



Women's and girls' rights and agency in humanitarian action

A life-saving priority

Multiple protracted crises, increasing numbers of intra-state conflicts, record levels of forced displacement global economic uncertainty, rising inequality, and increasing challenges caused by climate change threaten the lives and well-being of billions around the world. Exacerbating these threats are new forms of extremism, xenophobia, intolerance, and isolationism, which themselves threaten to erode international human rights and humanitarian standards and law. These laws and standards have afforded, for 71 years, unprecedented protection of individuals, stability within and between states, and advancements in human, social and economic well-being.

Amid these trends, an estimated 67 million women and girls are in need of humanitarian assistance. Impacted by conflict, violence and natural disasters, women and girls in emergencies are at heightened risk of gender-based violence and trafficking, unintended pregnancy, maternal morbidity and mortality, unsafe abortions, and child, early and forced marriage. Despite the immediate, long-term and largely preventable impacts of these realities, the unique needs, priorities and capacities of women and girls are not treated with the same urgency as shelter, water and food aid in emergency response and recovery efforts, and opportunities to transform unequal gender relations and shift harmful gender norms are being missed.¹

In the year of the 25th Anniversary of the [International Conference on Population and Development](#), and as the world prepares to mark the 25th Anniversary of the [Beijing Declaration and Platform for Action](#) and the 20th Anniversary of [Security Council Resolution 1325](#), it is high-time that the international community rally together to uphold women's and girls' rights where they are furthest behind: in conflict and emergency settings.

A more systematic approach for ensuring that humanitarian action responds to women's and girls' rights and needs is within reach. Governments, donors, United Nations agencies, civil

society organizations, and national and local actors are taking important steps to enact new policies, establish new standards and transform the ways in which humanitarian agencies and the humanitarian coordination system plan and operate on the ground. Landmark agreements and initiatives¹ embody unprecedented political will and practical guidance towards a more gender-responsive humanitarian system. The success of these efforts depends on these tools and guidance being fully implemented, and ensuring that women and girls are not only seen and heard within the humanitarian system, but able to play meaningful roles in shaping humanitarian policies and programs, and holding humanitarian actors accountable.

Drawing on emerging initiatives, best-practice, research and the perspectives of affected communities themselves, the following recommendations provide a blueprint for governments, donors, United Nations agencies, civil society organizations, and national and local actors to work in tandem to drive system-level changes and put women's and girls' rights and agency at the centre of every humanitarian response.

Women's and girls' voice and leadership

Ensure collaboration with women and girls across the Humanitarian Programme Cycle and through all phases of every humanitarian response. It is essential that humanitarian actors acknowledge women's and girls' roles as first responders and agents of change, as well as the best representatives of their needs in humanitarian crises. Whether women and girls have organized themselves into a women-, youth- or girl-led group, or they come forward through a community initiative, women and girls need to be consulted and their voices, specific needs and hopes need to be heard. Particular effort should be made to reach marginalized women and girls, including women with disabilities, indigenous women, elderly women, and women of diverse sexual orientation and gender identity, engaging them as active partners, and building on their needs and capacities. Governments, donors, UN agencies, humanitarian organizations, and national and local actors can play key roles in communicating the value of women-led partnerships and pushing for systematic and meaningful approaches for promoting women's and girls' voice and leadership in coordination and decision-making processes through all phases of every humanitarian response. Donors must also hold international non-governmental organizations and United Nations agencies accountable for the quality and inclusivity of partnerships and collaboration with women's and girls' rights actors by Humanitarian Coordinators, Humanitarian Country Teams (HCTs), clusters, sector working groups, Humanitarian Needs Overviews (HNO), and Humanitarian Response Plans (HRP).²

Provide for safe spaces for women and adolescent girls in every humanitarian response. Humanitarian crises often provide pretext for women and girls to reflect upon and collectively challenge gender inequality, discriminatory social norms and prevailing power imbalances. It is critical that governments, donors, United Nations agencies and civil society organizations ensure that women and girls have access to safe spaces where they can think

¹ Including the [Grand Bargain](#), the [New Ways of Working](#), the [Global Compact on Refugees](#) and its [Comprehensive Refugee Response Framework](#), the [G7 Whistler declaration on gender equality and the empowerment of women and girls in humanitarian action](#), the [IPCI Ottawa Statement of Commitment](#), the [Inter-Agency Standing Committee policy and accountability framework on gender-equality and the empowerment of women and girls in humanitarian action](#), the [Call to Action on Protection from Gender-based Violence in Emergencies](#), the [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#), the [IASC Gender Handbook for Humanitarian Action](#), and the [Interagency Field Manual for Reproductive Health in Crisis](#).

² Whilst this collaboration will need to be contextualized, key entry-points include: the input into and validation processes around Humanitarian Needs Overviews and Humanitarian Response Plans; multi-sector needs assessments and sector-specific assessments; as well as reviews of access by local women's and girls' groups to CBPFs.

through the issues facing them and develop strategies for addressing them, drawing on support and resources from other stakeholders, in every humanitarian response.

Invest in gender equality in emergencies specialists from the Global South. Donors and UN agencies should commit to longer-term humanitarian investments – both through international and national civil society organizations – aimed at enabling the development of cadres of gender equality in emergencies specialists from the Global South. Terms of reference for such roles must be carefully drafted in order to mitigate the risk that such investments lead to the creation of bureaucracies that could impede the agency and leadership of grassroots women and local women’s and girls’ rights organisations. Support from the Inter-Agency Standing Committee (IASC) [Gender Standby Capacity Project \(GenCap\)](#) and mentorship modalities can help ensure the sustainability of gender capacity at country-level.

Structure funding mechanisms to reach women’s and girls’ rights organizations, in particular women- and youth-led organizations. Donors and United Nations agencies should ensure that funding directly reaches women’s and girls’ rights organizations, especially those led by women and youth. This involves structuring funding mechanisms to ensure that such organizations are not forced to compete with international humanitarian actors in the same funding windows, including by earmarking a percentage of funding for local women- and youth-led organizations.³ Recognizing the importance of building the capacity of women’s and girls’ rights organizations to be sustainable, donors should also provide funding that is not tied to specific activities, but instead focuses on providing the training, skills and support required for women’s and girls’ rights organizations to access and influence decision-makers. In addition, donors and UN agencies should use a mix of funding mechanisms to reach different sized organizations, from grassroots groups to national and regional women- and youth-led organizations. Finally, in keeping with Grand Bargain commitments and the International Aid Transparency Initiative (IATI), donors and UN agencies must strengthen internal monitoring systems to track the percentage and type of funding reaching women- and youth-led groups and organizations in crises.

Standardize budgeting for gender-specific activities, expertise and outcomes. Donors should ensure that NGO and UN proposal budgets provide for gender-specific activities, expertise and outcomes. Where possible, donors should support standalone GiE programming. In order to effectively implement gender-responsive and, more importantly, gender-transformative programming, project budgets must include targeted funding for gender equality training, gender-specific expertise and analysis, activities and outcomes, as well as systematic collection and analysis of sex- and age-disaggregated data, at a minimum.

Equitable access to sexual and reproductive health services

Ensure access to sexual and reproductive health and rights in every humanitarian response. Donors and United Nations agencies should provide policy support, investment, and accountability mechanisms to ensure that gender-responsive and adolescent-friendly sexual and reproductive health (SRH) services are treated as a core element of a non-negotiable, basic healthcare package in every humanitarian response, in line with global standards.⁴

³ See: OECD DAC Network on Gender Equality (2016). '[Donor support to Southern women’s rights organizations: OECD findings.](#)'

⁴ Both the 2018 [SPHERE humanitarian standards](#) and the 2018 [Interagency Field Manual for Reproductive Health in Crisis](#) (IAFM) call for provision of a minimum set of life-saving, reproductive health services within 72 hours of the onset of an emergency (called the Minimum Initial Service

Ensure health services are rights-based, gender-responsive and adolescent-friendly. Donors, UN agencies, national and local authorities should take concrete steps to ensure health services respect and fulfill women's and girl's sexual and reproductive rights in line with global norms and standards. This must include measures to address the specific barriers faced by adolescent and unmarried girls and funding for adolescent-centred services, including comprehensive and age-appropriate information and services.

Ensure health services respond to women's and girls' needs. Donors, UN agencies and humanitarian organizations should provide for meaningful monitoring, complaint and feedback systems that elevate women's and girls' voices and priorities, and ensure they have meaningful roles in shaping health services and driving accountability. This must include resourcing and mandating proactive efforts to meaningfully involve women and girls, as well as women- and youth-led groups, in decision-making.

Invest in health systems and ensure predictable and flexible funding for sexual and reproductive health services during acute crises, protracted crises and recovery. The nature of crises is changing and so must our responses: crises are starting more unexpectedly, lasting longer, and affecting more people. Post-conflict countries have fallen back into crisis without warning, while others brace for cyclical natural disasters that have shortened their recovery period. Donors, governments and UN agencies must invest in health systems strengthening and humanitarian preparedness to prepare health systems to withstand shocks and to ensure that lifesaving sexual and reproductive health services are not interrupted in times of crisis. Donors must also coordinate investments along the humanitarian-to-development continuum to ensure reliable and predictable funding for SRH during acute crisis as well as long-term, protracted crises. Investments in health services during times of crisis and recovery are a powerful opportunity to "build back better", improving policies and strengthening the capacity and resilience of health systems.

Prevention and response to gender-based violence

Ensure GBV prevention and response services are prioritized and funded in every humanitarian response. Access to comprehensive survivor-centered GBV response services should be explicitly addressed from the onset of every humanitarian response. In each context, services should be based on an analysis and identification of the distinct needs and realities of women, girls, boys and men, as well as sub-groups facing higher risks of GBV, including adolescent girls, unaccompanied girls, girls living in institutions or on the street, and women and girls with disabilities. United Nations agencies and cluster leads should ensure these needs are reflected in humanitarian response plans, and donors should dedicate funding for specialized, survivor-centred GBV preparedness efforts and services, in line with the "GBV Accountability Framework on tackling GBV in emergencies, as developed by the Real-Time Accountability Partnership (RTAP).

Support women's and girls' rights actors' GBV response work. Local community structures, including local women's and girls' rights actors, are often amongst the first responders in times of crisis, providing safe spaces and other kinds of support to individuals and communities that experience or are at risk of GBV and other kinds of violence, abuse and exploitation.⁵ Yet these groups often struggle for support and recognition within humanitarian system. Donors, United Nations agencies, civil society organizations, and national and local actors should engage local women's and girls' rights actors in ways that are meaningful and empowering of their roles and priorities. Multi-stakeholder processes, such as Call to Action

Package in the IAFM). The IAFM also calls for transition to comprehensive SRH services as soon as feasible (within 6 months).

⁵ See: CARE International (2018). [Women responders: Placing local action at the centre of humanitarian protection programming](#).

on Protection from Gender-Based Violence in Emergencies, should be leveraged to involve local women's and girls' rights actors and to support their efforts and leadership in the development of community-based strategies and mechanisms to provide protection for women and girls at risk of GBV, and in strengthening accountability to the needs of women and girls.⁶

Invest in long-term capacity and accountability across the wider humanitarian sector for GBV prevention and risk mitigation. Donors and UN agencies should increase funding to address GBV in humanitarian settings. In addition to funding specialized GBV response, donors and UN agencies must increase investments towards the improvement of monitoring tools and practices, longer-term capacity and accountability across the wider humanitarian sector to prevent and mitigate GBV in all sectors of the humanitarian response, in line with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. There should also be stronger support for advocacy to end gender-discriminatory nationality laws that increase the risk of statelessness among the children of refugee women and hamper their families freedom of movement and ability to return post-conflict.

Support international mechanisms to investigate and prosecute cases of sexual and gender based violence. Governments, donors, UN agencies, humanitarian organizations, and national and local actors should address gender- and age-based challenges in the investigation and prosecution of gender-based crimes and violations against women and children. This should include specific measures to address the lack of expertise on both gender and age within investigative teams, to ensure the systematic collection of age and sex disaggregated data, and the complete, accurate and impartial naming of perpetrators.

Preventing sexual harassment, exploitation and abuse

Support multi-year organizational change processes. Donors should work with United Nations agencies, civil society organizations, and national and local actors to fund and support multi-year plans aimed at addressing the root causes of sexual exploitation and abuse, including gender inequality and other power imbalances, and accountability framework challenges that allow sexual exploitation, harassment and abuse to persist. Periodic reporting against these plans by individual agencies should be promoted at a bilateral level by donors, and should reflect and reinforce the inherent inter-connections between PSHEA, gender, inclusion and accountability to affected populations (AAP).⁷ Donors themselves should also commit to developing similar organizational plans.

Promote evidence-based learning and best-practice. Prevention and response practices and organizational accountability should be supplemented with knowledge translation and sharing initiatives. Donors should support agencies with expertise in gender equality to leverage evidence-based gender programming, networks, and experience with vulnerable communities to harness, translate and share that knowledge with the aim of improving PSHEA best-practice (including with different ages, religious, ethnic and other minority groups) throughout the humanitarian sector.

⁶ For example, proposed consultations in coming months (led by the Canadian government) to develop the next phase of the Roadmap for the Call to Action post-2020 should engage women's and girls' rights actors and other local actors early and consistently.

⁷ Precedents include DFID's investment in a three-year organizational change and learning process on safeguarding issues at International Federation of Red Cross and Red Crescent Societies (IFRC). That investment recognizes that an effective approach to safeguarding requires attention to complex gender issues in the staff-force and institutional culture, and that tackling these issues is not cost free.

Ensure 'zero tolerance' is not conflated with 'zero reporting'. Donors, UN agencies and humanitarian organizations have a crucial role to play in reinforcing the message that zero reported SEA cases does not equal "success." Humanitarian organizations should be held accountable for adhering to standards of best practice, transparency and accountability as set out under the [IASC Strategy on Protection from and Response to Sexual Exploitation and Abuse and Sexual Harassment](#).

Supporting women's economic empowerment

Promote decent work and eliminate legal and policy barriers preventing women from safely generating income. Women and girls in humanitarian settings, particularly protracted crises, suffer economic marginalization and exploitation. Many may have lost or become separated from family members, becoming sole earners. National governments should eliminate laws discriminating against women and establish appropriate minimum wages, equal pay for work of equal value, maternity protection and paid parental leave and create a policy and regulatory environment that is supportive of formal labour market access for refugees and displaced populations.

Support and finance economic programmes that have women's empowerment as a primary objective. Lack of economic opportunities for women, unequal access to resources, and rigid gender norms can force women into commercial sexual exploitation or girls into child labour or early and forced marriage, all of which heighten the risk of GBV. Households are also thrown into crisis with increased IPV by male partners and intensified unpaid care work as fragility and insecurity increases and access to justice, resources and public services declines. International actors including financial institutions, multilaterals, donors, the private sector and foundations should include women's economic empowerment as a goal in economic development strategies, increase multi-year funding early in a crisis in order to yield change in discriminatory practices and fund women-led organizations delivering a gender transformative approach.

This position is endorsed by: Action Canada for Sexual Health and Rights, Action contre la Faim, ActionAid, ActionAid UK, Canadian Council for International Co-operation, CARE International, Center for Democratic Education, Center for Reproductive Rights, Centro de Estudios e Investigación sobre Mujeres (CEIM), Community Partners International, Countdown 2030 Europe, Deutsche Stiftung Weltbevölkerung, Doctors of the World - Greece, European Network of Migrant Women (ENOMW), federación planificación familiar estatal, Global Citizen, Humanity and Inclusion - Handicap International, Indigenous Refugees Movement, International Center for Research On Women, International Medical Corps, International Planned Parenthood Association, International Rescue Committee, INTERSOS, Islamic Relief Canada, KULU-Women and Development, Legal Action Worldwide, Light for the World, Marie Stopes International, Médecins du Monde Canada, Mercy Corps, Oxfam, Plan International, Save the Children Canada, Save the Children US, Sex og Politikk (IPPF Norway), War Child Canada, WIDE - Network for Women's Rights and Feminist Perspectives in Development (Austria), WIDE+ (Women In Development Europe+), Women Deliver, Women Empowerment Organization, Women's Refugee Commission.