

VOICE OUT LOUD

#36

FROM CRISIS TO RECOVERY:

WOMEN'S ROLE IN HUMANITARIAN ACTION



VOICE

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VOICE OUT LOUD #36

**FROM CRISIS TO RECOVERY:
WOMEN'S ROLE IN HUMANITARIAN
ACTION**

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Fizi, Baraka, DRC).

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International

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contributors of this issue.
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Editorial



In times of crisis, women and girls are disproportionately affected, and the recent conflict in Israel and Gaza is no exception. As echoed by the UN Special Rapporteur on violence against women and girls, while the atrocities of this conflict “affect both women and men, their impact is gendered and disproportionately affects women”.

At the same time, women and girls can be powerful agents of change and to leading responses to food crises and natural disasters.

This edition of the VOICE out loud highlights the experiences of women and girls in humanitarian emergencies. The articles demonstrate the struggles of women and girls, but also celebrate their resilience, emphasising the necessity of positioning them as pivotal agents of their own recovery.

Addressing Gender-Based Violence (GBV) during emergencies, particularly evident in places like the Democratic Republic of the Congo (DRC), Fida International stresses the urgent need for advocacy aimed at prevention and mitigation of, as well as response strategies against, GBV.

In a similar vein, Relief International champions survivor-centred approaches, highlighting the importance of creating safe spaces and robust support systems to counter gender-specific vulnerabilities, especially during displacement.

The article from Mercy Corps draws attention to the pressing need for inclusive recovery strategies in the face of the escalating climate crisis. It emphasises the need to build resilience and to integrate gender perspectives into recovery efforts.

CARE International emphasises the need for a comprehensive approach in humanitarian aid, considering gender dynamics across various aspects of life. Their Theory of Change prioritises women’s voices and leadership in emergencies, gender-based violence in emergencies, and gender-integrated responses.

In line with this, the speakers of the VOICE event in June 2023, “Fighting hunger: a women-led response”, recognised women’s historical leadership in addressing global food crises. They advocated for a more inclusive approach to humanitarian aid, the necessity of collaboration with women-led organisations, and the importance of a feminist approach to transforming humanitarian aid structures.

As we navigate these turbulent times where women are even banned from working in national and international NGOs – such as in Afghanistan, as shown in the interview with a female Afghan aid worker, who has chosen to remain anonymous for safety issues – it is more crucial than ever that we do not overlook the experiences of women and girls.

Prioritising gender equality in humanitarian responses is now more critical than ever. Only by ensuring inclusion and addressing the needs of all individuals can we work towards a future where crises no longer disproportionately affect women. We need to find ways to support and empower women and girls as leaders of their recovery and in shaping their future. Central to this is the allocation of quality funding to support women-led and women’s rights organisations. In this regard, the EU and its Member States hold significant responsibility and should set an example by taking a leadership role.

Dominic Crowley

VOICE President

INTEGRATING GENDER FROM THE START: CARE INTERNATIONAL'S GENDER IN EMERGENCIES THEORY OF CHANGE

THE ISSUE

FROM CRISIS TO RECOVERY: WOMEN'S ROLE IN HUMANITARIAN ACTION



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While recent years have seen increased attention to gender inequality and its impact on humanitarian crises, gender programming is still too often under-prioritised, under-resourced, and an afterthought¹. Despite decades of data illustrating the different impacts of emergencies on different populations², integrating this knowledge into intervention design has been inconsistent. It is not enough to disaggregate data, and to make adaptations to standardized interventions. **Gender-sensitive and gender-transformative programming** require us to shape our work so that gender is a central part of our considerations from the beginning.

People of all genders do not live silo-ed lives. The power systems and structures of gender affect every area of a person's life—politically, economically, socially and systemically—shaping their access to and control over resources, their vulnerability and exposure to violence and exploitation, the services available and accessible to them, and their participation in public life, including peace-building. It is not enough to have 'add-ons' speaking to these different dimensions; **effective Gender in Emergencies (GiE) programming** needs to be holistic, recognising the inter-

sections across the whole of a person's life. When women and girls do not have access to or control over resources, for example, their exposure to Gender-based violence (GBV) through sexual exploitation is increased exponentially³. GBV is also one of the single biggest obstacles to the participation of women and girls in public life, while access to safe education for an adolescent girl is one of the most powerful interventions protecting her from early or forced marriage and other harms.

CARE International's long experience of working with the power differentials of gender inequality, commitment to learning from experience and affected populations, and dedication to a gender-equitable world underpins our **holistic Theory of Change (ToC)**, supporting all our work on GiE. We know that sustained change involves working to **build agency, change relations, and change the structures** within which people of all genders live. CARE also recognizes that "gender" does not describe homogenous demographics; the intersections with age, race, (dis)ability, religion, sexuality and other identities also contribute to the ways in which people of all genders experience and move through the world.

1. <https://www.care.org/reports-and-resources/she-leads-in-crisis-report-card/>

2. CARE's RGA evidence <https://careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/>

3. IASC GBV Guidelines: [Home - Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action \(gbvguidelines.org\)](https://www.gbvguidelines.org/)

CARE's ToC brings together three distinct and interdependent pillars of work: Women's Voice and Leadership in Emergencies (WVLE), Gender-based Violence in Emergencies (GBViE), and Gender-integrated sectoral responses. These pillars reflect our commitment to understanding the lives of women and girls as holistic, and to both supporting and facilitating their capacities and opportunities to bring about change in their own lives and those of their wider communities. CARE International's emergency responses are accordingly framed around the following interventions:

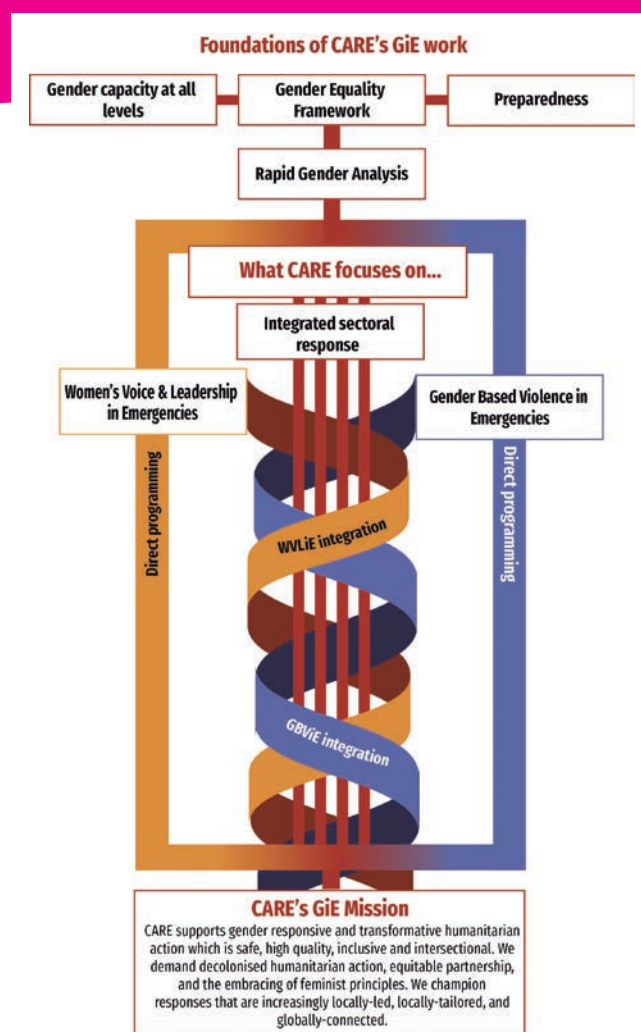
1. Understanding the needs of women and girls (through Rapid Gender Analyses)

CARE's Rapid Gender Analyses (RGAs)⁴ are industry leaders, providing detailed insights into the complexities of gender dynamics in a particular context, and making visible the impacts of a crisis. RGAs have been a significant innovation in the field; the data generated informs analyses across the dimensions of people's lives, particularly women and girls, focusing on both their immediate and longer-term needs.

RGAs are the spine of CARE's programming in emergencies; they provide a comprehensive understanding of the barriers to access that women and girls face, as well as insight into the relevant stakeholders, institutions, authorities and dynamics surrounding them. In addition, they provide the foundational strategies for the delivery of high-quality humanitarian response, meeting the needs of all and advancing gender equality. The other strands of the ToC wrap around this spine.

2. Preventing, mitigating and responding to Gender Based Violence in humanitarian crises (Gender-based Violence in Emergencies)

CARE recognises GBV, in all its manifestations, as both an issue in itself and as a mechanism for maintaining gender inequality. In times of crisis, existing social dynamics surrounding GBV become more intense, breaking down any potentially protective social mechanisms and leaving women and girls particularly exposed to GBV, and too often without support as key services often collapse in emergencies. The harms of GBViE are manifold, from the everyday fear and constraints on women's lives to lifetime harm, and in some instances life-threatening and life-ending. Integrating GBViE best practices into all humanitarian responses helps to mitigate against further violence, additionally, it helps to challenge the single biggest obstacle to well-being and safety; enabling participation in services, public life, economic opportunity and recovery from crisis.



CARE's Gender in Emergencies Theory of Change

CARE has developed multiple resources to support effective prevention, mitigation and response efforts⁵, grounded in experiential learning and working responsively with women and girls. Safe spaces for women and girls are a critical component of the work, providing spaces of respite and solace from which survivors can receive support and rebuild.

3. Supporting Women's Voice and Leadership in Emergencies

CARE recognizes that women are overwhelmingly the first responders in any crisis or emergency⁶, but also that women's voices are the least heard, with women rarely being meaningfully consulted or involved in decision-making on issues that concern them before, during or after crises. This is especially true for women with intersectional identities, which are subjected to multiple forms of discrimination and are even less likely to influence the decisions being made for them.

4. CARE's RGA resources <https://www.careemergencytoolkit.org/gender/gender-in-emergencies/8-key-tools-and-other-resources/>

5. CARE's GBViE tools <https://www.careemergencytoolkit.org/gender/gender-based-violence-in-emergencies/>

6. CARE (2017) *She is a Humanitarian: Women's participation in humanitarian action drawing on global trends and evidence from Jordan and the Philippines*; CARE (2022) *She Told Us So (Again): Women's Voices, Needs and Leadership*.

➤ CARE's Women Lead in Emergencies is a proven and scalable programming model to enable grassroots women's groups to address barriers to their participation so that they can take the lead in design and delivery of humanitarian assistance. Since 2018, CARE and partners have worked with the WLiE model in 22 countries. For example, in Uganda, with funding from ECHO, Global Affairs Canada and DFAT, CARE Uganda have been supporting Congolese and South Sudanese refugee women in Kyangwali, Rhino Camp and Bidibidi settlements to organise, analyse their own priorities, and co-create and implement their own activities with a grant/budget that they control. The achievements of women's groups have included leading GBV prevention and response in their communities, successfully campaigning for election in Refugee Welfare Councils, negotiating with UN agencies for safe and accessible access to food distribution for their community, organising functional literacy classes, promoting peace and reconciliation between ethnic groups, registering their groups with government and starting new businesses and income-generating activities.



©Photo: Ollivier Girard / CARE Niger

“If we are committed to effective humanitarian response that addresses the needs of all, while challenging the harms of gender inequality, we need to fundamentally change how we approach the work.”

4. Responding to women and girls needs through gender integration

The combination of RGAs and GBViE prevention, mitigation and response lay the foundations for working cross-sectorally, reinforcing the need for all interventions to reflect how gender dynamics shape the spaces within which people live through crises¹⁰. The design of Shelter, WASH, Education, Nutrition, and Cash Transfers can improve the security and life chances of women, girls, and all genders in the immediate, while also contributing to the potential for gender-transformative outcomes in the longer term. Wrapping the interventions around the 'spine' of the RGA, incorporating measures to mitigate the risks of GBV, and actively supporting women's leadership has the potential to save more lives and transform gender relations in an emergency. This pillar is woven through CARE's ToC to ensure that the specialist expertise involved in the RGA and GBViE work is used to influence cross-programme interventions.

If we are committed to effective humanitarian response that addresses the needs of all, while challenging the harms of gender inequality, we need to fundamentally change how we approach the work. CARE's ToC for GiE illustrates how: from the spinal core of an RGA to holistic interventions across sectors and specialist programming. These pillars in combination offer the potential for the most effective, life-saving programming, based on what women say they need in emergencies, while working towards gender transformative outcomes from the beginning.

Heather Cole, Senior Technical Advisor, Gender in Emergencies
Tam O'Neil, Global Coordinator, Women Lead in Emergencies
Céline Mias, EU Representative & Director
 CARE International

Humanitarian agencies have long-standing commitments to be accountable to affected populations and to transfer decision-making power and resources to local actors, who are best placed to lead in emergencies. For CARE, realising these commitments means working with women-led collectives and organisations to provide the resources, space and solidarity they identify as being important in order to take an active role in humanitarian decision-making and action. We do this both by integrating Women's Voice and Leadership in Emergencies (WVLE) approaches into sector programming – for example, CARE Vanuatu's risk reduction and response programmes include specific activities to support women's participation and leadership in community decision making. We also do this through dedicated WVLE programming that addresses structural barriers to women's participation, such as facilitating their collective voice and power⁷ and through our Women Lead in Emergencies programming with community-based women's collectives (see box)⁸. Globally, CARE also prioritises creating spaces and opportunities for advocacy led by the organisations representing crisis-affected people of all genders and in all their diversity⁹.

7. CARE (2023) Women's Voice and Leadership in Humanitarian Settings WHS Baseline Report.pdf

8. CARE (2022) Women Lead in Emergencies learning report <https://careevaluations.org/evaluation/women-lead-in-emergencies-global-learning-evaluation-report/>; Women's stories of change from WLiE projects: <https://storymaps.arcgis.com/stories/d113785b33784d7eb637bd729f182c59>; <https://storymaps.arcgis.com/stories/65cd5155b36814a4492501f54f9ff0d91>; <https://www.youtube.com/watch?v=HtsE7nC8A>

9. CARE and WLO partners(2023) <https://reliefweb.int/report/ukraine/one-year-after-escalation-war-ukraine-making-international-funding-work-womens-organisations>

10. Press release: Women are increasingly at-risk in conflict and underrepresented in peace processes, according to a UN report | UN Women – Headquarters

GENDER-BASED VIOLENCE A CRISIS OF OUR HUMANITY

THE ISSUE

FROM CRISIS TO RECOVERY: WOMEN'S ROLE IN HUMANITARIAN ACTION



Group photo at Women's Empowerment Centre (Centre d'autonomisation des femmes) (Kimanga IDP settlement, Fizi, Baraka, DRC).
©Photo: Hannu Happonen – Fida International

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed differences between males and females. It includes public or private acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.¹ Some common manifestations of GBV include e.g. child marriage, female genital mutilation, trafficking, and intimate partner violence.²

The risk of violence, exploitation, and abuse is heightened during emergencies. Katja Köykkä, Fida's Special Advisor to the Country Programme in the Democratic Republic of the Congo (DRC), recalls the sad reality of this conflict-riddled country. "Rape has been a weapon of war throughout history, and it has a cheap and terrifying way of destroying people. What makes it even more gruesome here is that the majority of survivors of rape are never able to return to their home villages due to stigmatisation. The same intolerable story is repeated and reported globally: when people flee their homes, they are at greater risk."³

Sexual and gender-based violence (SGBV) takes a comprehensive hold of a survivor's life. It is a personal tragedy inflicting physical, psychological and social trauma. Often there is a risk of sexually transmitted infections, injury and pregnancy as a result of rape. Children born from rape are targets of hate, abandoned and left without identification papers leading to exclusion on many levels. The tragedy does not end there, however, as families get broken and ties to one's community get severed. Shame prevents from seeking help leading to untreated illness, a broken psyche, and reinforced cycles of violence. Justice is not sought, and perpetrators are not punished.

"This is not just a humanitarian crisis. This is a real crisis of our humanity. It is our common responsibility to help these survivors who have been denied the protection they need. The silence must end. Violence gains its power from silence."

1. Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.
2. UNHCR, 2020. Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence
3. <https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence>

In DRC, Fida has partnered with the Communauté des Eglises de Pentecôte en Afrique Centrale (CEPAC) for several decades. Recent field assessments tell the harrowing story of constantly growing cases of sexual and gender-based violence. Dr. Denis Mukwege (2021), a Congolese gynaecologist, founder of the Panzi hospital, and the 2018 Nobel Peace Prize laureate, appeals: “This is not just a humanitarian crisis. This is a real crisis of our humanity. It is our common responsibility to help these survivors who have been denied the protection they need. The silence must end. Violence gains its power from silence”.

FROM PAIN TO LIFE - A CALL TO ACTION

The harsh realities of GBV in humanitarian crises have not gone unnoticed on any level. The direction has been set, whether it is a global initiative or community-led response. The call is to prevent, mitigate and respond to GBV.

A global initiative⁴ “Call to Action” was launched in 2013 to put much needed attention on the GBV crisis. The three core objectives of the Call the Action remain crucially valid. Humanitarian actors are called to establish accessible specialised GBV services and programmes, integrate and implement preventative actions to mitigate GBV risks, and continue to mainstream gender equality and women’s empowerment from the very earliest stages of a crisis.

These objectives were all recognized in September 2023, when Fida and the Finnish Ministry for Foreign Affairs hosted a webinar titled “From Pain to Life” to address the GBV crisis. The webinar discussions strongly brought up what is compounded in numerous policies and guidelines: we are faced with a task that requires action and commitment down the pyramid of power in our societies.

There is a need for holistic development to change the course of GBV from the current and constant rise to its decline and its much-anticipated demise. GBV is a reflection of steepening gender and social inequality. Persons with disabilities are three times more likely to experience physical, sexual and emotional violence than persons without disabilities; and women with disabilities are ten times more likely to experience sexual violence than women without disabilities⁵. Between 40%-68% of young women with disabilities will experience sexual violence before the age of 18. Building more equitable societies, supporting safer schools that in turn build-up stronger societies, strengthening democracy and the rule of law and judicial processes, and fostering an environment of healthy discussions around sexual and gender-based violence are all part of the journey to eliminating GBV.



Boy carrying jerry cans (Kyamushenji, Tanganyika, DRC).
©Photo: Hannu Happonen – Fida International

“There is a need for holistic development to change the course of GBV from the current and constant rise to its decline and its much-anticipated demise. GBV is a reflection of steepening gender and social inequality.”

Fida works with a localised approach and a focus on ensuring local and national ownership. Fida and its local partners have programming for prevention, mitigation and response to GBV. Two of the key areas of work are in sexual and reproductive health and rights (SRHR) and psychosocial support. The aim is to prevent harmful practices, such as child marriages, female genital mutilation and intimate partner violence, that are all forms of sexual and gender-based violence. SRHR and psychosocial support often have a great synergy in addressing GBV prevention and response through awareness-raising, advocacy and education. Male engagement also plays a growing role in reducing harmful practices and SGBV. One efficient tool in preventing SGBV, HIV and unwanted pregnancies is comprehensive sexuality education (CSE). Many young people lack basic information about puberty, menstruation and pregnancy, especially youth with disabilities. Creating a solid base of knowledge is necessary to address SGBV. In the area of mitigation and response to GBV, Fida and its partners put special focus on the protection of children, i.e. by establishing inclusive Child-Friendly Spaces (CFS). Children are given a chance to be heard and provided with safety to play and learn positive coping mechanisms.

4. The Call to Action on Protection from Gender-Based Violence in Emergencies is a global initiative of governments and donors, international organisations (IOs) and non-governmental organisations (NGOs)

5. UNAIDS, [Fact sheet — Zero discrimination against women and girls \(unaids.org\)](#)

Village leaders, religious leaders, hospital staff, community members and survivors alike call for the same thing: children and youth need education and support to build a future without violence.



“Accountability and participation as well as empowerment are at the core of GBV mitigation and require policies that are thoroughly understood and implemented and frequently monitored.”

POLICIES AND PILLARS IN ACTION

Policies

The humanitarian mandate and principles of humanity, neutrality, impartiality, and independence are at the foundation of preventing, mitigating and responding to GBV. The UNHCR Policy⁶ on GBV prevention outlines key issues to consider in humanitarian programming.

Ensuring the safety and dignity of the people in need is at the core of humanitarian action, putting special focus on those in **most vulnerable** situations and **disability inclusivity**. Careful needs assessments and contextual understanding are needed to ensure **non-discrimination** and **meaningful access** to humanitarian services. Sadly, ensuring access to those in greatest need is exceptionally difficult as GBV is riddled with stigmatization, leaving survivors inconspicuously silenced.

Accountability and participation as well as **empowerment** are at the core of GBV mitigation and require policies that are thoroughly understood and implemented and frequently monitored. Humanitarian actors also need to identify risks of sexual exploitation and abuse (SEA) by humanitarian workers as a form of GBV and work to extinguish possibilities of harmful actions.

Pillars of Response

GBV responses are founded on four pillars: **health services**, **mental health and psychosocial support**, **legal action**, and a **socio-economic response**. Survivors of GBV and especially survivors of sexual assault, need healthcare and often surgical care to treat battered bodies. Psychological and social support are just as needed to care for a shattered spirit and severed social support systems. The goal of legal services aim to bring the perpetrators to justice. However, access to legal services and trust in the police and justice system is low leading to reluctance of GBV survivors to seek help from formal systems. They are seen to be unable or unwilling to help and feared to cause further psychological harm and deny protection⁷. Crises weaken national systems. Health and legal systems, and community and social support networks are broken down as people flee their homes and end up in temporary settlements with dire humanitarian needs. It is difficult to hold perpetrators accountable in an environment of impunity⁸.

The culture surrounding rape will only change when there are clear rules and violence is not tolerated in any of its forms”, an interviewed survivor appeals.

Dr. Mukwege writes about the four-fold approach in his book⁹. Despite challenges, he believes that the holistic treatment approach helps survivors of sexual and gender based violence to regain confidence and self-esteem – suffering turns into strength and pain into power. Many survivors become true human rights activists who protect their communities.

Gender equality and human rights issues are indivisible and belong to all of us.

Johanna Lindgren, Specialist in Humanitarian Assistance
Fida International

6. UNHCR, 2020. Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence

7. Lorenz, K., Kirkner, A., & Ullmah, S. 2019. Qualitative Study of Sexual Assault Survivors' Post-Assault Legal System Experience. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6994185/>

8. <https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence>

9. Denis Mukwege, 2021. The Power of Women: A Doctor's Journey of Hope and Healing.

BUILDING CLIMATE RESILIENCE FOR ALL: TOWARDS INCLUSIVE RECOVERY

THE ISSUE

FROM CRISIS TO RECOVERY: WOMEN'S ROLE IN HUMANITARIAN ACTION



©Photo: Ezra Millstein/Mercy Corps

Inclusive recovery is crucial to resilient communities. As relief and recovery needs increase globally due to the escalating and compounding impacts of the climate crisis, it has become essential to ensure that we can both meet the immediate needs and, at the same time, support communities in becoming more resilient to future shocks. After a disaster hits, it's no longer sufficient to build back 'as it was', as communities aim to strengthen their resilience in the face of the climate crisis (see the recent [Resilient Recovery report by the Zurich Flood Resilience Alliance](#)). Critically, for effective and sustainable recovery, everyone in the community, including women and girls, must emerge more resilient.

THE CASE FOR RESILIENT RECOVERY

The climate crisis is getting worse, more quickly, and below the threshold of previously anticipated tipping point temperatures¹. An estimated 3.3 to 3.6 billion people are living in contexts that are highly vulnerable to climate change². Climate shocks increasingly interact with and further aggravate existing non-climate-related crises, such as conflict, health emergencies, and poverty. This means that the worst impacts of the climate crisis will continue to fall most heavily on the least able to cope - the poorest communities and the most marginalised groups within them.

Emergency relief and supporting these communities to return to a 'pre-disaster' state is, therefore, inadequate in the face of the worsening climate emergency. 'Building back better' is not a new idea, and is central to global commitments such as the Sendai Framework for Disaster Risk Reduction and the Global Facility for Disaster Reduction and Recovery (GFDRR), of which the EU is a core donor and partner. Yet humanitarian programming remains chronically underfunded, with only around \$500 million of official development funding allocated to reconstruction, relief, and rehabilitation in 2020³.

1. [AR6 Synthesis Report: Climate Change](#). The Intergovernmental Panel on Climate Change (IPCC), March 2023.

2. [AR6 Synthesis Report: Climate Change](#). The Intergovernmental Panel on Climate Change (IPCC), March 2023.

3. Most aid funds go to just a few disasters. What about the rest? The New Humanitarian, June 2022.

“Critically, for effective and sustainable recovery, everyone in the community, including women and girls, must emerge more resilient.”

This is about 400 times less than what is needed according to some estimates⁴, let alone enough funding for forward-looking, risk-informed recovery approaches. We have a wealth of data on the likely future impacts of climate hazards on the environment, physical infrastructure, and communities themselves, and yet we continue to act as if we are only dealing with the situation as it is today.

RISK INFORMED, INCLUSIVE, AND MULTI-DIMENSIONAL RECOVERY

The impact of disasters is multidimensional, encompassing physical, social, and economic aspects. In particular, disasters tend to reinforce existing inequalities, aggravating climate-related challenges and disadvantages for the most marginalised groups and individuals in the community. Although men and women are all affected, it is rarely equal. It is well known, in fact, that women and girls are disproportionately impacted by disasters when local socio-cultural norms limit their mobility, participation in decision-making processes and access to economic resources⁵. Women’s low status in the community has also a negative impact on their ability to recover, as they are excluded from the creation of recovery strategies. When women are not involved, the strategies often do not effectively address their needs, such as ensuring they are included in community-level decision-making processes for resilient strategies (e.g. establishing women’s safe spaces)⁶, enabling them to have access to information and make informed decisions when future shocks occur, and reaching them with financial resources to rebuild their livelihoods. Additionally, psychosocial support services and community-level mental health programmes can play an important role in addressing psycho-social challenges when building resilient communities⁷.

Leaving women behind has a negative impact on the resilience of their entire communities. The recent report from the Zurich Flood Resilience Alliance defines resilient recovery as being risk informed, multi-dimensional, and inclusive⁸. Inclusivity is both the means and the end of resilient recovery. We know that including women in the decision-making process and encouraging them to take on leadership roles enhances decision-making and leads to more sustainable outcomes. Addressing gender is also key to enhancing and delivering overall disaster recovery and resilience building. For example, the two women in a community disaster management committee (CDMC) of eleven members in Nepal advocated successfully to plant 25kg of potatoes over the 10kg originally suggested to prevent soil erosion, the increased amount proved successful but also created a new revenue stream and market linkage for the community⁹.

While critical, this is not straightforward. It requires examining the root causes and drivers of the vulnerabilities of all marginalised groups, including women and girls - and understanding how they might change in the context of an evolving climate crisis, population fluctuations, and development interventions.

“Leaving women behind has a negative impact on the resilience of their entire communities.”



©Photo: Ezra Millstein/Mercy Corps

4. Finance for climate action: Scaling up investment for climate and development'. Grantham Research Institute on Climate Change and the Environment, London School of Economics and Political Science, 2022.

5. Building Resilience Through the Integration of Gender and Empowerment. Mercy Corps, January 2023.

6. [RETHINKING RESILIENCE: Prioritizing Gender Integration to Enhance Household and Community Resilience to Food Insecurity in the Sahel](#). Mercy Corps, 2014.

7. The USAID-supported RIPA-North program in Ethiopia has implemented psychosocial support services to female and male youth transitioning out of pastoralism due to the drought crisis.

8. Towards transformative action: The unfulfilled promise of resilient recovery. Zurich Flood Resilience Alliance (ZFRA), 2023.

9. Building Resilience Through the Integration of Gender and Empowerment. Mercy Corps, January 2023.

> MERCY CORPS' BRIGE TOOLKIT:

To address the intersection of climate and social impacts that disproportionately affect women and girls, Mercy Corps designed the BRIGE toolkit (Building Resilience through Integration of Gender and Empowerment). Building upon existing resilience-focused programmes implemented by Mercy Corps across three countries -Indonesia, Nepal, and Niger- BRIGE included the pilot of gender and social inclusion measurement and implementation tools across the programme cycle to enhance the resilience capacity of the communities. Building upon previous Mercy Corps studies and experience on gender and resilience, BRIGE identified 3 key pathways to improve the participation of women and other marginalised groups in 1) household and 2) community decision-making and 3) access to market linkages.

The implementation of BRIGE helped foster household and community dialogues around social norms that inhibit the empowerment of women and girls. A qualitative study implemented at the end of its initial pilot showed that BRIGE led to women's increased perception of self-confidence and to men's increased respect for women, resulting in women having more meaningful participation in household and community decision-making.

Implemented along with income-generating activities and financial literacy training¹⁰, BRIGE facilitated opportunities to build resilient individuals and communities through more equitable dialogues and the development of adaptive strategies that are inclusive of critical assets, such as savings and alternative incomes, that have the potential to support households to absorb and bounce back from disaster impacts¹¹.

Since its initial design in Nepal, Indonesia, and Niger, Mercy Corps has adapted and implemented BRIGE in Niger and Zimbabwe with positive results on improved perceptions of equitable norms among women and men.

RECOMMENDATIONS FOR FUTURE PROGRAMS

Post-disaster landscapes require rapid action that does not allow for comprehensive assessments of the compounding nexus of social and climate impacts, however as we explored in this article, understanding the complexities of the disadvantages experienced by the most marginalised is crucial to building resilient communities. Responders will be battling to save lives today and will rarely have the resources - financial, human, or mental - to consider these complex intersecting issues. Therefore, preparedness and planning are vital.

Being intentionally 'inclusive' in our post-disaster interventions means adopting programmatic approaches that place gender and other intersectional identities at the centre of analysis and design of all activities, and making efforts to engage directly with marginalised individuals providing them with targeted information, tools and skills.

Drawing from Mercy Corps' experience in Nepal, our Gender Equality and Social Inclusion (GESI) First approach applied both GESI-focused considerations to program activities. For example, information was made available in local languages, involved marginalised people in skills-building training, and in the formulation of

“Committing to resilient recovery is essential as we face the growing challenges of the climate crisis.”

community-level strategies, and specific gender and social inclusion interventions to shift harmful social norms. These included analyses to capture the different impacts on women and marginalised groups through monitoring reflection sessions, implementing household dialogue to open opportunities for women and girls to participate in decision-making, and co-creating Integrated Community Assessment and Action Plans (ICAAPs) through dedicated focus group discussions involving women and marginalised group members to ensure equitable resource distribution and divided tasks.

Committing to resilient recovery is essential as we face the growing challenges of the climate crisis. We must invest in the social and economic domains as much as in the environmental and physical aspects during the recovery programming if we are to deliver on our commitment to 'build back better.'

Anna-Louise Roele, Policy and Advocacy Advisor
Mercy Corps

10. [Priming Resilience with Intra-Household Change](#). Mercy Corps, 2018.

11. [Priming Resilience with Intra-Household Change](#). Mercy Corps, 2018.

FOSTERING STRENGTH AND INCLUSION: THE SIGNIFICANCE OF THE GENDER LENS IN DISPLACEMENT SETTINGS

THE ISSUE

FROM CRISIS TO RECOVERY: WOMEN'S ROLE IN HUMANITARIAN ACTION



Women, in particular, commonly experience multiple trauma and sexual assaults during displacement. 50 percent of the world's nearly 110 million refugees, internally displaced, or stateless populations are women and girls. Photo: © ELIE GARDNER/RELIEF INTERNATIONAL

Clara¹, a citizen of South Sudan, was living in Sudan with her three children, having fled her home some time ago. When war broke out in Sudan in April 2023, Clara was forced to return to South Sudan. Clara and her children are now living in a camp at the border. Upon arriving in the camp, Clara told the medical staff that she had been the victim of intimate partner violence in her marriage and was subject to a serious sexual assault by armed militia on her displacement journey. Clara received medical care in the health facility. She agreed to meet with a female psychologist. Clara has been receiving psychosocial support from a female trauma specialist. After several support sessions, Clara confided in the psychologist that a male resident of the camp was regularly sexually assaulting her.

Although this story is fictitious, Clara's story is all too real and all too common. During times of crisis, upheaval, and displacement, people of all genders are significantly more vulnerable to sexual violence and exploitation. How humanitarian and development agencies address this risk, and respond when we learn about such events, is critical. It is particularly important to consider gender in our response.

“Gender matters in development and humanitarian action. Ensuring that we design and implement services using a gender lens is as critical as providing lifesaving medicine or healthcare itself.”

Gender² matters in development and humanitarian action. Ensuring that we design and implement services using a gender lens is as critical as providing lifesaving medicine or healthcare itself. A gender lens takes the existing differences between genders into account when analysing a situation or developing a specific programme. While each of us bears some risk of sexual violence, exploitation, and exclusion, 50 years of research and experience have taught us that situations of upheaval exaggerate gender inequalities and make people additionally vulnerable to gender-based violence (GBV).

Women are disproportionately displaced during conflicts. Take a recent example. Since April 2023, about 5.8 million people have been displaced inside Sudan or have fled to neighbouring countries, half of whom are children. Women make up 69 per cent of the internally displaced persons (IDPs), including those in war zones, and data from Chad indicates that 90 per cent of the refugees crossing

1. Clara's story is fictional but reflects typical scenarios in which the author has been involved at Relief International.

2. Gender refers to socially constructed roles, characteristics, expectations and behaviours assigned to men and women. One's gender may or may not match the sex assigned at birth or correspond to binary categories of man/male and woman/female. Gender is also intersectional, meaning it cannot be properly understood in isolation, as it interacts with other systems of oppression to produce unique rather than cumulative forms of disadvantage. When we refer to “women” we refer to anyone who identifies as female.

the borders are women and girls³. In neighbouring South Sudan, prior to the recent crisis, the vast majority (more than 83 per cent) of those fleeing South Sudan were women and children. Children make up 65 per cent of the total South Sudanese refugee population; many have been separated from their parents and are traveling alone.

Given this context, it is vitally important that medical and psychological services are delivered with careful consideration of the gender and history of those receiving care. This will encourage and enable survivors as they seek help, as well as ensure that survivors are able to rebuild trust in systems. When survivors share their experiences and/or seek help, humanitarian actors need to understand their underlying vulnerabilities and the risks associated with those vulnerabilities.

In the case example, Clara is female, a lone parent, and displaced. Each of these factors is a vulnerability that should be considered when assessing risks. For instance, being female and alone puts Clara at far greater risk than if she were with a male spouse, brother, or father. Add to this the fact that she is forced to migrate away from the home she knows, where she has a community around her for protection and comfort, and we see the risk of being harmed to rise exponentially. Thus, a correct assessment of risk will support more effective protective actions.

Survivors must also retain a degree of control over the information that they have shared so that they can gain physical and psychological safety. Taking into account the survivor's perspective is vital in achieving physical safety, meaning that the survivor is no longer exposed to the risk of physical assault, measures have been taken to remove the threat posed by the perpetrator and/or the survivor has been moved to a safe location, and she has received appropriate medical attention and is physically safe. Psychological safety takes place when the survivor knows she is physically safe and can begin to process the trauma. For displaced people, psychological safety can be difficult to achieve as the trauma is compounded by a sense of continuing insecurity in other aspects of their lives.

Organizations should have a safeguarding specialist or focal point on board. This expert can work with the survivor and her advocate, assist in assessing risks for the survivor based on their gender and other factors, and ensure that appropriate action is taken.

In situations that are similar to Clara's, Relief International safeguarding specialists work to connect the survivor to a female psychologist. The psychologist would work to build a trusting relationship with the survivor over several sessions and ultimately create a sense of psychological safety for her. In a similar case we managed, the survivor's physical environment remained unsafe, because sexual violence was an ever-present threat; but her sense of psychological safety enabled her to disclose the violence she



Relief International works closely with refugee and host communities to build safe shelters and social

had experienced and begin to work through her trauma.

Sometimes, a survivor's trauma is additionally complicated by her having experienced multiple traumas. The woman herself may have been a victim of direct violence, or she may have witnessed or have knowledge of her children having been victims of sexual violence. Women in such a situation would be highly likely to experience complex Post Traumatic Stress Disorder (PTSD). Complex PTSD has a profound impact in a displacement situation, in which physical safety and basic necessities like nutrition, water, and shelter are compromised layers of additional trauma. Altogether, the possibility of recovery can be remote.

While we should avoid the tropes often applied to female survivors – that they are either helpless victims or incredibly resilient – it is right to acknowledge that displacement also can provide opportunities for women. Survival, recovery, and thriving are possible. In new environments, women can access livelihoods that were previously unavailable to them culturally and economically. When they are not displaced, women tend to retain more traditional roles such as mother and caretaker, while men provide the main source of income. Yet, when there is societal upheaval, as with conflict, the men go to fight, leaving the women to work and earn income.

To mitigate the risks of GBV, which disproportionately affects women globally, Relief International works closely with refugee, host communities and partner agencies to build safe shelters and social spaces for women. Our health-care professionals bolster GBV and mental health referral mechanisms between the community, primary health clinics, and hospitals, strengthening the healthcare system's ability to act as the foundation for resilience in communities affected by conflict, climate change, and disaster. Our local teams work to sensitize communities on the importance of combatting GBV, conducting culturally sensitive awareness sessions about female genital mutilation, sexual violence, child marriage and other topics. In doing this work, we have found that displaced women, like Clara, are already resilient; they just need support to recover and mitigate the chances of having to experience gender-based violence on a repeat basis.

Justine Skeats, Global Safeguarding Lead
Relief International⁴

3. UNOCHA Sudan Situation Report 12 November 2023

4. Relief International is a humanitarian aid agency that partners with communities affected by conflict, climate change and disaster to save lives, build greater resilience, and promote long-term health and well-being. More about us can be found at www.ri.org.

VOICE KEY HIGHLIGHTS: FIGHTING HUNGER: A WOMEN-LED RESPONSE

THE ISSUE

FROM CRISIS TO RECOVERY: WOMEN'S ROLE IN HUMANITARIAN ACTION



The panel of experts at the VOICE event "Fighting hunger: a women-led response"
Photo: ©VOICE

“Even though women produce more than half of the food worldwide, and have been leading the response to the global food crisis, they are more likely to eat last and the least.”

Even though women produce more than half of the food worldwide, and have been leading the response to the global food crisis, they are more likely to eat last and the least. On 21 June 2023, the VOICE network organised a panel discussion on the topic "Fighting hunger: a women-led response". The panel discussion explored how humanitarian practitioners and donors can design and support gender-sensitive responses, as well as contribute to creating an enabling environment for local women to play a leading role in the humanitarian response to the global hunger crisis. After some opening remarks from Ms Cristina Gutiérrez Hernández, Spanish Humanitarian Director at the Agencia Española de Cooperación Internacional para el Desarrollo (AECID) of the Spanish Ministry of Foreign Affairs, European Union and Cooperation, complementary views were shared by speakers from various backgrounds:

- **Mimidoo Achakpa**, National Coordinator of the Women in Humanitarian Response in Nigeria Initiative (WiHRiNI) and Steering Committee member of Feminist Humanitarian Network (FHN);
- **Floriane Clement**, Senior Researcher at French National Institute for Agriculture, Food and Environment (INRAE);
- **Megan Daigle**, Senior Research Fellow for ODI's Humanitarian Policy Group;
- **Cheryl Harrison**, Deputy Director of the Cash-Based Transfers Division of the World Food Programme (WFP);
- **Kirsten Sutherland**, Humanitarian Coordinator at Alianza por la Solidaridad (ActionAid Spain).

INCLUDING WOMEN IN THE HUMANITARIAN RESPONSE TO THE HUNGER CRISIS IS MORE THAN NECESSARY

Women are already doing the work

Speakers broadly agreed that the disproportionate impact of hunger on women and girls combined with their key role in food systems called for their involvement in the humanitarian responses to hunger. Megan Daigle (ODI) reminded attendees that women are, and have always been, at the centre of the response to food insecurity, in a manner that is grounded in communities' priorities and ways of working. Kirsten Sutherland, from VOICE member Alianza por la Solidaridad, highlighted that in the context of hunger, women's vulnerability is conditioned by patriarchal dynamics which intersect with race and colonisation. It is essential for INGOs to collaborate with women-led organisations and networks, and to adopt approaches and methodologies that promote participation and leadership, putting more power in the hands of local women to address food insecurity. To ensure meaningful work, Megan underlined that international humanitarian practitioners need to engage in partnerships with humility and undertake power analysis.

Women have an excellent grasp of communities' needs

Mimidoo Achakpa, from the Feminist Humanitarian Network (FHN), mentioned that women, due to their various social roles, have unique insights into the gaps, dynamics, and power relations within their communities. Women enjoy the trust of their peers and are aware of the specific needs of the most marginalised. The FHN representative added that this allows women to take an intersectional approach, making sure that everyone is considered, regardless of their age, gender, or ability. Moreover, according to her, women propose approaches which enhance the impact of humanitarian responses and bring an understanding of resilience.

Cheryl Harrison mentioned how WFP is increasingly giving cash directly to women because it increases their decision-making power and helps unleash their economic potential so they can become resilient beyond the immediate crisis. According to Cheryl Harrison, giving cash to women is our best bet to achieve gender equality and become agents of change, lifting themselves and their wider community out of poverty.

IN SITUATIONS OF FOOD INSECURITY, CONTEXT-SPECIFICITY MUST RHYME WITH GENDER SENSITIVITY

Floriane Clément (INRAE) explained that in development contexts, there is not such an unequivocal link between women's empowerment and increased food security. The response to food insecurity must be context-specific and consider the way in which gender affects the food system in a specific situation. Understanding the differentiated capabilities of men and women to access food helps prevent projects from furthering the existing inequalities and power dynamics.

While gender shapes the impact of crises on people, Megan Daigle (ODI) pointed out that crises too, change gender dynamics. This includes the actors involved in a humanitarian response, who have an impact on gender norms even when not gender focused. Despite the time pressure and resource constraints, it is key to remain aware of gender norms throughout a crisis, to make sure to adopt a gender-sensitive approach.

MANY OBSTACLES TO WOMEN'S LEADERSHIP REMAIN

Time pressure

Throughout the conversation, the dominance of men and international actors in the humanitarian sector was mentioned as an overarching difficulty to overcome. When it comes to collaborating with women-led organisations, Kirsten Sutherland pointed out that it is important to remain flexible, to make sure women's participation is favoured. Unfortunately, the time constraints which come with emergency contexts can complicate this collaboration. Moreover, ensuring collaboration with partners of varying response capacities can be challenging, as women-led organisations are not always the biggest actors. Kirsten Sutherland stressed the importance of nexus approaches, as humanitarian work often depends on the work carried out by actors working on longer-term approaches.

Marginalisation of women

The undermining of women's leadership was mentioned by Mimidoo Achakpa as one of the main challenges to overcome. In addition, the high control from male relatives in some households increases the risk for women to lack experience, capacities, and skills to navigate the humanitarian aid systems. Mimidoo Achakpa mentioned the strong marginalisation of local and national women by donor agencies, which prevents them from participating in humanitarian responses. To overcome these challenges, the FHN recommends fostering dialogue around masculinities, exploring possibilities for women's involvement, and multiplying training opportunities in emergency preparedness.



Kirsten Sutherland speaks about the importance of ensuring women's collaboration in humanitarian response. Photo: ©VOICE

Access to funding

According to Cheryl Harrison, a major challenge remains the lack of trust in affected people, especially women. Evidence shows that directing cash transfers to women is highly efficient and brings positive change. Yet, when women ask for this to happen, it often takes a long time to make the necessary changes. This is unfortunate because research shows that when women manage their families' finances, they make choices that benefit young girls as well as the whole family. Mimidoo Achakpa (FHN) also urged donor agencies to ensure funding opportunities for women-led organisations.

Bias within the humanitarian system

One must not underestimate the biases brought by the humanitarian community itself, and the subsequent risks of attempting to design responses that are gender-responsive or that follow feminist principles, but without consulting with or centring the priorities of crisis-affected women, according to Megan Daigle. Intersectional approaches, including an analysis of the existing systems of power, are key to mediating the risk of exporting a vision of feminism and gender equality which might not be relevant to the context. This is why gender transformation must be locally led.

CONCLUSION

Speakers agreed that women's leadership in the humanitarian response to hunger not only brings better outcomes but is the right thing to do. Because of their key role in food systems, and their close ties within their communities, women are very well placed to design and participate in the implementation of humanitarian programmes. International practitioners must work on securing partnerships with women-led organisations of varying capacities, to make sure that they can be involved despite the fast pace of humanitarian contexts. They must always be aware of gender norms, through extensive dialogue with the communities they assist, considering the specific context. The broader context of operation, including any power dynamics in the humanitarian aid system, as well as the impact practitioners have on a situation, should be considered.

“Because of their key role in food systems, and their close ties within their communities, women are very well placed to design and participate in the implementation of humanitarian programmes.”

Beyond a gender approach, the panel discussion highlighted that a feminist approach is necessary to change the existing structures of humanitarian aid. While a gender approach focuses on meeting the needs of people of all genders, a feminist humanitarian approach aims to address the root causes of these differentiated needs and to overcome them through participatory processes. Given the heightened humanitarian needs of women and girls in hunger crises, as well as their key role in food systems, feminist approaches are particularly adapted to solving situations of food insecurity.

Suzanne Dominguez, Junior Advocacy Officer
VOICE

NOWHERE TO ESCAPE IN GAZA.

THE WAR TURNED THE HUMANITARIAN CRISIS INTO A CATASTROPHE

20 November 2023

A CLOSER LOOK



Palestinians conduct a search and rescue operation after the attack of the Israeli army at Maghazi refugee camp in Gaza City, Gaza on November 03, 2023. Photo: © Omar Ashtawy/APAimages

The war on Gaza – indiscriminate bombardments, a complete siege of the Gaza Strip, and forced displacement of its population – exacerbated the humanitarian crisis in a context where the population has nowhere to escape.

The humanitarian crisis in Gaza was there before 7 October, when the war started. The Gaza Strip is a 365 square kilometre piece of land, surrounded by military-controlled walls and fences on the north, the east, and the south, and by the sea on the west. A sea that Gazans are not allowed to navigate or to use for fishing beyond a few miles. Around 2.3 million people living in the Strip – 70% of them already internally displaced after the creation of the State of Israel and the following expansion of the Israeli occupation of the Palestinian territory – don't have the freedom to move in and out. Only a few are allowed to do so for work purposes. The Gaza Strip is under a blockade operated by Israel and Egypt since 2007, when Hamas affirmed its de facto government in the Gaza Strip. The blockade subjected the import and export of any kind of goods to Israeli control. Quoting UN OCHA, "Decades of protracted Israeli military occupation, 16 years of the Gaza blockade, internal Palestinian political divisions, and recurrent hostilities between Israeli security forces and Palestinian armed groups have resulted in Gaza's dire economic situation". Even before the 2023 war, the Gaza Strip

heavily relied on humanitarian aid, for both small and big-scale interventions.

WeWorld has operated in Palestine since 1992. Traditionally, as in the rest of the Middle East, WeWorld characterised its intervention by the proximity to the communities and their involvement in the strategic planning of the priorities, the strengthening of both civil society and local institutions, together with technical and programmatic expertise primarily in the WASH (Water, Sanitation and Hygiene) sector, but then expanding towards multisectoral interventions under the umbrella of Integrated Protection, as well as Local Economic Development and Resilience Building. Since the opening of an office in Gaza City in 1997, WeWorld intervention in Gaza has been traditionally focused on humanitarian needs, especially in the WASH sector, focusing on the shortage of drinking water caused by the overexploitation of aquifers in the past 30-40 years and the consequent increase in salinity in most areas of the Strip. After the Cast Lead Operation (2008-09), WeWorld has focused its intervention on the growing needs of vulnerable households in terms of Integrated Protection, and on the urgent need to enhance the local capacity to manage and supply drinking and domestic water. In addition, strengthening the capacity of local authorities in the sustainable management of resources and in responding to the basic needs of the population

“Even before the 2023 war, the Gaza Strip heavily relied on humanitarian aid, for both small and big-scale interventions.”

has been a guiding principle as well as the subject of direct interventions.

A few years ago, thanks to an initiative of the European Union and with the push and support of many NGOs, development funds were directed to the Gaza Strip, under the consideration that a swap in the conception of aid in Gaza was needed: Gazans' future relies on the development of their capabilities and resources, both of them very present, and not only in the mere delivery of aid, water, or food. Poverty in Gaza is a consequence of the geopolitical scenario, and not of the lack of resources. WeWorld is one of the first INGOs that started working in Gaza with development funds.

Before the war, the projects of WeWorld in Gaza focused on WASH and Integrated Protection, in close coordination with the UN Cluster system (WeWorld is a member of the Strategic Advisory Group of the WASH and Shetler Clusters): from an innovative system to detect and reduce the water losses (with relevant savings) in the water network in Khan Younis municipality (in partnership with the University of Berlin), to the construction and rehabilitation of WASH infrastructure in hospitals and healthcare centres (among them Al-Shifa hospital). All efforts aimed at ensuring equal access to safe water and quality health services to the people of Gaza. In 2022, WeWorld was funded by UNICEF to elaborate the National Standard for WASH in Health Care Facilities. The multilayer and long-term intervention in the WASH sector allowed WeWorld to be positioned among the main WASH actors in Palestine.

Once the war started, the already severe humanitarian situation deteriorated very quickly. After the Hamas attacks on the 7th of October, Israel closed immediately all the crossing points between the Gaza Strip and Israel. Since the 11th of October, a complete siege of the Strip has been put in place, stopping completely access of food, water, medicines, or any type of goods. Since no fuel has been allowed, electric plants will not function anymore once the fuel reserve is over, as well as hospitals and water desalination plants, and, of course, means of transportation. After almost 6 weeks of war, not one day of ceasefire has been allowed, and the bombardments are continuous and indiscriminate. More than

50% of housing units have been destroyed and more than 1.65 million people have been internally displaced. Currently, around 1 million people are hosted in 258 schools (154 UNRWA, 104 public), and the rest at family houses or in hospitals and churches. [These numbers](#) increase every day. The health system was declared collapsed days ago, and some of the main hospitals in the north (e.g. Al-Shifa and Al-Quds) are under direct military attacks. Some 625.000 students (100% of the students in Gaza) have no access to education since the first day of the war. No humanitarian aid has been allowed into Gaza between the 7th and the 21st of October, and in the following weeks, only an average of 40 trucks per day have been authorised to enter, which is way below the pre-war average and extremely insufficient to meet the needs of the population under complete siege since the 11th of October. On the 13th of November, the head of UNRWA declared that without fuel all the remained humanitarian operations in Gaza would completely stop within 48 hours. The health conditions in the Strip are worsening every day, not only because of the collapse of the health system but also because of the lack of a functioning sewage system, the lack of a solid waste and wastewater treatment, the increased risk of water-borne diseases, the complete lack of hygiene services for children, men and women, who are renouncing to menstrual hygiene common practices for the lack of safe and dignified spaces and resources. On the 2nd of November, WeWorld was among the main WASH actors in Palestine publishing the “[Not enough water to survive](#)” statement, denouncing the catastrophic water, sanitation, and hygiene situation in Gaza

In these hours, the team of WeWorld has been able to collect and distribute around 122 m³ of domestic and drinkable water to around 78.200 internally displaced people, using only carts pulled by donkeys. A drop in the ocean, but a drop that keeps the solidarity and the humanitarian spirit alive, as well as the trust of the population on the humanitarian system. WeWorld developed a [response plan](#) that considers three possible work-streams, depending on the evolution of the war and the humanitarian access. In the coming weeks and months, WeWorld has been already trusted and funded by the UN system to be part of the integrated humanitarian intervention, mainly in the WASH sector.

Since this war started, we understood that the crossing points for people and goods between Israel and Gaza would remain closed for a significant amount of time, maybe for good. The only chance to provide humanitarian aid to Gazans would be from the southern border with Egypt, through the now sadly famous Rafah crossing point. The international community was probably not ready for such a huge change of scenario,



Rafah Palestinians, holding jerry cans, line up in front of a gas station to get gasoline and diesel on the third day of the Gaza truce.
Photo: © Abed Rahim Khatib/APA images

> Samir, a voice from Rafah, Gaza Strip, Palestine

Samir is a WeWorld staff member. He is from Rafah, he is one of the few Palestinians in Gaza who is still living in his own house. After two weeks of war, he lost 19 members of his family, including his brother, in one single strike, after they evacuated from the north to the south, as indicated by Israeli authorities. Samir is now active in delivering water and other non-food items on behalf of WeWorld. "These are tough days, unlike any we have seen before in the Gaza Strip. Every family has someone who was killed, injured, or displaced" he told us, "All residents of the Gaza Strip have been affected by the punitive measures, from the suspension of fuel entry and the complete power outage to the ongoing siege, and the absence of basic life necessities. I lost part of my family in the bombing of my brother's house, but I could not stop, even at that point. Today we were able to provide water supplies to the displaced people who fled the bombing, after much effort. Most of them are children, women, elderly." Samir is a social worker with 18 years of experience in the humanitarian sector and was working on an innovative integrated protection and local economic development project. "Before this escalation, I never worked in the water supply sector, but I found no other option than act and look for possible sources to help these people, as many other colleagues are displaced, they live in very crowded places and the communication with them is not always easy. What we see is the daily exacerbation of people's suffering due to displacement, poor health conditions and complete lack of hygiene resources." We asked Samir what he sees in front of him, in the next days: "The coming days will be undoubtedly harder, with the onset of winter. What we provide to the citizens is a small part of their daily needs, but we will not be able to meet the main needs of the population without a ceasefire that will allow us and other organizations to move and support the citizens."

"The only solution to provide humanitarian support to the population in Gaza is a complete and durable ceasefire."

so additional efforts from the UN system, in coordination with the Egyptian government and the Egyptian Red Crescent, had to be made. On the INGOs side, the large majority of those operating in Gaza don't have a stable presence in Egypt, where the registration requires a long administrative process. WeWorld – as other INGOs – deployed a Humanitarian Aid Unit in Egypt to assess the possibilities of delivering humanitarian aid through the Rafah crossing. The cooperation among the UN system, including a Logistic Cluster, the INGOs, and the Egyptian actors is already in place, and it's fundamental to provide a meaningful assistance once the Rafah crossing – which opening depends on political factors and not on humanitarian ones – will be full-time active.

The absolute priorities, once the provision of humanitarian aid is concretely allowed, are the restoration of life-saving facilities such as electric plants, hospitals, and desalination plants, which will need huge amounts of fuel to function. At the same time, the installation of dignified and safe human shelters and the allocation of spaces and resources for the education of 625.000 students, are priorities that encompass the future of Gaza.

The only solution to provide humanitarian support to the population in Gaza is a complete and durable ceasefire. The dramatic level of destruction of private and public infrastructure, the enormous number of internally displaced people, and the transformation in terms of demography and density of population, together with the incalculable loss in terms of human lives and collective and individual trauma, will require a restructuring of the humanitarian architecture in what will remain of the Gaza Strip – which after the complete evacuation of the north will reduce its surface by at least 40%. What will be left will be an incredibly densely populated area with around 2 million internally displaced people, with a severe lack of infrastructure, uncertain governance, and political interests polluting the humanitarian narrative, which is the only one we should all abide by.

Andrea Sparro, Partnership and Advocacy Manager
WeWorld

Interview with a female Afghan aid worker from one of the VOICE member organisations

Name and organisation are not disclosed for safety issues

VIEWS ON THE EU

> 1. What is the current humanitarian situation in Afghanistan?

Afghanistan continues to face a precarious humanitarian situation. Millions of Afghans are experiencing food insecurity, challenges in accessing basic services, disease outbreaks and protection risks. This situation has been exacerbated by climate-driven natural disasters such as floods and droughts. Essentially, the worsening humanitarian crisis is driven by a political one where the international community's non-recognition of the Afghan de facto government has resulted in deteriorating international aid. With exponential rise in needs, particularly with harsh winters approaching and the deportation of thousands of Afghans from neighbouring Pakistan, the humanitarian situation looks bleak.

> 2. What is the state of gender equality in the country?

"Afghanistan under the Taliban remains the most repressive country in the world regarding women's rights," said Roza Otunbayeva head of UNAMA, earlier this year. Afghan women have historically been disproportionately impacted by the crises in Afghanistan. Lack of access to basic services has led to a lower female literacy rate and lower participation of women in economic and political spheres. According to the United Nations Population Fund (UNFPA), studies suggest that 87 percent of Afghan women experience at least one form of physical, sexual, or psychological violence, and 62 percent experience multiple forms. Since 2021, the de facto authorities have banned secondary-level education for girls, imposed a female work ban in the humanitarian field, movement restrictions and a dress code, further depriving women of their rights to a safe and dignified life. In such situations, women are more likely to resort to negative coping mechanisms.

> 3. In December 2022, the Taliban issued a decree banning women from working in national and international NGOs in Afghanistan. How has this ban affected humanitarian aid access?

The work ban on female INGO and local NGO employees has deepened the vulnerability of women and girls and increased their barriers to access aid. Today, humanitarian organizations continue to provide services such as food assistance, healthcare, mental health and psychosocial support, cash and in-kind support, and legal assistance. However, the fact that female humanitarian workers cannot go on the ground and that there are strict measures on gender segregation means the exclusion of women and girls from life-saving assistance and other longer term development activities. Women and girls are also not able to participate in assessments that would help determine the risks they face and their needs and this reduces the efficiency of programming to meet their specific, current needs. Within humanitarian work, the gender-based violence sector faces extra challenges in operating. Since 2021, organizations have significantly limited their gender-based violence related activities due to the de facto government's hostility towards gender/women specific activities.

> 4. What initiatives or interventions have humanitarian organizations put in place to address the impact of the ban on women working for NGOs and the subsequent challenges faced by Afghan women and girls?

Despite the massive challenges, humanitarian organizations continue to operate in different sectors and in many parts of Afghanistan. Female participation on the ground is negotiated locally. Although these negotiations are a slow and cumbersome process, they have borne results. Women can access target areas by following the dress code and being accompanied by a close male relative. Recently, the deportation of thousands of Afghans from Pakistan posed an emergency at two border points in the east and south of Afghanistan. Humanitarian actors were able to successfully negotiate the presence of female staff at border points to respond to the situation effectively.

> 5. What coping mechanisms have Afghan households resorted to due to the ban and the different restrictions in place for women and girls?

The restrictions imposed on women and girls have not only impacted educational outcomes and their role in different spheres but also led to mental health challenges for women and girls who are facing uncertainty over their future. There are reports of households resorting to negative coping mechanisms such as child marriage. Young girls have reported being forced into marriage because of the education ban. They said that they were to be married off after finishing school but since schools had closed, their families started marrying them off. Families are also leaving the country in large numbers seeking education and work opportunities for their female family members.

> 6. How can the international community effectively respond to the challenges faced by Afghan women and girls, considering the severity of restrictions and the lasting impact on their lives and rights?

Afghanistan's isolation internationally and the resulting funding gaps have strained life-saving assistance to reach women and girls. While the international community's political stand towards the Afghan de facto authorities takes shape, it is vital that international aid continues to flow into the country. The biggest challenge faced by humanitarian organizations is dire underfunding. Politics should not impede aid that is being delivered independently through UN agencies, NGOs and INGOs, and reaches people in need directly. The international community's support for INGOs and NGOs offers a lifeline to Afghan women and girls who are more marginalized than ever.

VOICE MEMBERS 2023

AUSTRIA

- CARE Österreich
- Caritas Österreich
- SOS Kinderdorf International

BELGIUM

- Caritas International Belgium
- HIAS Europe
- Médecins du Monde (MDM) Belgium
- Oxfam Solidarité - Solidariteit
- Plan Belgium

CROATIA

- International Medical Corps Croatia

CZECH REPUBLIC

- ADRA Czech Republic
- Caritas Czech Republic
- People in Need (PIN)

DENMARK

- ADRA Denmark Nødhjælp og udvikling
- CARE Denmark
- Dansk Folkehjælp Danish People's Aid
- DanChurchAid (DCA)
- Danish Refugee Council (DRC)
- Mission East Mission Øst
- Save the Children Denmark

FINLAND

- Fida International
- Finn Church Aid
- World Vision Finland

FRANCE

- Action Contre la Faim
- ACTED Agence d'Aide à la Coopération Technique et au Développement
- CARE France
- Handicap International Humanity and Inclusion
- La Chaîne de l'Espoir
- Première Urgence Internationale
- Médecins du Monde (MDM) France
- Relief International
- Secours Catholique - Réseau Mondial Caritas
- Secours Islamique France
- Secours Populaire Français
- Solidarités International
- Télécoms Sans Frontières (TSF)

GERMANY

- ADRA Deutschland
- Aktion gegen den Hunger
- Arbeiter-Samariter-Bund (ASB) Deutschland
- CARE Deutschland
- Deutscher Caritasverband Caritas Germany
- Diakonie Katastrophenhilfe
- International Rescue Committee Germany
- Die Johanniter. Aus Liebe zum Leben
- Malteser International
- Medico International
- Plan International Germany
- Welthungerhilfe
- World Vision Germany

ITALY

- Caritas Italiana
- CESVI - Cooperazione e Sviluppo
- COOPI
- INTEROS Organizzazione Umanitaria Onlus
- JRS Jesuit Refugee Service
- Oxfam Italia
- Terre des Hommes Italy
- WeWorld

IRELAND

- Concern Worldwide
- GOAL Global
- Trócaire

LUXEMBOURG

- Caritas Luxembourg

THE NETHERLANDS

- CARE Nederland
- Cordaid
- Mercy Corps
- World Vision Netherlands
- Oxfam Novib
- Save the Children Netherlands
- War Child
- ZOA

NORWAY

- CARE Norway
- Norwegian Church Aid
- Norwegian Refugee Council (NRC)
- Save the Children - Redd Barna

POLAND

- Polish Humanitarian Action (PAH)

SLOVAKIA

- Habitat for Humanity International

SPAIN

- Acción Contra el Hambre
- Alianza por la Solidaridad-ActionAid
- Ayuda en Acción
- Caritas Española
- EDUCO
- Médicos del Mundo
- Oxfam Intermón

SWEDEN

- LM International (Läkarmissionen)
- PMU Interlife
- Svenska kyrkan - Church of Sweden

SWITZERLAND

- Medair

UNITED KINGDOM

- CAFOD
- Christian Aid
- Plan International UK
- Save the Children UK

89 members
19 countries



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VOICE is the network of 89 European NGOs promoting principled and people-centred humanitarian aid. Collectively, VOICE aims to improve the quality and effectiveness of the European Union and its Member States' humanitarian aid. The network promotes the added value of NGOs as key humanitarian actors.

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Standing together.