and decision making power. Involving women in all stages of the programme cycle is a tangible example of how to achieve this, ensuring that women are partners in shaping development, rather than having development 'done to them'.

Interventions should also consult with women to determine what opportunities exist within a local economy and what women's interests are. Successful programmes will build on the skills and interests women already have – rather than imposing assumptions. Further market research may be necessary to



NIKAT's Economic Empowerment Programme for Sex Workers – SUSO Project in Ethiopia

The Stepping Up, Stepping Out (SUSO) project, funded by Aidsfonds, implemented economic empowerment strategies as a way to improve the health and well being of sex workers. NIKAT charitable organisation in Ethiopia began the project by undertaking a needs assessment of sex workers and used these results to plan for the project, allowing the intervention to be based on the needs and priorities of sex workers themselves.

Crucially to the programme's success, sex workers were not required to exit sex work while they were developing

new skills and learning new trades. Sex workers also led the implementation of the project and monthly review meetings were held with sex workers to evaluate the effectiveness of the interventions. As a result, the project successfully linked sex workers with educational and vocational training opportunities and awareness sessions, including English lessons and certificated courses at food and catering schools.

NIKAT formalised an agreement with a national financial institution to provide micro-credit, loans and savings advice and training for local groups. The project also provided free health services for sex workers and their children at a specialist sex worker-only clinic.

CASE STUDY

Young Women LEARN in Kenya and Uganda led by ATHENA Network

Young Women Lead, Evidence, Advocate, Research, and Network (LEARN) promotes an HIV prevention agenda informed by meaningful participation of adolescent girls and young women in research. This project is led by ATHENA Network and their community partners PIPE and ICWEA, and funded by a public–private partnership as part of the DREAMS Innovation Challenge.

One element of the project focuses on providing a bridge to employment for young women and promoting economic empowerment. The project will recruit, train and pay 10 young women as LEARN Ambassadors. The Ambassadors will be trained in research and advocacy, specifically around designing research tools, recruiting participants, leading and documenting qualitative research activities, and using the evidence base to shape and inform advocacy. Once trained, LEARN ambassadors will conduct community-based research on HIV prevention knowledge, views and preferences amongst adolescent girls and young women, and mobilise community advocates to promote more effective, inclusive and responsive PrEP programming.

determine whether there is demand for a product or a service within the economy.

2. Structural barriers addressed

DEFINITION

Structural barriers: systemic factors, beyond an individual's control including macro– economic policies, legal constraints and social norms.

Increasing women's individual income and economic participation will not automatically translate into meaningful empowerment. WEE interventions should also target the structural barriers that prevent women from benefiting from economic opportunities in order to create change.

There is growing evidence that policies which encourage governments to reduce investments in public services and deregulate labour and trade markets have undermined progress towards women's economic equality.²⁰

For example, women are responsible for 75% of the burden of unpaid care work globally, which is a barrier to participation in the formal economy. Tax revenue, if collected fairly and spent on social protection and public services, can reduce the burden of unpaid care work and support a country to work towards women's economic equality. However, tax policies, that lower taxes for corporations and high-income individuals and increase consumption taxes, shift the taxation burden onto low income groups – within which women are overly represented. These tax policies tend not to deliver sufficient revenue to provide quality accessible public services and comprehensive

social protection systems that reduce the burden of unpaid care work on women, such as paid maternity leave, paid sick leave and a decent living wage to finance caregiving.²¹

Oxfam's policy brief on women's economic empowerment in agriculture acknowledges that job creation alone is not enough. Without wider broader investment in social infrastructure, supportive norms and related safeguards for decent work, pursuing a job creation agenda, can push women into low paid, insecure and unsafe work.²²

CASE STUDY

Female Food Heroes in Tanzania

Oxfam support the broadcast of a TV show reaching 25 million people in Tanzania. The show goes in search of a 'female food hero', challenging social norms about the work of women farmers in Tanzania. Social norms are a structural barrier, in this case governing what is considered acceptable behaviour for women and men. Despite the fact that women produce the majority of the food in Tanzania, farming is still seen as a male role by the majority of the population. The programme highlights the barriers women face in becoming farmers, and challenges the image of farming as a male role by demonstrating the contribution women farmers are making to communities. In the first year of the show, 6,000 women applied to take part and 11 were selected as finalists, for their outstanding contribution to their community and agriculture. Finalists are trained on a number of issues ranging from land rights and marketing to HIV awareness. A winner is then chosen by the public who vote by text messages.



The 2011 Female Food Hero Winner, Esther Jerome. © Oxfam

3. Programming is gender transformative

Evidence suggests that women's economic empowerment programmes can upset established power dynamics and gender roles, and provoke backlash. Men may perceive an increase in WEE as threatening and can respond with violence or further attempts to control women in an effort to reassert masculinity.²³ An increase in violence against women and girls is an unacceptable violation of human rights and indisputably increases vulnerability to HIV.

A 2011 report published by STRIVE examines evidence behind IPV highlighting that employment is inconsistent in reducing women's risk to violence. The economic position of a woman's partner as well as cultural expectations of gender roles also affect her risk of violence. The report highlights a WHO multi country study, which found that women who were employed when their partners were not were at a higher risk of violence in out 6 of 14 settings.²⁴

In an effort to minimise male criticism or backlash, there are examples of women imposing strict criteria on participation within a WEE intervention, excluding the most marginalised women. These criteria might include marital status, motherhood status, paying a joining fee and general social status in the community.²⁵

To mitigate against backlash and transform unequal gender relations, WEE programmes should work with men and women to transform gender relations. Interventions can also mitigate the risk of unintended consequences by explicitly combining WEE activities with participatory sessions on gender, violence and health.²⁶ Transforming gender relations can also make space for women in all their diversity to participate in programming.

Gender transformative programmes work with men and women to transform gender roles and promote more gender equitable relationships between men and women. The International Labour Organisation recommends a number of tools and strategies for engaging men in WEE programmes including: 1) gender assessments to understand context specific roles and relationships; 2) capacity-building activities to encourage men to adopt positive masculinities; 3) inviting men

to trainings targeted at women to mitigate jealousy and build understanding of the benefits of WEE; 4) combining single sex and mixed sex activities to create safe spaces and also facilitate better communication.²⁷

4. Closely involved community

Women negotiate agency and empowerment within the context of their relationships and community structure. Engaging family members, friends, and community leaders, including religious leaders, within WEE programmes is critical to change the public discourse, practices, and social norms around gender and violence. Multi sectoral programmes that engage with multiple stakeholders are most successful in transforming deeply entrenched attitudes and behaviours.²⁸ Changing these behaviours is a critical component of increasing women's control and decision making over how resources and assets are spent.²⁹

Engaging community leaders is a particularly important way to ensure women do not experience backlash as a result of participating in WEE programmes.³⁰ Involving community leaders facilitates trust between the community and implementer and mitigates against suspicion and misconceptions of the aims of the programmes. Having community and religious leaders support programmes, can also make women feel more comfortable participating.

Involving community leaders in WEE can help an implementer to connect to existing community networks and ensure programming is reaching the most marginalised women. However marginalised women, by their nature, are often *outside* existing community networks and community leaders can also act as gatekeepers to participation.



Project Empower, HEARD, South African Medical Research Council – Stepping Stones and Creating Futures

Stepping Stones and Creating Futures is an adaptation of *Stepping Stones*, a holistic interactive training process in gender, intergenerational issues, human rights, communication and relationship skills, in the context of HIV. *Stepping Stones* was originally developed, and continues to be developed, by Salamander Trust. *Creating Futures* sought to strengthen livelihoods and economic well being through encouraging reflection and action through participatory activities among young people.

Creating Futures sessions include participants' goals and dreams, reflections on past work experiences, an assessment of current job opportunities, budgeting and learning to cope with crises in life. In 2012, the combined intervention was piloted with 232 young men and women in informal settlements in Durban, South Africa. An evaluation of the programme twelve months after it concluded showed a positive impact on participants' livelihoods and women's

exposure to violence. Earnings increased by 345% for men and 283% for women and participants reported being able to better negotiate the work environment and saving more. Men and women also reported greater critical thinking about gender relationships and power. Women reported a reduction in experience of sexual and/or physical IPV from 29.9% to 18.9%.





A HEAL women's group backed up with support from men in Twekembé, Uganda. © Act4Africa

CASE STUDY

Act4Africa Health Empowerment and Livelihoods (HEAL) in Uganda and Malawi

HEAL combines HIV prevention training, testing and counselling with savings and business enterprise coaching and life skills training, helping young women secure access to higher earnings and increasing overall levels of confidence and self-esteem. The project is backed up by the provision of HIV services for a wider group of men and women in the community. HEAL has found that engaging local leaders, authorities and men makes women more

likely to participate in savings groups and less likely to fear repercussions as a result of their involvement. This engagement helped the wider community to see the benefits of women's participation in savings groups for the family and the community. The project also arranged for a bank representative to go to villages and speak to the community directly about the project to facilitate understanding. In an evaluation, Act4Africa found a 25% reduction in men and women reporting high risk sexual behaviour compared with the project baseline. 80% of those testing HIV positive were taking up healthcare referrals, by the end of the project, compared to only 48% at the start.

CASE STUDY

mothers2mothers (m2m)

m2m trains, employs and empowers local mothers who are living with HIV as Mentor Mothers – frontline healthcare workers based in understaffed health centres and within communities. Mentor Mothers' understanding of the unique social and cultural challenges of living with HIV within a community gives them the ability to form trusted relationships with local women and their families. Mentor Mothers are professional, employed and economically empowered women, fighting stigma and discrimination by example. Since 2001, m2m has reached 1.5 million women living with HIV across nine countries in sub-Saharan Africa and has contributed to the vast reduction of vertical transmission of HIV among clients to 2.1%.

Beatrice is a Mentor Mother in Kenya. She reflected on her experiences of being a Mentor Mother.

“My self-esteem was so low that I didn't bother applying. One nurse followed up with me and encouraged me to still give it a try. To my surprise I was called for the interview – the first job interview I'd ever

had in an office. It was during the interview that I realised I have something to offer and was able to conduct myself well.”

After this, Beatrice began to share her story in one-to-one client sessions and during support group meetings so that women just like her could live positively with their HIV status.

“My role as a Mentor Mother has given me a lot of exposure and I am economically empowered to take care of myself and my family.”



Bridget and Linnes, m2m Mentor Mothers in Chikwawa District, Malawi. © m2m



CASE STUDY

Alliance Cheyutha Jute Enterprise

LEPRA Society, a Linking Organisation of the International HIV/AIDS Alliance, works in partnership with Cheyutha Charitable Trust to support women living with HIV in Hyderabad, India.

Cheyutha initiated support group activities in 2012 and currently five support groups are functioning. These groups organise training on health and rights, facilitate group discussions, link to services and government benefits, and promote savings amongst the group. Women in the group also choose to save one handful of rice a day for a month and then provide the rice to members of the community who are unable to work at the time for health reasons. The

project is helping to build the capacity of communities to cope with economic shocks.

People living with HIV in the local areas of Hyderabad face a high level of economic risk due to their health conditions and the discrimination they face from society, which make it more difficult for them to find suitable jobs. Cheyutha is now setting up a jute bag making enterprise to increase livelihood opportunities for women from the support group. As a first step members are participating in three months of training on marketing, design and production of jute bags. The jute bag enterprise will enable Cheyutha to self-fund its activities going forward. As a result of this intervention, it is expected that the women involved will acquire new skills and become empowered to sustain themselves and their families.



Cheyutha women's support group saving rice. © The International HIV/AIDS Alliance

5. Community systems and funding for women's groups are in place for long term sustainability

From the outset, WEE interventions should consider the long term sustainability of programming.

Priority should be given to strengthening existing networks and support systems, rather than building new ones. Projects which arrive with good intent from outside can inadvertently channel funding away from existing local women's groups or discourage them from their existing efforts. This can thus inadvertently undermine rather than strengthen existing community efforts. Meaningful involvement of existing community groups in the planning, implementation, monitoring and evaluation of a project at all stages is thus key to building community ownership and creating successful long-term sustainable change.³¹

Funding women's organisations has proven to be a sustainable and highly effective intervention.³² Research from Pathways shows that through collective mobilisation, women become more aware of their rights, increase feelings of self-worth and discuss strategies to navigate areas of their lives that are unfair or oppressive. By organising and developing a collective voice, women can influence power holders and create change within their households, communities and at national level. For women in low paid or undervalued jobs, organising provides the mechanism to advocate for rights, better pay and recognition.³³ Research in 70 countries from 1975 to 2005

concluded that the most consistent factor in driving positive policy change on gender and violence against women and girls was women's rights movements and organisations.³⁴

Yet women's organisations are perpetually underfunded. Research by the Association of Women in Development (AWID) in 2010 found that the median annual budget for women's organisations globally was just USD 20,000.³⁵ In 2014, the OECD evaluated donor support to women's organisations and found that just 8% of gender focused aid to civil society went to women's organisations in lower income or middle income countries. Only 6% of donor funding to civil society for gender-related programming was provided as core support, limiting the growth and capacity-building of strong and sustainable women's organisations.³⁶

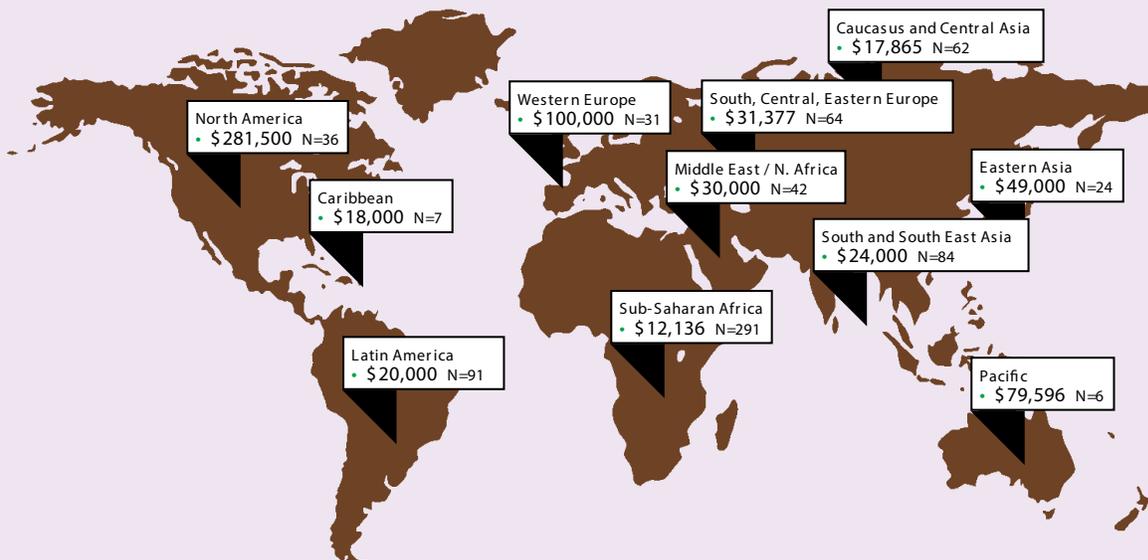
Conclusion

WEE has the potential to transform gender relations and address structural barriers that underpin the HIV epidemic, and contribute to the sustainable development and resilience of communities. Economic empowerment, however, is not a straightforward process and is highly context specific. Effective programmes need to go beyond the individual and address gender inequalities and power dynamics that impact women at the household, community and national level. Engaging and supporting women and existing women's organisations to lead economic empowerment programmes will be a critical component of success.

FINANCIAL SITUATION OF WOMEN'S RIGHTS ORGANIZATIONS GLOBALLY IN 2010

Base: 740 women's organizations N = Number of Respondents \$ = Median Income in USD

- 140 countries
- 85% registered organizations



Source: AWID (2013) Watering the Leaves, Starving the Roots: the status of financing for women's rights organizing and gender equality.³⁷

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STOPAIDS is the network of UK agencies working since 1986 to secure an effective global response to HIV and AIDS.

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