

CHAPTER 04

PROTECTING AND PROMOTING THE RIGHTS AND LEADERSHIP OF WOMEN AND GIRLS IN HUMANITARIAN SETTINGS

HIGHLIGHTS FROM THE RESOLUTIONS

+ Resolution 1325

Calls on all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict

2000

+ Resolution 1820

Requests the Secretary-General and relevant United Nations agencies, [...] to develop effective mechanisms for providing protection from violence, including in particular sexual violence, to women and girls in and around UN managed refugee and [IDP] camps

2008

2009

+ Resolution 1888

Demands that all parties to armed conflict immediately take appropriate measures to protect civilians, including women and children, from all forms of sexual violence

+ Resolution 1960

Calls upon parties to armed conflict to make and implement specific and time-bound commitments to combat sexual violence, which should include, inter alia, issuance of clear orders through chains of command prohibiting sexual violence and the

prohibition of sexual violence in Codes of Conduct, military field manuals, or equivalent; and further calls upon those parties to make and implement specific commitments on timely investigation of alleged abuses in order to hold perpetrators accountable

2010

2013

+ Resolution 2122

Recognizes the importance of seeking to ensure humanitarian aid and funding includes provision for the full range of medical, legal, psychosocial and livelihood services to women affected by

armed conflict and post-conflict situations... Notes the need for access to the full range of sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination

This Study on the implementation of resolution 1325 has coincided with one of the most brutal waves of organized violence in recent times. Armed conflict has erupted or escalated in many corners of the world. The number of people in need of international assistance has tripled over the past decade, and 80 per cent of these are affected by armed conflict.¹ Recent research indicates a 28 per cent increase in the death toll from wars in 2014,² and a steady increase in conflict-related violence since 2007.³ Last year saw one of the highest numbers of refugees and internally displaced persons (IDPs) ever recorded, the highest number recorded since 1995, and the largest annual increase since 1990.⁴ This means that, on average, every single day of 2014, 42,500 people were forced to leave their homes, not knowing when or whether they could return.⁵ The average duration of displacement is now over 17 years.

These statistics and other similar ones that have been repeated in numerous reports in recent months cannot possibly capture the immensity or individuality of the human pain behind them. With frightening regularity, armed actors demonstrate disregard for human life, human suffering and international law.⁶ They target the most vulnerable in society and deliberately attack schools, hospitals, journalists and aid workers. More than 90 per cent of casualties of explosive weapons in urban, populated areas are civilians.⁷ Speaking to the Security Council in the first weeks of 2015, the representative of the International Committee of the Red Cross (ICRC) concluded: "I regret to say, based on our observations in the field, that I cannot report any significant progress in the way armed conflicts are being waged, or any significant alleviation of their impact on civilians throughout the world."⁸

For women and girls, the impacts of war are compounded by pre-existing gender inequalities and discrimination.

Most strikingly, all forms of violence against women and girls increase during armed conflict. This violence may be more visible now, both to policy makers and the general public, but it has not abated. For example, in June 2015, the prosecutor of the International Criminal Court (ICC) reported to the Security Council that her office had

received the largest number of allegations of sexual violence by armed militias in Darfur to date, after 20 such updates to the Council over the years. Most of the victims were alleged to have been gang-raped by militias while tending their farms or collecting firewood and water, a depressingly familiar pattern to that detected and brought to the world's attention by NGOs more than 10 years ago.⁹ In that very same week, the UN mission in South Sudan reported that at least 172 women and girls had been abducted by armed actors in Unity State and that an additional 79 had been subjected to sexual violence. Witnesses described women being dragged out of their dwellings and gang-raped in front of their infant children, or burned alive inside their houses after being raped.¹⁰ The 2015 annual report of the Secretary-General on conflict-related sexual violence highlighted harrowing accounts of rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence of comparable gravity in 19 different countries.¹¹

The same persistence can be found in the perpetration of other forms of violence against women and girls. Almost two decades ago, the International Rescue Committee began supporting clandestine schools for girls in Afghanistan. Education for millions of Afghan girls stands as that country's greatest achievement in modern times. But hundreds of vicious attacks against schoolgirls, female teachers and girls' schools continue to take place every year.¹² While the kidnapping of 276 schoolgirls in Chibok, Nigeria received significant media attention, less has been said of the more than 2,000 women and girls abducted in Northern Nigeria since 2014, many of them used as sexual slaves, human shields and suicide bombers.¹³ Year after year, we hear too many horrific stories of women political leaders, media personnel, women's human rights defenders and members of civil society and grassroots organizations being assaulted, threatened and killed. Intimate partner violence and early, forced and child marriage have become more widespread during and after war.¹⁴

Crises exacerbate already existing discrimination against women and girls that render them less

likely to have access to even the most fundamental of their rights, including the right to health care, education, food, shelter and even a nationality.

Struggling to feed their families, look after the sick and educate their daughters and sons, women are the first to suffer from restrictions in movement and the closure of schools, medical facilities and markets. Girls may be fed last and be the first to go hungry in the face of food insecurity. Whether in detention or in refugee or IDP camps, women and girls suffer from inadequate sanitary conditions and supplies, especially during menstruation and lactation, as well as from a lack of sexual, reproductive and maternal health care services which can mean a death sentence for many women during childbirth or when seeking to terminate a pregnancy. Girls drop out of school and women lose access to land and livelihoods. For many, survival sex or early marriages become the only options.

Discriminatory norms and lack of documentation impede many women and girls from claiming their human rights, including their access to property, and from seeking asylum. In urban settings, where the majority of refugees and IDPs now reside, women are at risk of human trafficking by organized crime; harassment, exploitation and discrimination by landlords and employers; and arbitrary arrest, detention and refoulement by the authorities. A dearth of humanitarian services properly tailored for cities only makes matters worse. As was recently noted by the Special Rapporteur on violence against women, “they flee to escape arbitrary killings, rape, torture, inhuman or degrading treatment, forced recruitment or starvation, but too often, they encounter the same level of insecurity, violence, and threats of violence, reinforced by impunity, at their destination, including camps for internally displaced persons.”¹⁵

This chapter is organized around three simple messages:

- First, that humanitarians, development workers, the international and regional human rights system and the interventions of our peace and security actors must address the full range of violations of the rights of women and girls protected by

international humanitarian, refugee and human rights law, including, but not limited to, their right to life and physical integrity.

- Second, that women’s rights to education, health, land and productive assets and to participation, decision-making and leadership in village or community matters are strongly linked to women’s security.
- Third, that we are still far from genuinely embracing gender equality as an organizing principle of humanitarian work, and this undermines the effectiveness of humanitarian assistance.

The right to life and physical integrity

Since resolution 1325 was adopted, and since the first programmes in the mid- and late 1990s that addressed sexual and gender-based violence in humanitarian settings, much has changed.¹⁶ Public awareness of sexual and gender-based violence has increased exponentially, measured by the proliferation of media attention, social media activism, public health campaigns and social research. The attention to this issue in policy-making circles has also grown. From 2008 to 2013, the Security Council adopted four resolutions in five years devoted to sexual violence in conflict as a threat to international peace and security and created a dedicated post of Special Representative of the Secretary-General on Sexual Violence in Conflict.

Similarly focused resolutions and declarations have been adopted by the UN General Assembly, the Human Rights Council, the G8 and other forums.¹⁷ In the last three years, the foreign ministers of two of the world’s most powerful countries—the United Kingdom and the United States—have launched ambitious campaigns to address sexual and gender-based violence in conflict and emergencies. A global summit in London in 2014 convened almost 2,000 delegates and representatives from more than 120 countries, an unprecedented scale for a meeting on this topic.¹⁸

+ “Now the same girls that were encouraged to go to school, aren’t going back. Some, because of the fear of all this crisis[...]. But other cases are because of their own families, their own parents. Some parents say, no more school for their children, no more school for their girls—especially girls—because they are afraid of the girl being abducted, being killed, and so on, so forth.”

Sylvie Jacqueline Ngodongmo, President, Women International League for Peace and Freedom, Cameroon, UN Women Video Interview, 2015

At the global level, sexual violence and other gross human rights violations against women appear much more frequently in the mandates of peacekeeping missions or sanctions committees. At the national level, some countries have adopted laws, action plans,

zero-tolerance policies and codes of conduct and appointed special advisors. Beyond sexual violence, there has also been growing attention to other forms of violence and harmful practices in humanitarian settings, such as child, early and forced marriage or the targeted killings of women in leadership or public roles, including women’s human rights defenders.¹⁹

This attention has not only punctured the silence and neglect that has traditionally accompanied conflict-related violence against women and girls but also led to tangible changes in the response of the international community, from human rights monitoring to access to health care for survivors, transitional justice responses and the training and patrolling of peacekeepers. In the last 15 years, international courts have produced a growing body of convictions of war criminals and robust international jurisprudence on this topic. The UN and international NGOs have increased their capacity to address the issue in emergencies.²⁰ Hundreds of thousands of women and girls are now reached by one or more of the variety of programmes that aim to help survivors and prevent more violence, such as emergency medical care, mental health and psychosocial assistance, shelters and safe houses, special police units, mobile courts, prevention and awareness programmes, post-exposure prophylaxis (PEP) and dignity kits, to name a few. Strategies include changing harmful behaviours and social norms, targeting religious and cultural leaders for sensitization on women’s rights, empowering women and girls (including with livelihood programmes), finding alternative energy sources to firewood and ensuring the safety of water points, latrines and bathing spaces in or near refugee camps. In particular, locally driven initiatives exemplify the strength and resilience of conflict-affected communities and their agency in developing their own, context-specific responses to trauma. Strengthening capacities are also a big part of this effort: for example, training local health-care staff on clinical management of rape, social workers on psychosocial counselling, humanitarians on sexual exploitation and abuse, and police, prosecutors and judges on investigating and prosecuting sexual and gender-based violence.

FOCUS ON

UN actors on sexual violence in conflict

The **Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (SRSG-SVC)** was established by Security Council resolution 1888 (2009) and became operational in April 2010. The SRSG-SVC serves as the United Nations' spokesperson and leading advocate on conflict-related sexual violence and is responsible for mobilizing global political will and action and for preparation of the annual reports of the Secretary-General covering all relevant situations of concern and naming and shaming perpetrators. The SRSG works with the Security Council to propose sanctions and other targeted measures against those who commit, command, or condone sexual violence crimes, as well as with State and non-State parties to conflict to obtain specific commitments to prevent and respond to sexual violence. The **UN Team of Experts on the Rule of Law/Sexual Violence in Conflict** was also established pursuant to resolution 1888 to support countries to strengthen prevention and response efforts (see further, Chapter 5: *Transformative Justice*).

UN Action Against Sexual Violence in Conflict is an inter-agency network that unites the efforts of 13 UN entities from across the spectrum of human rights, humanitarian, public health, peace, security, political and development sectors. Its goal is to foster a multi-stakeholder response to sexual violence during and in the wake of conflict. Launched in 2007, it represents a concerted effort by the UN system to 'deliver as one'—improving coordination and accountability, amplifying advocacy, building knowledge and capacity and supporting country-level efforts to prevent conflict-related sexual violence and respond more comprehensively to the needs of survivors. Through successive resolutions since 2008, the UN Security Council has acknowledged UN Action as the primary coordination platform on this agenda. Chaired by the SRSG-SVC, UN Action's work is funded exclusively by voluntary contributions from a range of governments whose funds are pooled in a Multi-Partner Trust Fund (MPTF). The MPTF serves as a vital tool for incentivizing cooperation, transparency and strategic partnerships by financing joint initiatives that bridge disciplinary and sectoral divides.


Less is known about the impact that these initiatives have, what works and under what circumstances. Several reviews published in recent years and new research initiatives are tackling these questions.²¹ For example, the evaluations of several programmes focused on changing behaviours, attitudes or social norms in the community tell us that these may be effective in increasing recognition of different types of violence, reducing levels of victim blame, decreasing acceptance of violence, increasing knowledge of rights and reducing the incidence of harmful practices

such as early marriage or female genital mutilation. **But they have been less effective in addressing the cause: in other words, in challenging the gender norms that trigger violence before, during and after war.** These include entrenched norms around women's status and behaviour as well as women's reproductive and sexual rights. There is also little evidence that these interventions decrease recidivism or make potential offenders desist.²² Many of the interventions that involve working with the police showed mixed results and were often perceived

to be less effective. For example, a multi-country assessment in 2012 revealed that 50 per cent of the caseload of the special protection units of the South Sudan police service reportedly involved prosecuting women and girls for their sexual behaviour, including adultery.²³ Additionally, although 55 per cent of precincts in the Philippines had women's desks, most of these prioritized mediation and family reunification.

What we do know is that, as impressive as the above list of types of interventions may seem and as prominent as the global advocacy on violence against women has become, the actual coverage of activities and programmes on the ground is grossly insufficient and in many cases almost non-existent. With resources being focused on communications, coordination and technical specialists, and concentrated in the capitals of donor countries or the headquarters of international organizations, growing awareness of the issues has been most visible in the amount of reports, standards, training resources, guidelines and other tools and materials rather than in actual, large-scale programmes for survivors in conflict-affected countries. Médecins Sans Frontières (MSF) refers to this phenomenon in their widely read "Where Is Everyone?" report,²⁴ which highlights sexual violence as one of those areas where the distance between words and action is particularly pronounced. In refugee camps, even the most basic level of protections such as the three Ls, or lighting, locks and latrines, and the location of water points are very unevenly implemented.²⁵ The new global guidelines on gender-based violence in emergencies will be launched in 2015 with the knowledge that, over 10 years, the previous version of these guidelines was seldom applied in practice.²⁶

We also know that funding for these interventions continues to be astonishingly low, discussed in Chapter 13: *Financing WPS*.²⁷ The laudable objective to obtain better data about sexual and gender-based violence against women and girls in conflict settings, including prevalence and incidence data, and the impetus to evaluate interventions more rigorously and

 *It was clear that women in conflict-affected settings favour interventions that are focused [...] more on empowering women and girls and putting them at the frontline of service delivery.*

find out what works must both be tempered by the fact that in many contexts there are not many programmes to evaluate, or only interventions that are small in scope, duration and coverage. For example, numerous media stories and UN and NGO reports have raised the alarm on the increase of child marriage in Syria and neighbouring countries since the beginning of the conflict. This was documented with not only individual stories but also hard numbers: inside Syria, prior to the conflict, the percentage of girls being married before the age of 18 was estimated as between 13 and 17 per cent.²⁸ Once the civil war had erupted, a 2013 assessment put that number at 51 per cent among Syrian refugees in host communities in Jordan.²⁹ Other assessments systematically tracked the gradual increase. In 2011, the percentage of total registered Syrian marriages that involved a girl was 12 per cent. This number rose to 25 per cent in 2013 and 32 per cent in 2014 as the conflict escalated. And yet, inside Syria, out of 67 projects financed by the pooled funding available for 2014, none addressed child marriage, only one specifically addressed gender-based violence and only three were given a gender mark that indicated that their principal purpose was to advance gender equality.³⁰ This is representative of other funding pools as well, where protection is typically one of the least funded sectors in humanitarian action.³¹

Through the consultations and civil society inputs conducted for this Study, it was clear that women in conflict-affected settings favour interventions that are focused less on perpetrators or potential perpetrators and more on empowering women and girls and putting them at the frontline of service delivery.³² And practitioners and conflict-affected women also insist that while the international community should continue to invest in assessments, mappings and evaluations, they should also scale up programmes, including locally driven initiatives that have already shown promise. They also observed that short-term trainings often have a limited impact and the affected populations prefer either direct service provision or long-term capacity building, both of which are more expensive and require much more time and resources. **Perhaps most importantly, they note that the**

overwhelming majority of women and girls do not report violence not just because of shame or stigma but even more so because there are often no easily accessible services or ways to report safely, receive help and be treated with dignity. This should be an unmissable element of every primary intervention, rapid assessment or initial planning in humanitarian response: what do the women in the affected community think would improve their safety? What kinds of interventions do they need the international community to fund and support from the outset? And how can we ensure that our tools—the overwhelming majority of them in English and highly technical—are understood and useable by the local population, who are after all the main actors delivering humanitarian assistance and protection and strengthening community resilience.

FOCUS ON

Women's human rights defenders

Women's rights defenders face all of the challenges experienced by human rights defenders in general, such as death threats, killings, arbitrary detentions, eviction, threats of violence against family members, break-ins and other forms of intimidation. However, they also face gender-specific threats and violence, such as rape and sexual violence, and additional resistance from family or community members who want to enforce traditional gender norms.³³ Attacks against women's human rights defenders often focus on their reputation and/or their sexuality as not conforming to dominant stereotypes of appropriate female behaviour. In many instances, it is all too clear that killings of women's rights defenders

and journalists are directly related to gender or women's rights efforts. Women's rights defenders have created community networks for solidarity and protection, and these efforts should be supported and expanded. Within these networks, they have called for international attention to violence against them and demanded that those responsible be prosecuted. In some cases they have also raised funds for legal assistance, medical assistance and security. Rapid response grants such as the ones disbursed to activists within a week or less by the Urgent Action Fund provide a crucial lifeline to women's human rights defenders worldwide and should be better funded by the international community.

The right to health

Basic health care for women and girls in conflict-affected areas is not only a fundamental human right but also a key building block to overcoming the devastation brought about by war. And yet, in consultations for the Global Study, it was clear that this crucial right is out of reach or under assault for tens of millions of women and girls in conflict zones. The challenges are manifold and impossible to summarize in this short section except to highlight some of the most salient and recurrent.

First, many people, from both the affected communities and elsewhere, devote their lives, often at great risk, to provide medical care in the most dangerous corners of the world, in places where the health sector has collapsed or has always been extremely weak. Their work represents one of the most needed forms of service to other human beings. And yet, attacks against health-care facilities and workers are on the rise. A study conducted by the ICRC in 2014 documented more than 1,800 incidents involving serious acts or threats of violence affecting the delivery of health care in 2012 and 2013.³⁴ In Mali, when rebels took over the north of the country, armed men systematically entered into delivery rooms and expelled pregnant women to make room for their wounded.³⁵ While women and girls experience perhaps the most direct consequences from these acts, the fall out is felt by everyone. After more than 90 health-care workers in polio vaccination teams, most of them women, were assassinated in Pakistan in recent years, the number of polio cases recorded in that country soared to its highest in 14 years.³⁶

Second, women and girls suffer from malnutrition and infectious diseases brought about by the appalling living conditions and the lack of sanitation and health care, including reproductive health care, in many of the IDP and refugee settlements in which they live during and after conflict. In some of the current camps for IDPs in South Sudan, the density of people in living spaces at the beginning of the recent conflict was 13 times higher than the recommended humanitarian minimum, and there was one latrine available for every

+ “We perceive peace to mean being free from all incapacitating health conditions that bring misery and trauma caused by violent conflict. Peace to women means being healthy (the body); having hope and confidence in oneself as we plan for our families (mind); and being free from anger and rage, especially as their painful conflict experiences are concerned (spirit).”

Participant in the 2014 Open Day,
Women, Peace and Security, Uganda

200 to 300 people.³⁷ In displacement sites in the Central African Republic, a February 2014 assessment found that there was no medical assistance in 90 per cent of the sites. This lack of coverage, and gaps in assistance are fairly representative. In 2001, the UN

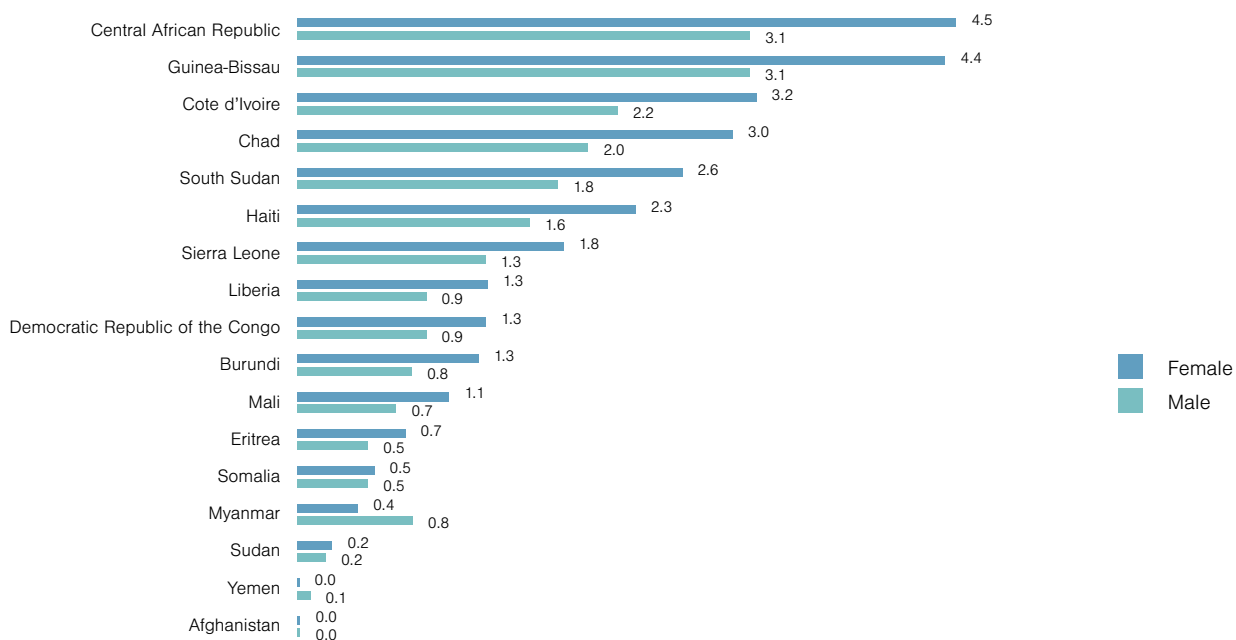
Refugee Agency (UNHCR) issued five commitments to refugee women and girls. The fifth, provision of sanitary materials to all women and girls of concern in UNHCR assistance programmes, has only been fully reached in 21 per cent of all camps, with another 21 per cent of camps having more than 90 per cent of sanitary needs met.³⁸ And yet, in some displacement contexts, the quality of services provided inside camps is better than that available to the host community, which quickly becomes a source of tension.

Third, gender inequality, exacerbated by conflict, contributes to the heightened risk of infection with HIV and AIDS that women and girls face. Women and girls have less access to information about the risk of HIV, fewer resources to take preventative measures and much greater barriers to negotiation of safer sex due to unequal power dynamics in relationships, and they represent the overwhelming majority of survivors of sexual violence.³⁹ Additionally, women face increased burdens as caregivers for the sick and for children orphaned by the disease. The gender gap in HIV prevalence is stark.

+ “Bullets are often fired over the clinic and our staff members have to lie down until the shooting stops. But we have no plans to stop providing a space for women’s health. These women will not be afterthoughts.”

Meinie Nicolai, President, MSF Belgium⁴⁰

Percentage of people living with HIV, 15-49 Years old, 2013⁴¹



FOCUS ON

Health pandemics

The presence of pandemic diseases can make the challenges of peacebuilding more complex as well as pose a threat to peace and security in and of themselves. This was evidenced by the Security Council's creation of the first mission ever to address a health pandemic as a threat to peace and security in relation to the 2014 outbreak of the Ebola virus in West Africa (UNMEER). For countries newly emerging from conflict, the spread of HIV and AIDS as a result of increased levels of violence against women and lack of access to health facilities or means of protection can significantly undermine a country's capacity to stabilize, as recognized in Security Council resolution 1983 (2011).⁴² The response to the disease may be hampered by weak or still nascent State institutions, low levels of community resilience to social strain and, as was evidenced most recently with the outbreak of Ebola in the context of a region still

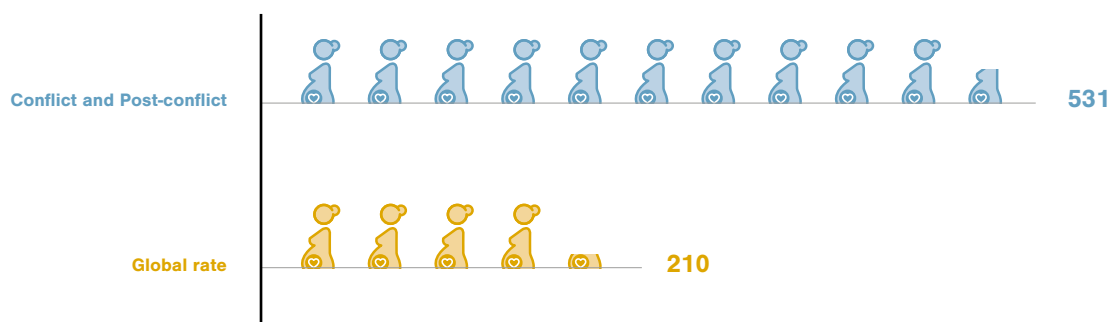
rebuilding after successive civil wars, can contribute to devastating economic impacts in addition to the individual and community losses. Health pandemics have particular gendered effects that contribute to the spread of the disease and inform their impact on the population but can equally be harnessed to mitigate spread and impact if they are understood and made central to prevention and response. For example, the common cultural expectation in some societies that women care for the sick increases their workloads and can place them at higher risk of infection; this is true with Ebola in West Africa and with cholera in Haiti, where women and girls are exposed through their work cleaning latrines, fetching water and preparing raw food.⁴³ Addressing gender inequalities in access to health care is one of the most effective ways to stem the spread of disease and mitigate its consequences.⁴⁴

Fourth, psychosocial support and mental health care was frequently identified as a gap area, with too few actors or programmes addressing these needs. Good practice in this area requires involving the women in the community in the design of any intervention, both to understand their possible needs and to build on what may already exist and design culturally appropriate services. For example, some communities may see one-on-one counselling as a Western construct, and alternative approaches such as group-sharing of problems, community dialogue, traditional healing rituals, art-based projects and initiatives and engagement in livelihood projects may be more appropriate. Recent research has shown that these types of interventions can bring about significant results both in contexts of chronic and ongoing insecurity as well as many years after the actual

violence or abuse has taken place.⁴⁵ Importantly, mental health and psychosocial interventions should avoid reinforcing gendered stereotypes around female victimhood, and seek instead to transform gender norms and other social inequalities. Mental health care is something increasingly understood to be a necessity, not a luxury, both at the individual and society level for post-conflict recovery. And yet it is underfunded throughout the world. Chronically low numbers of trained psychologists, psychiatrists and other mental health professionals in fragile states in particular means that most countries' mental health systems are completely wiped out by conflict.

Of these various challenges, perhaps the two that most affect the health of women and girls are reproductive health care and gender-based violence.

Maternal Mortality Ratio, deaths per 100,000 live births, 2013 estimates⁴⁶



Maternal mortality and morbidity are highest in crises-affected countries.⁴⁷ Over half of the world's maternal deaths occur in conflict-affected and fragile states—and the majority of these are preventable.⁴⁸ Sierra Leone registered the highest maternal mortality ratio in the world in 2013, at 1,100 maternal deaths per 100,000 live births, more than five times the global rate of 210.⁴⁹ One in 16 women in Somalia is likely to die from a maternal cause.⁵⁰ Inside most IDP and refugee camps, there are few female doctors and little or no access to sex education, contraceptives or gynaecological health.⁵¹ In some countries, the proportion of births attended by skilled health professionals is extremely low, contributing directly to high maternal mortality numbers.

With the impetus of the Millennium Development Goals (MDGs),⁵² the international community has been working toward improvements in reproductive health services in conflict-affected settings, with some remarkable progress made. For example, Nepal has reduced maternal mortality by 78 per cent in the past 15 years, while trained midwives, improved immunization coverage and rising girl's education levels in Afghanistan have resulted in substantial improvements to women's health.⁵³ In some cases, simple and low-cost solutions are sufficient to make major gains in maternal health outcomes: in one district in Sierra Leone, MSF introduced an ambulance service to transport women experiencing complications from pregnancy and childbirth from local clinics to the

hospital, reducing maternal mortality by 74 per cent.⁵⁴ Still, far too many women's lives are damaged or lost due to inadequate access to reproductive care in conflict-affected areas.


Access to safe abortions and post-abortion care is a lifesaving part of comprehensive reproductive health care. Unsafe abortion is one of the five leading causes of maternal mortality, causing 13 per cent of maternal deaths worldwide. In conflict and post-conflict settings, where pregnancy is particularly dangerous and is often the result of sexual violence, access to safe abortion is especially important. International humanitarian law protects the right of the wounded and sick to the medical care required by their condition. Pregnancy from conflict-related sexual violence aggravates the serious, sometimes life-threatening injuries from the rapes themselves. Studies have shown that unwanted pregnancy through rape as well as the conditions imposed by war—malnutrition, anaemia, malaria, exposure, stress, infection, disease—increase the risks of maternal mortality.⁵⁵ **Exclusion of one medical service, abortion, from the comprehensive medical care provided to the wounded and sick in armed conflict, where such service is needed by only one gender, is a violation not only of the right to medical care but also of the prohibition on “adverse distinction”** found in Common Article 3, the Additional Protocols to the Geneva Conventions and customary international law.⁵⁶ Importantly, it is

also in violation of international human rights law. The Committee on the Elimination of Discrimination against Women (CEDAW Committee) has specified that “it is discriminatory for a State party to refuse to legally provide for the performance of certain reproductive health services for women.”⁵⁷ Also, the Committee establishes that “laws that criminalize medical procedures only needed by women and that punish women who undergo those procedures” are a barrier to women’s access to health care.⁵⁸ The Committee on the Rights of the Child has also recommended that “States ensure access to safe abortion and post-abortion care services, irrespective of whether abortion itself is legal.”⁵⁹

In recent years, a growing chorus of actors have raised their voice in support of this position. To the Human Rights Committee, the Committee against Torture and the UN Special Rapporteur on this topic, denial of abortion to women and girls made pregnant by rape can constitute an act of torture or cruel, inhuman and degrading treatment.⁶⁰ In 2013, in his report on women, peace and security, the Secretary-General urged that humanitarian aid and funding provide for the full range of medical, legal, psychosocial and livelihood services to victims of rape, “including access to services for safe termination of pregnancies resulting from rape, without discrimination, and in accordance with international human rights and humanitarian law.”⁶¹ In resolution 2122 (2013), the Security Council recognized the importance of medical services for women affected by armed conflict and specifically noted “the need for sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination.”⁶² Since 2012, the European Parliament has adopted at least four resolutions supporting this view.⁶³ And in 2013, the CEDAW Committee recommended that States parties ensure that sexual and reproductive health care includes safe abortion services and post-abortion care.⁶⁴ International human rights law and international humanitarian law apply universally, irrespective of national legislation. This includes the aid policy of the world’s largest donor, the United States, and the restrictive effect it has on the provision of abortion by humanitarian agencies worldwide.⁶⁵ In war zones, women who are raped almost never have access to emergency contraception. Supporting their choice to terminate their

pregnancy safely would have an immeasurable impact on women’s lives.

Since 1999, humanitarian agencies have rolled out a Minimum Initial Service Package (MISP) for both reproductive health and clinical management of rape, but this standard—revised in 2010—has not been attained in most settings. Research shows that the more fundamental issue is that the MISP assumes some level of pre-existing, functioning health infrastructure, disrupted due to conflict, that humanitarians can help patch up and reactivate. However, the health system in places such as Libya or Syria quickly collapses with the mass flight of health professionals, while in places such as South Sudan, the only existing health system is the one created by the UN and non-governmental agencies. This shows once again the need to work on ensuring safe, quality reproductive health care access for women and adolescent girls as part of not just the emergency response but also long-term development interventions. In many conflict-affected countries, the health cluster reports that national health professionals, from doctors to nurses, have not been trained in clinical management of rape.⁶⁶ And although a two-day training in the midst of an emergency is a positive step, it cannot cover relatively complex, sensitive gender dynamics about violence and entrenched social norms such as blaming the victim alongside technical elements about PEP kits and emergency contraception kits.

 *Over half of the world’s maternal deaths occur in conflict-affected and fragile states – and the majority of these are preventable.*

FOCUS ON

Mobile health programming for survivors of sexual violence

In 2004, the Foundation RamaLevina (FORAL), a Congolese health and social NGO, started a mobile health programme to address the barriers to access identified by gender-based violence survivors and their families in rural South Kivu province, Eastern Democratic Republic of the Congo.⁶⁷ FORAL expanded its mobile health services in 2010 and developed a clinical monitoring and evaluation system to record patients' histories and their experience of sexual violence, the

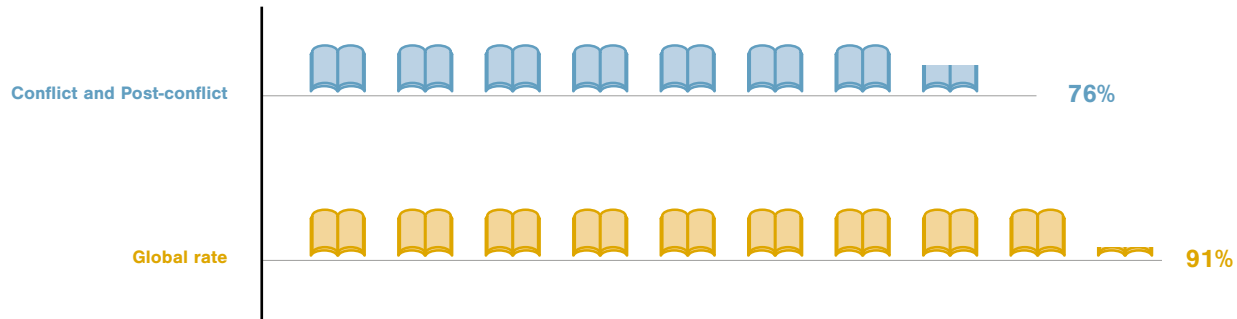
medical care they had received and planned treatment and follow-up.⁶⁸ The group also worked with community members through partnerships with community health workers. Findings from a study of the programme show that access to health care for female survivors of gender-based violence and their male partners increased, the quality of services improved and community members participated more actively in education sessions held at the beginning of each mobile clinic.

+ “I was a girl in a land where rifles are fired in celebration of a son, while daughters are hidden away behind a curtain, their role in life simply to prepare food and give birth to children.”

Malala Yousafzai,
Nobel laureate⁶⁹

The right to education

The experiences of Pakistani teenager Malala Yousafzai in 2012 and of hundreds of schoolgirls in Chibok, Nigeria, in 2014 are only two of the best known examples of how girls' education comes under direct attack during conflict. Girls in Somalia have been forcibly removed from schools to become 'wives' of Al-Shabab fighters. In Afghanistan, the Taliban frequently bomb girls' schools, attack the students with acid, poison their water supplies and set up improvised explosive devices on the routes used by female students to attend school. Each attack has a multiplier effect on girls' access to education. For example, it is estimated that in 2009, the Taliban's attacks and violent threats against girls, their families and teachers resulted in 120,000 female students and 8,000 women teachers ceasing to attend schools in the Swat District.⁷⁰ In Gaza, 66 per cent of schools were damaged or destroyed during the hostilities in July and August 2014.⁷¹ And in the majority of armed conflicts in recent years, non-state armed groups and government forces have used schools for military purposes.⁷²

Adjusted Net enrolment ratio in primary school, girls, 2013⁷³

Conflict widens the gender gap in school enrolment and retention and in literacy. Conflict-affected countries typically divert resources away from education, and heightened insecurity keeps schoolchildren and girls in particular, away from the classroom. In South Sudan, a girl is three times likelier to die in pregnancy or childbirth than to complete primary education.⁷⁴ In the Democratic Republic of the Congo, the fear of sexual violence keeps an untold number of girls away from classrooms. In many settings, there are very few female teachers, especially in positions of authority, and minimal or no sanitation facilities, which are particularly critical for adolescent girls. Frequently, girls are left at home due to their own families'

+ *Each additional year of a girl's education has a dramatic impact on maternal mortality, infant mortality, early marriage, and has social and economic benefits.*

strategies to cope with scarcity and insecurity and as a result of gender norms that privilege boys over girls.⁷⁵ Refugee and asylum-seeking girls—and women of all ages seeking to complete secondary or tertiary education—encounter great difficulties in urban areas, especially if they cannot afford the fees or if schools in the host community are already overstretched. Women and girls who return from captivity, particularly if they were forced into marriage and birthed at least one child, are very unlikely to re-enroll in education.⁷⁶ Approximately half of out-of-school children of primary school age live in conflict-affected areas,⁷⁷ where girls' net enrolment rate in primary education is 13.53 percentage points below the global rate.⁷⁸ Each additional year of a girl's education has a dramatic impact on maternal mortality, infant mortality and early marriage, to say nothing of the overall social and economic benefits, contributing greatly to overall stability particularly in post-conflict settings.⁷⁹ And gender equality programming has been shown to improve access to education and education outcomes for girls and boys, demonstrating the crucial link between gender equality and the effectiveness of humanitarian assistance.⁸⁰

Much more must be done to address this issue as a violation of international humanitarian and human rights law. The CEDAW Committee's forthcoming general recommendation on girls' and women's

rights to education must pay special attention to the actions of armed actors and the obligations of States. For example, where violations of girls' and women's rights to education have occurred as a result of armed conflict, education providers should include special outreach and remedial education programmes for girls associated with armed forces or forcibly married, displaced or trafficked.

The right to property, housing and livelihoods

Without access to land, credit, tenure, skills training or information, women's power to build peace and promote recovery from conflict is seriously impaired. In many fragile settings, women do not have access to assets, such as land, livestock, credit, farm implements or fishing boats and nets. They are instead left with what they can accomplish with their own hands in time not given over for caregiving. This has a profound impact not only on their poverty and marginalization but also on their ability to improve their communities and shape their future.

Parties to armed conflict regularly use occupation or destruction of land as a deliberate strategy of war. They confiscate land illegally, evict occupants by force, secure property transactions under duress and destroy documentary evidence of ownership.⁸¹ For women, violations of their rights to land and housing are central to their experience of war. In many cases, they are the ones at home when armed actors take over or destroy their property, usually violently. In other cases, in the context of displacement and return, family loss or separation, they are only able to access their land through the men in their family.⁸² Young, widowed, single or divorced women are particularly likely to experience difficulties with access to land or land rights. For women who are ex-combatants, pregnant from rape outside of marriage or otherwise stigmatized, the challenges can become insurmountable. Even when laws provide for women's right to inherit property and land, women may be unaware of this or may lack documents and titles. Few will possess the social and economic resources

to pursue their claims, through either non-formal or statutory means, particularly when they have to navigate unresponsive authorities, ineffective courts and biased attitudes among family and community members.⁸³ As a result, the percentage of women with legal titles to land is significantly lower in conflict and post-conflict countries.

Much can be done to address this gap, including through legislative reform, land reform campaigns and changes in registration procedures.⁸⁴ Where statutory law is not in compliance with international human rights obligations of equality and non-discrimination, humanitarian and development actors should advocate for the removal of discriminatory legislation and the amendment of marriage, inheritance and related laws to ensure women's equality in accessing land and housing. Donors can invest in legal representation for women and other measures to address the practical barriers women face in accessing justice resulting from their poverty, illiteracy or marginalization.

International organizations should always register women independently from male heads of households, promote this practice with government counterparts and refrain from documenting and registering housing or land assets only in the name of the principal adult male in the household.⁸⁵ However, cultural, religious and customary practices, which often exist in parallel with statutory laws, can also have an impact on

+ *Without access to land, credit, tenure, skills training or information, women's power to build peace and promote recovery from conflict is seriously impaired.*

Incidence of female agricultural landowners (legal titles), 2013⁸⁶



women's rights related to land, property and housing; the role of customary and religious law is addressed in detail in Chapter 5: *Transformative Justice*.

Once again, women's participation in decision-making charts the most direct path to meaningful change, whether in formal institutions addressing land reform or in informal community-level mediation forums where land disputes are adjudicated (which are overwhelmingly dominated by men). A few years after the genocide, Rwanda embarked on an ambitious land tenure reform programme aimed at eliminating all major forms of discrimination. In every land commission and committee responsible for parcel demarcation, adjudication, disputes and objections and issuing leases, women had to represent at least 30 per cent of the commissioners and committee members. As a result, women now have the right to deal in and inherit land, and both women and men are required to be present during the registration of owners. By March 2012, private land owned by individuals was held as follows: 11 per cent by women, 5 per cent by men and 83 per cent jointly by married couples.⁸⁷

Although under-researched and under-utilized in humanitarian settings (despite most of these being protracted emergencies spanning many years), livelihood interventions targeting young women and adolescent girls in development settings have been shown to have positive effects on girls' sense of safety, rates of unwanted sex, risky sexual behaviours, early

marriage, intimate partner violence and bargaining power associated with HIV risk. For example, a combination of microcredit with participatory gender training, social support groups and community mobilization reduced intimate partner violence by 55 per cent in the target group. A 2012 randomized control trial concluded that economic strengthening programmes, when delivered in combination with social interventions, had reduced Ugandan adolescent girls' reporting of "having sex unwillingly" to almost zero.⁸⁸

The right to asylum, nationality, and documentation

In resolution 2122 (2013), the Security Council expressed concern at women's vulnerability in relation to forced displacement, as a result of unequal citizenship rights, gender-biased application of asylum laws and obstacles to accessing identity documents. Currently, gender is not expressly included in the international definition of a refugee as a person with a well-founded fear of persecution on the basis of race, religion, nationality, political opinion or membership of a social group—something that women and refugee advocates have been trying to change for a long time.⁸⁹

Various challenges confront women and girls who flee conflict or persecution and are in search of asylum, including lack of proper documentation establishing

country of origin in gender-related claims, and adjudicators characterizing sexual violence in conflict as a private act rather than politically motivated persecution.⁹⁰ Consequences of sexual violence, especially the associated social stigma, are also often not taken into consideration by adjudicators in assessing the risk of further persecution or internal flight alternatives.

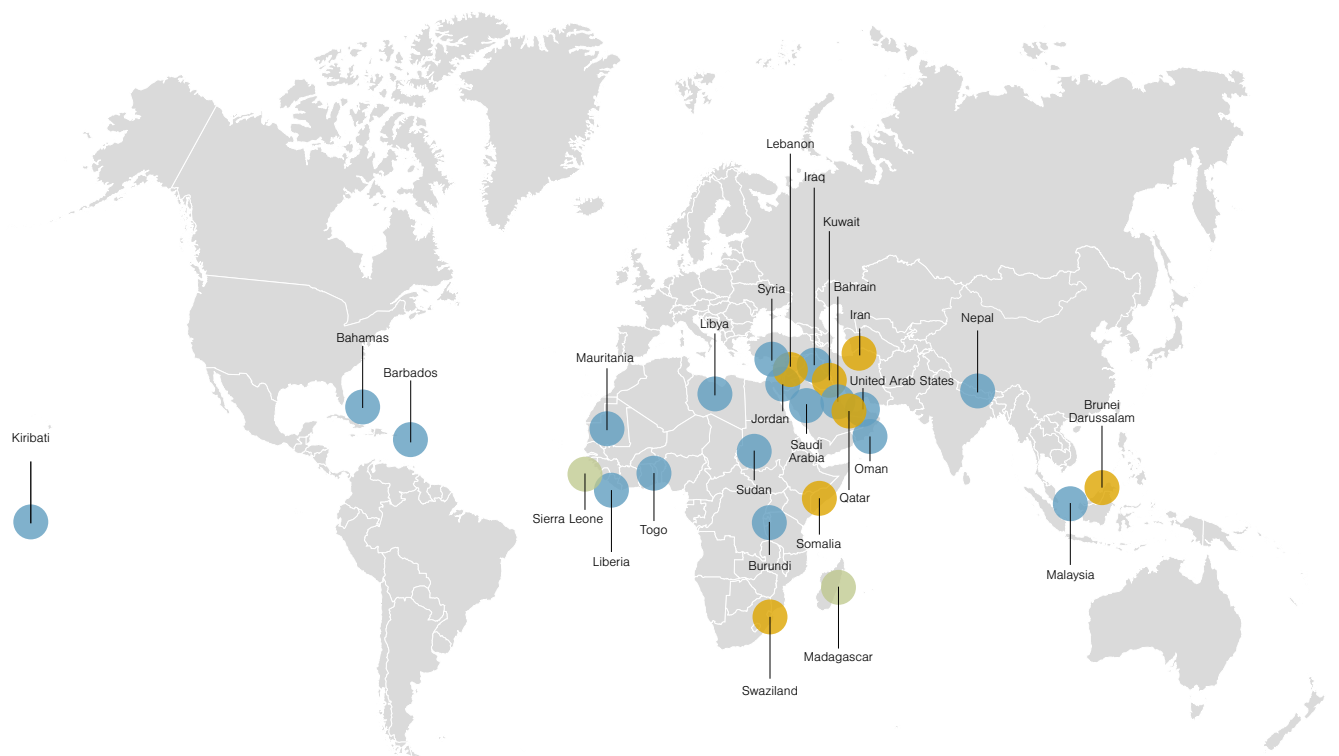
While the number of women becoming heads of household as a result of displacement is increasing, discriminatory citizenship laws in both resident and home countries prevent them from owning property, accessing land rights or being entitled to a full range of other economic, social and political rights. Refugees have a right to documentation, including identity papers and travel documents, and returnee women and girls have equal rights to these documents and for these to be issued in their own names, but this is often not the

case in practice.⁹¹ Some countries require women to produce a marriage certificate before permitting birth registration. In others, a birth must be registered by the child's father, regardless of any nationality issues or whether he is known or not.

Nationality laws that do not grant women equality with men in conferring nationality to their children cause statelessness, a problem that impacts at least 10 million people worldwide.⁹² Currently 27 countries across the world have laws that discriminate against women in their ability to confer nationality to their children.⁹³

The impact of statelessness is severe and gives rise to discrimination that can result in denial of access to basic resources including health care, education and employment opportunities. While the challenges are

Nationality laws and discrimination against women⁹⁴



Note: The figure uses a colour scheme to divide the laws of the 27 States into three categories: (1) countries (yellow) with nationality laws that do not allow mothers to confer their nationality to their children with no, or very limited, exceptions; (2) countries (blue) that have some safeguards against the creation of statelessness (for example, making exceptions for mothers to confer nationality if the father is unknown or stateless); and (3) countries (light green) that also limit the conferral of nationality by women but have additional guarantees to ensure statelessness will only arise in very few circumstances.

enormous for any stateless individual, women and girls have a greatly increased risk of sexual exploitation and abuse, such as trafficking for commercial sex work, illegal adoption and child labour.⁹⁵ Gender discriminatory laws are creating statelessness in several contexts. For example, high casualty rates and forcible separation mean a quarter of Syrian refugee families are headed by women, but the law does not allow women to pass their nationality to their children, giving rise to generational statelessness. Anecdotal evidence has also suggested an emerging trend of stateless young girls being married off at an early age by families as a measure to protect them from the consequences of statelessness.¹¹⁴

On a more positive note, 12 States have reformed their laws in the past decade to eliminate gender discrimination in citizenship. The Global Campaign for Equal Nationality Rights was launched in June 2014 with the aim of eliminating gender discrimination in nationality laws, and in the same year UNHCR launched its Campaign to End Statelessness in 10 Years, which includes as one of its key actions the removal of gender discriminatory laws at the national level.

The right to food

It has been known for some time that gender norms and gender inequality render women and girls particularly vulnerable to food insecurity. Not only are women and girls made primarily responsible for feeding their families in a context of food scarcity, in many cases as heads of households, but often their nutritional needs take a back seat to those of men and boys. Furthermore, as women, particularly in situations of displacement, are often impeded from earning an income outside the house, they are typically more dependent on food assistance. For example, the World Food Programme (WFP) estimated in 2015 that female-headed households among the Syrian refugee population in Jordan were more dependent by at least 10 percentage points on WFP food vouchers than male-headed households.⁹⁷ In a refugee population of that size, this gap translates into tens of thousands of female-headed households that are extremely vulnerable to any changes in food assistance.

+ “As the men are fighting and trying to make sure that they control power, everything in the household and the community is left in the hands of women. This is very clear when you look at IDP and refugee camps: you don’t find men taking charge of the livelihood of their households.”

Ruth Ojiambo Ochieng,

High-Level Advisory Group for the Global Study,
UN Women Video Interview, 2015

One of the earliest ways in which humanitarians took gender issues into account was by targeting women and girls during food distribution. For example, in 2001, one of UNHCR’s five major commitments to refugee women was ensuring their participation in the management and distribution of both food and non-food items,⁹⁸ and WFP policy instituted that same year was that women should control the family food aid entitlement in 80 per cent of WFP food distributions.⁹⁹ Already by 2005, the majority of refugee camps were distributing as much food directly to women as to men.¹⁰⁰

The benefits are clear. Food distribution interventions that target women as main recipients help to substantially reduce child malnutrition rates. A recent multi-country study shows that prioritizing women in food distribution is strongly correlated with greater dietary diversity and, in one country, a 37 per cent lower prevalence of hunger.¹⁰¹ WFP case studies in Chad and the DRC indicate that providing take-home rations for girls in their last two years of primary school contributed to a decrease in the frequency of early marriage.

However, this standard is not always attained. A recent assessment in North Kivu showed that only 23 per cent of IDP women and 8 per cent of returnee women were registered for ration cards. The situation was even more lopsided in the case of agricultural inputs, as 96 per cent of the agricultural kits were given to men, in a country where women produce 75 per cent of the food.¹⁰² Syrian refugee women reported having to wait for 8–12 hours in order to receive food vouchers or other necessities, and distribution lines were said to be the second highest risk area for sexual harassment after the home.¹⁰³ Women are often at risk of violence on the way to and from food distribution points, or in their homes, as husbands react negatively to women becoming the family's ration holder. Equally, food distribution and assistance may be used for the purpose of sexual exploitation, as those who have surplus food (or non-food items) have power over those who have no food, and those who distribute food are usually men.

In the last decade, the international community has paid significant attention to the fact that, in many of these unstable settings, women and girls walk very long distances to collect food, water or firewood, in conditions of constant danger and insecurity.¹⁰⁴ For example, in camps in Chad, women travel an average roundtrip distance of 13.5 kilometers to collect firewood. In Kenya, women refugees spend approximately 40 hours each month collecting firewood for cooking. During 2014, both in Chad and in Uganda's Nakivale refugee camp, more than 40 per cent of households reported incidents of violence during firewood collection in the previous six months,

from beatings to rape and attempted rape.¹⁰⁵ Safe Access to Fuel and Energy (SAFE) has grown into a full-fledged sector of its own,¹⁰⁶ and cookstove and fuel projects by WFP, the United Nations Environment Programme (UNEP), UNHCR, the Women's Refugee Commission (WRC) and others have had measureable success in reducing women's fuel collection trips, often by half. These efforts have sometimes been linked to a reduction in violence and an increase in community-based protection strategies, such as women travelling in groups to collect firewood or greater involvement of men in its collection.¹⁰⁷

Distribution of fuel-efficient stoves and fuel itself must be considered essential in acute emergencies on par with food distribution. Most importantly, the design, planning and implementation of these interventions must be driven by the women in the community themselves. The effect of women's participation is evident. In Turkana, Kenya, the inclusion of women in water and infrastructure committees has resulted in women being able to influence the location, maintenance and design of water points, making women and girls 44 per cent less likely to walk more than 60 minutes each way to access drinking water.¹⁰⁸ Women's participation in leadership is crucial to ensure that these initiatives are effectively tailored to each context and are transformative and sustainable in the long-term.

The importance of women's leadership and gender equality in humanitarian action

In 2011, UNHCR organized multiple refugee dialogues and documented their consultations with thousands of refugees, with an emphasis on the needs and priorities of women and girls.¹⁰⁹ The women they spoke to had to contend with overcrowded and unhealthy shelters, inadequate health services and education opportunities, little to no livelihood possibilities and daily fears for their safety. And yet, in each dialogue, women brought up their desire for active participation in decision-making—something few humanitarians would cite as a primary need of women. This is not a rhetorical aspiration but a universal demand from

women on the ground, including those in the direst of circumstances. It is also one of the greatest tools available for increasing the effectiveness of humanitarian assistance; something that is greatly needed in the current context of increasing needs and limited capacities.

The humanitarian community must embrace gender equality as a central organizing principle of its work and promote women's leadership in humanitarian action.

Between 2011 and 2014, less than two per cent of all humanitarian programmes in the Financial Tracking System of the Office for the Coordination of Humanitarian Affairs (OCHA) had the explicit goal of advancing gender equality or taking targeted action for women and girls.¹¹⁰

Despite growing evidence that gender equality programming improves humanitarian outcomes,¹¹¹ many interventions remain gender-blind, the data collected are rarely disaggregated by sex and age, and the gap between standards and guidelines and the reality on the ground is abysmal.¹¹² Recent research has demonstrated that the existence of independent women's groups is the single most important factor in addressing violence against women and girls. Yet women's organizations continue to be marginalized in the planning and implementation of humanitarian response—something that the new Global Acceleration Instrument on Women, Peace and Security and Humanitarian Engagement could begin to address (see Chapter 13: *Financing WPS*). 2014 was the first time gender equality indicators were included in Humanitarian Response Plans. In the first-ever world humanitarian summit in 2016, the humanitarian community will chart a path towards more sustainable, equitable and effective ways of working.¹¹³ Gender equality and women's empowerment and leadership should be prominent in those discussions and in the outcomes of the summit.

Principles of gender equality in humanitarian assistance are not limited to conflict-affected settings but equally relevant to natural disasters. Increasingly, natural disasters leading to emergencies and humanitarian crises have a complex relationship with conflict and gender inequality. Lack of access to information and resources, entrenched gender stereotypes and inequalities and cultural restrictions make women and

girls among the most susceptible to natural disasters—particularly in conflict-affected settings. For example, the tsunami that struck conflict-ravaged Sri Lanka in 2004 killed nearly one in five displaced women, more than twice the mortality rate of displaced men. As natural disasters increase in frequency and severity due to climate change and environmental degradation, the international community must respond through inclusive strategies that recognize women's agency and respect their rights and needs.

Even as not nearly enough is done to assist women and girls and protect and defend their rights, the poster image of the aid world is a woman or a girl in need. Frequently, women are portrayed alongside children, either in pictures or in the pages of reports, and they are almost universally shown as defenseless and vulnerable victims. This has had an effect in policy and in practice. Our most urgent interventions to assist women and girls in crisis situations are focused on their protection rather than their empowerment. They are unlikely to be consulted on programme design, let alone engaged as partners. It is only relatively recently that the international community has paid some attention to women's leadership in camp committees, women's inclusion in participatory assessments and women's deliberate engagement in empowerment

+ *Several surveys and consultations have cited patriarchal cultural bias held by local men and male humanitarian workers as a major barrier—and many saw it as the key barrier—to women's needs being met as well as to women being engaged as partners in humanitarian action.*

programmes so they can better assist themselves and others and claim their rights.

For example, through regular elections with gender quotas, women reached parity in camp management committees in Eastern Nepal. In the Meheba settlement in Zambia, campaigns encouraging women to present their candidacy to refugee representative elections resulted in one-third female representation, from a baseline of almost none before then, and women responded to concerns about women's lack of participation in food distribution by setting up all-women committees. In Colombia, women have increasingly left national organizations of displaced people, traditionally dominated by male leadership and oriented towards judicial actions without a gender perspective, and formed their own women's organizations, generally oriented toward economic survival needs.¹¹⁴

A large body of evidence in the development sector has established that gender equality programming that ensures equitable access to services, empowerment of women and girls and sensitization of men and boys—including for men and boys to take on non-traditional gender roles—results in significant, concrete benefits for the entire community. We now have evidence that these benefits apply in humanitarian

settings as well.¹¹⁵ **A multi-country study that examined the impact of gender equality programming on humanitarian outcomes found that gender equality programming¹¹⁶ contributes to improving access to and use of humanitarian services by women, men, girls and boys as well as makes programming overall more effective.**

In the specific sectors examined—health, education, water, sanitation and hygiene (WASH) and food security—an improvement in access and programme effectiveness was shown for all groups, with significant improvements documented for women and/or girls in education, WASH and health. For example, in Turkana, Kenya, gender equality programming increased the literacy rates of boys, health outcomes among girls, women and men and access to water for women, men, girls and boys—as well as leading to a greater variety of food. In Nepal, gender equality programming was linked to increased participation of women in household and community decision-making processes as well as higher levels of self-confidence, self-esteem and pride among women. Women- and child-friendly spaces, services for survivors of gender-based violence and sensitization programmes reduced the prevalence of such violence in all settings.

Several surveys and consultations have cited patriarchal cultural bias held by local men and male humanitarian workers as a major barrier—and many saw it as the key barrier—to women's needs being met as well as to women being engaged as partners in humanitarian action.¹¹⁷ Often, humanitarian staff actively resist the incorporation of a gender equality lens in their work, citing the 'tyranny of the urgent' or fear of offending local customs. And yet, when women and men in humanitarian settings were consulted, researchers found that people made an exception to the general resentment of the imposition of external agendas when it came to gender equality. **In fact, women and men both expressed widespread appreciation for international actors' promotion of gender equality and were able to cite positive outcomes of such efforts.**¹¹⁸ Beyond the many policies and guidelines adopted by humanitarian agencies on gender equality, the gender handbook of the Inter-Agency Standing Committee (IASC),

+ *Gender equality programming contributes to improving access to and use of humanitarian services by women, men, girls and boys as well as makes programming overall more effective for women, men, girls and boys.*

published almost a decade ago, is unequivocal: “Promoting gender equality must be seen as central to the humanitarian community’s responsibility to protect and provide assistance to those affected by emergencies.”¹¹⁹

CONCLUSIONS

One of the themes that emerged in the consultations for this Study is that women, peace and security, on the one hand, and gender equality in humanitarian action, on the other, have the same broad objectives, the same focus on women’s leadership and women’s human rights and pay the same special attention to women’s needs and priorities. Both also deal with largely the same settings, as most complex emergencies are related to armed conflict and have become increasingly protracted. In fact, women in disaster-affected communities have called for the formal application of 1325 to those settings as well, as they found it such a valuable guiding framework.¹²⁰ Both communities would stand to benefit from working more closely together. For example, women’s organizations that work on peacebuilding could be more quickly mobilized in humanitarian action, and national action plans on 1325 should include a much more forceful articulation of international human rights law, international humanitarian law and humanitarian action.¹²¹

Similarly, at the level of the systems that the international community employs to respond to these gaps, those addressing exclusively gender-based violence and those focusing more comprehensively on all gender equality issues affected by armed conflict and crises should combine efforts more regularly.¹²² In spite of the repeated call to bridge the distance between development and humanitarian actors, none of the 169 individual targets contained in the 17 sustainable development goals addresses the specific needs of women and girls—or civilians generally—in conflict zones. Both the High-Level Review of the implementation of 1325 in October 2015 and the 2016 World Humanitarian Summit offer opportunities to speak loudly and clearly about the many issues highlighted in this chapter and to advocate for countries to tackle

these in their national targets and action plans.

Another main theme of the consultations was that the humanitarian system’s collective failure to recognize the ability of local civil society organizations and women and girls to act as partners with valuable knowledge and experience severely limits our effectiveness. Efforts to support the voice and choice of women in the assessment, design and delivery of assistance remain the exception to the rule. Other highlighted gaps identified in this Study are the needs of women and girl survivors of rape who are left with unwanted pregnancies, the difficulties faced by women and girls who lack documentation to exercise their rights or find asylum, the multiple ways in which girls are attacked in school or prevented by violence and insecurity from attending school, the worrisome gap between the attention and visibility of sexual violence in conflict in global policy circles and absence of actual services and justice for survivors on the ground outside capital cities and the persistent exclusion of women from land and productive assets, which perpetuates their dependence on male relatives, their poverty and/or their subordinate role.

As in other areas, the call for greater resources and accountability must be answered. While Organisation for Economic Co-operation and Development (OECD) countries spent \$135 billion in 2014 on aid, bilateral cooperation and humanitarian relief, many of the programmes and interventions highlighted in this chapter received a surprisingly limited amount of funds from donors and low prioritization by UN and humanitarian agencies. This is despite donors’ own strong policies and vocal calls for gender equality and greater respect for women’s and girls’ rights during conflict. This deficit should be regularly tracked and made public. On the following pages are some system-wide recommendations on the way forward, to be added to the issue-specific recommendations that can be found throughout the chapter.

“In communities ravaged by conflict, humanitarian responses must be mobilized [...] with women and girls included in the design, delivery and evaluation of programmes.”

Brigitte Balipou,

magistrate in the Central African Republic, board Member of Femmes Africa Solidarité (FAS), and Founding Member of the Women Lawyer Association of the Central African Republic, at the Security Council Open Debate on Women, Peace and Security, 2014

RECOMMENDATIONS

Moving progress beyond 2015: Proposals for action

Member States should:

- ✓ Remove discriminatory laws and regulations that impede full equality in accessing basic rights and services during and after conflict—including the rights to life, health, education, property and livelihood—and remove discriminatory laws and regulations that impede full equality in accessing basic rights and services, including the right to nationality.

Member States and the UN should:

- ✓ Ensure that preparations for and outcomes of the 2016 World Humanitarian Summit have gender equality and women's human rights as a focus area as well as integrated throughout the other themes.

Donors, including Member States and private foundations, should:

- ✓ Expressly mandate that all programmes adopt and apply the Gender Marker and relevant IASC guidance on gender and gender-based violence interventions in humanitarian settings throughout the entire project cycle and require it in all funding applications.
- ✓ Increase current levels of targeted funding for women's and girls' programming to a minimum of 15 per cent. Current levels of approximately 1 per cent funding for local women's organizations, including women's human rights defenders, should

be increased until they reach at least 5 per cent in the next three years, before setting progressively more ambitious targets in the following years. Funding for core operations, advocacy and capacity building should match funding for projects.¹²³

- ✓ Fund the establishment of an independent monitoring mechanism run by women's civil society groups and women's human rights defenders to track the compliance of humanitarian assistance with normative frameworks and standards and international human rights law as well as performance on gender equality—from the collection of sex-disaggregated data and gender-sensitive analysis to the systematic application of the Gender Marker and the engagement of local women.
- ✓ Invest in translating all relevant tools on sexual and reproductive health and prevention and response to sexual and gender-based violence into local languages to ensure local engagement and sustainability. Translations and long-term capacity building should be prioritized over the repetitive production of new tools, strategies, guidelines and advocacy campaigns from capitals in donor countries.

The UN and NGOs should:

- ✓ Commit to create a humanitarian workforce that is 50 per cent women and 100 per cent trained in gender equality programming and the protection of women's human rights.¹²⁴

The UN should:

- ✓ Ensure that UN Women is a member of all relevant high-level inter-agency forums on peace and security and humanitarian response, including the IASC and the Senior Advisory Group on peace and security, to ensure a gender perspective is mainstreamed throughout the UN's response in conflict and emergencies.

All relevant actors, including Member States, the UN, donors, and civil society, should:

- ✓ Ensure that all global humanitarian and local health-care workers are trained in basic life-saving sexual and reproductive health care, in accordance with international human rights standards, as well

as emergency response for survivors of domestic and sexual violence, including emergency contraception and abortion/post-abortion services. Increased investment must be made in local health systems' ability to provide quality sexual and reproductive health and care for survivors and to put in place referral pathways to specialist care in all fragile settings.

- ✓ Ensure that women affected by humanitarian crises, including refugees, internally displaced and stateless women, are supported to participate meaningfully and equally in community decision-making, in leadership roles and in the design, implementation, monitoring and evaluation of humanitarian interventions. Obstacles to their participation should be addressed within programme design.

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18. The Preventing Sexual Violence Initiative was launched by UK Foreign Secretary William Hague and UN Special Envoy for Refugees Angelina Jolie in 2012. In June 2014 the UK hosted the Global Summit to End Sexual Violence in Conflict linked to this initiative. The Summit was a platform to bring together the world's leading experts with the world's top decision makers to address these issues.
19. "Girl Summit 2014," Government of the United Kingdom, accessed September 18, 2015, <https://www.gov.uk/government/topical-events/girl-summit-2014>; "Resolution on Child, Early and Forced Marriage," UN Doc. A/C.3/69/L.23/Rev.1 (United Nations General Assembly, November 17, 2014); "Resolution on Strengthening Efforts to Prevent and Eliminate Child, Early and Forced Marriage," UN Doc. A/HRC/29/L.15 (United Nations Human Rights Council, July 1, 2015); "Resolution on Promotion of the

- Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms: Protecting Women Human Rights Defenders,” UN Doc. A/RES/68/181 (United Nations General Assembly, January 30, 2014).
20. In particular, UNICEF and UNFPA lead the global Gender-Based Violence Area of Responsibility (GBV AoR), which links up the work of several UN agencies and dozens of international NGOs on gender-based violence in emergencies. This work ranges from country-level coordination, to the development of tools, such as the newly revised guidelines to integrate GBV interventions in humanitarian action (available at www.gbvguidelines.org), to the rapid deployment of technical support in emergencies. For more information on the GBV AoR, see www.gbvaor.net.
 21. See, e.g., Jo Spangaro et al., “What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises? A Systematic Review,” ed. Patricia Kissinger, *PLoS ONE* 8, no. 5 (May 15, 2013): e62600; Charlotte Watts, Mazeda Hossain, and Cathy Zimmerman, “War and Sexual Violence – Mental Health Care for Survivors,” *New England Journal of Medicine* 368, no. 23 (June 6, 2013): 2152–54; Wietse A. Tol et al., “Sexual and Gender-Based Violence in Areas of Armed Conflict: A Systematic Review of Mental Health and Psychosocial Support Interventions,” *Conflict and Health* 7, no. 1 (2013): 16.
 22. “Gender-Based Violence in Emergencies” (Humanitarian Policy Group, February 2014); Gerry Mackie et al., “What Are Social Norms? How Are They Measured?” (UNICEF, University of California at San Diego, and the Center on Global Justice, July 27, 2015).
 23. Jeanne Ward, “Scoping Mission: South Sudan, May 2011” (Global Protection Cluster, May 2011), 32.
 24. Sean Healy and Sandrine Tiller, “Where Is Everyone?: Responding to Emergencies in the Most Difficult Places” (Medecins Sans Frontieres, July 2014).
 25. “Gender-Based Violence in Emergencies,” 13; Ward, “Scoping Mission: South Sudan, May 2011,” 32.
 26. “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery” (Inter-Agency Standing Committee, 2015).
 27. There are indications that this may be beginning to change, as campaigns like the Call to Action, Prevention of Sexual Violence Initiative, and Safe from the Start have been accompanied by increases in funding. “New World Bank Project Will Help Survivors of Sexual and Gender-Based Violence in Africa’s Great Lakes Region,” *The World Bank*, June 26, 2014, <http://www.worldbank.org/en/news/press-release/2014/06/26/world-bank-project-survivors-sexual-gender-based-violence-africa-great-lakes>.
 28. “Syrian Arab Republic: Multiple Indicator Cluster Survey 2006” (Central Bureau of Statistics Pan-Arab Project for Family Health/League of Arab States and UNICEF, February 2008); “The State of the World’s Children: Adolescence: An Age of Opportunity, 2011” (UNICEF, 2011), 122; Danielle Spencer, “‘To Protect Her Honour’ Child Marriage in Emergencies - the Fatal Confusion between Protecting Girls and Sexual Violence,” 6–7.
 29. “Inter-Agency Assessment: Gender-Based Violence and Child Protection Among Syrian Refugees in Jordan, with a Focus on Early Marriage” (UN Women, July 2013).
 30. Danielle Spencer, “‘To Protect Her Honour’ Child Marriage in Emergencies - the Fatal Confusion between Protecting Girls and Sexual Violence.”
 31. Julian Murray and Joseph Landry, “Placing Protection at the Centre of Humanitarian Action: Study on Protection Funding in Complex Humanitarian Emergencies” (Global Protection Cluster, September 17, 2013).
 32. “Global Report: Civil Society Organization (CSO) Survey for the Global Study on Women, Peace and Security: CSO Perspectives on UNSCR 1325 Implementation 15 Years after Adoption” (Global Network of Women Peacebuilders, Cordaid, NGO Working Group on Women, Peace and Security, International Civil Society Action Network, July 2015).
 33. “Report of the Special Rapporteur on the Situation of Human Rights Defenders, Margaret Sekaggya,” UN Doc. A/HRC/16/44 (United Nations General Assembly, December 20, 2010).
 34. “Health Care and Violence: The Need for Effective Protection,” Position Paper (International Committee of the Red Cross, September 25, 2014), 1.
 35. Lakshmi Puri, “Words Alone Won’t End Violence against Women in Armed Conflict,” *The Guardian*, July 2, 2013, <http://www.theguardian.com/global-development/poverty-matters/2013/jul/02/violence-against-women-armed-conflict>.
 36. Pakistan, Afghanistan, and Nigeria are the three remaining polio-endemic countries in the world. In Pakistan, armed actors started targeting polio vaccination campaigns, and the female health-care workers helping to carry them out, when the Pakistani Taliban leadership began declaring fatwas against them. In 2014, the number of polio cases recorded in Pakistan soared to 306. “Polio This Week,” Global Polio Eradication Initiative, September 23, 2015, <http://www.polioeradication.org/dataandmonitoring/poliothisweek.aspx>; “Polio Eradication Initiative: Pakistan,” World Health Organization, accessed September 26, 2015, <http://www.emro.who.int/polio/countries/pakistan.html>.
 37. The humanitarian standard is one latrine per 20 people, and three latrines for women per every latrine for men,

- but this is almost never the case. After the earthquake in Haiti, an assessment carried out by IOM between February and March 2010 found that the population averaged 411 per latrine, with some sites reaching more than 900 people per latrine. IOM also found that 33 per cent of the sites had no latrines, that they were not separated by sex, and that they did not have locks or light. As a result, most latrines were not used or only occasionally used. See, Prisca Benelli, Dyan Mazurana, and Peter Walker, "Using Sex and Age Disaggregated Data to Improve Humanitarian Response in Emergencies," *Gender & Development* 20, no. 2 (July 2012): 227.
38. A further 26.6 per cent of camps met 50-89 per cent of sanitary needs, while 19 per cent of camps met 1-49 per cent of needs, according to a survey of 94 camps by UNHCR undertaken in 2010.
 39. "General Recommendation No. 30 on Women in Conflict Prevention, Conflict and Post-Conflict Situations," UN Doc. CEDAW/C/GC/30 (Committee on the Elimination of Discrimination against Women, October 18, 2013), para. 37.
 40. Meinie Nicolai, "Introduction," in *Because Tomorrow Needs Her* (Medecins Sans Frontiers, 2015).
 41. Data submitted to the Global Study by UNAIDS, the Joint United Nations Programme on HIV/AIDS.
 42. "Resolution 1983 (2011)" UN Doc. S/RES/1983 (United Nations Security Council, June 7, 2011).
 43. "Strategy for Integrating a Gendered Response in Haiti's Cholera Epidemic," Briefing Note (UNICEF Haiti Child Protection Section/GBV Program, December 2, 2010), 1.
 44. World Health Organization, *Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to Improve Responsiveness to Women's Needs* (Geneva: World Health Organization, 2009).
 45. In Kabul, Medica Mondiale offered group counseling to GBV survivors many years after the actual abuse or violence suffered by the women, and yet the vast majority of participants reported an improvement in their social life and general health. A trial of therapeutic interventions in North and South Kivu, using individual counseling for one group of survivors and group counseling for another group of survivors, showed much greater improvement through group therapy. See, Rebecca Holmes and Dharini Bhuvanendra, "Preventing and Responding to Gender-Based Violence in Humanitarian Crises," 11.
 46. "Report of the Secretary-General: Women and Peace and Security," UN Doc. S/2014/693 (United Nations Security Council, September 23, 2014), box 20.
 47. "Trends in Maternal Mortality, 1990 to 2013: Estimates by WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division" (World Health Organization (WHO), UNICEF, United Nations Fund for Population Activities (UNFPA), World Bank, United Nations Population Division, 2014).
 48. "State of the World's Mothers 2014: Saving Mothers and Children in Humanitarian Crises" (Save the Children, 2014), 1.
 49. "Trends in Maternal Mortality, 1990 to 2013," 1-2.
 50. "State of the World's Mothers 2014: Saving Mothers and Children in Humanitarian Crises," 72.
 51. In his submission to the Global Study, the Special Rapporteur on the rights of internally displaced persons recommended a preventative approach to sexual and gender-based violence in the context of internal displacement, including gender-sensitive training to public service and security providers, and a focus on prevention within homes and communities. See, Chaloka Beyani, "Note from the Special Rapporteur on the Human Rights of Internally Displaced Persons: Considerations in Light of the High-Level Review on Progress in Implementing Resolution 1325 on Women, Peace and Security" (United Nations Office of the High Commissioner on Human Rights, March 2015).
 52. Millennium Development Goal five focuses on improvements to maternal mortality. "United Nations Millennium Development Goals," accessed May 13, 2015, <http://www.un.org/millenniumgoals/maternal.shtml>.
 53. "State of the World's Mothers 2014: Saving Mothers and Children in Humanitarian Crises," 68.
 54. "Obstetric Emergencies," in *Because Tomorrow Needs Her* (Medecins Sans Frontiers, 2015).
 55. "The Right to an Abortion for Girls and Women Raped in Armed Conflict: States' Positive Obligations to Provide Non-Discriminatory Medical Care under the Geneva Conventions" (Global Justice Center, 2011), 5; "Re: Written Contribution to the Human Rights Committee, Half Day of General Discussion on Article 6 'Right to Life'" (Global Justice Center, June 26, 2015); "Submission from the Global Justice Center: Serving the Needs of People in Conflict by Guaranteeing the Rights Specific to Conflict" (Global Justice Center, May 2015); Jean-Marie Henckaerts et al., eds., *Customary International Humanitarian Law* (Cambridge ; New York: Cambridge University Press, 2005). Additionally, the Geneva Conventions accord expectant mothers "particular protection and respect" and the Additional Protocol reiterates that medical care must be given in accordance with the needs of the patients.
 56. Louise Doswald-Beck, "Letter to President Obama," April 10, 2013.
 57. "General Recommendation No. 24, Article 12 of the Convention (Women and Health)," UN Doc. A/54/38/Rev.1 (Committee on the Elimination of Discrimination against Women, 1999), para. 11.
 58. *Ibid.*, para. 14.
 59. "General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (art. 24)," UN Doc. CRC/C/GC/15 (Committee on the Rights of the Child, April 17, 2013), para. 70.

60. "Information Series on Sexual and Reproductive Health and Rights: Abortion" (United Nations Office of the High Commissioner for Human Rights (OHCHR), July 2015).
61. "Report of the Secretary-General: Women and Peace and Security," UN Doc. S/2013/525 (United Nations Security Council, September 4, 2013), para. 72(a).
62. "Resolution 2122 (2013)," UN Doc. S/RES/2122 (United Nations Security Council, October 18, 2013); "Resolution 2106 (2013)," UN Doc. S/RES/2106 (United Nations Security Council, June 24, 2013); "Secretary-General's Report on Women and Peace and Security (2014)"; "Guidance Note of the Secretary-General: Reparations for Conflict-Related Sexual Violence" (United Nations, June 2014).
63. European Parliament, "Resolution on the Situation in Nigeria," 2015/2520(RSP) (European Parliament, April 30, 2015). European Parliament, "Resolution on the Situation of the Yarmouk Refugee Camp in Syria," 2015/2664(RSP) (European Parliament, April 30, 2015); European Parliament, "Resolution on the Millennium Development Goals- Defining the Post-2015 Framework," 2012/2289(INI) (European Parliament, June 13, 2013); European Parliament, "Resolution on Equality between Women and Men in the European Union- 2011," 2011/2244(INI) (European Parliament, March 13, 2012).
64. "CEDAW General Recommendation No. 30 (2013)," 30.
65. The Editorial Board, "Abortion and Women Overseas," *The New York Times*, March 17, 2013, <http://www.nytimes.com/2013/03/18/opinion/abortion-and-women-overseas.html>; Brian Atwood and Peter Fenn, "The President Should Permit Aid to Allow Abortions for Wars' Rape Victims," *The Washington Post*, February 13, 2014, https://www.washingtonpost.com/opinions/the-president-should-permit-aid-to-allow-abortions-for-wars-rape-victims/2014/02/13/68cb0298-9359-11e3-84e1-27626c5ef5fb_story.html; Serra Sippel, "Time to Act for Women and Girls Raped in Conflict," *Huffington Post*, October 29, 2014, http://www.huffingtonpost.com/serra-sippel/time-to-act-for-women-and_b_6069086.html; Michael D. Shear, "Religious Leaders Urge U.S. to Fund Abortions for Rape Victims in Conflicts Abroad," *The New York Times*, June 4, 2015, <http://www.nytimes.com/2015/06/05/us/rights-leaders-urge-us-to-fund-abortions-for-rape-victims-in-conflicts-abroad.html>.
66. Even if local practitioners have the knowledge and the skills, there is frequently no regular supply chain, national protocol, or mandate for them to intervene, so they may lack the supplies or their supervisor may be telling them to focus on other priorities. For more information, see Chen Reis, "Challenges to Achieving the MISP Standard for Clinical Management of Rape in Humanitarian Crises" (SVRI Forum, 2013).
67. Anjalee Kohli et al., "A Congolese Community-Based Health Program for Survivors of Sexual Violence," *Conflict and Health* 6, no. 1 (August 29, 2012): 1.
68. Rebecca Holmes and Dharini Bhuvanendra, "Preventing and Responding to Gender-Based Violence in Humanitarian Crises," Network Paper (Humanitarian Policy Group, January 2014), 10.
69. Malala Yousafzai and Christina Lamb, *I Am Malala: The Girl Who Stood up for Education and Was Shot by the Taliban*, First edition (New York, NY: Little, Brown, & Company, 2013).
70. Global Coalition to Protect Education from Attack, "Submission to the Committee on the Elimination of Discrimination against Women: Discussion on Girls'/ Women's Right to Education (Article 10)," July 7, 2014.
71. "Secretary-General's Report on the Protection of Civilians in Armed Conflict (2015)," para. 33.
72. "Lessons in War 2015: Military Use of Schools and Universities during Armed Conflict" (Global Coalition to Protect Education from Attack (GCPEA), May 2015). Between January 2005 and March 2015, national armed forces and non-state armed groups used schools and universities in at least 26 countries as bases, barracks, detention facilities, interrogation and torture centers, observation posts, military training facilities, or weapons and ammunition storage.
73. "Secretary-General's Report on Women and Peace and Security (2014)," box 19.
74. "Building a Better Future: Education for an Independent South Sudan" (UNESCO, June 2011), 1.
75. "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery."
76. Khristopher Carlson and Dyan Mazurana, "Forced Marriage within the Lord's Resistance Army, Uganda" (Feinstein International Center, Tufts University, May 2008), n. 20; Jeannie Annan et al., "The State of Female Youth in Northern Uganda: Findings from the Survey of War-Affected Youth (SWAY)," April 2008, 53. Females who were forced into marriage and birthed at least one child in captivity are three times less likely to return to school than those who did not give birth while in captivity.
77. Data sourced from: http://en.unesco.org/gem-report/sites/gem-report/files/PR_conflict_en.pdf
78. Data sourced from UNESCO Institute for Statistics (UIS), 2015 estimates for 2013 enrolment data: <http://data.uis.unesco.org/>
79. "Background Paper on Attacks Against Girls Seeking to Access Education," 20–22.
80. "The Effect of Gender Equality Programming on Humanitarian Outcomes" (UN Women and the Institute of Development Studies, April 2015).
81. "UNHCR Handbook for the Protection of Women and Girls" (United Nations High Commissioner for Refugees (UNHCR), 2008).
82. Research undertaken by UN Women in 2011 found at least 115 countries that specifically recognise women's

- property rights on equal terms with those of men. Even when laws provide for women's right to inherit property and land, women may lack documents and titles
83. "UNHCR Handbook for the Protection of Women and Girls"; "Realizing Women's Rights to Land and Other Productive Resources" (United Nations Office of the High Commissioner for Human Rights (OHCHR), UN Women, 2013).
 84. Equal rights to housing and land are part of international human rights law. See "International Covenant on Economic, Social and Cultural Rights," December 16, 1966, 27; "Convention on the Elimination of All Forms of Discrimination against Women," December 18, 1979, Art. 14(2), 16(1)(h); Paulo Sergio Pinheiro, "Housing and Property Restitution in the Context of the Return of Refugees and Internally Displaced Persons," UN Doc. E/CN.4/Sub.2/2005/17 (United Nations Economic and Social Council, June 28, 2005). Principle four of the Pinheiro Principles reaffirms the right to equality between men and women, and the equal right of boys and girls, to housing, land, property restitution, including legal security of tenure, property ownership, equal access to inheritance, as well as the use, control of, and access to housing, land, and property. It specifically states that housing, land and property restitution programmes, policies, and practices shall not disadvantage women and girls, and that states should adopt positive measures to ensure gender equality in this regard.
 85. Monica Sanchez Bermudez, Laura Cunial, and Kirstie Farmer, "Life Can Change: Securing Housing, Land and Property Rights for Displaced Women" (Norwegian Refugee Council, March 2014).
 86. "Secretary-General's Report on Women and Peace and Security (2014)," para. 50.
 87. "Realizing Women's Rights to Land and Other Productive Resources."
 88. Carolyn Caton et al., "Empowered and Safe: Economic Strengthening for Girls in Emergencies" (Child Protection Crisis Network, Women's Refugee Commission, United Nations Children's Fund (UNICEF), 2014). UNICEF and the Women's Refugee Commission have led research and programming guidance on economic strengthening interventions targeting adolescent girls in humanitarian settings.
 89. In 2002, UNHCR issued two guidelines on gender-sensitive assessment and processing of asylum claims. See, "Guidelines on International Protection: Gender-Related Persecution within the Context of Article 1A(2) of the 1951 Convention And/or Its 1967 Protocol Relating to the Status of Refugees" (United Nations High Commissioner for Refugees (UNHCR), May 7, 2002). In addition, several governments, including Australia, Canada, the United States, South Africa, and the United Kingdom, as well as the European Union, have issued legislation and regulations to guide asylum determinations in this area. In the application of asylum laws, some countries use "membership of a social group" to grant asylum to women fleeing gender-based violence."
 90. Valerie Oosterveld, "Women and Girls Fleeing Conflict: Gender and the Interpretation and Application of the 1951 Refugee Convention" (United Nations High Commissioner for Refugees (UNHCR), September 2012), 20, 41.
 91. "UNHCR Handbook for the Protection of Women and Girls."
 92. "Background Note on Gender Equality, Nationality Laws and Statelessness 2015" (United Nations High Commissioner for Refugees (UNHCR), March 6, 2015).
 93. "Removing Gender Discrimination from Nationality Laws," Good Practices Paper (United Nations High Commissioner for Refugees (UNHCR), 2014), 1.
 94. "Background Note on Gender Equality, Nationality Laws and Statelessness 2015," 3.
 95. *Ibid.* See also, "CEDAW General Recommendation No. 30 (2013)."
 96. Emma Batha, "War May Make Hundreds of Thousands of Young Syrians Stateless," Reuters UK, September 17, 2014, <http://uk.reuters.com/article/2014/09/17/uk-foundation-syria-crisis-stateless-idUKKBN0HC1W620140917>.
 97. "Comprehensive Food Security Monitoring Exercise: May 2015, Jordan" (World Food Programme, May 31, 2015).
 98. "UNHCR's Commitments to Refugee Women" (United Nations High Commissioner for Refugees, December 12, 2001).
 99. World Food Programme, "Policy Commitments to Women: 1996-2001" (World Food Programme, 1995).
 100. Benelli, Mazurana, and Walker, "Using Sex and Age Disaggregated Data to Improve Humanitarian Response in Emergencies."
 101. "The Effect of Gender Equality Programming on Humanitarian Outcomes."
 102. Benelli, Mazurana, and Walker, "Using Sex and Age Disaggregated Data to Improve Humanitarian Response in Emergencies."
 103. "Inter-Agency Assessment: Gender-Based Violence and Child Protection Among Syrian Refugees in Jordan, with a Focus on Early Marriage"; "Are We Listening? Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict" (International Rescue Committee, September 2014).
 104. It also is normally seen as the responsibility of women, no matter whether they may be pregnant or elderly. Women's Commission for Refugee Women and Children, *Beyond Firewood: Fuel Alternatives and Protection Strategies for Displaced Women and Girls*. (New York: Women's Commission for Refugee Women and Children, 2006). See also "Safe Access to Fuel and

- Energy (SAFE) - History of SAFE," SafeFuelAndEnergy.org, accessed September 26, 2015, <http://www.safefuelandenergy.org/about/history.cfm>.
105. Global Alliance for Clean Cookstoves, "Statistical Snapshot: Access to Improved Cookstoves and Fuels and Its Impact on Women's Safety in Crises" (Global Alliance for Clean Cookstoves and UNHCR, 2014).
106. Initiatives to provide clean cookstoves are not just linked to the workload of women and girls or their exposure to violence, but also to important health and environmental factors. Most women in humanitarian settings still cook on open fires or polluting cookstoves, and every year more than four million people die from health-related problems related to inhaling smoke from solid fuel stoves.
107. A 2013 study found positive links between fuel-efficient stoves, GBV sensitization, and reduced exposure to the risk of GBV during firewood collection in Kakuma, Kenya, where the World Food Programme has provided fuel-efficient stoves to refugees and host communities. "WFP SAFE Project in Kenya: Kakuma Fuel-Efficient Stoves and Gender-Based Violence Study Report" (World Food Programme, June 2013).
108. "The Effect of Gender Equality Programming on Humanitarian Outcomes."
109. This led to the adoption of its Age, Gender and Diversity Policy: "Age, Gender and Diversity Policy: Working with People and Communities for Equality and Protection" (United Nations High Commissioner for Refugees (UNHCR), June 8, 2011).
110. "Funding Gender in Emergencies: What Are the Trends?," Briefing Paper (Global Humanitarian Assistance, September 2014).
111. "The Effect of Gender Equality Programming on Humanitarian Outcomes."
112. "Restoring Humanity - Global Voices Calling for Action: A Synthesis of the Consultation Process for the World Humanitarian Summit" (United Nations, August 2015).
113. See "World Humanitarian Summit," 2016, <http://www.whsummit.org/>.
114. "UNHCR Input into Global Study on Implementation of UNSCR 1325 (2000)" (United Nations High Commissioner for Refugees (UNHCR), 2015).
115. "The Effect of Gender Equality Programming on Humanitarian Outcomes."
116. Gender equality programming reflects the incorporation of a contextual gender analysis to help ensure equal access and benefits to women, men, boys and girls, and avoid placing any group at risk, and facilitate equal opportunities to participate in decision making.
117. Including a survey of civil society conducted in 2015 in preparation for the World Humanitarian Summit and "The Listening Project." See, Mary B. Anderson, Dayna Brown, and Isabella Jean, "Time to Listen: Hearing People on the Receiving End of International Aid" (Cambridge, MA: CDA Collaborative Learning Projects, November 2012).
118. *Ibid.*, 63.
119. The CEDAW Committee has also affirmed that States parties are bound to apply the CEDAW convention in bilateral or multilateral assistance for humanitarian aid. "CEDAW General Recommendation No. 30 (2013)," para. 9.
120. This was noted repeatedly in consultations on gender equality in humanitarian action in preparation for the 2016 World Humanitarian Summit.
121. There are notable exceptions: for example, gender-responsive humanitarian action is an explicit focus in the new Norwegian National Action Plan, vthe inclusion of the gender perspective has been a priority in Norwegian humanitarian aid for several years. The Georgian NAP identifies a series of objectives, related activities, and indicators to protect internally displaced women, including in order to assess the compliance of Georgian legislation with international conventions, acts, and accords, and mechanisms for ensuring the protection of conflict-affected women from physical, social, economic and political threats.
122. "Contributions to the Global Study on the Implementation of Security Council Resolution 1325 on Women, Peace and Security" (Gender Capacity Standby Project (GenCap Project), July 2015).
123. The Call to Action to End Violence Against Women and Girls in Emergencies, and the written commitments from member states that emanate from it, offer an interesting model to promote the adoption of these commitments. "A Call to Action on Gender and Humanitarian Reform: From the Call to Action on Violence Against Women and Girls in Emergencies to the World Humanitarian Summit," Policy Brief (CARE International, September 2014).
124. Training could be piloted through the new humanitarian leadership academy and based on the IASC Gender Equality in Humanitarian Action training, which is currently voluntary and nearly completely taken up by NGO rather than UN staff.