

Gender and Localization:

Perspectives and Case Studies

from Asia and the Pacific



**GENDER**

**IN HUMANITARIAN ACTION**

Asia and the Pacific Working Group



# INTRODUCTION

In the past decade, the Asia-Pacific region has accounted for 41 per cent of all disasters worldwide as well as over 90 per cent of all deaths from disasters.<sup>1</sup> Available statistics in the region and globally show that women, girls and marginalized groups are more likely to die in and be disproportionately impacted by disasters due to pre-existing gender inequalities.

**41%** OF ALL  
DISASTERS

**90%** OF ALL  
DEATHS

Yet women are not just victims in disasters and crises; they are also key agents of change. They bring invaluable contextual knowledge, skills, resources and experiences to emergency preparedness, response and resilience building, and their proven skills in community mobilization position them to be transformational agents pre- and post-disaster.<sup>2</sup> Women are often the first responders to a crisis and play a central role in the survival and adaptability of families and communities, contributing to meeting both immediate and longer-term recovery needs. Local women's groups are often best placed to mobilize change, identify solutions and respond to crises.

Within the context of the Grand Bargain (2016),<sup>3</sup> localization is the commitment to increased institutional support and direct funding for local and national responders. Despite their critical contributions, women and girls are often excluded from the decision-making that shapes response strategies to crises and disasters. Challenges continue to persist in promoting equality and achieving the meaningful participation of women and girls in decision-making processes and leadership structures. Funding for local responders remains limited, and even where overall humanitarian funding for national and local actors has increased, it is often still channelled to gender-blind or male-dominated actors in the country rather than translating to better resourcing for women's groups and organizations.<sup>4</sup> Such streaming of national and local funding, far from meeting the goals of the World Humanitarian Summit and Agenda 2030 commitments to leave no one behind, can instead reinforce the marginalization and exclusion of women and girls from decisions on humanitarian aid that affect their lives.<sup>5</sup>

In Asia and the Pacific, in preparation for the Regional Conference on Localization as well as for the 2020 Asia-Pacific Ministerial Conference on Disaster Risk Reduction, two events were held to bring together women-led, women-centred and women's rights organizations for collective advocacy and sharing of best practices around gender-responsive localization. This publication brings together the collective outcomes of both the Gender-Based Violence Area of Responsibility (GBV AoR) Task Team on Localization regional consultation in Asia and the Pacific (Bangkok, Thailand, August 2019), and the Voice-Visibility-Influence Consultation (Jakarta, Indonesia, August 2019), with case studies presented at the events and submitted by Gender in Humanitarian Action Working Group members. It is divided into four sections:

1. Collective voices on gender and localization.
2. Perspectives from women-led and women's rights organizations.
3. Catalysing women's leadership in response.
4. Creating enablers for gender-responsive localization.

1. Centre for Research on the Epidemiology of Disasters. 2019. "EM-DAT: The International Disaster Database." Accessed 19 September 2019. [emdat.be](http://emdat.be).

2. Barclay, A., M. Higelin and M. Bungcaras. 2016. On the Frontline: Catalysing Women's Leadership in Humanitarian Action. Johannesburg: ActionAid International.

3. The Grand Bargain, an agreement between some of the largest donors and aid providers, aims to get more means into the hands of people in need. <https://agendaforhumanity.org/initiatives/3861>.

4. Latimir, K. and H. Mollett. 2018. Not What She Bargained for? Gender and the Grand Bargain. CARE International and ActionAid.

5. Ibid.

# 1. COLLECTIVE VOICES ON GENDER AND LOCALIZATION

## GBV AREA OF RESPONSIBILITY (GBV AOR) LOCALIZATION TASK TEAM: ASIA WORKSHOP



Engaging local actors is critical for effective and sustainable gender-based violence (GBV) programming in humanitarian interventions. Women-led and women's rights organizations (WLOs and WROs) are best equipped to understand and address the complex drivers of GBV, and put in place prevention, response, and coordination structures that are relevant and sustainable.

The Localization Task Team of the GBV Area of Responsibility (AoR) convened a regional workshop in Bangkok, Thailand in August 2019, hosted by CARE, the International Planned Parenthood Federation (IPPF) and the United Nations Population Fund (UNFPA), to discuss GBV localization issues and develop country-specific plans for further action. Participants included civil society humanitarian leaders and local organizations, primarily women-led organizations from Asia and the Pacific, with a focus on Bangladesh, Indonesia and the Philippines. Participants are all engaged in the GBV sub-cluster mechanisms in their context. GBV sub-cluster coordinators for each country/context also attended and played a role in facilitation. Inputs from participants on the:

### CALL TO ACTION ON GBV

**What message/language would you want the member/donors of CTA to consider/ change/influence?**

#### *Funding*

- If 'humanitarian capacity' is an eligibility criteria for humanitarian funding, capacity building should be provided to local actors who are present in the space but may not have "humanitarian capacity" as defined by international actors.
- There should be dedicated percentage of budgets for civil society organizations (CSOs) with specific funding streams for WLOs (targeted opportunities).
- Link gender equality and GBV programming to faith and social norms, as WLOs are best placed to navigate the challenges that arise from local patriarchal norms.
- Assessment of what other actors need to be strategically engaged. For instance, surface-mapping of key actors including private donors and faith-based organisations.
- Ensure simplified finance platform; and translation of templates and resources into local languages.
- The UN/international non-governmental organizations (INGOs) need to prioritize local actors receiving direct funding, as per their commitments and advocacy for increased localization of aid.
- Humanitarian response plan (HRP)
  - Need to have simplified process (from application to reporting) for local actors to access.
  - Need to have COSs included in criteria for consortia.
- Retention of local humanitarian capacity after an emergency (humanitarian/development nexus).
- Two-way consultation process in decisions around type of capacity building is offered to local actors.
- Ensure capacity-building includes fund management, advocacy (soft-skill building), and fundraising skills (not just GBV technical topics).



## SENDAI FRAMEWORK

**What does achievement of Sendai Framework for Disaster Risk Reduction (SFDRR) look like from the perspective of GBV actors?**

### *Prevention and Response to GBV in SFDRR Priority Areas. Understanding disaster risk*

- Sex-, age- and disability-disaggregated data (SADDD) should be integrated into preparedness: pre-disaster information.
- GBV needs to be integrated into assessments, including those conducted after 72 hours.
- Assessment teams need to have training/sensitization on GBV, ethical standards for GBV data collection, ensure principles of survivor-centered approaches are respected, and focus on ensuring existing GBV mechanisms are included in assessment processes.
- Incorporate GBV into rapid need assessment tools (used within 24 hours, standards questionnaires to be agreed upon in preparedness phase).

### *Strengthening disaster risk governance to manage risk*

- Strengthen governance structures to have better understanding of GBV prevention and response mechanisms and risks facing diverse persons, especially women and youth.
- Ensure DRR gender-budgeting.
- Empower communities and ensure community based GBV prevention and response mechanisms are incorporated.
- Allocate budget to ensure bridge between GBV prevention and DRR resilience.
- Advocate for skilled staff with GBV background in disaster management, ensure recruitment includes expertise.
- Local women's groups/organizations to build capacity of national disaster management office (NDMO) mechanisms on GBV prevention and response.

### *Invest in DRR for resilience*

- Link women- friendly space measures, child- friendly space measures with disaster response mechanisms.
- Resilience for mitigating risk, women's resilience, economic resilience and the links to recovery, centered on women not as victims but as resilient and strong actors.

### *Enhancing disaster preparedness for GBV response - women and youth leadership and support to community and Government DRR frameworks*

- Ensure information is made available on the reporting mechanism that government needs to follow.
- Ensure specific measures for and focus on at-risk groups, for instance teenage girls (married and unmarried).
- Investments should be made to include social protection mechanisms.
- Strengthen community-based and community mitigation; bring in GBV referral mechanisms.
- Protection in response mechanisms (project-based) should be included in the DRR system- specialized on community, local, national level.
- Ensuring bridges/links between community disaster preparedness and resilience measures and village GBV awareness.
- Where NDMOs have memoranda of understanding (MoUs) and relationships with the ministry of women's affairs, ensure action plans, policies and measures are used in at district and local levels.

# VOICE, VISIBILITY, INFLUENCE: PROMOTING WOMEN'S LEADERSHIP THROUGH PARTNERSHIPS WITH WOMEN-LED AND WOMEN'S RIGHTS ORGANIZATIONS IN HUMANITARIAN SETTINGS

## ASIA-PACIFIC CONSULTATION

The Voice-Visibility-Influence Consultation, feeding into the International Federation of Red Cross and Red Crescent Societies (IFRC)-Swiss Agency for Development and Cooperation (SDC) Regional Conference on Localization, brought together national and local women-led and women's rights organizations from eight countries across Asia and the Pacific to identify key issues, opportunities and challenges in terms of promoting gender-responsive localization and participation in humanitarian settings. It was organized by UN Women and the Grand Bargain Friends of Gender Group and co-hosted by CARE, Oxfam and the UN Office for the Coordination of Humanitarian Affairs (OCHA). As an outcome, participants developed recommendations on priority issues that can feed into localization mechanisms and initiatives at country, regional and global levels.

Topic Area	RECOMMENDATIONS
<b>General</b>	Transform the humanitarian/crisis response system to suit the needs, priorities and capacities of women's organizations, rather than expecting women's organizations to adapt to existing systems. Women's organizations have the local networks and knowledge to enable more effective humanitarian action and must be fully engaged.
<b>Financing</b>	<p>Increase access to humanitarian funding for local women's org &amp; support capacity for self-sustaining fundraising:</p> <ul style="list-style-type: none"> <li>a. Simplify communication &amp; increase outreach in local languages &amp; ensure it's available offline</li> <li>b. Capacitate women's organizations to apply for funding (technical + operational)</li> <li>c. Decrease bureaucratic requirements on applying for funding &amp; assign a focal point to work with women's org.</li> </ul>
	<p>Create an enabling environment for women's leadership/decision-making in disaster management including funding:</p> <ul style="list-style-type: none"> <li>a. Mandate at policy level a minimum of 30 per cent representation of women on funding committees and criteria-setting committees for partnerships</li> <li>b. Develop a women's cadre to engage on DRR: i. Trainings, ii. Mentorship, iii. Apprenticeships, iv. Mobilization into immediate response teams.</li> </ul>
	<p>Develop a dedicated funding stream for direct funding to women's civil society:</p> <ul style="list-style-type: none"> <li>a. Advocacy with donors for pooled &amp; sustainable funding, capacitate them on the importance of women's leadership.</li> <li>b. Engage women in the development of criteria for defining funding priorities and the allocation of funding.</li> <li>c. Coordinate among INGOs and donors to ensure complementarity.</li> <li>d. Document results by allocating funds for documentation and joint learning by women's groups and scale up best practices.</li> </ul>

Topic Area	<b>RECOMMENDATIONS</b>
<b>Equitable partnerships</b>	Develop equal, respectful and meaningful partnerships through shared values and vision, guided by a partnership framework that details two-way communication systems, commitments and principles (e.g., those included in the Charter for Change <sup>6</sup> ), and jointly establish indicators of the quality of the partnership.
	<p>Reduce the burden of partnership on women’s organizations across all phases of DRR, preparedness, response and monitoring and evaluation (M&amp;E):</p> <ol style="list-style-type: none"> <li>Simplify application processes and reduce bureaucratic requirements wherever possible</li> <li>Prioritize the building of relationships and trust, and allocate time and budget to these</li> <li>Consider models where INGOs take the burden of oversight/support/ financial accountability for smaller organizations that cannot respond to international donor criteria</li> <li>Simplify M&amp;E requirements.</li> </ol>
	Establish partnership processes that allow for progressive growth of skills and knowledge management and accountability mechanisms over time; and prioritize long-term partnerships and jointly develop ‘capacity building’ priorities and plans over a long period
<b>Women’s organization’s leadership</b>	<p>Reform national humanitarian and DRR policy and legislation to ensure:</p> <ol style="list-style-type: none"> <li>Compliance with gender equality/human rights treaties, e.g., the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD)</li> <li>Standards are set on women’s participation in national and local committees</li> <li>Ensure equitable allocation of funding for women-led initiatives</li> <li>Availability and use of disaggregated data, as a minimum. Unpack the use of standard terms such as female-headed households (FHH) in line with women’s organizations local knowledge of context</li> <li>National budget allocation to support women leaders’ capacity development.</li> </ol>
	Recognizing that women bear the brunt of unpaid care work, ensure policy and budget allocation for social protection programmes, especially during crisis situations, as per Commission on the Status of Women (CSW) 62. Make rapid care analysis compulsory in designing humanitarian and crisis response (including potentially through the use of smart phones).
	Prevent unequal power relations between local women-led organizations and INGOs by promoting women’s leadership and ensure investment in local women’s initiatives, using mutually accountable partnerships.
<b>Humanitarian needs Assessment and planning</b>	Make senior management accountable for the integration of gender equality and the inclusion of women’s organizations in humanitarian action and crisis response (including through terms of reference/job descriptions and sanctions).
	Tap into local customs and adjust toward gender transformative options (e.g., in cash for work: make ‘male’ and ‘female’ jobs available to all).

6. <https://charter4change.files.wordpress.com/2016/02/charter-for-change-july-20152.pdf>

## 2. PERSPECTIVES FROM WOMEN-LED AND WOMEN'S RIGHTS ORGANIZATIONS

### SHIFTING THE POWER IN THE PACIFIC *SHIFTING THE POWER COALITION*

Women's representation in leadership and decision-making roles is extremely low in the Pacific, where the impacts of climate change are the most severe in the world: Pacific countries make up four of the five countries most at risk of disaster. In addition, violence against women has some of the highest prevalence rates globally.

Despite increased attention to and investment in women's leadership in decision-making across the region, women are still notably absent from visible leadership roles within mechanisms focused on responding to climate change and resulting disasters. According to a 2016 publication from UN Women,<sup>7</sup> Pacific climate change ministries and national disaster management offices (NDMOs) have few and weak mechanisms to integrate gender issues and, as a result, key response mechanisms do not effectively support gender-responsive policy and planning.

Due to this limited access, they are often invisible in policymaking.<sup>8</sup> The situation facing diverse women, including young women and women living with disabilities, makes it harder for them to access decision-making processes. Without their adequate representation in discussions around climate change and disasters, the default approach is techno-centric and ignores the realities for women, which include the changing burden of unpaid work, the increased prevalence of gender-based violence (GBV) and food insecurity and the institutionalized marginalization of women's voices and leadership.

The Shifting the Power Coalition (StPC) was formed in the aftermath of Cyclone Pam (2015) in Vanuatu and Cyclone Winston (2016) in Fiji. It is the only regional alliance focused on strengthening the collective power, influence and leadership of Pacific women in responding to disasters and climate change.

The Coalition is made up of 12 women-led civil society organizations and the Pacific Disability Forum and brings together the diversity of Pacific women, including women living with disabilities, young women, rural women and lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) communities. As a unique, women-led mechanism, the Coalition draws on the capacity of its members and collectively aims to enhance engagement in the humanitarian sector and climate change movement from a women's rights and feminist approach.

StPC focuses on strengthening women's capacity to engage in policy and decision-making, driving evidence-based and women-led innovations from the region as well as engaging in national and regional advocacy. Members—who come from Australia, Fiji, Papua New Guinea (including Bougainville), Samoa, Solomon Islands, Tonga and Vanuatu and their local and Pacific-wide

7. Morioka, K. 2016. Time to Act on Gender, Climate Change and Disaster Risk Reduction: An Overview of Progress in the Pacific Region with Evidence from The Republic of Marshall Islands, Vanuatu and Samoa. Bangkok: United Nations Entity for Gender Equality and the Empowerment of Women Regional Office for Asia and the Pacific

8. Gender Responsive Alternatives to Climate Change, ActionAid and Monash University 2019





networks including the Pacific Disability Forum and the Global Partnership for the Prevention of Armed Conflict (GPPAC) Pacific network—are working together to support women at local, national and regional levels to mobilize collective leadership. ActionAid, as a women’s rights-focused humanitarian organization, supports the members to engage in the humanitarian system.

The Coalition also engages with state actors such as ministries of women’s affairs and climate change, as well as national disaster management authorities and the Pacific Resilience Partnership Task Force, to enhance accountability across the government sector, including inter-governmental processes, to women’s rights in the context of climate change and disasters.

Through engagement via the Pacific Feminist Forum (PFF) and other national and regional civil society networks, the Coalition is committed to engaging with feminist allies to enhance feminist collaboration to learn together and reshape the humanitarian agenda by embedding women's rights and leadership in humanitarian coordination efforts across the cluster system, in line with the PFF Action Plan (2019).<sup>9</sup>

Recognizing that Pacific governments have made commitments to progress gender equality - including through regional and global gender policies such as the Beijing Platform for Action (BPFA), the ratification of UN Conventions including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD) and a commitment to the Women, Peace and Security (WPS) agenda - StPC is committed to strengthen linkages with the Sendai Framework for Disaster Risk Reduction, the Agenda for Humanity as well as the Pacific Framework for the Rights of Persons with Disabilities and the Pacific Framework for Resilient Development in the Pacific (FRDP).

### Good practices/recommendations

- Support localized women-led humanitarian responses by redesigning the processes and structures so that women are engaged in defining and driving the localization agenda. This must include investment in research and learning models that examine both the opportunities and challenges for diverse, local women's leadership in humanitarian action.
- Ensure an equitable allocation of resources towards the strengthening of women's networks and coalitions that support women leaders to take up leadership and coordination roles alongside other national actors in disaster preparedness, response and recovery. Diverse women leaders must be driving community-based responses to ensure long-term sustainability by strengthening the humanitarian and development nexus.
- Prevent age and disability exclusion in humanitarian action by investing towards greater inclusion, including integrating the specific needs of intersecting inequalities such as gender, poverty, disability and age.
- The #aidtoo movement has highlighted the gaps in ensuring protection of the rights of women and girls. This requires appropriate and adequately resourced responses that are driven by the communities most affected.
- The protection of women's rights should be central to any response and integrated into early warning, response, recovery and resilience building. This also requires strengthening the capacity and accountability of the humanitarian sector to ensure the protection of women's rights in times of crisis in a meaningful way--i.e., with women's rights organizations involved as key stakeholders.

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9. [www.fwrm.org/fj/images/PFF/WEBSITE/PFF\\_Charter\\_Action\\_Plan.pdf](http://www.fwrm.org/fj/images/PFF/WEBSITE/PFF_Charter_Action_Plan.pdf).

## TRENDS IN LOCALIZATION IN THE HUMANITARIAN RESPONSE IN COX'S BAZAR, BANGLADESH *JAGO NARI UNNAYON SANGSTA*

Jago Nari Unnayon Sangsta (JNUS) is a women-headed, community-based local non-governmental organization (NGO) in Cox's Bazar, Bangladesh, working in the field of legal aid service to vulnerable women, as well as on empowerment through capacity building for women and youth. Its legal aid support includes promoting awareness on litigation services following international law for refugee Rohingya women and on Bangladeshi law for women in the host community and setting up referrals to support women and children. Through its adult women's literacy programme, it has also ensured that 150 Rohingya girls and women have received basic literacy education in the Balukhali refugee camp.



In Cox's Bazar, key challenges for localization include increasingly strained relationships between host and refugee communities, as well as poor coordination and collaboration between local NGOs, iNGOs, and UN agencies. Challenges include:

- Lack of capacity of the local organizations in terms of language, receiving funds and communication skills.
- Disregard of women-led organizations and network in humanitarian response.
- Limited role in decision making: Lack of participation of the women-led networks and organizations in the working committees in the refugee camps.
- Direct intervention by the INGOs ignoring the compliance of working with local organizations: Of all organizations, only 8.8 per cent are local NGOs.

To ensure that the localization agenda is implemented in a gender-responsive way in Cox's Bazar, key good practices and recommendations from JNUS include:

- Establishing a NGO pooled fund for funding to women-led local NGOs and civil society organizations (CSOs), including the community based organizations not registered with NGO Affairs Bureau.
- iNGOs should ensure respect for global commitments on localization, operating in collaboration with local NGOs.
- iNGOs should invest in the capacities of local organizations, especially women-led organizations, through transferring skills and resources.
- Allow equal and shared participation of the local organizations in decision making and partnership building in humanitarian response.
- Ensure integration of technology & knowledge transfer to the local women's organizations.
- UN agencies should prepare a uniformed Partnership Policy to expedite the process of localization.

## **GENDER AND THE LOCALIZATION AGENDA IN NEPAL**

### *WOMEN FOR HUMAN RIGHTS AND WOMEN-FRIENDLY DISASTER MANAGEMENT NEPAL*

A strong windstorm in Bara and Parsa districts in southern Nepal in March 2019 caused widespread devastation with heavy loss of lives and severe damage to infrastructure. The initial rapid assessment - undertaken jointly by the local government, the Nepal Police and the Nepal Red Cross Society - found that 28 people had lost their lives and 3,291 families were affected. Altogether, 1,305 households were severely damaged and 1,429 households were partially damaged. Since the disaster was mainly in two districts, the response was localized and there was no appeal to the international support system. National level organizations, in cooperation with international non-governmental organizations (INGOs), carried out the response.

Women's organizations in Kathmandu such as Women for Human Rights, Single Women Group (WHR) took the lead in coordination with Women-Friendly Disaster Management (WFDM) and other civil society organizations (CSOs). As WHR has active networks all over the country, it was best placed to carry out relief distributions, collect data from the worst-hit areas and were able to quickly mobilize. Additionally, since the communities in the affected areas are conservative, the networks knew the social issues that had to be addressed in a sensitive manner. Many gender issues were observed distributing relief such as, women taking on additional work to their existing responsibilities, as opposed to men who largely engaged in non-productive activities, such as drinking alcohol. Cases of human trafficking were rampant among affected families. Single mothers were taken advantage of due to society's restrictive attitude towards them.

WHR had previously been heavily involved in the humanitarian efforts after the Gorkha earthquake in 2015, which caused devastation and massive loss of lives. Since then, in collaboration with other organizations, WHR has been actively working in humanitarian assistance wherever needed. During the response, WHR worked with the Chief District Officer (CDO) and the districts' police departments, with youth clubs, and women's groups at the district level.

Women's organizations were able to emphasize the following gender concerns, which were not getting the necessary attention:

- Lack of proper management of relief distribution by local government, though it was said to have a one-door policy.
- No sex-, age- or disability-disaggregated data on victim and survivors.
- A needs assessment was not undertaken with various vulnerable groups on their needs and concerns.
- Relief was received by those who could come to the place of distribution, meaning that the elderly and disabled, female-headed households, pregnant women and lactating mothers were left out.
- Vulnerable groups lacked access to information on relief distributions.
- Due to the open border nearby, there were risks related to human trafficking.
- In many cases, junk food and clothes were distributed with no attention given to cooking utensils, bed and blankets and clothes for males.
- Nothing done to protect newborn babies, new mothers and pregnant women; no safe space for them.

- The lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) group claimed that they had not received any relief materials; although many of them were out of their homes, their needs were not prioritized.
- Protection issues were key for children, who were roaming around in mud and dust.
- The next priority is quick support for livelihoods.

There was a pressing need to establish a temporary help desk especially for women to prevent and address any cases of violence and provide documentation for the relief and recovery programmes as well as emergency support to homeless women, pregnant women, neo-natal mothers and those with young children. The presence of women's organizations meant that affected women were better assisted as married women in the area practice purdah (veiling) and do not talk face-to-face with any men apart from their husbands. In this context, they are not able to share their problems openly with men or male humanitarian workers. Thus the presence and mobility of organizations that are women-oriented can address the numerous issues faced by women in such communities.

The districts affected by the windstorm were both in southern Terai, where the situation of gender equality is worse than in other parts of the country. According to data collected by the National Demographic Health Survey in 2017, one third of women in Terai (32 per cent) report experiencing spousal physical, sexual or emotional violence compared to less than 20 per cent of women in the hills and mountains. Different forms of gender discriminatory practices put women in subordinate roles, and access to opportunity and justice is very limited. In the crisis response, women's organizations pointed especially to the concerns and needs of women related to, for example, gender-based violence (GBV).

There were many in-country international actors supporting response efforts. The funds for the initiative undertaken by women's organizations, which came from organizations and individuals at the central level, provided relief support as per the needs assessment that came from the districts through local women and youth. They were used to address gender issues among female survivors such as maternal health, menstrual hygiene and school children. At the same time, the specific issues experienced by people living with a disability were missed by many aid workers and organizations, including WHR.

### **Challenges and mitigation**

The challenges faced by women during disaster and post-disaster in the affected areas were addressed and documented through the help desk established and run by the local WHR and other women groups.

The main challenge has been the lack of inclusion by local government bodies of women's and local organizations in the Disaster Management Committee. There have been instances where local women humanitarian workers were not willingly included in the meetings of the Committee. Although there are local-level women's groups, LGBTIQ networks, youth organizations and other vulnerable groups, they have not yet been reached out to by agencies for any consultation or discussion related to distributing relief. Similarly, there has been insufficient distribution of relief materials because the Government is not allowing international organizations, local community-based organizations (CBOs) or women and vulnerable groups to distribute relief goods directly.

Furthermore, the representation of women and men in terms of relief distribution is not balanced. A lack of health camps increases the risk of diseases spreading, and proper disaster relief camps for victims are also lacking, although the Ministry of Home Affairs has started consultations and requested that efforts be aligned with local-level government agencies. These agencies have a tough time addressing all the problems at once, so the roles of international organizations, local level CBOs, women's organizations and vulnerable groups is crucial to accelerate the relief distribution process. INGOs have distributed relief materials with the support of only some local organizations, and women's organizations and excluded groups have not been mobilized to assist. Therefore, the relief has only gone to reachable locations and has not been able to target different vulnerable groups.

Local government agencies such as the District Administrative Office (DAO), ward offices and other local organizations discussed and developed advocacy ideas to make the further recovery plans gender sensitive. The role of women's organizations was to help provide data collected by the field officers in the worst-affected areas and focus the attention of the government bodies on the plight of the most vulnerable groups and provide them with assistance.

**Lesson learned and further actions**

It is always a challenge for women-led organizations to raise funds during disasters. Mobilizing and organizing funds takes a lot of effort. The focus of INGOS and funders should also be to provide direct funding support to these groups and organizations so that action can be taken immediately and at a wider level. Women's organizations should also be given high priority in the cluster meetings so that their access to information on resource allocation is enhanced. In addition, the Government and national-level system should acknowledge the role of women's groups and organizations and support their visibility.

Quality partnerships between women's organizations and the supporting agencies should be strengthened so that the institutional capacity of the organizations is increased to pass the due diligence process. Additionally, this can help remove other technical barriers that prevent women's organizations from being part of the mainstream humanitarian system.

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## LOCALIZING THE GENDER AND PROTECTION CLUSTER IN VANUATU

### CARE VANUATU

Vanuatu is a geographically dispersed archipelago made up of 83 islands spread over a length of 1,300 km running north to south with small population centres in remote and isolated areas. The country is highly vulnerable to disasters including cyclones, earthquakes and volcanic eruptions and to the effects of climate change. Vanuatu is consistently ranked as the country most at-risk of disasters in the world.<sup>10</sup> A national disaster management system, which reaches from national to community level, is managed by the National Disaster Management Organization (NDMO), and includes Provincial Disaster Committees (PDCs), School Disaster Committees (SDCs) and Community Disaster and Climate Change Committees (CDCCCs).



Despite policy and programming efforts to promote gender equality and women's empowerment, women and girls in Vanuatu experience persistent inequality.

In past humanitarian responses in Vanuatu, women have reported a systemic lack of inclusion and lack of roles for women in decision-making across preparedness, response and recovery. This has meant that diverse women's needs were inadequately recognized and addressed. While the Department of Women's Affairs (DWA)-led Gender and Protection Cluster (G&PC) has been providing technical support and guidance on increasing the voices of women, children and those living with a disability in disaster management, there has been a reliance on international agencies.

As co-lead agencies of the G&PC, Save the Children Vanuatu and CARE Vanuatu implemented a grant from UN Women as part of the Global Acceleration Instrument on Women, Peace and Security and Humanitarian Action in 2017. This project - the Localization of the Gender and Protection Cluster (Localization Project) - worked closely with the DWA and aimed to support and strengthen local civil society organizations (CSOs) and emergency response actors at the national and local levels, particularly in regards to: increasing their engagement and capacity in gender and protection-focused emergency response work; and promoting women and girls affected by the crisis to lead, participate in and benefit from relief and response efforts. The project was implemented at provincial and national levels in the capital, Port Vila, and the provinces of Tafea and Sanma.

10. Bündnis Entwicklung Hilft and Ruhr University Bochum – Institute for International Law of Peace and Armed Conflict (IFHV). 2018. World Risk Report 2018. Berlin: Bündnis Entwicklung Hilft. Accessed 19 September 2019. <https://reliefweb.int/sites/reliefweb.int/files/resources/WorldRiskReport-2018.pdf>

At its core, the project envisioned that by localizing the functions of the G&PC in Vanuatu, women and girls' participation in disaster response would be amplified. At provincial level, the project worked with female members of the CDCCCs and PDCs, equipping them with confidence and skills to participate in emergency preparedness and response efforts. Further, girls aged 12-17 in SDCs were trained on child-led disaster risk reduction, improving their confidence, knowledge and skills. At the national level, staff from four local CSOs (the Vanuatu Women Centre, the National Youth Council, the Vanuatu Society for People with Disability and the Vanuatu Family Health Association) were trained and mentored on the national disaster system and G+PC, conducting and analysing gender and protection assessments and applying for funding in a humanitarian response.

The project also contributed to increased knowledge at all levels about the role of the G&PC, and how it fits within the national humanitarian system, and increased ownership of the Cluster among local CSOs as well as their willingness to engage as part of the Cluster. This was well timed and allowed organizations to support the government response to the Ambae Volcanic Eruption. In evaluations, one government official said that "The Localization Project has facilitated stronger collaboration between government and cluster members and strengthened existing relationships. I believe through this fostering of strong relationships the project has allowed for longer-term programming in the Ambae response that the Government would not have been able to shoulder alone". This sentiment captures the critical nature of localizing funding in high-risk disaster regions and the need for funding to capacitate women and girls to strengthen disaster management and response operations.

### **Lesson learned**

1. **Funding:** The sessions on available funding opportunities and accessing humanitarian funds were greatly appreciated by national CSOs. These sessions included a panel with donor agency representatives where participants could directly ask questions about challenges, opportunities and processes as well as follow-up mentoring where participants could practice writing project proposals. Participants particularly appreciated getting clear and direct information about what kind of funding is available and how it can be accessed. One participating local CSO reported that it had successfully applied for funds to respond to the Ambae Volcanic Eruption as a result of the project.
2. **Meaningful participation and women's leadership:** Despite Vanuatu having a comprehensive disaster management system that mandates equal participation of women and men at all levels, in reality women are often included in a token way and do not actively engage in preparedness and response, especially around decision-making. The project engaged directly with female members of CDCCCs, PDCs and SDCs to break down complex information about systems and structures, thereby building their knowledge and skills to meaningfully and effectively participate in preparedness and response. This is particularly important to ensure quality and disaggregated data are collected for assessments that are shared and inform the national response plans.

### **Recommendations**

- Accessing donor funding can still appear complex and opaque to many local CSOs, including women-led organizations. There need to be ongoing efforts to provide clear information and simplify systems to ensure that these organizations are able to access humanitarian funds. Further, there remains a need for intermediary support as well as capacity strengthening, such as through INGOs, to help local organizations develop skills and knowledge to access funding.
- The process of preparing for and responding to disaster should always aim to enhance local capacity rather than override it. This includes capacity for community-based mechanisms, civil society and government agencies.
- Support for the capacity development of women and girls, as well as gender equality-focused civil society agencies, strengthens emergency preparedness and response efforts and ensures gender and protection issues are not forgotten but are heard, recognized and addressed.



## **GENDER-RESPONSIVE LOCALIZATION IN THE PHILIPPINES SETTING**

### *UNITED YOUTH OF THE PHILIPPINES-WOMEN*

The primary goal of United Youth of the Philippines (UnYPhil)-Women is to provide assistance to women who are subjected to violence, sexual and physical abuse, trafficking and other forms of discrimination in Mindanao, within the context of peace and security. The organization envisions a community where the Bangsamoro women, guided by principles honoured by the community, are active planners and decision-makers in peace-building towards a just and humane society; a society that fosters goodwill among diverse ethnic groups, thus instituting unity that is built on respect for different cultures, religions and traditions.

In the Mindanao context, key challenges in realizing a gender-responsive localization agenda include weak capacity to address gender-specific needs and promote women's leadership, a patriarchal culture, a culture of silence around gender-based violence (GBV) and limited resources for meaningful implementation of programmes to meet the needs of women and girls. In response to these challenges, UnYPhil-Women has taken a community-led approach to the response and strengthened women's participation in community policing systems. It has also conducted advocacy with the local government to comply with the national Gender and Development Budget Policy, which stipulates that at least 5 per cent of agency budgets should be allocated to gender and development.

Recommendations and good practices for gender-responsive localization.

1. Advocate for gender mainstreaming across response and recovery.
  2. Push for the national congress to enact a law on internally displaced persons (IDPs), including requirements for infrastructure projects meeting the need of women and children in government-owned facilities.
  3. Engage men and boys in advocacy for gender equality.
  4. Invest in women's capacities for leadership and engaging in governance.
  5. Provide resources for the organizing and strengthening of women-led organizations.
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# 3. CATALYSING WOMEN'S LEADERSHIP IN RESPONSE TO DISASTERS

## CYCLONE GITA RESPONSE IN TONGA

### *TONGA FAMILY HEALTH ASSOCIATION*

On the night of 12 February 2018, Tropical Cyclone Gita, a Category 4 cyclone, passed through the Kingdom of Tonga. Its path was just 40 km from the capital city of Nuku'alofa and, with winds up to 230 km per hour, it was the strongest recorded storm to have ever struck the island nation. The Government declared a state of emergency even before TC Gita made landfall. The National Emergency Management Office (NEMO) reported that 79 per cent of the population (79,556 people) were affected.

The Tonga Family Health Association (TFHA), a Member Association of International Planned Parenthood Federation (IPPF), has been delivering sexual and reproductive health and rights (SRHR) services in Tonga in partnership with the Ministry of Health since its establishment in 1975. Following the emergency declaration, TFHA, with support from IPPF and with partners such as the Tonga Women's Centre, launched a humanitarian response that targeted the two worst-affected islands of Tongatapu and 'Eua. 'Eua Island is situated 41 km off the main island and has limited access to SRHR services in stable times. This was the first emergency response for TFHA, and the first time IPPF responded to an emergency in Tonga.

IPPF is a signatory to the World Humanitarian Summit's Charter for Change, an initiative led by both national and international NGOs to practically implement changes in the way the humanitarian system operates, thus enabling a more locally led response. IPPF's 'locally owned, globally connected' model ensures that its humanitarian responses are driven by local partners and local staff. TFHA is a woman-focused organization and led by a woman, Amelia Hoponoa. The emergency response was also led by a female TFHA staff member, Katherine Mafi, and the majority of the response team was made up of female nurses, M&E officers and support staff.

The Australian Aid-funded SPRINT Initiative, through which this response was funded, focuses on the most disaster-prone countries in Asia and the Pacific Regions. Due to this, preparedness activities had already been carried out in Tonga in 2017 and a strong working relationship existed between TFHA and IPPF. TFHA was also able to activate existing operational partnerships with the Ministry of Health, which helped provide access to doctors and nurses to support field teams and identify priority communities and evacuation centres from which to operate. It also mobilized its network with NEMO to coordinate logistics, including transport to outer islands for the field teams.

This response also had a lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) inclusivity aspect by enlisting the support of the Tonga Leiti Association. A transgender woman, Leilani, joined the response activities and gave awareness sessions to local communities to help educate, inform and overcome the stigma and discrimination surrounding the leiti community.

Through this emergency response, TFHA was able to reach 3,949 beneficiaries in total, mostly women. The efficacy of the response relied on the existing relationship between local implementing partner TFHA and IPPF (which enabled funding channels for response support), maintaining open and clear lines of communication in-country and externally throughout the

11. See <https://agendaforhumanity.org/initiatives/3859>.

12. Leiti is a Tongan word to describe transgender women and comes from the English word 'lady'.



response, committing strongly to an approach of in-country capacity building and preparedness during stable times, integrating recovery activities into the response plan and being guided by local staff knowledge and networks.

### Good practice enablers

- Use local, women-focused organizations to lead humanitarian responses. TFHA is led by a woman and the majority of the response team was comprised of women
- Pre build alliances with partners representing marginalized groups. TFHA already had a long-standing relationship with the transgender organization Tonga Leiti Association
- Build joint response teams. Specificity and complementarity of roles and strong partnerships in and amongst key agencies and INGOs at the regional and international level need to be intact
- Considerations around the seamless transition from the humanitarian response phase to the development phase need to be clearly thought out and well supported. For example, phasing out or merging response-initiated systems, such as data reporting tools to routine tools.

## **EARTHQUAKE RESPONSE IN LOMBOK, INDONESIA**

### *INDONESIA PLANNED PARENTHOOD ASSOCIATION*

On the evening of 5 August 2018, a massive earthquake measuring 7.0 on the Richter scale struck the northern end of Lombok Island in Indonesia. The region also faced hundreds of aftershocks, which continued to leave the local population under serious strain. Over 3.5 million people were affected on Lombok Island, and more than 67,000 homes were destroyed along with bridges, schools, hospitals and office buildings.

The Indonesian Planned Parenthood Association (IPPA), a Member Association of International Planned Parenthood Federation (IPPF), launched a response after the emergency declaration was made. IPPA is a women-focused organization; it provides sexual and reproductive health (SRH) care and advice to women and girls in both stable and emergency settings, thus allowing them to take control of their bodies and plan their families.

In the case of the Lombok earthquake, IPPA staff and volunteers were able to deliver a range of SRH awareness and information to communities throughout North Lombok, which improved understanding of SRH care as well as increased demand for service provision. North Lombok is a relatively conservative location and discussions of SRH are generally considered taboo, so having localized extension community outreach and awareness sessions was important.

Local village midwives, community organizers and service providers were given orientation on Minimum Initial Service Provision (MISP) for SRH and related topics. They were able to reach a total of 13,717 people (of which 11,032 were female) through 294 awareness sessions. In addition, 4,720 women received contraceptive services throughout this response.

IPPA was able to deploy staff from other regions of Indonesia as they had established humanitarian teams at the chapter and provincial levels of the organization. IPPA trained these teams with the basic skills and competencies needed in crisis response situations. It will continue to deploy staff within Indonesia to support emergency response and recovery efforts in the future.

IPPA was also able to enlist local female volunteers during their response. Dewi, 29, has worked as a midwife in the area of Sambi Bangkol, Lombok, for many years so is familiar with the local women and considers them friends. The local clinic she worked from was badly damaged during the earthquake, so Dewi assisted in the IPPA mobile health tent during the humanitarian response. She was happy local women were still able to safely deliver their babies, with a midwife they trusted, despite being displaced by the earthquake. "I just feel grateful that there was a tent that allowed me to continue my work and that it was convenient for women to deliver," she said.



### Good practice enablers

- Empower local organizations to conduct humanitarian responses; in this case, the response was led by IPPA with surge support from IPPF
- Engage local health-care workers: IPPA staff and volunteers were able to deliver a range of SRH awareness and information to communities throughout North Lombok to improve the understanding of SRH care as well as increase demand for service provision, despite the conservative location. When responders represent the community, acceptance and awareness increase.
- Preparedness is key for a successful localized response: Prior to the earthquake, the IPPA response team already possessed skills and competencies in emergency response. Members of the team know about coordination and SRH, and many of the staff were familiar with the MISP. IPPA is also familiar with cluster and sub-cluster systems in Indonesia.

# 4. CREATING ENABLERS FOR GENDER-RESPONSIVE LOCALIZATION

## SETTING THE STAGE FOR A GENDER-RESPONSIVE HUMANITARIAN RESPONSE IN NEPAL

*A joint effort of Government, the Ministry of Home Affairs and UN agencies to strengthen the capacity and commitments of humanitarian actors*

Improved coordination and capacity on gender and social inclusion (GESI) in humanitarian action is critical for Nepal to effectively respond to humanitarian crises. Pre-existing gender roles, societal structures and discriminatory social norms and practices create and contribute to heightened risks for some members of society, making it essential to ensure GESI-responsive humanitarian action. For this to be possible, it is essential that humanitarian actors across clusters understand the importance of and ways in which GESI can be integrated across the programming cycle.

A two-day workshop on ‘Gender in Humanitarian Action’ brought together key humanitarian actors across clusters, including the Government, civil society organizations (CSOs) and UN agencies—UN Women, the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Resident Coordinator’s Office (UNRCO)—to learn about and discuss GESI in humanitarian action in line with the Interagency Standing Committee (IASC) Gender Handbook for Humanitarian Action.<sup>13</sup> Further, the workshop focused on promoting the representation and leadership of women and those from diverse groups in relief, recovery and response. The training not only allowed for developing the capacity of CSOs but also provided a platform for them to voice concerns regarding inclusion in humanitarian action. For example, representatives from organizations of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) individuals highlighted the differing needs and vulnerabilities that LGBTIQ persons may face in times of emergencies. The workshop provided all participants with an enhanced understanding of key GESI concepts and tools for GESI integration, including the IASC Gender with Age Marker, the importance of disaggregated data, communications and accountability to served populations and the prevention of sexual exploitation and abuse in humanitarian settings.

The workshop was devised to equip humanitarian actors with the right knowledge and skills to address the humanitarian response through a gender-responsive lens. Workshop participants reviewed the cluster plans and provided inputs to improving their GESI responsiveness. This will inform the further development of more GESI-responsive cluster contingency plans and strategies.

In Nepal, the lack of sex- and age-disaggregated data has hindered needs assessments and situational analyses to inform humanitarian action. Although a Disaster Information



Management System (DIMS) by the Ministry of Home Affairs is in place, data are still missing. As a result of the discussions in the workshop, the Ministry showed an interest in hosting the DIMS for the collection, compilation and assessment of sex- and age-disaggregated data to better inform relief, recovery and response.

Ministry representatives commended the joint approach of the United Nations and requested that a similar approach be taken in future training initiatives. As a result of the training, a request was made by the Ministry of Home Affairs and Ministry of Women, Children and Senior Citizens to roll out the training to provincial and local levels.

## **PROMOTING INCLUSION OF WOMEN IN COMMUNITY-BASED DISASTER RISK REDUCTION AND PREPAREDNESS INITIATIVES IN KERMANSHAH PROVINCE OF IRAN**

### *FAMILY HEALTH ASSOCIATION OF IRAN*

In 2018, Family Health Association of Iran (FHA Iran), a Member Organization of the International Planned Parenthood Federation (IPPF), implemented a community-led preparedness and disaster risk reduction initiative in Kermanshah province. Kermanshah, one of the most disaster-prone areas in the country, had already experienced more than three earthquakes the previous year. In collaboration with a local non-governmental organization (NGO), Afraye Sabz Association of Kermanshah, FHA Iran carried out the project in five earthquake-affected villages in Sarpol-e Zahab county. All of them have health houses (government primary health-care facilities) that serve the local communities.

The project was implemented in two phases. In the first phase, FHA Iran conducted a rapid situational assessment of sexual and reproductive health (SRH) services and knowledge in the targeted communities. Along with the assessment, reproductive health camps were also conducted to provide services pertaining to sexual and gender-based violence, family planning, sexually transmitted infections (STIs) and HIV, child and maternal health, etc. More than 200 women took part. The assessment revealed that 94.5 per cent of the people from the community had to stay in shelter homes due to the destruction and 90 per cent of the participants believed that children and women are the most vulnerable in crisis situations. Their understanding of SRH-related issues was found to be significantly low and, because of this, contraceptive use was low and STI prevalence was high. On the other hand, the percentage of institutional delivery was quite high in the area.

During the second phase of the project, FHA Iran collaborated with local government midwives and women's self-help groups to conduct community awareness sessions coupled with reproductive health check-ups for the local women and young adolescent girls. The primary issues discussed were those covered in the reproductive health camps, and services were provided to more than 500 women. After the awareness sessions and health check-ups, it was found that the client uptake, primarily by women and young adolescent girls, had increased up to 25 per cent in health houses. Information, education and communication (IEC) materials were also distributed during the intervention.

The initiatives were led by the female medical teams of FHA Iran and ensured that all local partners, including the Department of Health and Family Welfare, were involved. Cultural sensitivities regarding initiating dialogue on SRH exist in Iran. Despite being led by female service providers, discussing SRH, family planning, and SGBV is still a taboo in these areas, as most of the decision on reproductive health are made by men. Due to this, a lot of rapport building was required to receive approval from the provincial administration to work with the community leaders and reach out to the community.

Engaging women's groups and female service providers in programme design and implementation can contribute in mitigating post-disaster gender disparity, increasing opportunities for diversity and women's engagement and strengthening community resilience to natural hazards and climate change.



**Good Practice Enablers:**

- Due to FPA Iran's reach and presence in the most disaster prone provinces it was able to work through local health houses that the community was already familiar with (and relationship already established in).
- Women-led medical teams ensured that female members of the community felt more comfortable accessing sexual and reproductive healthcare.
- The two-phase approach meant that a situational assessment was able to identify large knowledge gaps in the community, and therefore FHA Iran was able to target these gaps in their outreach that followed in phase two.
- Community- led DRR initiatives - and particularly those that engage women from the community - enable women to make informed SRH- related decisions during crisis situations.

## **EQUIPPING HUMANITARIAN PRACTITIONERS WITH LOCALIZED GUIDANCE TOOLS ON GENDER MAINSTREAMING**

### *UN WOMEN MYANMAR*

In Myanmar, about 241,000 displaced people remain in camps or camp-like situations after fleeing violence in Kachin, Kayin, Shan and Rakhine states. Data show that 70 per cent of the internally displaced populations living in the camps are women. The crises occurring in different geographical locations in the country disproportionately affect women and girls, as well as the most vulnerable and marginalized population groups, and perpetrate and exacerbate pre-existing, persistent gender and social inequalities. This makes an understanding of the gendered context in different crisis settings across Myanmar essential.

Humanitarian actors from the United Nations, international non-governmental organizations (INGOs), NGOs, civil society organizations (CSOs) and the Government have demonstrated a strong commitment to gender equality and made significant efforts to promote gender mainstreaming in humanitarian action as well as across the humanitarian-development-peace nexus. Yet, gender gaps remain in humanitarian action in the country.

UN Women has developed 11 localized tip sheets, a form of checklist, for gender mainstreaming in humanitarian action in consultations with the Inter-Cluster Coordination Group. These context-specific guidance tools build on *The Gender Handbook for Humanitarian Action*<sup>14</sup> and incorporate sector-wise elements of the Myanmar “Gender Profile for Humanitarian Action.” The localized tip sheets are intended to equip humanitarian and development practitioners with practical guidance tailored for specific sectors and clusters on strengthening gender mainstreaming efforts to further ensure that broader gender issues, gaps and needs are adequately addressed. The outcome will be enhanced and gender-transformative humanitarian programming across all sectoral and cross-cutting areas.

UN Women will translate all tip sheets into local languages once endorsed by sectors and clusters. The translated tip sheets will be disseminated at the field level and used by humanitarian actors. At the upcoming Gender in Humanitarian Action workshop with the Ministry of Health and Sport, UN Women will conduct a validation exercise with the Government to endorse the gender tip sheet for health.

The gender mainstreaming tip sheets are steps forward to promoting gender equality and empowerment of women and girls in humanitarian action in Myanmar and strengthening the institutional capacity of humanitarian practitioners in the country.

14. See: [www.gihahandbook.org](http://www.gihahandbook.org)

15. See: <https://asiapacific.unwomen.org/en/digital-library/publications/2019/02/gender-profile-for-humanitarian-action>.



