



Do No Harm Framework & Safeguarding Plan

Version: October 16, 2020

Purpose of Framework

This Do No Harm framework is meant to guide project/ product/ service design, implementation, monitoring and project exit with a focus on “doing no harm while doing good” for the women and families Grameen Foundation and its partners serve.

Social norms shape how people behave and expect others to behave. They define what women’s and men’s roles are from birth until death and highly influence how people are aware of, access, and benefit from programs, products, and services.

The Do No Harm Framework relies on 10 As—ten words that start with the letter A—to assist with remembering the ten different potential risks of a project/ product/ service on program participants and designing to mitigate them, whether those risks are focused on health, financial services, agriculture, among others. The framework is designed to be flexible so that it can serve agricultural and financial services programs, among others.

This tool can be used at all phases of a project, from the proposal stage to the project exit stage and should be supported by more in-depth gender analyses and processes. It is meant to be a living document that gets updated as more information informs our understanding of the risks to doing harm.

For more information or support, please contact: Bobbi Gray, Research Director, Grameen Foundation at bgray@grameenfoundation.org.

Grameen Foundation

Grameen Foundation is a global nonprofit organization that helps the world's poorest people achieve their full potential by providing access to essential financial and agricultural information and services that can transform their lives. In 2016, Grameen Foundation and the global non-profit Freedom from Hunger joined forces under the banner of Grameen Foundation. The integration of the two organizations brings together Grameen Foundation's expertise in digital innovation to end poverty and Freedom from Hunger's rich experience providing the world's poorest women with self-help tools to reduce hunger and poverty. Grameen Foundation is headquartered in Washington, D.C., with offices in the U.S., Asia, Africa, and Latin America. For more information, please visit www.grameenfoundation.org or follow us on Twitter: @GrameenFdn.



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Background: There is a limited but growing body of evidence that demonstrates that women's economic empowerment (WEE) interventions, such as those led by microfinance institutions (MFIs), can both mitigate and increase the risk of gender-based violence (GBV), particularly for women and children.ⁱ Risks to GBV increase as roles and responsibilities in the household and power dynamics begin to shift.ⁱⁱ Entrepreneurs who experience the crisis of GBV can be forced to abandon their income-generating activities, divert productive resources including credit toward other uses, and/or keep their businesses small and informal.ⁱⁱⁱ They also face increased absenteeism, health costs and reduced productivity.^{iv}

Approaches that directly respond to this risk, such as microfinance integrated with gender dialogues or GBV interventions, have been shown to mitigate and lower these risks.^{v-vi} As women gain greater access to assets and financial autonomy, they can also reduce their risk to GBV by leaving violent relationships and by gaining greater bargaining power within their relationships.^{vii} Building women's economic independence is therefore seen as an important protective and responsive approach to mitigating risks to GBV.^{viii}

It is estimated that approximately 35% of women worldwide have experienced GBV in their lifetime.^{ix} Therefore, it is logical to assume that GBV is a real threat to MFI clients and other WEE initiatives that promote women's financial and economic independence and growth and to the institutions themselves as women facing GBV may choose to default on their loans despite the long-term threat to their financial inclusion^x or leave programs altogether.

Vision: The 10-A Do No Harm Framework is meant to guide program designers through a process of identifying potential risks of the program on program participants, such as GBV, and designing to mitigate them, whether those risks are focused on health, financial services, agriculture, among others. While Do No Harm can encompass many dimensions, including environmental harm, financial consumer protection, among others, this framework focuses on social norms and the risks that women and girls particularly may face. This tool is aligned with Grameen Foundation's social goal of improving women's economic empowerment, but improving their empowerment safely.

The framework is not meant to be exhaustive. The questions highlighted below are examples of how to consider the components of the framework as it relates to a specific project. New questions may need to be asked and responded to depending on the intervention.

Use of the Do No Harm Framework:

Who should use this document? All members of a project team should be involved in identifying the risks of any particular intervention. For example, those involved in human-centered design, monitoring and evaluation, product/service design, project management, etc.

When should this document be used? This document should be a living document, from the proposal stage to the project exit stage. Periodically, the document should be updated as new information or experience is gained.

How should this document be used? There are ten guiding words that start with the letter **A** that will be covered below. The proposed project should be assessed by the program team to identify potential risks associated with each A. Notes, concerns, data should be documented associated to each dimension, or A-word. The risks should be evaluated in terms of their degree of seriousness, or priority action, using the following descriptions:

- **Serious:** Can increase likelihood of violence, gender-based violence, injury, permanent disability, death, result in participant drop-out/refusal/inability to engage in the project and/or very likely to occur or be experienced frequently (daily/weekly/monthly) or seriously impact the project
- **Moderate:** Can increase conflict, such as arguments, limit participant engagement, reduce participant (or other indirect beneficiaries such as spouses or community members) satisfaction or perception of the program and/or likely to occur or be experienced periodically (every month or two or seasonally) or only moderately impact the project
- **Low:** May only impact a few beneficiaries for special reasons, can easily be mitigated and/or very unlikely to occur or be problematic or be experienced infrequently/rarely happens

Recommendations on how to mitigate these risks should also be identified. For each finding, develop mitigation strategies and address the risk in the following order of priority:

- **Eliminate the Risk** (Ex. Don't host trainings in the evenings that put people at risk of traveling after dark)
- **Minimize the Risk** (Ex. Engage men to raise awareness of a women-only project; engage men directly in the project to build their engagement and trust)
- **Substitute** (Ex. If male and female facilitators can't conduct a gender dialogue, provide education to women only on a similar topic).

Finally, once assessment has been completed, the team should synthesize key priorities and action items as well as issues that cannot be adequately addressed by the program and why.

The 10-As of Do No Harm:

The following dimensions of Do No Harm are described below, along with examples of questions that need to be answered by the project. These dimensions and questions are then outlined in a table that can be used to document the answers and proposed recommendations for action.

- **Actors:** Have you identified the key people who influence women's access to and benefit of the services? (These can be husbands, community leaders, political parties, family members, etc.) Which people have the potential to "connect" and/or "divide" and how? How will "connectors" and "dividers" be considered in the intervention? Has your intervention plan considered how activities will encourage/improve collaboration and discussion among women and their gatekeepers? Are there risks to increasing household conflict or violence? Has your implementation plan articulated how often, when, and how will alliances be built and supported over time?
- **Awareness:** How/when are gatekeepers informed of the intervention? How are they included in the project design and market research phase and throughout the project? Are there reasons to raise awareness together/or separately? What are the risks of raising awareness of the product/service and how will participants be safely invited?
- **Availability:** Will this intervention add to women's time burden and responsibilities (or how will it improve them)? What times of the day can women be reached, interact with the intervention? What are the safety concerns that women may face that others may not? How could this intervention increase the likelihood of under unintended consequences, such as child labor?
- **Agents:** Who facilitates access to the intervention and how can their interaction be a positive or negative influence of a woman's experience? For example, should a field agent be a woman if addressing women's health? Should you have both a man and a woman field-level worker?
- **Additional Services:** How will your intervention respond to critical needs that the intervention cannot directly address, such as through linkages to additional support services? How will the program address obvious gaps so as to mitigate generating demand but not improving agency/capacity to act on that demand? What partnerships might be necessary?
- **Appropriateness:** How contextually-appropriate is the intervention, particularly regarding any social norms that may be challenged through the design, implementation, and evaluation of the intervention?
- **Adoption:** What discriminatory practices may prohibit women's participation? What processes/procedures or design features may reduce women's participation and benefit? What negative consequences could result in the adoption and how can these be avoided or mitigated, i.e. use of credit can lead to overindebtedness, use of mobile technology can lead to cyber bullying and control.
- **Agency:** What say or control over resources/information/the intervention will women have and what are the risks and how can these be mitigated and agency improved?

- **durAbility:** What is the risk to women and their well-being when the project ends? What is the plan for continued and sustainable availability and access to services?
- **Assessment:** Is there an existing grievance redressal mechanism for various touchpoints with beneficiaries? How will data be used to monitor the potential for harm? Gender disaggregated data only? Monitoring assessments or evaluations? Any change research/evaluation questions themselves could cause harm?

An example of how a project might answer these questions is provided below, followed by a blank template.

Example:

DO NO HARM ASSESSMENT

Project Name: Reducing Barriers Initiative

Prepared by: Bobbi Gray

Last updated: 21 November 2019

10 As of Do No Harm	Key Questions	Assessment	Degree of Seriousness (Serious, Moderate, Low)	Possible Action Items
Actors	<ul style="list-style-type: none"> Have you identified the key gatekeepers to women's access and benefit of the services? (These can be husbands, community leaders, political parties, family members, etc.) Have you identified stakeholders that have potential to "divide" or "connect" women to the intervention? What are strategies to leverage the "connectors" and mitigate risks/influence of the "dividers"? Does your market research plan/implementation plan/ describe how and when the actors will be engaged? 	<ul style="list-style-type: none"> Husbands: Machismo results in women not accessing and benefiting from services; even when husbands migrate, women still appear to defer decisions to them, particularly if they receive remittances. Gang members: Structurally, the presence of gangs and organized crime results in women limiting their business exposure and growth as well forgoing business aspirations altogether. While currently un-validated, MFI staff, particularly front-line staff can carry biases against women and other 	<p>Serious</p> <p>Serious</p> <p>Moderate</p>	<ul style="list-style-type: none"> Gender training will include discussions about power dynamics, to raise awareness of personal biases people have towards others. RLRB education will invite spouses to education sessions to ensure collaboration on topics affecting the household (identifying personal risks and creating plans to mitigate or response to risks). SPM assessment will assess women's leadership roles within the MFI as well as in frontline staff. SPM assessment will also assess characteristics of frontline staff and how these influence services to women and other underserved populations (women being served by women; indigenous locations having access to field staff with indigenous backgrounds)

		<p>vulnerable groups. This can result in reduced awareness of products and services/limited access to and use of services.</p> <ul style="list-style-type: none"> Barrier assessment included men in some of the FGDs and KIIs. While women note their limited opportunities, men seem to think women have access to services/support that they need. 		
Awareness	<ul style="list-style-type: none"> Does your market research plan/implementation plan consider how gatekeepers will be included/informed? Has the project plan considered whether gatekeepers and women should be informed together, separately, and why? 	<ul style="list-style-type: none"> Yes, barrier assessment included men and women FGDs. Project plan has not been developed yet. The mention of GBV in the RLRB education may be the biggest concern, particularly if partners provide the sessions to men and women alike, or on the flip-side, only provide them to women and men discovering women are discussing GBV, which can trigger conflict if women are 	Moderate	<ul style="list-style-type: none"> Implementation plans will need to consider how to include spouses or other gatekeepers in the RLRB education. It is assumed that most of module will be targeted to clients, with gatekeepers engaged in special sessions. This is TBD and may require some rapid assessments to determine modalities of implementation. Implementation plans may also need to consider how credit products are marketed and provided to women (and other groups). Credit policies will be addressed during SPM assessments. Given high-conflict environment, credit policies will also be reviewed for mechanisms used to limit client's exposure to harm (extortion, etc.)

		exposed to it. The team is still discussion how far the RLRB session on GBV will go, but likely it will focus on 1. Rights, and 2. Where to go for information/support if a woman herself is exposed or knows someone exposed to GBV.		
Availability	<ul style="list-style-type: none"> Has the market research plan and implementation plan considered how the intervention will affect women's time use? How much burden will be added or taken away and how risks to burden will be mitigated? Has the plan considered when women can be available and the safety considerations for traveling to and from meetings, access points for the intervention? 	<ul style="list-style-type: none"> Not yet. It is noted in the barrier assessment that women have very long days. Extra meetings to participate in education will have to be reviewed to ensure the timing of the events, the attendance requirements, the location of the trainings match with women's availability. The safety concerns have been noted. As with time-use, the location, timing of the trainings will have to be considered during the development of the implementation plan with each partner. 	Serious	<ul style="list-style-type: none"> Ensure action plans consider women's availability and the time and location of the trainings to ensure low-risk of overburdening them and exposure to dangerous conditions.
Agents	<ul style="list-style-type: none"> Have agents been trained in on 	<ul style="list-style-type: none"> Not yet, but is planned (agents being credit 	Moderate	<ul style="list-style-type: none"> Need to consider how those who provide linkage services are also

	<p>gender/power dynamics?</p> <ul style="list-style-type: none"> • Who are the key actors that will engage directly with women when offering the products and services? • Are there any risks to the person offering the services and/or the women's interaction with this agent (should women only be served by women agents? Should a male/female pair be encouraged?)? 	<p>officers as well as other providing direct support to clients)</p> <ul style="list-style-type: none"> • Credit officers and training staff are assumed to be those that will have front-line contact with clients. • Linkage providers can also have front-line contact. • With RLRB education, risks to person offering the education will have to be considered (are there any sessions that are uncomfortable and how can concerns be mitigated?) 		<p>sensitized to gender/power dynamics. This has not yet been considered.</p> <ul style="list-style-type: none"> • Need to decide if education requires women trainers (is this even feasible, necessary? What are qualities of partners' trainers?)
Additional Services	<ul style="list-style-type: none"> • Does your intervention plan address any gaps in products/services that are needed to achieve program goals? • What partnerships may be necessary to round out the known needs of women? 	<ul style="list-style-type: none"> • Given emphasis on GBV, linkages could be established to raise awareness of local services that can support women with this particular need. • Given emphasis of one partner on business growth and mentoring, linkages to advanced providers will be considered. • This is one area where program would have 	Serious	<ul style="list-style-type: none"> • Greatest risk regarding additional services is the lack of services in remote areas. As we consider the design of the education, we'll have to think about instances where women cannot be linked confidently to GBV services, for example. El Salvador and Honduras have few women's shelters. • Additional concern is how the linkages are developed; we have to clearly lay out advantages to both organizations to ensure the partnership can be lasting, otherwise the linkage will have limited benefit and may leave some

		<p>wished to do more and there is limited scope to do so given the comprehensive needs women entrepreneurs have in ES and HN.</p> <ul style="list-style-type: none"> 		<p>clients without ongoing access when needed.</p>
Appropriateness	<ul style="list-style-type: none"> How contextually-appropriate is the intervention, particularly regarding any social norms that may be challenged through the design, implementation and evaluation of the intervention? How will you engage different actors who can share information and perspectives on social norms that will influence the outcomes of the intervention as well as women's experiences when participating? If intervention has been implemented in a different context, which social norms may be the most important to 	<ul style="list-style-type: none"> The interventions have been designed to respond to as many of women's entrepreneurs needs taking into account the personal risks and business risks they face. We're primarily aiming to change the norms that women don't feel confident in running a business (by providing training), that women and men see their collaboration on decisions being a positive outcome (by engaging men and women in joint education sessions where possible), that women have limited access to credit to start or grow a business due to limited assets and credit history (by providing a loan matching fund). ODEF requires husbands to sign 	Moderate	<ul style="list-style-type: none"> Need to ensure we prioritize a discussion with partner regarding the requirement for male signature on a loan application (I assume this is only necessary for couples, but is this still a requirement if spouse has moved/migrated)? Do we know who the partners' have partnered with in the past and any reports/impact assessments that they can share with us now? Will need to map out GBV support services to understand how wide-spread they are.

	confirm through market research?	<p>off on loan applications. We need to assess this further to see what impact that has had/is having.</p> <ul style="list-style-type: none"> • Multi-stakeholder dialogues are one planned activity that will engage various perspectives on the results of the barrier assessment and will contribute to the initiative of possible partnerships, where appropriate. 		
Adoption	<ul style="list-style-type: none"> • What practices/ procedures/ norms will encourage or prohibit women from accessing and adopting products/services of the intervention? What discriminatory practices, gender-blind practices will need to be addressed? • What processes/procedures or design features may reduce women's ongoing participation and benefit? How will these change over time? 	<p>Credit</p> <ul style="list-style-type: none"> • Concern/risk of extortion may result in clients dropping out of MFI programs; leaving them without any access to financial services (particularly if credit use is mandatory for memberships—TBD). • Mandated male signatures on loan applications. • Collateral requirements 	Moderate	<ul style="list-style-type: none"> • Can we ask what practices the partners have regarding extortion risks right now? • Amelia, can you confirm with the lending whether individual loans all still require collateral? Besides partner, do any of the other two partners still use any group-based approaches? • As we design education can we go ahead and ask specifics about perceptions of MFIs on how they've done training in the past so we can decide whether this will influence the design of the sessions? • As education is designed, we will have to confirm availability of linkage services to ensure coverage is adequate (and what risks exist if there

		<p>Education</p> <ul style="list-style-type: none"> • Timing of sessions, location of sessions, length of sessions <p>Linkages</p> <ul style="list-style-type: none"> • Availability of linkage services in all communities (RLRB education is one place where linkages will be mentioned, so what is plan in locations where there are no services?) 	<p>Serious</p> <p>Moderate</p>	is promotion of services people can't access)
Agency	<ul style="list-style-type: none"> • What control or say will women be required or will gain with the intervention? • Has agency (decision-making power and control) been considered at all stages and for all interventions? 	<ul style="list-style-type: none"> • Women will be given practical tools and approaches for acknowledging risks they fact, and developing a financial plan for responding to the most common risks, ie. Health or other. • Sessions where spouses and other gatekeepers are invited will provide tools for problem-solving together, hopefully improving communications skills and providing both spouses/client-gatekeeper 	Serious	<ul style="list-style-type: none"> • Make sure education sessions consider the ORPA pathway to ensure agency is built and observable during the trainings.

		<p>pairs with opportunity to gain skills together.</p> <ul style="list-style-type: none"> Education sessions will be designed to assist the client in observing, reflecting, personalizing and acting (ORPA)...such that if an “action” cannot be practiced in the session, recommendations for actions will not be made. This will allow clients to “practice” a decision/action they can do. 		
durAbility	<ul style="list-style-type: none"> What is the risk to women and their well-being when the project ends? What is the plan for continued and sustainable availability and access to services? 	<ul style="list-style-type: none"> The design of each component of the project has to be continually assessed for its long-term attractiveness to the implementing organization. Given these are MFIs, the cost to providing the education and ancillary services will have to be assessed to ensure that if a training mechanism does not already exist, that one is being developed with the project and that this cost can be directly covered or indirectly 	Moderate	<ul style="list-style-type: none"> We need to map how project fits into each organization's existing structure (how do they typically do trainings? Do they already have durable partnerships with other local CSOs that provide services to their clients?)

		through cross-subsidization.		
Assessment	<ul style="list-style-type: none"> • Is there an existing grievance redressal mechanism for various touchpoints with beneficiaries? • Does your implementation plan articulate how data will be used to monitor the potential for harm? • Which data points will be critical and how will they be collected (ex gender-disaggregated data points? In-depth assessments, etc. • Any change research/evaluation questions themselves could cause harm? 	<ul style="list-style-type: none"> • Implementation plan has yet to be created. • Pre and post-tests can be used to request information on safety, risks. 	Low	<ul style="list-style-type: none"> • Will be checking through SPM assessment whether an existing grievance mechanism exists that can be built upon. • Field tests of specific education sessions prior to module finalization should request feedback on the content being provided to ensure clients will not feel unsafe discussing/engaging with content, esp GBV • Program monitoring tools/processes need to make sure field agent input is requested after specific sessions provided in education (esp GBV) and on an ongoing basis to raise concerns. • Tools should be developed with education to ensure as module is used elsewhere, there are key risks to assess when piloting the module. • Consider pre and post-test data priorities and how this data can be used to assess potential harm. (for example, fear of one's spouse as a question).

PROGRAMMATIC IMPLICATIONS

1. What are key implications of the results from the do no harm assessment on the proposed program?
What are key responses that the program plans to take and who is responsible for taking those actions?

Key Finding	Response/Mitigation Strategy	Responsibility and Timeline for Response
1. Potential for harm along lines of the interventions (primarily training of women entrepreneurs) will require a mechanism to voice potential or actual experience of negative consequences from their participation.	Use the SPM assessment to fully understand what grievance mechanisms currently exist, could be improved upon, to ensure beneficiary positive and negative experiences can be document through use or improvement of existing mechanisms. Project was not design to explicitly address grievance mechanisms, but would be an important issue to address.	REM team to complete SPM assessment by August 2020.
2. Etc.		
3.		
4.		
5.		

2. What aspects cannot be addressed by the proposed program and why?

Key Finding	Reason for Omission
1. Likelihood that GBV occurs is high, given violence in society and high statistics of GBV occurrence.	Funding constraints will limit how far this project can address GBV. The education will only raise awareness of types of violence women can experience, to especially raise awareness of financial/economic abuse as a form for GBV. Given limited availability of services as well, education will focus more on how to support each other, where to go for help.

2. Gender dialogues to address social norms/machismo could be an effective approach to improving household and community dynamics.	While gender dialogue approaches will be designed, they will only be implemented if a qualified male and female facilitator are available to do them.
3. Financial services don't appear to fully address risks to GBV (male HH member sign off on loan, etc.)	Due to funding, this project cannot explicitly work on financial product design; however, the gender and power dynamics training as well as the SPM assessments will be a starting point for a longer-term conversation and sensitization to the potential efforts that could happen in the future.
4. Etc.	
5.	

DO NO HARM ASSESSMENT & SAFEGUARDING PLAN

Project Name: _____

Prepared by: _____

Last updated: _____

10 As of Do No Harm	Key Questions	Assessment	Potential Impact of Risk (Serious, Moderate, Low)	Action Items
Actors	<ul style="list-style-type: none">• Have you identified the key gatekeepers to women's access and benefit of the services? (These can be husbands, community leaders, political parties, family members, etc.)• Have you identified stakeholders that have potential to "divide" or "connect" women to the intervention? What are strategies to leverage the "connectors" and mitigate risks/influence of the "dividers"?• Does your market research plan/implementation plan/ describe how			


	and when the actors will be engaged?			
Awareness	<ul style="list-style-type: none"> Does your market research plan/implementation plan consider how gatekeepers will be included/informed? Has the project plan considered whether gatekeepers and women should be informed together, separately, and why? 			
Availability	<ul style="list-style-type: none"> Has the market research plan and implementation plan considered how the intervention will affect women's time use? How much burden will be added or taken away and how risks to burden will be mitigated? Has the plan considered when women can be available and the safety 			

	considerations for traveling to and from meetings, access points for the intervention?			
Agents	<ul style="list-style-type: none"> • Have agents been trained in on gender/power dynamics? • Who are the key actors that will engage directly with women when offering the products and services? • Are there any risks to the person offering the services and/or the women's interaction with this agent (should women only be served by women agents? Should a male/female pair be encouraged?)? 			
Additional Services	<ul style="list-style-type: none"> • Does your intervention plan address any gaps in products/services that are needed to 			

	<p>achieve program goals?</p> <ul style="list-style-type: none"> • What partnerships may be necessary to round out the known needs of women? 			
Appropriateness	<ul style="list-style-type: none"> • How contextually-appropriate is the intervention, particularly regarding any social norms that may be challenged through the design, implementation and evaluation of the intervention? • How will you engage different actors who can share information and perspectives on social norms that will influence the outcomes of the intervention as well as women's experiences when participating? • If intervention has been implemented 			

	in a different context, which social norms may be the most important to confirm through market research?			
Adoption	<ul style="list-style-type: none"> What practices/ procedures/ norms will encourage or prohibit women from accessing and adopting products/services of the intervention? What discriminatory practices, gender-blind practices will need to be addressed? What processes/procedures or design features may reduce women's ongoing participation and benefit? How will these change over time? 			
Agency	<ul style="list-style-type: none"> What control or say will women be required or will gain 			

	<p>with the intervention?</p> <ul style="list-style-type: none"> • Has agency (decision-making power and control) been considered at all stages and for all interventions? 			
durAbility	<ul style="list-style-type: none"> • What is the risk to women and their well-being when the project ends? • What is the plan for continued and sustainable availability and access to services? 			
Assessment	<ul style="list-style-type: none"> • Is there an existing grievance redressal mechanism for various touchpoints with beneficiaries? • Does your implementation plan articulate how data will be used to monitor the potential for harm? • Which data points will be critical and how will they be collected (ex 			



	<p>gender-disaggregated data points? In-depth assessments, etc.</p> <ul style="list-style-type: none">• Any change research/evaluation questions themselves could cause harm?			
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PROGRAMMATIC IMPLICATIONS

2. What are key implications of the results from the do no harm assessment on the proposed program?
What are key responses that the program plans to take and who is responsible for taking those actions?

Key Finding	Response/Mitigation Strategy	Responsibility and Timeline for Response
2.		
3.		
4.		
5.		
6.		

3. What aspects cannot be addressed by the proposed program and why?

Key Finding	Reason for Omission
4.	
5.	
3.	
5.	
6.	

References

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- ^{ix} WHO. 2013. Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. <https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
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