

Women's Empowerment &

Emergencies

Gender and emergencies bear two faces in the field of relief and development: one focused on women's weakness and vulnerability, the other highlighting their power and strength. Rachel Mayanja, United Nations Special Adviser of the Secretary General on Gender Issues and the Advancement of Women stated:

"Women are most affected by armed conflict and post conflict situations. They experience war and conflict in different ways compared to men, as victims of rape, trafficking, sex slavery and forced prostitution as well as in some instances, perpetrators of violence and participants in conflict."

While in the same breath acknowledging:

*"But they are also a driving force for prevention and management of conflicts. They are peacemakers and advocates for peace and national reconciliation. They are single heads of households and principal caregivers."*¹

Increasingly CARE is alert to how gendered power shapes the way the women and communities we support confront conflict and crises. In the complex and rapidly changing circumstances of crisis, how can CARE

remain sensitive to the vulnerabilities and new opportunities women face, and adjust our interventions accordingly?

The Strategic Impact Inquiry (SII) examined how CARE's work impacts women's lives in conflict (Palestine, Uganda), post-conflict (Bosnia, Burundi, Cambodia, Eritrea, Guatemala, Somalia, Yemen) and natural disaster (El Salvador, Mali, Niger, Ethiopia) settings. This paper focuses on the dynamics around crisis and empowerment by:

CARE's Strategic Impact Inquiry

At CARE, we view women's empowerment through the lens of poor women's efforts to achieve their full and equal human rights. Along the way, women strive to balance practical, daily, individual achievements with strategic, collective, long-term work to challenge biased social rules and institutions. Through a three year Strategic Impact Inquiry (SII) on women's empowerment, thousands of women across dozens of research sites shape a rich and authentic story of empowerment, one that challenges many conventions about what it is, how it happens, and what the development sector's project activities have to do with it. Central to this story is an awareness of interdependence – that the lasting empowerment of any given woman relies on a combination of changes in her aspirations and achievements (agency), in the societal rules and customs that shape her choices and possibilities in life (structure), and in the nature of relationships through which she navigates her life (relations). This brief highlights how contexts of crisis can shift agency, structure and relations, and how CARE can work with crisis-affected communities to deepen impact on women's empowerment.

- Examining the context of crisis and its effect on women's lives and empowerment;
- Exploring how CARE has worked with women affected by crisis and the impact (if any) of these approaches on women's empowerment;
- Highlighting key lessons from the SII on working with women affected by crisis.

The Context of Crisis and Women's Empowerment

Stories of conflict, displacement and return cut across women's lives where CARE works in both "development" and "emergency" programming. While each person's stories of crisis are unique to him or her, the SII found important patterns of risk and opportunity for women – through shifting vulnerabilities and expanding roles, through imminent threats of violence and promises of democratic peace.

Crisis and the Deterioration of Social and Moral Conventions

Eroding rule of law, disruption of essential services, and a climate of violence and destitution all conspire to render women and men vulnerable during disasters and conflict. Under pressure, social conventions crack at their weakest points, and patterns of violence or neglect expose underlying biases about the relative value of the lives and dignity of those competing for survival. When the crisis subsides, societies are left to face the uncertainties these breakdowns can generate – how to respond to the trauma of those who bore the brunt of the crisis, and how to confront the fissures the crisis has exposed in a community's binding norms.

In Uganda, Burundi, India and Cambodia, the SII found that violence against women increased during conflict and post-conflict. In northern Uganda, women reported high rates of rape by husbands, soldiers, rebels and neighbors; these attacks occurred in the household, the camps for internally displaced people and outside of the camps' perimeters. Poverty and the lack of income-earning opportunities in Uganda also increased women's vulnerability to sexual exploitation. The SII found that women and girls there turned to transactional sex as one of the few reliable sources of income. The breakdown of health services left women with inadequate knowledge and services to prevent and address HIV and other risks to bodily integrity, while breakdowns in the justice system left them with no confidential means to report crimes, and ensured perpetrator impunity.

Expanding Spaces for Women's Empowerment

At the same time, as entire communities faced environments of greater insecurity and risk, the SII found cases where women responded to crisis by transgressing gender norms and taking on important public roles to defend their families and communities, often for the first time. In El Salvador's disaster-prone Jiboa River basin, many women joined local emergency committees following Hurricane Stan in 2005, taking active roles in health, shelter and damage assessment. In a number of sites, the SII found women mobilizing as peacekeepers, starting their own businesses and learning to read. One woman in Somalia described her own experiences since the civil war and collapse of the central government in 1991:

*"I feel more empowered than the women who stay at home. Women without work have no power, but I as a working woman feel that I can do things of men and women at the same time. This is because of the civil war, women became much [more] empowered."*²

In countries that do seek to build stronger foundations for peace and security, the reconstruction of infrastructure and new calls for recovery and healing present new opportunities for women's leadership. In Guatemala, the 1996 Peace Accords called for equal opportunities for women in economic and social activities, education, housing, health and in politics – with a particular focus on upholding the rights of indigenous women.³ Following the accords, Guatemala's first countrywide women's organization was created. The National Women's Forum set out to link women across all regions and language communities to "follow up on the commitments made to women set out in the Peace Accords," offering women new spaces to assert their voices and represent their needs and rights.

In the SII cases studies, women sometimes innovated within their existing gendered identities (playing subordinated roles in armed struggles), and sometimes temporarily assumed male roles (as heads of household or community in the absence of men). Following crisis, communities find themselves at an important crossroad for gender equity and women's rights. When women have stepped out of the kitchen and into the public sphere, can they be expected to return to their former, more circumscribed roles? And for a man, what does it mean to have a wife who also provides for the family and whose domain is not just in the home? After the crisis passes, will these structural shifts and new roles for women and men within and beyond the household be institutionalized or overturned?

In these times of social upheaval – with new risks and opportunities facing women – the SII found that CARE can play an important role in building on women's strategies and the opportunities that arise in changing contexts.

CARE's impacts on women's empowerment in crisis

While there are certainly "gender blind" emergency projects in the world, the projects the SII examined reflect a continuum of approaches to affirming women's value as human beings and citizens. Across the SII, strategies that projects used to engage women affected by crisis resulted in a spectrum of outcomes, from those that reaffirm old patterns of gendered power to those that consolidate new ones. Projects varied on how they analyzed local contexts and conceptualized the scope of the intervention's potential impact. These projects demonstrated a range of group approaches and gender work. Across projects, a number of important patterns emerged.

Working with a focus on women's needs

In the urgent aftermath of disaster and conflict, a number of projects focused on meeting immediate community needs without addressing gender equity. In northern Uganda, CARE's work initially focused on emergency relief without taking a closer look at gender relations or the root causes of conflict and poverty. Our projects focused on water, sanitation and malaria control; livelihoods and economic development; and food security. While each of these projects provided vital services and women gained confidence and skills from their participation, the failure to take into account gender relations aggravated tensions between men and women. The stagnant economies of camps for internally displaced people left men unemployed and unable to fulfill their traditional duties and provide for their households. As CARE worked with women and helped them to gain skills and microfinance opportunities, many men felt threatened as women began to earn income and traditional gender roles began to shift. Jealous of women's visibility and power, some men forbade their wives from joining groups, taking control of women's earnings and/or even physically and mentally abusing their wives. The SII learned:

*"Some men are afraid that their wives say they are going to workshops when they are really doing business with other men elsewhere. Sometimes, a man will be afraid that his wife will be exposed to some training and become wiser than him. Then if he wants to impose himself on her, she could reason with him, and he wouldn't be able to control her because she'd be aware of her rights."*⁴

At the same time, while women took on more responsibilities as income-earners, their household duties did not shift. Though they were able to provide more for their families, their status in the home did not change.

This gap in programming highlights not only the importance of confronting gender norms – which entails working with both men and women – but also the importance of promoting human rights in a conflict-sensitive manner in CARE's work. In Somalia, CARE worked with women-run NGOs but did not have a specific strategy to promote human

rights. Similar to Uganda, Somalia was coping with conflict and the subsequent economic collapse left many men depressed and disempowered. There, the SII found a number of cases where women's growing agency led them to disregard men's rights and dignity:

"Before his illness, [Aysha's] husband didn't give her anything, only the needs for the family. ...Now she keeps everything secret. Even if he would recover, she would not tell him anything about her savings and income.

"I take the decisions, why should I consult my husband? All the family issues affect me, and he has nothing, so how can I discuss with him? It is not his business, why should I discuss?"⁵

Changing How We Work with Communities

In many ways, CARE's work in Niger mirrored the same approaches as Somalia and Uganda when it first began working in the country in the 1970s. In a country rocked by years of drought in the 1970s and early 1980s, CARE's approaches were centered on emergency aid and rehabilitation. Its projects focused on agro-forestry, environmental protection and agricultural production. In the 1980s, CARE reviewed its work in Niger. While its focus on water and soil preservation and restoration were important, its approach of working through government organizations revealed several limitations, as it reports:

"Some interventions were not effective; programs did not address people's real concerns and had weak impact. Beneficiaries assumed less responsibility for their own futures and some communities were disempowered."⁶

These findings catalyzed reflection and reform in CARE's approaches in Niger. CARE's work with women in Niger reformed to become more participatory, better adapted to local contexts and more inclusive of men. More importantly, its work with women through village savings and loan associations came to be used as an entry point to promote women's equal rights and active participation in civil society. Through this approach, CARE saw women participants take on leadership roles in their communities and mobilize men and women together around common interests.

Niger's work with women in disaster-affected areas reflects a number of common themes from across the SIIs - not just those that relate to crisis. It demonstrated how men's discomfort around women's new roles and status hinged largely on how well projects engaged men. It also found that approaches with explicit women's empowerment goals offered more robust change and did not dilute the effects of other project goals. The report showed that although projects focused on women's empowerment tend to have the biggest effects on women's agency and relations, structural change was more difficult to influence - particularly beyond the community level. CARE's team in Niger also questioned the impact that donors may have on CARE projects and approaches -- and the Niger report emphasized that:

"CARE-Niger's mission needs to remain coherent; it is important to act more strategically and to avoid becoming too opportunistic. It is important to recognize the themes emphasized by donors, for example, the importance they accord to women's empowerment, before taking their funds."⁷

Seedlings of a broader role CARE can play

However, specific to conflict settings, the SIIs in crisis settings also uncovered their own set of themes on how to support women and communities to cope with and overcome emotional suffering:

Promoting Individual and Community Healing

Conflict and emergencies can cause physical and emotional harm. As CARE enters communities in order to bring urgently needed relief or help communities recover after an emergency, it must also remain sensitive to the emotional effects of an emergency on the men and women with whom we work.

As discussed earlier, conflicts in Somalia and Uganda left men unemployed, disempowered and depressed. In conflict-affected Burundi and post-tsunami India, women reported experiencing greater violence in their homes. After the war ended in Burundi, many of the perpetrators linked to the genocide returned to communities to again live among the families of victims and survivors. All of these experiences, women and men said, take a psychological and social toll.

The Influence of Donors

In Guatemala, CARE aimed to leverage marginalized Mayan women's voices to claim the rights guaranteed to them by the Peace Accords following the civil war. After an initial project mobilized women to claim their citizenship ID cards, a new project followed to promote increased literacy and rights awareness among Mayan women.

However, the SII showed how this second phase of CARE's work was also a damaging derailment of its earlier progress in supporting a strong and united Mayan women's association/movement for their rights. In order to obtain the project funding from the donor, part of the movement had to register as a separate NGO, operating under new rules that separated members from the movement that nurtured them. CARE worked increasingly on building administrative capacities of the new NGO, and resolving interpersonal and institutional conflicts among members and partners.

Critics of "NGO-ization" of the women's movement point to examples like these as important ways that donor and project modalities undermine the independence and unity of people's autonomous struggles. The greatest lesson from Guatemala's experience was the importance of careful consideration of these institutional power dynamics, and negotiating and minimizing the influence of harmful donor recommendations/requirements on intervention approaches.

Psychologically, displaced people in Uganda reported high rates of suicide among women in camps as a result of the violence and insecurity there. In Burundi, victims of rape experienced loss of appetite, nightmares and suicidal thoughts. Often, the shame surrounding experiences of rape also prevented women from seeking services or justice against perpetrators.

Socially, displacement, economic collapse and violence can also alter relationships among residents. In conflicts, tensions related to ethnic and political divisions affect entire communities – as evidenced by CARE’s experiences in Somalia and Burundi. Tensions also can rise between households affected by natural disaster. In India, the study of tsunami relief stated:

“The relocation of the community has disrupted normal life and contributed to greater vulnerability. The physical space around houses has decreased as a result of displacement. The close proximity of housing was contributing to increased tensions and inter-family conflicts, as well as feelings of vulnerability and basically feeling like ‘sitting targets.’”⁸

In India, tensions and mistrust among displaced people led to the exclusion of some groups, particularly women, from local decision making or distribution of services. Deteriorated relationships led to a lack of solidarity among women – even within the groups that CARE mobilized. Women taking part in village savings and loan associations did not come together around issues affecting their lives; their relationships were strictly economic.

In order to work effectively with communities, the SII showed that CARE must work with both the psychological and social implications that emergencies can have among individuals and communities. CARE must analyze and address the underlying tensions and relational dynamics among residents of a community as well as support their coping following crisis.

To respond to loss and suffering and promote healing, CARE’s work with Burundian communities and tsunami survivors incorporated psychosocial services – particularly in response to sexual violence against women. Services include: sensitizing communities about sexual violence, connecting victims to psychosocial and medical services, monitoring households, as well as working with local governments to seek

justice in cases of rape and violence against women. Given the extremely limited availability of psychosocial services to victims within both post-tsunami India and conflict-affected Burundi, CARE and its partners have also begun to train local volunteers as community educators to provide space for victims to report and share their experiences. While the SII did not examine the strengths and weaknesses of CARE’s approaches to psycho-social interventions, CARE’s women’s program team in Burundi has launched an action-research initiative focused on women’s emotional well-being and CARE’s work. CARE has also developed guidelines for integrating a psychosocial dimension to programming on women’s empowerment, with a focus on conflict settings (see Further Resources).

Discussing Trauma

In order to work with women to confront trauma in a way that is sensitive and promotes healing, CARE has developed a set of ethical guidelines for all staff. To access this document, please visit: pqdl.care.org

Staff Psycho-Social Needs

In order to work effectively with women’s psycho-social needs, CARE must train and prepare staff to be able to approach women’s experiences and emotions around loss and suffering sensitively. During the third phase of the SII, research teams were trained to be sensitive to women’s emotional well-being during interviews and counselors were available on-site to help women deal with their emotions surrounding trauma, violence and HIV. In our daily work within projects, staff must also be trained to remain sensitive and aware of the effects of trauma and loss on women. Guidance on providing staff-care and establishing programming sensitive to the psychological and social needs of men, women and children are offered in the *IASC on Mental Health and Psychosocial Support in Emergencies*. CARE helped draft these guidelines and is a signatory to them. Here’s a reference to the guidelines:

http://www.who.int/hac/network/interagency/news/mental_health_guidelines/en/

Similarly, CARE must be sensitive about how working with women’s traumas may affect staff. In one site in Burundi, partner staff from HealthNet TPO reported how their daily work on sexual violence took a toll on their personal lives. Staff reported feeling overwhelmed by the work and found their stress in the workplace affected relationships at home.

To cope with staff stress and emotional needs, Healthnet TPO offers both individual and group supervision with field staff for them to discuss their experiences and how it has affected them. Healthnet TPO has also led CARE staff in trainings on psychosocial issues and coping; and trained wellness focal points in each of CARE’s field offices to act as informal counselors.

Shifting Policy Environments

In addition to influencing individual and social well-being, emergencies also bring forth opportunities for structural change.

Structural change can begin with courageous individual and collective acts of agency, but CARE’s intervention in crisis-affected settings must always seek to support and consolidate the policy conditions to sustain and institutionalize these shifts. Just as women in Burundi broke traditional barriers by managing conflicts in their communities, and women in Somalia left their homes to begin work for the first time, women in Guatemala gained added leverage in their struggles through the national Peace Accords and establishment of the National Women’s Forum. These changes demonstrate how women can gain unprecedented opportunities to advance gender equity in communities disrupted by emergencies with women’s solidarity and focus on policy change.

A number of studies highlighted the key role CARE can play in order to bring sustainable change in women's empowerment. As a large and reputable international NGO, CARE is in a unique position to support women's organizing and advocacy efforts, and to use our organizational power to influence the design of policies affecting women's lives. In Uganda the SII found CARE's work with displaced men and women, and our cooperation and relationship with the World Food Program, the government of Uganda and Gulu district authorities put us in a unique position of influence. Through our connections, we can and should shape government and UN approaches in internal displacement camps to not only address basic needs of the displaced men, women and children there, but to also ensure conflict-sensitive approaches that do not trade women's economic and social empowerment with increased risk of domestic violence and abuse.

In Cambodia, the SII also found that recent anti-trafficking and prevention of sexual exploitation laws have negated many gains made by CARE's work with sex workers. In its efforts to strengthen its reputation on human rights issues, the post-conflict government of Cambodia has launched crackdowns on trafficking of women, which have severely negatively impacted vulnerable women working in the sex trade. The SII made clear how analysis and advocacy on the impacts of these anti-trafficking policies is essential for the kind of women's empowerment and HIV risk reduction impact the project was seeking.

Key Lessons

Across the SIIs focused on communities affected by conflict and disaster, a number of key lessons emerged:

Fostering a Sense of Confidence within Women: CARE's work with women in community development – with or without a focus on gender equity – gives women greater confidence both in their sense of self-worth and in their skills.

Taking a gender and conflict-sensitive approach: In all of CARE's work, CARE must remain sensitive to how conflict has affected communities, with a particular focus on gender. In emergency situations it is often women whose rights are eroded furthest, and remedial measures often cause backlash and harm (especially in domestic violence), since they are not based on an adequate gender analysis. CARE must work with women and men to promote rights and empowerment while reducing risks of violence and exploitation.

Not Settling with the Status Quo – Promoting Gender Equity and Women's Rights: While providing urgent relief in emergencies is essential, promoting gender equity and women's empowerment is important for lasting peace and recovery. Without a plan for women's empowerment, project impacts tend to be short-lived, limited and vulnerable to reversibility. In some cases, interventions have resulted in increased domestic violence and abuse. CARE could achieve much more if it placed a priority on generating a reputation for being an agency that sought to protect and advance women's rights and interests in emergency contexts.

Prioritizing Communities: CARE's proposals should be shaped by the community and not by donors. CARE must also advocate more with donors to make them aware of the implications that their regulations pose on project implementation and impact.

Supporting Psycho-social Well-Being: CARE must be sensitive and responsive to the psychological affects of crisis on men and women – staff and participants. This may include providing services for survivors of sexual violence, sensitizing communities to psycho-social needs and trauma in order to minimize stigma, reviving community support mechanisms and social structures.

Strengthening Relationships and Reconciliation: Emergencies – both from disaster and conflict – can damage relationships and aggravate tensions between men, women and households. Through interventions, CARE must address and confront these tensions – between genders, groups and ethnicities – in order to build trust and solidarity among groups. CARE's experiences in Burundi and Somalia have found that men and women can be key peacemakers in their communities, and foster discussions on rights and reconciliation.

Advocating for Broader Change: As an organization that works closely with communities affected by crisis, CARE and our participants are in the unique position to appeal to national and international policymakers to promote women's rights. By linking women's groups to broader political movements for women's rights, CARE can support and strengthen women's voices to appeal for their rights. This would ensure their interests continue to be voiced and women can continue to negotiate with power holders after the crisis and beyond the scope of CARE's involvement in specific communities.

Further Resources

CARE's Gender Wiki (gender.care2share.wikispaces.net) holds a number of important resources on women's empowerment and emergencies:

- [Engaging Men and Boys in GBV prevention and Reproductive Health in Conflict and Emergency-Response Settings: A workshop Module](#)
- [UNDP. Gender Approaches in Conflict and Post-Conflict Situations.](#)

Other helpful resources include:

[CARE Österreich \(2008\). Integrating the Psychosocial Dimension in Women's Empowerment Programming: A Guide for CARE Country Offices.](#)

Inter-Agency Standing Committee (2007). [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.](#)

¹ R Mayanja. (October 29, 2008). Security Council Open Debate on Women , Peace and Security. Retrieved from: www.un.org/womenwatch/osagi/statements/Security%2520council%2520open%2520debate.29oct2008.pdf.

² CARE Somalia (2006). SII Women's Empowerment Somalia NSPP Final Report, p. 9.

³ Guatemala Peace Accords (1996). Government of Guatemala. Retrieved from: <http://www.c-r.org/our-work/accord/guatemala/key-texts.php>

⁴ Gulu Sub-office, (2005). The Strategic Impact Inquiry on Women's Empowerment. CARE International in Uganda, p.25.

⁵ CARE Somalia (2006). SII Women's Empowerment Somalia NSPP Final Report, pp. 13-14.

⁶ D Koenig, (2006). Meta-Evaluation : MMD (Mata Masu Dubara) Projects. CARE International in Niger, pp. 6-7.

⁷ Ibid, p. 27.

⁸ CARE India (2006). Waves for Change: Andaman and Nicobar Island Assessment and Planning Report, p. 6.