

## Women and Youth Resilience Project (WAYREP)

### Terms of reference for a consultant team (National / International) to undertake Final Project Evaluation

#### 1.0 Project Context and Background:

CARE International in Uganda is a leading humanitarian organization dedicated to fighting poverty and social injustices. CARE places special emphasis on investing in women and girls based on decades of experience which shows that promoting gender equality benefits communities. In partnership with CARE Austria, CARE International in Uganda with two partners (CEFORD and THRIVE Gulu) are implementing the five year (04/2019-03/2024) [Women and Youth Resilience Project](#) (WAYREP), a strategic partnership funded by Austrian Development Agency (ADA).

WAYREP focuses on women and girl's empowerment within the context of some of Uganda's most pressing current challenges such as rapid urbanization, regular and high rates of displacement and migration across and within Uganda's borders and a very young and largely unemployed population. WAYREP is built on the hypothesis that Gender based Violence (GBV) has two main drivers: gender inequality and poverty.

The project's theory of change was premised on the assumptions that; if refugees and vulnerable Ugandan women and girls have access to dignified livelihood opportunities and GBV services, and if the gender, social and cultural norms that perpetuate GBV are challenged and minimized, then the likelihood of resorting to negative coping mechanisms- including GBV like early and forced marriage or commercial sex- will significantly reduce and women and girls' self-reliance will increase.<sup>1</sup>

The project targeted 44,600 direct beneficiaries, 33,500 of them being women and girls (75%; focus age: 15-30 years) and 250,300 indirect beneficiaries. It is implemented in Gulu City (Pece and Bardege Divisions), Arua City (River Oli Division), Omugo Settlement (zones 4, 5, and 6) hosting refugees mostly from South Sudan and others from Democratic Republic of Congo (DRC), and Omugo Sub-County (in Obi, Angazi, Anufira, Duku, Boora and Ndapi Parishes).

**The project's expected impact is:** "To Strengthen the resilience of refugees and Ugandan women, girls, and youth to live a life free from violence in Uganda".

**Specific objective(s) of the project are:** Increased self-reliance of Ugandan and refugee Women and Youth in Gulu and Arua Municipalities, Omugo Settlement.

**This is being achieved through the following 4 result areas:**

- Enhanced sustainable and dignified livelihoods for women and youth.
- Reduced acceptance for Gender Based Violence in communities.

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<sup>1</sup> Theory of Change ([link](https://experts.care.at/projects/women-and-youth-resilience-project-wayrep-aut920/)) and other information and documentation on the WAYREP project can be found here: <https://experts.care.at/projects/women-and-youth-resilience-project-wayrep-aut920/>

- Enhanced support to GBV survivors.
- Increased accountability of the Government of Uganda on the implementation of relevant frameworks for women and girls' protection and rights.

The main project activities can be found in the annex. More information on the project, including relevant reports can be found here: <https://experts.care.at/projects/women-and-youth-resilience-project-wayrep-aut920/> For more details on the log frame, see Midterm Review: <https://experts.care.at/wp-content/uploads/2019/05/CARE-MTR-report-WAYREP-1.pdf>

The next phase of CARE's Strategic Partnership (2024-2029) will be implemented in the same locations and build on WAYREP achievements, learnings, and good practices. It will include the result areas of:

- 1) shifting discriminatory gender norms;
- 2) enhancing sustainable and dignified income opportunities for women, girls, and youth, and,
- 3) increasing women's voice and leadership. (See annex)

## **2.0. Purpose and Objectives of the assignment.**

WAYREP is in its final year and the next phase is currently being designed. Thus, the evaluation's purpose is two-fold. Firstly, it will assess and document the performance of the project, that is if the project fully attained its intended results by analyzing and reporting on endline survey data. Secondly, it will assess and document impacts, achievements, and challenges, based on the project participants' perspectives. Thus, it will contribute to a better understanding of the status of the project participants, of their assessment of the project intervention and of relevant areas for further action. This will help inform future programming, in particular the design and implementation of the next phase of the Strategic Partnership.

The evaluation will take into consideration and identify relevant differences and similarities regarding project results in the different locations (Gulu, Arua, Omugo Settlement, Omugo Sub-County), and among the different sexes and age groups (15-19, 20-30, 30 and above). Based on the findings, it will develop clear, realistic, specific, and practical recommendations for future programming, in particular the next phase of the ADA Strategic Partnership which will be implemented in the same locations, and which will build on learnings and achievements of the current WAYREP program.

### ***Primary users of the Evaluation:***

Evaluation findings and recommendations will be particularly relevant and useful to CARE Uganda, CEFORD, Thrive Gulu, as well as CARE Austria and the Austrian Development Agency (ADA). The evaluation will ensure accountability by providing independent data on progress and achievements, and will, above all, inform the next phase of the Strategic Partnership. Government and other stakeholders will be able to use the findings and recommendations to

plan interventions that sustain and/or complement WAYREP. The evaluation will be made accessible on CARE's [Electronic Evaluation Library](#) and CARE Austria website.

***Objectives of the endline evaluation:***

The end of project evaluation has the following objectives:

- **Objective 1:** To assess the extent to which the project objectives have been achieved.
- **Objective 2:** To assess the extent to which WAYREP has contributed to improving resilience and self-reliance of the targeted women, girls, and youth, and the level of collaboration with key stakeholders and community structures.
- **Objective 3:** To document both the intended and unintended impact of project activities on targeted participants
- **Objective 4:** To provide clear, realistic, and practical recommendations for improved future programming, especially the next phase of the Strategic Partnership, and for sustainability.

**3.0 Scope**

The evaluation of impact will assess progress in all four project key results areas in all locations (Gulu City, Arua City, Omugo Subcounty and Omugo settlement) covering the project implementation period from the start April 2019 to November/December 2023. Guided by the OECD/DAC evaluation criteria, the evaluation will assess the project against effectiveness and impact.

**4.0 Evaluation questions**

The following questions are intended to guide the evaluation team:

**1. Effectiveness**

- To what extent has the project achieved the project's planned objectives, expected results and indicators (disaggregation by sex, age, and location, i.e. urban, rural, refugee communities)?

**2. Evaluation of impact**

- What difference does the project make for the main target group (women, girls, and youth at risk of GBV)? In particular:
  - What are significant changes in the lives of beneficiaries in relation to the objectives of the program?
  - What are some of the project's intended or unintended, positive, or negative consequences?

- How did the beneficiaries benefit from the project? (e.g., which relevant capacities, resources, networks, and opportunities did they gain? What changed positively in their context?)
- Were there differences in results for different target groups depending on gender, age groups (e.g., youth) and the 4 geographic locations? If so, which ones and why?
- Based on the project participants' perspectives, did the project contribute to increasing self-reliance and economic and social resilience among women and youth so that they experience less GBV? In particular:
  - Which activities effectively contributed to strengthening self-reliance and resilience?
  - What were good practices in terms of project implementation or approaches used during project implementation?
  - Were there any practices that should be avoided in future interventions?
  - What challenges at individual, household and community level are still pertinent and continue to limit self-reliance and economic and social resilience of the beneficiaries? (Be specific in relation to particular social norms, gender-based violence, livelihood opportunities and meaningful participation, and consider all aspects of the Gender Equality Framework: agency, relations and structures)
- To what extent has the project engaged key stakeholders (e.g., local authorities and cultural leaders) to support gender equality, women's empowerment and the prevention and response to GBV? What are lessons learned for successfully engaging duty bearers to promote gender equality and women and girls' rights?
- What is the capacity and motivation of the community structures to continue their role beyond the project? What are their strengths and weaknesses?

The consultant is expected to provide clear, realistic, and practical recommendations that will inform future interventions, with a particular focus on the design and implementation of the next phase of the Strategic Partnership.

## **5.0. Design and Approach**

The evaluators will apply a mixed-method approach to evaluate the project building on both quantitative and qualitative data however with more focus on qualitative to provide in-depth understanding of the changes. Quantitative endline data will be provided to the consultants by CARE. Data triangulation and quality control is very important and needs to be discussed in the inception report. The evaluation will largely apply methods that enhance participatory evaluation and learning and thus, an Outcome harvesting approach will be undertaken.

The evaluation shall compare the planned objectives and indicators of the project with the actual results, assess progress toward the attainment of the project objectives and generate critical information to explain any variances. The evaluation findings derived from the outcome harvesting approach will be triangulated with the quantitative findings (esp. CARE endline), were appropriate and relevant.

Outcome harvesting<sup>2</sup> is recommended as approach. Consultants are to make detailed suggestions for appropriate participatory tools and approaches to assess the project beneficiaries' perspectives. Stories of change shall be collected and documented. The methodology, including sampling, needs to be agreed with CARE, clearly defined in the inception report, and approved by CARE.

The evaluation matrix, tools and methodology developed by the evaluators must be reviewed and validated by the CARE MEAL team and ADA. It needs to take into consideration what is appropriate and feasible for meeting the evaluation purpose and objectives, and for answering the evaluation questions, within the limitations of available budget, time, and data. The evaluation team must use gender-transformative MEAL methodologies and tools<sup>3</sup> and ensure that gender equality and women's empowerment, as well as other cross-cutting issues are incorporated into the evaluation report. All data must be disaggregated by sex, age and location and any other relevant diversity. Sampling needs to take into consideration the breakdown of target groups and beneficiaries as defined by the project proposal/inception report in view of sex, geographic location, and age groups (e.g., 75% women), and in consultation with CARE.

The independent, external evaluation shall be conducted in accordance with OECD/DAC evaluation framework<sup>4</sup>, the ADA Evaluation Policy<sup>5</sup> and the ADA Guidelines for Programme and Project Evaluations<sup>6</sup>. In accordance with guidelines and standards for ethical and safe evaluations of GBV programs<sup>7</sup> and the Human Rights Based Approach, the evaluator must ensure the meaningful and safe participation of all project participants, including women and girls, the elderly, and persons with disability among other vulnerable categories to ensure that their voices are heard during the evaluation process.

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<sup>2</sup> <https://www.betterevaluation.org/methods-approaches/approaches/outcome-harvesting>

<sup>3</sup> <https://genderinpractice.care.org/program-cycle/monitoring-and-evaluation/>

<sup>4</sup> <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

<sup>5</sup> [ADA Evaluation Policy](#)

<sup>6</sup> [ADA Guidelines for Programme and Project Evaluations](#)

<sup>7</sup> [http://apps.who.int/iris/bitstream/handle/10665/65893/WHO\\_FCH\\_GWH\\_01.1.pdf?sequence=1&isAllowed=y](http://apps.who.int/iris/bitstream/handle/10665/65893/WHO_FCH_GWH_01.1.pdf?sequence=1&isAllowed=y)

## 6.0 Work Plan

The data collection phase in the field is to be confirmed between the consultant and CARE International in Uganda, but ideally would start in November 2023, with the final report deadline to CARE of January 2024.

The assignment is expected to be conducted within 55 contractual days spread across three months and this duration includes preparation, data collection, analysis, reporting and discussion of the findings with 55 contractual days.

Phase	Deliverables	Payment	Working days indicative	Timeline
Inception phase	Draft inception report.			November 2023
Tools development Phase	<b>Deliverable 1:</b> final inception report including budget, methodology and qualitative research tools, approved by CARE Uganda and Austria.	40 % of total budget	10 days	November 2023/ 15 days after submission of the inception report
Data collection Phase	Desk review, interviews, and field visits to project sites in Gulu, Arua and Terego districts		15 days	November 2023
Data analyses Phase	Analysis of the information/data collected and preparation of draft report; <b>Deliverable 2:</b> Online presentation of initial findings to CARE and draft of the report		10 days	December 2023
<b>Evaluation report phase</b>	<b>Deliverable 3:</b> Draft Evaluation Report, for comment by project team and CARE Austria		10	December 2023
	<b>Deliverable 4:</b> Validation/ learning session with key stakeholders in Acholi (Gulu) and West Nile (Arua and Terego).		05	January 2024
	<b>Deliverable 5:</b> Final Evaluation Report	60%	05	21 <sup>st</sup> January 2024

### **Deliverables.**

The consultant is, expected to lead, accomplish, and submit the following deliverables within the agreed timeframe and budget:

- **Inception report** (about 10-15 pages without annexes):  
It which will serve as an agreement between parties on how the evaluation will be conducted. It must include an Evaluation Matrix and be in alignment with TOR and ADA guidelines<sup>8</sup>. Items to address:
  - Understanding of the issues and questions raised in the ToR.
  - specific research design including final methodological approach, sample size calculation, interview schedule, interview topic guide, structured field visits, Appropriate validated draft data collection tools (e.g., methodological guidelines, group interview questions) and data to be used in the evaluation.
  - Schedule of activities and traveling (work plan), Structure of the report; Evaluation matrix
  - Proposal for a learning event/validation of evaluation findings in Gulu, Arua and Terego districts.
  - Detailed budget
- **Online presentation of preliminary findings**, including a PowerPoint presentation.
- **Validation/ learning meeting:**  
The meeting will be with project participants and key stakeholders such as District Local Government representatives, Office of the Prime minister, Local councils, RWCs, other Implementing partners to present and discuss key findings and recommendations of the evaluation report, and key actions in response to the report.
- **Draft report:**  
A max 35-page draft and final evaluation report (in MS Office and PDF for final), excluding annexes and in English. Full reports need to be aligned to the reporting requirements (using ADA guidelines<sup>9</sup> and content outlined in ToR). It must include:
  - the ADA Result Assessment Form (RAF) 10 and the CARE gender marker vetting form.
  - an executive summary, display impact early in the report, present key findings, clear and actionable lessons learned and recommendations, as well as shareable evidence.
  - description of the full evaluation approach making explicit the underlying assumptions, challenges, strengths, weaknesses about the methods and approach
- **Final Report:**  
The revised and finalized report, about 25-30 pages, excluding annexes. The consultants will detail how all received comments have (and have not) been addressed in the final report (feedback matrix according to ADA Guidelines<sup>11</sup>).
- **Additional materials to be submitted:**  
The raw (un-cleaned) and cleaned data set used for running the analysis in any of the following statistical packages (STATA, SPSS,), transcribed qualitative scripts and syntax

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<sup>8</sup> ADA Quality Checklist for Inception Report, [ADA Guidelines for Programme and Project Evaluations](#) Annex 5

<sup>9</sup> See ADA Quality Checklist for Evaluation Report, [ADA Guidelines for Programme and Project Evaluations](#) Annex 6

<sup>10</sup> See ADA Results Assessment Form (RAF), [ADA Guidelines for Programme and Project Evaluations](#) annex 9

<sup>11</sup> See ADA Feedback Matrix, [ADA Guidelines for Programme and Project Evaluations](#) annex 8

detailing how each indicator was computed. Field photos, presentations or meeting notes pertaining to the review exercise. Stories of change attributed to the project.

Note: The consulting team must obtain informed consent from the project participants to take their information, photos, or videos in line with the CARE images policy. – The CARE consent forms will be used for this assignment.

## 7.0 Evaluation Management Arrangements.

The overall supervision of the assignment will be ensured by the CARE Uganda head of Program Quality and learning (PQL Manager). The contact person at the field level will be the CARE Uganda MEAL Advisor under Gender Justice Program, supported by the project’s MEAL Coordinator and partner MEAL Officers.

CARE roles and responsibilities	The consultant team’s primary roles
<ul style="list-style-type: none"> <li>• Share all the necessary documents (including baseline report, project documents, relevant tools and endline survey findings) to the consultant to finalize the methodology)</li> <li>• Review, approve and provide feedback to the inception report, tools, and project evaluation report.</li> <li>• Provide guidance, relevant contacts that may be required, and coordination through all the phases of the evaluation.</li> <li>• Monitoring the field data collection process to ensure quality control is imbedded in the process.</li> <li>• Provide support to the technical lead consultant in orientation and training of enumerators, and coordination of field visits to the sampled locations.</li> <li>• Provide overall technical oversight role to the execution of the assignment, to ensure that all the required feedback and approvals are obtained from the relevant departments and stakeholders, including CARE Austria and ADA.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an inception report, detailing the methodology- stakeholders to be interviewed, tools to be developed, time frame for the evaluation and budget.</li> <li>• Holds the overall management responsibility of the evaluation, including designing and carrying out the evaluation, drafting the final report and debriefing the project team and key stakeholders.</li> <li>• Liaise with CARE Project staff and Country office Program Quality unit throughout the process, providing weekly updates and seeking their input and advice where necessary.</li> <li>• Sign the CARE Uganda Safeguarding Policy and abide by the terms and conditions thereof.</li> </ul>



## **8.0 Qualifications and experience.**

A team of at least two consultants will conduct the evaluation - one Team Leader (with international experience and exposure to projects and evaluations in other regions globally, from Uganda or abroad) and one National expert (based in Uganda with expertise in the relevant area). The consultants should not have participated in the project preparation, formulation, and/or implementation (including the writing of the Project Document) and should not have a conflict of interest with project's related activities. The two consultants are expected to submit a joint proposal consisting of both a technical and financial proposal and avail evidence-based information that is credible, reliable, and useful.

The ideal consultants should have a minimum of master's degree in Gender studies, Development studies, or related qualifications in public health, social sciences, or any other relevant field such as financial inclusion, economic empowerment of women and youth.

### **Required Experience**

- At least 8 years' experience working on humanitarian and development projects, with a focus on women, girls, and other vulnerable and marginalized groups and experience in monitoring and evaluation of humanitarian and development projects, with a focus on gender related programming for women, girls, and other vulnerable and marginalized groups.
- Team leaders should have conducted as their lead at least three regional evaluations in the last five years, ideally in the relevant field. They should have demonstrated experience in participatory evaluation methodology and tools including those mentioned above (e.g., Most Significant Change, Outcome Harvesting, etc.).
- Experience working in East African region, in particular Uganda.
- Demonstrated understanding of issues related to gender in development and humanitarian programming with a focus on gender-based violence, livelihoods, sexual and reproductive health rights, effective advocacy for gender equality and a human-rights based approach.
- Fluent in English and excellent written skills.
- In the case of several evaluators, the consultant team should be as gender balanced as possible.

## **9.0 Specification for the submission of offers.**

The applicants are expected to submit a technical and financial proposal as two separate documents Maximum 15 pages minus Annexes. CARE will score bids based on technical proposal (70%) and financial proposal (30 %).

- The technical proposal may include the following.
  1. Detailed plan of action for field work indicating staff days required and propose final report format.
  2. Feedback on the Terms of reference

3. Specific roles and responsibilities of the team leader, supervisory chain, and core team members.
  4. Schedule of activities with clear timelines.
  5. Updated CVs of the core team members.
  6. Profile of the consulting firm/individual (including samples of the most recent evaluation conducted)
  7. References from previous similar work completed, preferably from the most recent assignments.
- The proposed budget should detail all the required costs with justification and clear breakdown.
  - Qualified individuals/firms who meet the criteria indicated in the TOR are expected to submit their application through email to [UGA.Procurement@care.org](mailto:UGA.Procurement@care.org) by 25<sup>th</sup> September 2023.

## 10.0 ANNEXES

### Annex 1: Main activities of WAYREP

Key Results Areas	Key activities
<b>Result 1:</b> Enhanced sustainable and dignified livelihood for women and youth	<ul style="list-style-type: none"> <li>• Formation and training of Youth/Village Saving and Loans Associations (Y/VSLA)</li> <li>• Financial literacy training and IGAs to the Y/VSLA groups</li> <li>• Multi-Purpose Cash Transfer (MPCT)</li> <li>• Apprenticeship training to the selected youth</li> <li>• Establishment of youth spaces and distribute the games and sports and infotainment materials.</li> </ul>
<b>Result 2:</b> Reduction of the acceptance of GBV.	<ul style="list-style-type: none"> <li>• Behavioral change communication through two main approaches</li> <li>• Role Model Men/Boys (RMM/B)</li> <li>• SASA! Methodology</li> <li>• Training on Gender, Equity and Diversity for the community platforms.</li> </ul>
<b>Result 3:</b> Enhanced psychosocial support to survivors of GBV.	<ul style="list-style-type: none"> <li>• Provision of Quality services and support including Psychosocial services, access to referral points, provision of materials support to the survivors of Gender Based Violence and as well as organization for case conferences, coordination meetings.</li> <li>• Training of formal and informal GBV service providers on various topics including case management, psychosocial support</li> </ul>
<b>Result 4:</b> Increased accountability of the Government of Uganda (GoU) on the implementation of relevant frameworks for women and girls' protection and rights	<ul style="list-style-type: none"> <li>• Training of the community advocacy groups and holding reflection meetings to monitor the implementation of the actions generated during the training.</li> <li>• Joint advocacy for implementation of the exiting GBV policies and frameworks by the duty bearers.</li> <li>• Implement the Community Score Card (CSC)</li> <li>• Develop Local Action Plans (LAP)</li> </ul>

### Annex 2: Summary table of WAYREP outcome indicators to be assessed.

Result Code	Objectives, Intermediate and Immediate Results	Indicators
<b>Overall Objective (OO)</b>	<b>Strengthened resilience of Ugandan &amp; Refugee women and youth to live a life free from violence in Uganda.</b>	
Specific Objective (SO)	Increased self-reliance of Ugandan and refugee Women and Youth in Gulu and Arua Municipalities, Omugo Settlement.	SOI.1 % of women and girls aged 15 years and older subjected to physical, sexual, psychological, or economic violence from an intimate partner in the last 12 months. SOI.2 % of individuals reporting high self-efficacy (SADD)
<b>Result 1</b>		

Result 1.0		Enhanced sustainable and dignified livelihood for women and youth.	% increase in income for targeted women and youth
Intermediate Result 1.1		Increased income opportunities for women and youth.	% of women and youth who have increased capability to perform economic activity
Immediate Result 1:1.1		Women and youth have skills in business development and entrepreneurship	% of women and youth who have increased capability to perform economic activity (SADD)
Immediate Result 1:1.2		Improved engagement in socio-economic networks.	% of women who are active users of financial services (disaggregated by informal and formal services)
<b>Result 2</b>			
Result 2.0		Reduced acceptance for Gender Based Violence in communities	% of respondents rejecting IPV (SADD)
Intermediate Result 2.1		Improved gender equity in households	% of respondents who support more gender equitable norms in the household (SADD)
Immediate Result 2:1:1		Women and youth have agency towards gender equality.	% of respondents with more equitable attitudes and behavior towards gender roles (SADD)
Immediate Result 2:1.2		Men demonstrate positive masculinity.	% of men with a more egalitarian perspective of men and women's rights and privileges
<b>Result 3</b>			
Intermediate Result 3.1		Enhanced quality of services for Gender Based Violence.	# of users of GBV services in Omugo settlement, Gulu and Arua municipalities, disaggregated by services and sex and age. (SADD)
Immediate Result 3.1.1		Improved capacity of formal and informal GBV service providers.	% of the people satisfied with their experience of GBV services disaggregated by service and sex and age (SADD)
Immediate Result 3.1.2		Enhanced coordination of GBV services.	% of reported GBV cases that were referred (SADD) by local structures to formal GBV services.  Functionality of the GBV Coordination system among formal GBV service providers.
<b>Result 4</b>			

Intermediate Result 4.1	Increased action on implementation of relevant frameworks for the protection of women and girls by public authorities.	# of advocacy asks that have been implemented by GOU.
Immediate Result 4.1.1	Communities effectively advocate for the protection of women and girls' socio-economic rights and a life free from violence.	% of women and girls with capacity to engage and to claim their rights with service providers and duty bearers
Immediate Result 4.1.2	Joint advocacy for the implementation of existing GBV policies & frameworks by Duty bearers.	# of CARE/partner-supported collective actions undertaken by organizations/ movements, to present women's and youth's demands to duty bearers

### Annex 3: Planned focus areas of next phase of the Strategic Partnership (draft)

**Outcome 1: Positive gender norms protect women and girls and advance gender equality & women and girls' social and economic rights.** To achieve this outcome; three outputs are proposed; Women and girls experience more gender equal and supportive relationships at home; Communities are more inclusive of women and girls and promote gender equality and Relevant government, political, cultural, and private sector actors support positive norms and practices that advance gender equality.

**Outcome 2: Marginalized women and girls have sustainable and dignified livelihoods.**

Under this outcome, the planned outputs are: 1. Women and girls have enhanced skills, knowledge, and ability to identify and implement resilient livelihoods activities; 2. Women and girls have increased access to and meaningful participation in socio-economic services and networks and 3. Local market actors are more inclusive to women and youth and promote women and youth-led businesses.

**Outcome 3: Women and girls have increased voice and leadership to address and advance their priorities and issues.**

The planned outputs include 1. Women and girls claim their rights in formal and informal spaces; 2. Organizations are strengthened in their capacities and networks to better represent women and girl's priorities; 3. Key (government) public/private stakeholders are more accountable and responsive to demands of women and girls for gender equality and women economic justice.