The growing number of complex and long-term crises are affecting the lives of the most vulnerable, leading to a record high number of people in need of humanitarian assistance. The percentage of people in need has doubled in the last four years. One out of every 23 people now needs humanitarian relief—the number increased from 274 million in 2022 to 339 million people in 2023. Conflict is further intensifying humanitarian needs; more than 600 million women and girls lived in conflict-affected countries in 2022, a 50% increase since 2017.

The amount of humanitarian funding available is not meeting the growing needs—the funding gap to meet financial requirements currently stands at $43 billion, the highest ever. In fact, 2023 marks an ominous moment in humanitarian action—it is likely to be the first year since 2010 when humanitarian funding declined compared to the previous year. Ongoing and intensifying climate disasters and armed violence are more likely to continue to drive the number of people in need. The war in Ukraine and worsening crises in the Horn of Africa, the Sahel, and Afghanistan are significant factors contributing to the increase in the number of people in need. The hostilities in the Gaza Strip and the surrounding region are further exacerbating the humanitarian situation, leading to increased food insecurity, displacement, and violence.

Women are reporting climate change, food insecurity, and conflict as the top three crises that drive impact on livelihood, food security, and safety.

Impact on livelihood and food security continue to be the top two reported impacts. The driving factors for these impacts are evolving and complex.

- 78% of women and 67% of men reported an impact on their livelihood; women continue to experience higher levels of livelihood impact.
- Women are becoming the sole head of the household as more men lose their earnings, migrate to other locations, or engage in conflict. Women’s responsibilities rise with their continued role in unpaid care at home and their increasing livelihood responsibilities to provide for the household.
- Food insecurity is increasing; 74% of women and 72% of men reported an impact on food security. Women are more likely to eat less and sell their assets than men.
- Soaring food prices and inflation on essential commodities are significant factors that also affect access and availability of food. Many countries facing food insecurity are also facing high food price inflation.

Safety has overtaken mental health as one of the biggest impact areas.

- In 2020 and 2021, mental health was the third prioritized impact area; in 2023, however, more women and men prioritized safety. 47% of women and 62% of men reported an impact on their safety.
- For men, the main concerns are directly related to violence due to conflict, including killing, injury, and mobility concerns. For women and girls, in addition to the overall safety concerns due to conflict, gender-based violence is a growing threat to their safety and mobility.
- Respondents shared growing feelings of worry and stress. Women and men respondents in conflict settings also are worried about the mental health impact of conflict on children.

Women are taking action.

- 59% of women and 62% of men seek alternative ways to sustain their livelihood. Women use savings, diversify their income-generating activities, and borrow to make ends meet.
- Women are leading community response; 43% of women and 49% of men said they are sharing information in their communities, and 41% of women and 52% of men are helping community groups to adapt in a crisis context.
- Despite their grassroots-level leadership, women participation in formal decision-making spaces is limited and they often are not consulted about their needs.

Women’s Recommendations for Change

In 2023, we asked women in seven countries what we should recommend; here’s what they are asking:

- **Act now to support livelihood recovery**: 67% of women and 61% of men said that supporting income and businesses should be a top advocacy priority to enable them to recover their livelihood and build resilience to address ongoing shocks and crises.
- **Urgent action to address food insecurity**: When respondents prioritize an immediate advocacy focus area, 64% of women and 69% of men reported food, nutrition, and agriculture.
- **Strengthen access to health services** including reproductive health services was prioritized by 37% of women and 36% of men.
- **Prioritize safety**: 30% of women and men urge actors to address safety issues, including GBV.

Supporting women’s top four priorities requires actors to listen to and engage women; thus, different actors should reinforce spaces, support women’s leadership, and create spaces for women to raise their voices safely.

WOMEN’S RECOMMENDATIONS FOR CHANGE

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- **Strengthen access to health services**, including reproductive health services was prioritized by 37% of women and 36% of men.
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Supporting women’s top four priorities requires actors to listen to and engage women; thus, different actors should reinforce spaces, support women’s leadership, and create spaces for women to raise their voices safely.
Increases in global conflict, the economic impact of COVID-19, market inflation, and the growing effects of climate change are compounding global crises that disproportionately affect the most vulnerable communities. Women and girls, refugees, internally displaced people, people living with disabilities and people living in rural areas are among those disproportionately affected. According to global data on trends, women face increased risk of violence, especially in conflict settings, have a higher unpaid care burden at home, experience reduced livelihood and income and are more food insecure. Due to social and gender norms, women and girls face mobility restrictions and are less likely to participate in decision-making (both within the household and also in the public sphere) which affect their ability to access humanitarian aid and other support that they desperately need.

Women are also at the frontline in every crisis, responding to complex crises and emergencies – from volunteering at community level, providing majority of the health services, and leading community-based response. Despite their leadership at grassroots, community and household level, higher level decision-making at program and policy level continues to sideline women, which limits their influence over decisions that ultimately affect them directly.

Existing unequal gender power dynamics exacerbate growing economic strain. Conflicts and climate disasters compound the factors that diminish women and girls’ economic, social, and political well-being. Addressing the unprecedented and overwhelming humanitarian crisis requires response and recovery efforts to listen to and address the needs of those affected the most, especially women and girls. CARE deploys different surveys and Rapid Gender Analysis (RGA) to listen to women’s experiences in crisis. Since 2020, the Women Respond initiative has strengthened our efforts to put women’s voices and experiences at the center of the crisis response.

Since 2020, 38,000 respondents in 27 countries have shared their stories, needs, and leadership experiences with CARE through the Women Respond initiative. This brief represents the voices of 9,517 respondents (7,208 women) from twelve countries – Burundi, Burkina Faso, Colombia, Cote d’Ivoire, Ethiopia, Mali, Niger, Nigeria, Somalia, Sudan, Uganda, and Vietnam. The data includes survey findings from twelve quantitative surveys and insights from 22 RGAs, assessments, and case studies from 2023, providing insights into the growing gendered challenges women and men, boys’ and girls are experiencing in different crisis contexts, including conflict, natural disasters, food insecurity, and other crises. The quantitative data shows what respondents reported as the main challenges they face in their communities, their priority needs, and their actions and coping mechanisms. The brief also reflects on insights from RGAs and assessments from Ukraine, Gaza, DRC, Bangladesh, and other countries.

*This brief builds on previous reports from 2020, 2022 and 2023 and reflects findings from quantitative and qualitative data from RGAs conducted between January to December 2023.

CASE STUDY

Flooding and market inflation is the most pressing crisis we are facing now. Because of the flooding in the entire Gatumba district, hundreds of houses are destroyed, including mine. The prices of goods and other necessities on the market have risen while our income is declining. The war next door in the DRC severely restricts trade between us and our Congolese neighbors, which means the cross-border trade I used to do a few years ago is limited now, further limiting my source of income.

— Judith Nijimbere -46 years old, Gatumba District, Burundi.

Most of the people in these samples are participants of CARE’s program, which implies that they are among the poorest and most vulnerable people in society. This data does not reflect national level representative surveys.
Women’s Top Concerns*

Crisis are Compounding

The world is witnessing a growing food crisis and an increasing rate of armed conflict. Without fully recovering from the multidimensional impact of the pandemic, women are facing compounding impacts of violent conflicts, climate change, food insecurity, and inflation.

1 in 6 people are estimated to have been exposed to conflict in 2023.

In seven countries we asked women to rank the top three crises they are currently facing. The global average shows that food and water crises and conflict are the overwhelming challenges communities face. Women are more likely to report food insecurity as the top crisis they are facing, with 60% reporting food insecurity, followed by 40% saying lack of clean water. Women also reported drought (36%), conflict (33%), and pests destroying crops (33%) as major crisis affecting their lives and livelihoods. Country specific differences show that, food insecurity is reported primarily in Niger, Colombia, Mali, Burundi, and Ethiopia; respondents in Mali and Ethiopia reported conflict in their top three responses and in Vietnam, women respondents were more likely to prioritize inflation and unemployment in their top choices. These crises are interconnected, and many of the women and communities are faced with compounding and intensifying impacts of these crises. Their resilience is being tested, with recurring shocks and crisis that affect their ability to bounce back.

* CARE global data was collected in various contexts, using different tools. Due to such differences, the global data does not provide pure comparative results. However, such comparisons provide rough insight to assess responses between different groups and locations.

** Burundi, Colombia, Cote d’Ivoire, Ethiopia, Mali, Niger, and Vietnam.

One-third of women that CARE surveyed said conflict is the biggest crisis they face.

Top Three Impact Areas for Women

The top three impact areas women reported as critical concerns in the communities are loss of livelihood, food insecurity, and safety. The top two impacts, loss of livelihood and food insecurity, are similar to our findings in 2020, 2021, and 2022. In 2020 and 2021, the data shows the third top impact area women reported was mental health; this year, safety is the third top impact area. Considering the increase in violent conflict, and eight out of the twelve surveys were conducted in conflict-affected areas, the change in prioritization shows the growing safety risks and concerns among respondents. Although concern for their safety has overtaken mental health issues in the quantitative rankings, mental health remains a significant challenge. Qualitative data shows women and men reporting an increase in stress and mental health concerns, with major stressors factors being the loss of livelihood, unpaid care burden, and safety risks. Similar to the findings in the last three year’s analysis, women are more likely to report impacts on livelihood and food security. This year’s analysis shows the gap between women and men reporting food security impacts is narrowing as the food crisis continues to impact entire households.

Compared to our data in 2020 and 2021, safety has overtaken mental health as one of the biggest impact areas. In 2020 and 2021, mental health was the third prioritized impact area; in 2023, however, more women and men prioritized safety. 47% of women and 62% of men reported an impact on their safety.

Top Crises Women are Reporting

- Food Insecurity
- Lack of clean water
- Drought
- Conflict
- Pests destroying crops
Losing livelihoods and income

78% of women and 67% of men respondents reported the loss of livelihood and reduced income. While the COVID-19 pandemic affected livelihood globally, with significant livelihood loss for women, the current compounding crisis continues to widen its impact on livelihood worldwide, particularly for vulnerable communities and fragile states. Women continue to experience higher levels of livelihood impact. In Niger, many people reported scaling back or stopping their income-generating activities since the crisis. The majority of people who reported completely stopping their business are women. Respondents also reported selling assets – in Niger FGD, the result shows women are twice more likely to sell livestock and crops compared to men.10

Climate change, conflict, and inflation pose significant livelihood and food security challenges for communities dependent on agriculture. Women farmers face significant challenges, as they face restricted access to land, finance, and time limitations because of unpaid care responsibilities. In Guatemala, hurricanes affected farmers and rural indigenous households, damaging their homes, and destroying their harvest; female-headed households are again the most affected.11

In Ghana, for instance, despite women making up to 50% of the agricultural labor force, and producing nearly 70% of the food crops, women have produced fewer crops than men because they have to spend more time on unpaid care within the household and have less access to land and money.12 In Ethiopia, Kenya, and Somalia, 84% of households reported floods, drought, locust invasion, and insecurity have significantly reduced their ability to support themselves and build resilience.13

Earning income drives up women’s time burdens

Women are increasingly becoming the sole head of the household. The shift in gender roles is reported in Somalia, Sudan, DRC, and Ukraine. In Somalia, respondents reported men’s traditional roles are affected by the near-total collapse of pastoralists’ livelihoods due to the drought. Women are increasingly expanding outside of their traditional role to seek income opportunities.14 As conflict intensifies, the number is expected to increase. For example, in Gaza, UN Women estimates, due to the current conflict, 900 new households will be headed by women and widows, which will further intensify their vulnerabilities and burden.15

The shift in roles is an economic necessity; women have no choice if they want to survive. However, social and gender norms are not shifting despite women taking on greater responsibilities to economically support the household; in fact, as women seek employment, they are typically at higher risk in the marketplace or endure substandard working conditions at lower rates. Meanwhile, women still take on the highest share of unpaid care work at home – when combined with their growing livelihood responsibility, women have less and less time. For instance, women and girls spend more time fetching water; in countries affected by drought, they are more likely to report water shortages due to their household hygiene and cooking responsibilities. Respondents highlighted that the shift in the traditionally expected role of women and men creates challenges at home. Men are stressed about not fulfilling the traditional ‘provider’ role, and the gender role shift is leading to new power dynamics and tension that is increasing women’s vulnerability to intimate partner violence. Respondents also highlighted men and young boys are not seeking support and a better way to cope; instead, harmful coping mechanisms such as drinking and smoking were reported; these further strains household resources and increases women’s safety risks.

“… women are fulfilling the role men used to perform in the past.”
— Female KII, Goldogob, Somalia.16

In “War changes the way of life. For example, when rockets fell in our area, we constantly had to clean and make small repairs, change the windows. Before the war, repairs were not done often, but now we are doing them all the time.”
— Adolescent girl FGD participant, Mykolaiv, Ukraine.17
**Food Insecurity**

74% of women and 72% of men reported food insecurity as one of the biggest impacts on their lives. Conflict continues to be the biggest driver of acute hunger in the world, and poverty and inequality remain the primary drivers of chronic hunger. In 2023, 333 million people are estimated to be acutely food insecure – an increase of 184 million people compared to the pre-pandemic levels.

In Niger, men are more likely to report that they have enough resources to eat for 30 to 90 days, but most women have enough for two weeks, or report they are unable to eat at all. In Somalia, more men report skipping meals than women, and women are more likely to run out of food, compared to men.

High food prices are adding to extra pressure on food insecurity – although global food prices are on the decline, the rate remained high by historical standard and well above pre-pandemic levels. In many of the countries with increased food insecurity, food inflation is still high, more than 10%. The food sector is witnessing surges in prices of fertilizer, transportation, and overall cost of production. In combination with climate change, the impact on food is forecasted to worsen in the coming year. In Sudan, respondents say the prices of basic commodities are on the rise, exceeding household income and in some areas food, water and fuel costs have risen by 40-60%. In Niger, political crisis and imposed sanctions are driving up food prices, and many people cannot purchase basic foods. In Bangladesh, 88% reported rising essential commodity prices, and this is forcing vulnerable household to reduce food intake.

Despite increasing food insecurity among women and their critical role as food producers, efforts to inclusive food policies and responses still need to be made. The 2022 CARE review shows that global food policies continue to ignore women – out of 86 documents responding to food insecurity in 2022, 26% of them overlook women entirely, and 47% do not mention gender inequality. Recent assessment by CARE also showed high income and gender inequality continue to increase food insecurity, even when there is economic growth - assessing data across 113 countries, CARE’s analysis shows that in 57 countries where GDP is growing, food insecurity is also rising.

Food insecurity is also driving health problems; for instance, in Mali, qualitative respondents said, ‘people are sick because they don’t have adequate food to eat’; across the different countries, for women especially, children’s health is a priority concern. Strengthening health services through financial, professional, and medical materials support is critical to enable women to continue to access health services. Qualitative respondents also reported stress and the lack of mental health support; the provision of psychosocial support should also be prioritized as part of the overall health service strengthening effort, particularly in crisis settings.

**CASE STUDY**

Not all Crisis are Getting Adequate Attention

CARE’s analyses of humanitarian crises that received the least media attention in 2023 showed that for the second year in a row, all ten of the most under-reported crises are in Africa. The analysis listed Angola, Zambia, Burundi, Senegal, Mauritania, Central African Republic, Cameroon, Burkina Faso, Uganda, and Zimbabwe. The three countries that are included in the ten most under-reported crises are covered in this brief, i.e., Burundi, Burkina Faso, and Uganda. Burundi is third in the list of most under-reported crises, following Angola and Zambia. High malnutrition, hunger, displacement, and climate change are among the main crises affecting Burundi. High inflation rates are making the situation further challenging. In mid-2023, inflation had climbed to more than 26% - with the price for essential food items increasing by over 40%. Similarly, in the Women Respond assessment, VSLA members in Burundi expressed food and nutrition, livelihood, and water, sanitation, and hygiene as the primary impacts in their lives.
Increased violence and safety concerns

Data from 2023 shows an increasing number of women and men respondents reporting safety as a critical impact area. 47% of women and 62% of men said the impact on their safety. Increasing rates of violent and armed conflict are major drivers of safety concerns among respondents. Men are more likely than women to report safety concerns. For men, safety concerns include killing and injury, as reported in Ukraine and Sudan. For instance, respondents in Ukraine highlighted that men are concerned about conscription, forcible disappearance, extra-judicial killing, torture, and sexual violence. LGBTQI+ people also reported increased safety concerns and avoiding formal registration due to safety concerns. Such safety concerns are also said to limit mobility for men. In Guatemala, respondents reported increased internal migration since the hurricane in 2022, which is exposing vulnerable populations to violence, crime, and other safety concerns. Women and girls, on the other hand, in addition to general safety concerns, face gender-based violence that significantly affects their physical and mental well-being and mobility.

Increasing Gender Based Violence is a real threat to women and girls’ safety*

Women and girls are increasingly exposed to GBV risks and feel unsafe in their homes and communities. Especially for women and girls in conflict contexts and displaced women, the threat of sexual exploitation, abuse, and violence are everyday risks. For instance, in Sudan, one-third of survey respondents feel there has been an increase in sexual violence and rape of women and girls - most reports show increasing cases of rape, abduction, and GBV since the conflict; women, young girls, especially orphans, and refugee women are the most vulnerable to GBV. Forced and early marriage is reported in Sudan and Somalia as a negative coping strategy that is affecting young economically vulnerable women and girls. In the DRC, the risk of GBV, sexual harassment and abuse both within and outside of camp settlements is very high for women and girls. Women and girls, on the other hand, in addition to general safety concerns, face gender-based violence that significantly affects their physical and mental well-being and mobility.

In Sudan, one-third of survey respondents feel there has been an increase in sexual violence and rape of women and girls.

* Questions focused on security and gender-based violence are not directly asked in all surveys and assessments; thus, the results reported here are country-specific and not aggregated findings from global data.
Livelihood and food insecurity amplify GBV risks.

Reduced livelihood and food insecurity are contributing factors to increasing GBV

Although GBV and violence against women are perpetuated by social and gender norms and unequal power dynamics, as resources are constrained, violence against women tends to increase. Drought and food insecurity increase the risk of sexual violence and abuse; in Somalia, 50% of women and 48% of men reported women and girls are facing increased safety concerns since the last failed growing season, including increased rates of early and forced marriages. In Bangladesh, respondents reporting incidents of GBV increased from 18.9% in July 2022 to nearly 45% in September 2023, which was connected to the growing financial challenges in the household due to food price increases. The findings show financial hardship as a principal catalyst for household-level frustration, culminating in GBV. Increased livelihood needs are also pushing women and girls to adopt harmful coping strategies that affect their safety; in the DRC, respondents reported women engaged in transactional sex to provide for their household; in DRC and Somalia, respondents said young girls move to bigger towns, sometimes families think they will be safe there, but they are exposed to a wide range of GBV risks in bigger cities due to their social and economic vulnerability. Respondents across the RGAs also noted that as household and food conditions worsen, violence against women, including early marriage and IPV, is being normalized and not getting adequate community response and support.

CASE STUDY

“To many women who have experienced violence from their partners or husbands, the judge might ask ‘what did you do that would make your husband do this?’ Given their patriarchal background, they might not apply the law as they should, because they see this as a different circumstance where justification is needed. Instead of just viewing the facts, they reflect on the familial situation. They look for justification that lies outside of the law, and this leaves many women disappointed in the justice system. And it will frequently be pushed back on family issues. This comes up with pregnancy [resulting from rape] as well. They will say ‘we need to find the father so there can be a marriage to raise the child.”

—Claudine Tsongo, consortium member of Call to Action Field Implementation (CAFI) Project; Democratic Republic of the Congo.
Mental Health issues are increasing, and limited safety, livelihood, and food insecurity are contributing factors. Qualitative data shows there are growing feelings of severe psychological stress among women and male respondents, especially for those living in conflict areas, and IDP and refugee settings. Findings across Ukraine, Sudan, Somalia, DRC, and Gaza all show that both women and men are increasingly stressed. As violence exacerbates GBV and violence, women and girls are facing increasing concerns and vulnerabilities to violence and abuse that affect their mental health. Respondents, both women, and men, are worried about the mental health impact of conflict on children; in Sudan, respondents highlighted children’s behaviors have changed since the war – showing aggression, fear, and shock, and families are worried about their children’s well-being.

In Guatemala and Bangladesh, increasing livelihood and financial challenges, combined with safety risks for women and girls, contribute to increased anxiety and stress among women. Across the RGAs, women’s mental health stressors include separation from family, displacement, care, and livelihood burden, limited food and finances for their family, and safety concerns, including GBV. Men tend to focus on the loss of livelihood and the inability to fulfill the traditional breadwinner roles as major stress factors. Men are also stressed about safety, but a major response to their stress factor focuses on shifting gender roles around livelihood provision. In Sudan, for instance, women RGA respondents said some men left their families because of the humiliation of not finding work and the social and cultural pressure. In Somalia, FGD respondents highlighted men’s capacity to provide for their household is essential in Somali culture – by which men measure themselves and other men – inability to fulfill their culturally ascribed role of breadwinner that is leading to increased disorder and tension in the household.

Health services, including Sexual Reproductive Health (SRH), Mental Health, and GBV support are limited. Despite the growing challenges of mental health and cases of GBV and violence, available support services are lacking or non-existent. CARE RGA across different countries shows health services in general are limited, and sexual reproductive health services (SRHR) are even affected as resources are shifted to other essential services. Gender barriers prevent women from accessing services; for instance, in the DRC, women, and girls require permission from male heads of households to travel outside the settlement to access health facilities, and in some cases, may need men to accompany them, this affects women and girls from accessing services.

Especially as more women and girls are facing rape and violence, respondents think the lack of SRH service further traumatizes them. Women in Sudan highlighted that sexual violence survivors are fearful that they could get pregnant from the rape. In Sudan, Somalia, Gaza, DRC, and Ukraine, women reported a lack of SRHR services, mental health, and GBV referral systems.

In Sudan, despite the recognition of growing mental health issues, only 10% of respondents noted psychological support as a critical health need – more women are likely to report mental health as a critical need compared to men.

“My whole life changed into destitution and displacement after losing all my precious property (livestock). I was a wealthy man who eventually became poor. Yes, I am concerned about this change because I cannot feed or meet my family’s needs.”

– Male respondent, Goldogob, Somalia.

“Everyone was affected by the earthquakes, with no exceptions, but what I am witnessing as a doctor after the earthquakes is something I have never seen before. I came back to work right after the earthquakes. We immediately started receiving pregnant patients who had pre-scheduled appointments and others who came because they were now facing complications due to the shock they had undergone because of the earthquakes. Before the earthquake, we used to have two cases of miscarriage per week at Al-Amal Hospital. Now, we see four miscarriages per day. In several cases, these are late miscarriages, which are miscarriages occurring per day. In several cases, these are late miscarriages, which are miscarriages occurring after the 7th month of pregnancy.”

– Dr. Dima Um Nour; a gynecologist, working in Al-Amal Pediatrics and Maternity Hospital, which is run by a Syrian humanitarian organization.
Women are Taking Action

In the face of unimaginable and compounded crises and impacts, women still show leadership and take action to support their households and communities. However, structures continue to limit women’s meaningful participation, and their leadership on the ground is not being considered in higher policy and recovery decision-making spaces. Despite shrinking spaces for women’s participation in decision-making, women are at the frontline responding to the crises at the grassroots level, and here is how they are doing it.

Exploring livelihood opportunities with limited resources
59% of women and 62% of men reported that their action focused on restoring their livelihood. Respondents are trying to diversify income to support households; women are using their savings to start or restore their small businesses. They stretch their limited resource to supply households – the key focus being feeding children. However, with little support, more women in countries where CARE conducted RGA are saying they are borrowing money, selling assets, reducing food intake, and sacrificing future wellbeing as they focus on meeting immediate needs.

Building networks and solidarity
Women in Burundi, Ethiopia, Mali, Niger, and other countries reported relying on their savings from their Village Saving and Loan Association to support their households. Most of them said their VSLA supports each other; if one member is in critical need, other members come together to find solutions and help her. Despite such solid bonds and solidarity among women, as resources further diminish, their livelihood activities do not provide sustained recovery from multiple crises and impacts. VSLA are also using their social fund to support members to buy food and basic supplies – in Niger, Ethiopia, and Burundi, more than 60% of VSLAs reported to using social fund to support members.

Growing more food
Women are also taking action together to support their livelihood and food security. For example, in Niger, women VSLA members started applying improved agricultural techniques in a communal garden owned by the group. They use produce from the garden to supplement food at home and sell it in the market - they need support to address water scarcity affecting their production.

Women are leading community response and engage in information dissemination.
Women and men are supporting community response by volunteering, adapting groups in crisis contexts, and sharing information. 43% of women and 49% of men reported engaging in information dissemination in their communities, and 41% of women and 52% of men are helping community groups to adapt in a crisis context. Fewer women are leading in information sharing that were in 2020-2021, this is partly due to high level of information dissemination needed during the pandemic to ensure awareness which led to higher number of women focusing on information dissemination during the pandemic. Information dissemination and community engagement currently focus on addressing social issues such as early marriage. In Cote d’Ivoire of example, women VSLA members play a crucial role in addressing child labor and deforestation by sensitizing community members and raising awareness on the issue.

CASE STUDY

“I had to work in agriculture as a day laborer to secure the necessities of life for me and my children. I decided to find an additional means of income – I joined with the village women in savings groups and increased my working hours in agriculture and rationed household expenses in order to maintain a savings rate of five shares in most sessions. I took a loan and was able to expand my business by including different merchandise. The capital helped me to achieve additional profits, so I was able to pay off my debts and began paying the loan and I am committed to paying it off”
—Mervet, 35-year-old widow and a mother of three; VSL&E member in Syria.

43% of women and 49% of men reported engaging in information dissemination in their communities
Coordinating humanitarian response.

Women-led Organization and women volunteers are also key at grassroot level in leading and coordinating humanitarian support. CARE analysis in Ukraine show that women are the forefront of the crisis, providing different services, including teaching, nursing, organizing aid distribution, and many others. In East Darfur, women leaders are critical in volunteering to provide much-needed humanitarian support on the group to coordinate support for food and safety to ensure those fleeing from conflict are getting some level of assistance.

Women are leading at the grassroots level but are locked out of many decision-making spaces. Despite their individual and collective effort in responding to crisis, women’s voices noticeably missing from decision-making spaces. This may be due to shrinking spaces for women’s participation, and the increasing burden of livelihood and food security may push more women to prioritize their time to meet immediate needs. Combined with existing structural gender and social norms, women say this is the main factor limiting their participation. For example, in Sudan, the majority of respondents highlighted that affected people in general, and women in particular, are not being consulted about their needs by aid organizations.37

Even when women sit at the table, they may not participate, especially when there are power dynamics; a displaced woman in a camp in Gezira, Sudan, said, “We sit together and make decisions, but if the official is present, we remain silent – he reminds us that he goes to the organizations to get us support, so people don’t talk in his presence. If someone speaks, he will say, ‘If you don’t like the place, leave it’”.14 IDPs and refugees in Ukraine, especially women, also highlighted that they had very little access to decision-making in any part of the humanitarian system – from how camps were set up to what needs and services are prioritized and delivered.39 In the DRC, similar trends are reported, and respondents further added that even when additional funding is given to the women/wives directly, if there are men in the house, they will be the ones to control and decide over it.93 FGD findings in Malawi show women’s participation in early warning systems and accessing early warning information is low. Even when women participate in such committees, they are few and do not engage in more influential and decision-making positions.81
Why are women locked out?

Traditions dictate that women are only caretakers, not leaders. Respondents in Ukraine express their experience that women are at large first responders in the community, as volunteers, nurses, teachers and so much more, but decision are centralized and heavily dominated by men. In Somalia and Sudan, similar cases were highlighted, and the cultural and clan system can further limit women from participating in decision-making, governance, and peacebuilding.

Money constraints pinch women and restrict women-led organizations. Financial limitation also affects women and women’s organizations. In Sudan, respondents highlighted that there are women groups that target women, but women cannot afford transportation costs to attend meetings. In Ukraine, Women-led Organizations and Women Rights Organizations articulated existing power dynamics within the international system affect WLOs/WROs from accessing funding, and other constraints such as language barriers put them at a disadvantage.

Heavy compliance requirements restrict local organizations. For grassroots organizations dealing with limited financial support, donor compliance, report requirements, and regular site visits also reported to further stretching their human and other resources in Ukraine.

The sector is not prioritizing gender data—and is even rolling backward. Limited gender and age disaggregated data and regular engagement of women are also reported as major gaps in ensuring women’s participation in humanitarian settings. The Annual Gender Accountability Framework (GAF) for 2022 shows some improvements in the overall prioritization of gender by the humanitarian sector. However, the gap remained, with only half of crisis settings conducting joint gender analysis that contributed to the humanitarian planning process in 2022, a reduction from 70% in 2020 during COVID-19. The report also showed utilizing sex- and age-disaggregated data as well as gender analysis in Humanitarian Needs Overview (HNO) slightly reduced from 85% to 80%. All Humanitarian Response Plans (HRPs) also showed reduced provision to implement three cross-cutting gender priorities, which includes economic empowerment, gender-based violence and sexual and reproductive health – reduced from 95% in 2021 to 83% in 2022.
Recommendations

What women want you to do now.

Multiple compounding crises are putting immense pressure on women’s livelihood, food security, and safety. In twelve countries, women are asking for livelihood, food security, and safety support from government and non-government actors.

For the first time, in 2023, in seven countries, in addition to asking about their priority needs, we asked women to prioritize what we should recommend to governmental and non-government actors to address immediately. Here’s what they are asking:

1. Support to recover their livelihoods and income

Our findings show the majority of women (76%) and men (64%) are asking for immediate support to rebuild their livelihoods. Women and men also reported income-generating activities (IGA) as the main area of focus for policymakers, development, and humanitarian actors to prioritize. 67% of women and 61% of men said that supporting IGA should be a top advocacy priority to enable them to recover their livelihood and build their resilience to address ongoing shocks and crises. Interventions that integrate IGA into development and humanitarian efforts can support early recovery among affected communities and build resilience.

Women are not asking for a handout but for support to supplement what they are already doing. For example, in Nigeria, 71% of women prioritize livelihood as their priority need, and 44% said if they can get improved access to financial services, it can support their business through access to cash. Women in Niger and Burundi firmly asked for interventions to address the increasing inflation that is affecting their livelihood, and women in Vietnam are seeking dignified employment opportunities.

Providing timely livelihood support in crises can promote longer-term self-sufficiency and resilience. Governments, development, and humanitarian actors, and donors should focus on improving livelihood interventions, work with local financial actors to strengthen access to finance, focus on policies to stabilize markets and prices of essential goods, and create an enabling environment that is inclusive of women and vulnerable communities to address livelihood recovery immediately.

2. Address food insecurity

When respondents prioritize an immediate advocacy focus area, 64% of women and 69% of men reported food, nutrition, and agriculture. The impact on food is growing, and respondents are asking for food assistance from the development and humanitarian community. The result also shows that respondents are more likely to ask for livelihood support because if they recover their livelihood, they can support their own household food security. Climate change, conflict, and increasing prices of food items are the main challenges affecting food security.

This requires balanced interventions that address economic recovery, safety, and climate change through broader policy efforts, combined with robust and targeted local context-specific food and agriculture production support. Actors should prioritize supporting farmers through climate-smart agricultural practices through interventions focusing on local climate resiliency initiatives – such as enabling access to knowledge on modern gardening techniques and resilient crops.

Women are critical in leading the response to the global food crisis; however, they are largely ignored as food producers. Engaging women farmers and women’s organizations is essential to support the food system to be gender-responsive and inclusive. Women leaders and local and grassroots organizations should be at the forefront of humanitarian food assistance and long-term food security programs and policies to effectively respond to the hunger crisis.

3. Strengthen access to health services

37% of women and 36% of men prioritize access to health care, including reproductive health in their advocacy priority. Health services are among the first services that are affected in crisis settings. For women and girls, an additional health challenge includes the lack of reproductive services that affect their reproductive health. Respondents in the qualitative interview highlighted the lack of health services for mothers and infants, and they called for immediate support to strengthen services.
4. Prioritize women’s safety

30% of women and men said that safety for their family and community, including GBV, is a priority advocacy area that needs immediate focus of different actors. Women in the various qualitative interviews highlighted the importance of safety in their lives – from women in Ethiopia who said they had to give up their money and other possessions to save their lives, women in Burkina Faso who left everything behind and fled to save their lives, to women in Ukraine who had to leave their homes.

Women’s safety demands unwavering attention, and ensuring safety contributes significantly to social and economic development. Increasing armed conflict requires strategic efforts to address drivers of conflict, and global actors should strengthen their efforts to influence peaceful resolution. Any effort to address conflict and support peacebuilding must engage women; women’s participation in peacebuilding is minimal, and ensuring the participation of women and other vulnerable groups contributes to an inclusive process of social cohesion.

It is also critical to address GBV, which significantly affects women and girls. Different interventions should integrate GBV risk mitigation across responses to deliver safe and accessible programs, especially in contexts where women’s mobility and safety are restricted. Actors should consult community leaders, women leaders, WROs, and CSOs to facilitate service delivery and coordinate with GBV and protection actors to ensure GBV referrals. All actors should increase resources and strengthen the system, including legal/accountability mechanisms and social service provision to amplify psychosocial support and GBV prevention and response.

Efficiently addressing all four priorities is only possible if women are included and their voices are heard. Different actors should focus on the following to ensure that women themselves convey their priorities to decision-makers:

- Reinforce spaces and support for women’s leadership: Women are already responding to emergencies and supporting their communities; they must have the spaces, both in formal and informal decision-making processes, to ensure their experiences shape interventions, their voices determine the process, and they are leading actors in every step. Government and non-government actors should take a firm stand on women’s direct engagement in policy-making, support an enabling environment to ensure women’s participation is not derailed because of various restrictions and work with women to address the social, cultural, and financial restrictions that limit women’s engagement.

- Create spaces for women to raise their voices safely (and for all to listen): promote and invest in safe spaces for women to share their experiences and make recommendations. Actors should listen, collaborate, and ensure women’s voices shape the response. Humanitarian and development actors and donors should invest in sex-disaggregated data and qualitative data by using various tools to listen to women. Women should be part of the data collection, and different data collection processes should not burden women; they should be designed to ensure a collaborative learning process with women, women leaders, and women and grassroots organizations. Crises shift gender norms, cultural and social expectations for women, and so much more; the existing and changing trends can only be understood and effectively addressed if you listen to women.

CASE STUDY

Year after year, the harsh reality of climate change and its seasonal shifts have unleashed devastating floods upon Mamata’s village. Through community consultations, Mamata’s house was chosen for plinth raising, a crucial measure to protect her home from future flooding.

“We are not responsible for the damages caused by climate change. I want to say to world leaders - you will take measures so that we can survive the losses that are happening.”

— Mamta Begum, Bangladesh