



WOMEN LEAD IN EMERGENCIES

Frequently Asked Questions

What is it?

Women Lead in Emergencies supports local women's groups to take a lead in responding to the crises that affect them and their communities. It is the first practical toolkit for frontline CARE staff and partners with guidance on how to promote women's participation and leadership in humanitarian settings.

Why do we need it?

Women and girls are hardest hit by conflict, disasters and emergencies:

- when food is short, women and girls eat last, and least
- they are more likely to miss out on education
- they are at much greater risk of sexual violence
- they are the first to lose their jobs and livelihoods
- they have less access to life-saving maternal health services
- they take on even more responsibilities as caregivers and not just for their own family, but for others, too.

Women have the right to a say

Women have a human right to participate in the life of their community and government and the international community has made specific policy commitments to promote women's participation and leadership in decision-making.¹ Yet women are still excluded from most humanitarian responses – which means they do not have a say in identifying what their needs are and deciding how best to meet them.

Women's leadership is necessary for effective humanitarian responses

When women's voices are not heard, women's rights and needs are often not adequately met, and humanitarian responses can cause harm and reinforce gender inequality.²

- Women's lack of participation in humanitarian responses 'severely limits our effectiveness', according to the UN³
- Local women's organisations are not consulted in nearly half of all humanitarian responses⁴
- In the global COVID-19 response, women make up 70% of the health workforce but hold only 5% of the leadership positions⁵
- Less than 0.1% of COVID-19 funding has been directed to local and national NGOs, and women-led organizations are likely to have received an even smaller share of this money.⁶

In the time of coronavirus, we need Women Lead more than ever

As countries across the world respond to the COVID-19 pandemic, <u>CARE's research</u> shows it is more urgent and important than ever that women are included in decision-making at all levels, and are able to lead humanitarian response and recovery activities. CARE's Women Lead in Emergencies model provides a practical guide on how to support women to take a lead in responding to crises that affect them.

What's different about Women Lead?

Women Lead provides the model for a different kind of humanitarian response, one that:

- focuses on women's leadership in humanitarian decision-making
- combines CARE's expertise in Gender in Emergencies and Inclusive Governance
- puts money and decisions directly into the hands of local women's groups
- always works with men and boys, as well as women, to reduce the risk of backlash or violence against women who are active in public life
- challenges the unequal power relations and decision-making structures that drive poverty and instability
- provides practical, flexible guidance and tools for frontline humanitarians.

Who is involved?

Women Lead supports local women's groups

Women Lead works with poor, marginalised women who have been affected by crisis – women with the least say in humanitarian decision-making, but the same women who are first to respond to support themselves, their families and their communities when crisis strikes. CARE seeks out existing women's groups in the community, like refugee associations, savings groups or church groups. Women Lead works with groups of women, rather than individuals, to build women's solidarity and collective influence over the decisions that affect their lives.

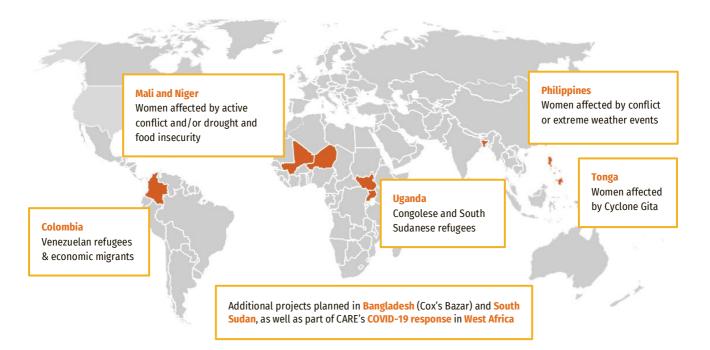
In-country support team

The Women Lead team is usually made up of about 5 people – staff from CARE and local partners – including women who speak the local languages and live in the community. It serves as a support team, directed by the local women's groups, that helps women to broker access to resources and local decision-makers.



Where is Women Lead working ?

So far, CARE has piloted or is using the Women Lead model in Colombia, Mali, Niger, the Philippines, Tonga, and Uganda. It is being used in all types of emergency, from natural disasters to protracted crises, from conflict settings to global health pandemics.

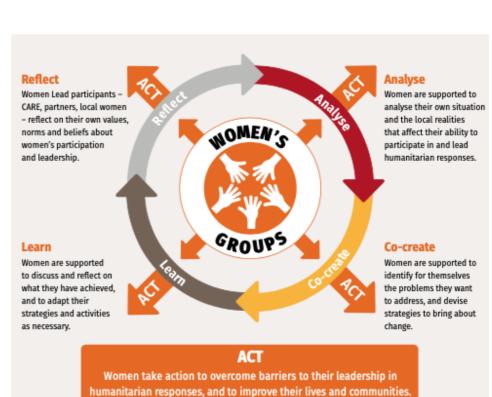


How does it work?

Women Lead provides a 5step model for working with poor, marginalised women so that they can take a lead in responding to humanitarian crises that affect their communities.

How long does it take?

On average, Women Lead projects last two years but this is dependent on funding resources and the evolving situation on the ground.





How much does it cost?

It costs, on average, \$150,000 USD to run a pilot. Unusually for humanitarian responses, each Women Lead project includes an activity budget that the women's groups decide how to spend. The Women Lead model is integrated alongside other humanitarian response and recovery activities, and has the potential to help women's groups to access other sources of funding and existing resources in their communities.

Women Lead in action

In Omugo settlement in Uganda, Women Lead supported groups of refugee women to identify priority issues that affect their lives and their own strategies to address them.

Together, local women's groups decided to:

- Prioritise adult literacy classes, financial and business skills training, and mental health and psychosocial support, as urgent barriers to women's leadership
- Hold a Women's Conference promoting peace and reconciliation between different ethnic groups
- Organise a peaceful community boycott that persuaded UN Agencies to move a food distribution point closer to their village
- Register the first women's community-based organisation in the Omugo area
- Stand in autumn 2020 for elections for Refugee Welfare Councils the main representative body for refugees.

By the end of the pilot:

- Women's confidence in their negotiation and communication skills increased from 42% to 91%
- Women's ability to work with other women to achieve a common goal increased from 30% to 92%.

How can I find out more?

Women Lead in Emergencies can and should be used within all multi-sector responses to ensure international commitments to women's participation in emergencies are met. To find out more about supporting women's participation and leadership in humanitarian responses through Women Lead in Emergencies, **email the CARE Women Lead in Emergencies Global Coordinators**:

Tam O'Neil, Senior Gender Advisor, CARE International UK, <u>oneil@careinternational.org</u> Isadora Quay, Gender in Emergencies Coordinator, CARE International, <u>quay@careinternational.org</u>

⁶ Charter4Change, "Charter For Change Statement on the Revised UN Global Humanitarian Response Plan on Covid19," Charter4Change, May 2020, <u>https://reliefweb.int/report/world/charter-change-statement-revised-un-global-humanitarian-response-plan-covid19</u>.



¹ Countries that have ratified the UN Convention on Civil and Political Rights or the UN Convention on Discrimination Against Women have a legal duty and obligation to respect, protect and guarantee this right. Global policy commitments include the <u>UN Security Resolution 1325 on Women, Peace and Security</u>, the <u>Grand Bargain</u> and the <u>UN 2030 Agenda for Sustainable Development.</u>

² <u>CARE, "She is a humanitarian: Women's participation in humanitarian action drawing on global trends and evidence from lordan and the Philippines," 2017.</u> ³ The United Nations review of the 15th anniversary of United Nations Security Resolution 1325 emphasises: "the humanitarian system's collective failure to recognise the ability of local civil society organisations and women and girls to act as partners with valuable knowledge and experience severely limits our effectiveness."

⁴ As late as 2018, only 56% of monitored crisis contexts directly consulted with local women's organisations in humanitarian planning processes. Source: <u>The</u> <u>IASC Gender Accountability Framework Report</u>, 2018.

⁵ Global Health 50/50, <u>Power, privilege and priorities GLOBAL HEALTH 50/50 REPORT 2020</u>