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SHE IS A HUMANITARIAN: COVID-19 UPDATE

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EXECUTIVE SUMMARY

Humanitarian action that is inclusive of different affected groups, including women, is more likely to save lives, reduce harm and promote well-being. Intending to elevate humanitarian interventions and gender equity, CARE International in Jordan conducted a study in 2017 to assess women's involvement in humanitarian action. Positioning women both as survivors of humanitarian disaster and leaders in its mitigation, the report focused on humanitarian work with the Syrian refugee population in Jordan. This study revisits the trends associated with women's humanitarian involvement in Jordan, focusing on the response to the COVID-19 pandemic. The study team conducted 43 key informant interviews (KIIs), including 47 individuals (several interviews were conducted in small groups of three or fewer individuals) during the spring of 2022 with local, national, and international humanitarian workers in Jordan about their experience during the pandemic. Further, the study team conducted four focus group discussions with community representatives involved in humanitarian work in Amman, Azraq Camp, and Mafraq.

Today, women and girls are serving as active agents of change in disasters and crises. Women are becoming one of the driving forces in disaster risk reduction and emergency response. They are at the forefront of risk communications and are trusted by their own communities. However, women are consistently left out of response decision-making at the local and community levels. The exclusion of women from related decision-making leads to laws, policies, public decisions, budget allocation, services, and programs that do not adequately reflect women's experiences, rights, and needs.[1] At the same time, when they are able to participate equally, humanitarian responses are more effective and inclusive.[2]

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[1] CARE International. 2020. Where are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them. CARE International.

[2] Evolving Trends: Women in COVID-19 2020

In the immediate aftermath of the COVID-19 pandemic, CARE International conducted an initial assessment of the impacts on women. Three months into the crisis, CARE found that burdens on women are increasing as frontline workers and as primary caregivers who are responsible for cooking, cleaning, and childcare.[3] This report also identified a rollback in women's rights, with increased behavior policing, mobility restrictions, and Gender-Based Violence (GBV).[2] Economically, women felt the economic repercussions of the pandemic most acutely and were more likely to be employed in the informal sector.[2] As women were experiencing these negative impacts, their access to critical services grew limited, including sexual and reproductive health services.[2] Women's limited access to technology further limited their ability to access services.[2]

This study assessed women's participation in the humanitarian sector in Jordan during COVID-19. The study found that women's involvement in decision-making mechanisms was weak. Particularly, female-led organizations were inadequately consulted and funded through the pandemic response, especially those providing GBV response services. Further, the limited involvement of female-led organizations meant that their unique capabilities and expertise were not considered. Their communities missed their valuable contributions and networks. Despite their lack of inclusion, local, women-led organizations were willing to shoulder significant responsibilities in responding to the pandemic. However, the unequal power dynamics between INGOs and CBOs indicate that CBOs were deprived of sufficient funding to support their role.

Overall, the study team identified several shifts in Jordan's humanitarian sector as a result of COVID-19. Foremost, there were differences in humanitarian needs following the pandemic, including an increase in GBV services and economic support. Second, these increased needs occurred in parallel with a significant decline in funding for both national and local organizations, particularly for women-led community-based organizations (CBOs). Thirdly, COVID-19 served as an impetus for many local and national organizations to adopt modern technologies to disseminate their services, training, and information. These modern technologies and modalities enabled

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[3] 2020. Evolving Trends: Women in COVID-19. CARE.

women to capitalize on their networks in providing humanitarian services and disseminating information. Lastly, COVID-19 pushed many international, national, and local humanitarian organizations to change their operations and human resources (HR) policies in favor of more flexibility. The last two changes, if sustained, will render the humanitarian sector more accessible for women.

This study recommends boosting capacity among local humanitarian organizations, especially women-led groups. The study also recommends valuing humanitarian workers by paying them a livable salary, collaborating with local organizations through long-term partnerships, and reducing procedural limitations on their work.

INTRODUCTION

Humanitarian crises disproportionately impact women. An estimated one in five refugees or displaced women in complex humanitarian settings have experienced some form of sexual violence.[4] Further, the majority of pregnancy-related deaths occur in humanitarian settings.[2] The impact of humanitarian crises often leads women to adopt negative coping strategies such as child marriage.[2] Countries that suffer from humanitarian crises tend to have a wider gender gap.[5] Humanitarian conflicts amplify existing gender inequities, compromising human rights and access to essential services.[3]

Despite the disproportionate impacts of humanitarian crises on women, the humanitarian sector often perpetuates discourse that positions women as victims of humanitarian disaster, rather than leaders in its mitigation.

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[4] IASC Gender Handbook for Humanitarian Action 2017

[5] Patel, et al. 2020

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These trends have significance in the context of humanitarian response, gender equity, and the effectiveness and sustainability of local interventions. In Jordan, women are well represented within local civil society organizations, particularly those that work within the humanitarian sector. Accordingly, women's humanitarian involvement in Jordan bodes well for the localization agenda by which international humanitarian organizations are aiming to give local organizations a leading role in humanitarian response. The Grand Bargain is an example of international organizations' commitment to fund local organizations, whereby large organizations are aiming to devote 25 percent of funding to local organizations.[6] The COVID-19 pandemic represents a new humanitarian challenge that international, national, and local organizations have been working to mitigate.

The COVID-19 pandemic multiplied risks, driving economies downward, exacerbating existing inequalities, and causing deteriorating humanitarian conditions. In Jordan, the pandemic pushed new risks with humanitarian consequences to the surface. The large-scale loss of income and educational opportunities, and the limited access to social safety nets increased humanitarian needs across fragile settings in Jordan, particularly among refugee communities. These economic shifts have driven more people into vulnerability while intensifying vulnerabilities among the already marginalized.

The COVID-19 pandemic has also disproportionately impacted women. As women earn and save less on average, women and girls are more at risk of falling into poverty, especially given the increased requirements of unpaid care work.[7] In Jordan, emerging findings suggest that COVID-related lockdowns increased women's vulnerability to GBV. Concomitantly, the resources available to survivors grew increasingly inaccessible, especially as women's shelters in Jordan were forced to close their doors or reduce their staffing.[8] Findings suggest that GBV increased particularly as women were trapped at home with perpetrators of violence, and increased tension and anxiety around the impact of the pandemic. Calls to domestic violence hotlines increased throughout MENA during the recent pandemic.[9] Further, the cuts to non-essential medical care combined with government lockdowns resulted in limited access to sexual and reproductive healthcare (SRH).[6] Indirectly, economic tremors from the recession impacted female workers disproportionately, with women more likely to lose their jobs than men in the ensuing layoffs and business closures.[10]

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[6] The Grand Bargain (Official website), Inter-Agency Standing Committee, 2021

[7] Brubaker, Day and Huvé 2021

[8] OECD 2020, Zarrug 2020

[9] Amnesty International 2021

[10] Alayli 2020

From an intersectional standpoint, refugee women, women with disabilities, and women from low-income households faced heightened vulnerability and unique pandemic impacts. According to UNHCR, COVID-19 particularly increased gender-specific negative coping mechanisms in refugee communities in the MENA region, such as child marriage, child labor, girls dropping out of school to help with housework, women overloaded with the house and work-related chores, men controlling decisions over loans taken by women as well as sexual exploitation and abuse.[11] Other research has also shown that for many families, displacement and related financial struggles have changed gender roles and responsibilities, and the pandemic amplified this impact. A survey conducted by CARE in 2020 showed that caring responsibilities increased for men and boys through the pandemic, and nearly half of the respondents in the same survey agree that these continue to increase with the easing of lockdowns. Also, 21.4% of respondents agreed somewhat or completely that women have increasingly become income providers.[12]

In mitigating the pandemic, the Jordanian government took steps to address the heightened vulnerabilities among women. In one reform benefitting women, Jordan announced childcare support during the pandemic. Further, a civil society campaign secured government employees' rights not to be required to return to work if they were pregnant or did not have childcare.[13] On the other hand, Jordan did not provide additional funding for GBV prevention and response, nor did it release any updated policy announcements or commitments for addressing GBV. Similarly, the country did not provide additional SRH funding or policy commitments during the pandemic.[13] Economically, Jordan did not provide support to mitigate the economic effect of the pandemic on women.[13] However, Jordan did provide assistance for vulnerable groups (e.g., low-income individuals), which likely had a positive effect on at-risk women.[13]

Study Objectives and Design

This study examines the role of female humanitarians in responding to COVID-19. It aims to update the She is a Humanitarian Report published in 2017 by exploring the effects of COVID-19 on women's ability to respond to emergencies, their role, experiences, successful engagement models, and what they see as challenges, opportunities, and ways forward. This assignment is part of the "Empowering Voices and Economic Participation of Refugee and Host Community Women in Jordan"

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[11] COVID-19 Emergency Response Report 2020

[12] CARE Jordan 2022

[13] CARE International. 2020. Where are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them. CARE International.

project, funded by Norad Norway, which aims to empower refugee and vulnerable women in Jordan economically, socially, and civically through increased access to employment, legal protection, and civic engagement opportunities. The focus is the participation and leadership of women in humanitarian action.

Specifically, the purpose of this study is to analyze significant shifts since CARE's 2017 report at the global and country level and how COVID-19 affected women's participation in humanitarian response. The study's focus is on Jordan.

The study:

- Analyses the global shifts and trends in humanitarian practices, the role women play in preparing for and responding to crises, and the impact of COVID-19 on these trends.
- Explores whether and how practices have changed in support of women-led organizations and women activists in the humanitarian response since the 2017 report.
- Examines the effect of the pandemic on women's role and leadership in the crisis (Inter alia economic downturns, increased incidence of gender-based violence (GBV), deteriorating mental health, increased care responsibilities, and unpaid work).
- Digs into how humanitarian actors responded to and supported women aid workers through the crisis.
- Questions the remaining gaps that still hinder women from the leading humanitarian response.

The study team conducted 43 key informant interviews (KIIs), including 47 individuals (several interviews were held in small groups of three or fewer individuals) and four focus group discussions (FGDs), between April and May 2022. The study also draws on a preliminary literature review to gather information about global trends.

Individuals were selected for KIIs based on their familiarity with and engagement in the humanitarian sector both prior to and during COVID-19, enabling them to speak to trends in the sector, including challenges and opportunities. Table 1 below displays the sample.

Interview responses were coded to understand factors impacting women's involvement in humanitarian work at the following four levels: Individual, Interpersonal, Community/Organizational, and Society.

Data Collection Overview

ORGANIZATION	TYPE	NUMBER OF DATA COLLECTION ACTIVITIES	NUMBER OF INDIVIDUALS
Local and national organizations	KII	32	36
International organizations	KII	11	11
Male community representatives	FGDs	2	14
Female community representatives	FGDs	2	10

BACKGROUND

Trends in Women's Humanitarian Involvement

Although women face disproportionate vulnerabilities from COVID-19, women's participation in humanitarian leadership remains deficient. In a review of 30 countries undertaken by CARE in 2020 (which included Jordan), 74% of national-level COVID-19 response committees had fewer than one-third of female membership, and only one committee was fully equal.[14] On average, women made up 24% of the committees. This marginalization of women in decision-making may reflect a widespread failure to account for women's experiences, needs, and rights.

The lack of women's leadership in humanitarian interventions is concerning as it adversely affects both the efficacy of these interventions in the short-term and social norms associated with women in the long term. At the outset of the pandemic, humanitarian actors hoped that COVID-19 would serve as an inflection point to challenge traditional approaches to crises, fragility, and solidarity. However, women's lack of proportional representation in policymaking indicates that the pandemic did not usher in a substantial change in women's political leadership. In addition, women's limited representation and visibility in Government continue to reinforce harmful stereotypes that impede women's opportunities in leadership.[15]

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[14] CARE International. 2020. Where are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them. CARE International.

[15] European Partnership for Democracy 2020

Women's participation in the Jordanian workforce was already low prior to the pandemic. Only 15% of women were active in the labor force, and two-thirds of those employed were concentrated in the public sector. Within the public sector, women's assumption of leadership positions remains modest, with women taking up only 12.6% of leadership positions.[16] An OECD and JNCW study from 2018 of women's representation in the lower or single houses of Parliament found that Jordan ranks 11th among MENA countries, with the percentage being around 15% of seats over the past 15 years. Women are particularly underrepresented in political parties, with a very few number of women leaders. At the local and municipal levels, women's participation is increasing, particularly with the introduction of the women's quota.[17]

This trend also imperils efforts by the sector to mainstream gender equity in the humanitarian-development nexus. Broadly defined, the humanitarian-development nexus refers to the transition and overlap between humanitarian assistance and long-term development assistance.[18] Rather than compartmentalizing humanitarian and developmental interventions, the nexus encourages cooperation between various actors and goals. Female representation within the humanitarian-development nexus is particularly important when developing sustainable risk-reduction programs.

When viewed through the lens of the humanitarian-development context, the unwillingness of policymakers to take a gender-responsive approach to mitigating COVID-19 will have implications for development long after the crisis has subsided. In one example, some COVID-19 emergency measures, such as movement restrictions, appear to have impeded access to SRH services. The impacts of these policy decisions will have broad-reaching implications for development in the MENA region.

UN Agencies are also affected by gender imbalances, with research showing that women are more likely to ascend to positions of power over "soft portfolios… such as healthcare, education, and childcare, while men are more often associated with and likely to control military spending, crime, and foreign trade."[19] Women make up 30% of international staff at UN peacekeeping missions. However, their representation is concentrated in the most junior positions.[17]

Research from the United States has shown that women are over-represented as CEOs of

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[16] National Strategy for Women in Jordan 2025-2020

[17] Women's Political Participation in Jordan, OECD & JNCW 2018
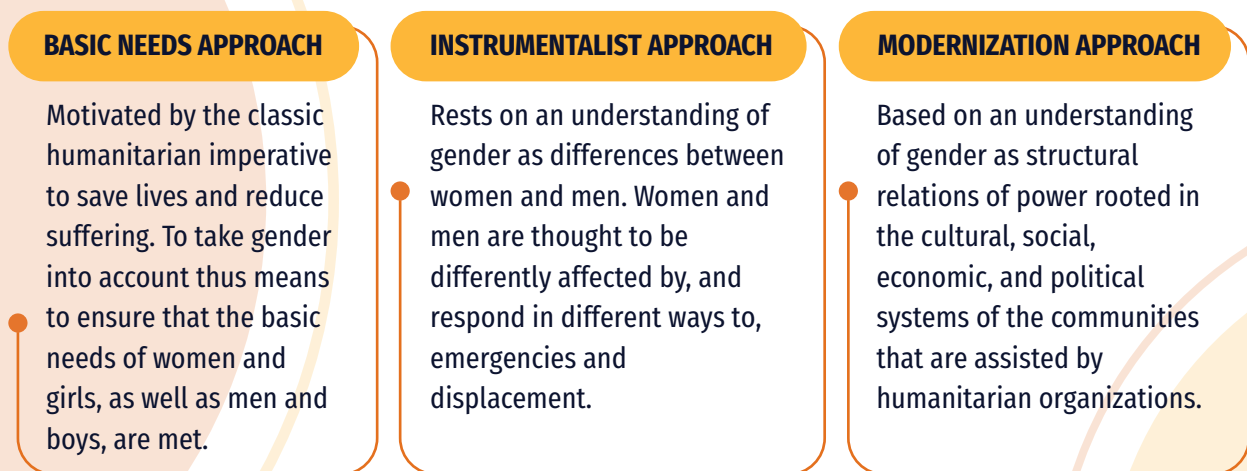
[18] Harald Sande Lie 2020

[19] Black, Henty and Sutton 2017

low-budget non-profits.[17] However, among non-profit organizations with budgets of $50 million or more, women make up 18% of CEOs.[17] Overall, women comprise 75% of the non-profit workforce but only 43% of CEOs.[17]

Theoretical Approaches to Women's Humanitarian Involvement

Elisabeth Olivius conducted a study to identify and categorize approaches to gender in Humanitarian aid in 2016.[20] The results of Olivius's study are displayed in Table 2 below.

Figure 2: Approaches to Women's Involvement in Humanitarian Aid from Olivius 2016

BASIC NEEDS APPROACH	INSTRUMENTALIST APPROACH	MODERNIZATION APPROACH
Motivated by the classic humanitarian imperative to save lives and reduce suffering. To take gender into account thus means to ensure that the basic needs of women and girls, as well as men and boys, are met.	Rests on an understanding of gender as differences between women and men. Women and men are thought to be differently affected by, and respond in different ways to, emergencies and displacement.	Based on an understanding of gender as structural relations of power rooted in the cultural, social, economic, and political systems of the communities that are assisted by humanitarian organizations.

The basic needs approach centers on an equal provision of services to men and women. Organizations taking a basic needs approach may be concerned with differences in access to services between men and women, without going further to address the causes of these differences. The instrumentalist goes further to address gendered differences in the impact of humanitarian crises. This approach considers differences in how men and women are treated in society. Organizations employing this approach may use gender differences to their advantage, targeting women for a nutrition intervention due to traditional gender roles that place cooking work on women's shoulders, for example. While this approach takes a step beyond the basic needs approach to consider the social construct of gender, organizations employing this approach are often affirming traditional gender roles and stereotypes.

Lastly, the modernization approach merges humanitarian intervention with an activist approach to

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[20] Olivius 2016

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gender relations, aiming to contravene gendered power differentials and social norms. With an eye toward transformative gender interventions, organizations typically take an intersectional approach to understand and counter inequitable power dynamics. This might include elevating women to positions of power in the humanitarian response in which women have low representation. In this approach, organizations must take heed to collaborate with local organizations to avoid tension between humanitarian actors and local communities.

During the early 2000s, international humanitarian organizations, including UNHCR and ICRC, tended to take both the basic needs and instrumentalist approaches to gender. ICRC included a disclaimer until 2011 in its Annual Report stating that "ICRC does not claim to reform gender relations… in accordance with its principles of neutrality and impartiality."[21] However, over the previous decade, international organizations are increasingly taking the modernization approach to gender in humanitarian action. This approach is also frequently referred to as transformative, because it aims to transform gender relations.

CARE International adopted a Gender Equality Framework based on its experience responding to humanitarian disasters and poverty. CARE has integrated gender equality into its programming approach to poverty and inequality. The organization's approach focuses on gender transformative policies, which are tied to the social, cultural, and political factors at play in a community. These factors influence an individual's ability to realize their full human rights. CARE's framework is displayed in Figure 3 below.

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[21] Santos 2019

Figure 2: CARE's Gender Equality Framework

Transform Structures

Discriminatory social norms, customs, values, and exclusionary practices (non-formal sphere) and laws, policies, procedures, and services (formal sphere).

Build Agency

Building confidence, self-esteem and aspirations (non-formal sphere) and knowledge, skills, and capabilities (formal sphere).

Build Agency

The power relations through which people live their lives through intimate relations and social networks (non-formal sphere) and group membership and activism, and citizen and market negotiations (formal sphere).

FINDINGS

Changes to Women's Humanitarian Involvement Following the Pandemic

Jordan is no stranger to the humanitarian sector. The country's civil society has been responding to the Syrian refugee crisis for over a decade, and women and women-led organizations have been building up their capacity in the process. In one example, Women's Protection Action Groups (WPAGs), including women from both host and refugee communities, have been active leaders in establishing and maintaining women-led safe spaces in Mafraq and Zarqa. The WPAGs focused on

child marriage and GBV.[22] Despite increasing needs, these organizations have not witnessed an increase in funding, nor were they allowed to assume a leadership role in the humanitarian space.

JONAP Resolution 1325

The Jordanian National Action Plan for the Implementation of UN Security Council resolution 1325 on Women, Peace, and Security (JONAP) serves as a framework that brings together the government, security and military sectors, civil society, and other stakeholders to promote coordinated and holistic efforts to integrate women and their perspectives in peace and security.[23] Despite the pandemic, from strengthened prevention and protection mechanisms to the provision of prevention and protection services on gender-based violence, significant progress has been achieved in JONAP's implementation.[24]

JONAP 20182021- resulted from a partnership between the public sector and CSOs. The Jordanian National Commission for Women (JNCW) played a leading role in advocating for the acceptance of 1325. Particularly relevant during the COVID-19 pandemic, the outcome focuses on equipping women with the skills they need to become service providers. More broadly, the resolution focuses on ensuring humanitarian services are gender-responsive.

For women's advocates at the national level, the passage of 1325 laid a foundation for women to participate in the humanitarian response to COVID-19. However, interviewees noted that in spite of this foundation, the lack of a coordinated humanitarian response model from the government and INGOs hindered the participation of women humanitarians, as members of JONAF struggled to make their voices heard throughout the response.

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[22] ActionAid International Kenya 2020

[23] The Jordanian National Commission for Women; UN Women; National Coalition for 2017 1325

[24] United Nations in Jordan 2021

Women humanitarians and civil society advocates are also moving forward with JONAP 2 with knowledge gained from the pandemic. Interviewees pointed to an increased focus on developing a crisis model for women's humanitarian involvement that can be activated in times of climate-induced catastrophes, periods of violence, and other humanitarian emergencies. Key aspects of this model will include developing a stakeholder and service provider mapping across Jordan, thereby ensuring that networks are prepared for rapid activation during emergencies.

Women's Power in Jordan's Response to COVID-19

Female respondents overwhelmingly reported a lack of inclusion in determining the response to COVID-19 at the government and international organizations levels. There were also hopes that the 1325 network and JONAP would support collaboration with local women's rights organizations. However, local organizations expressed disappointment in the extent to which they were engaged through the 1325 platform. Other organizations, particularly national organizations and larger local organizations, stated that they were able to use the JONAF and HIMAM coalitions to advocate for their needs. "We are part of JONAF," said one female humanitarian from a local organization. "We did not benefit tangibly, but we were having meetings to understand what was happening. There was planning and things like that, but no real benefit." These organizations felt that JONAF was unable to serve as an avenue for their leadership in the sector. The lack of JONAF's perceived power during the COVID-19 response may also be a function of the sidelining of women's organizations during the pandemic, more generally.

However, even these larger organizations within Jordan that engaged with civil society coalitions stated that the government failed to truly account for their concerns in the response. The vast majority of respondents from both national and local organizations did not consider the government's response to be consultative or gender-responsive due to the lack of sufficient civil society engagement and gender-responsive policies. The sidelining of civil society during the COVID-19 response impacted male-headed organizations as well.

Women humanitarians from local organizations particularly noted that the government did not consider their opinions and concerns when crafting a response. Often, women from local organizations sought to have their opinions heard but lacked access to existing government mechanisms to communicate their concerns. On the other hand, national organizations developed position papers and launched campaigns to advocate for their concerns. Even these national organizations that went to great lengths to communicate their perspectives noted that their opinions and perspectives were not taken into account in the pandemic response. The major exception to this trend is described in a case study below, where one national organization used its lobbying capacity to open childcare centers and preschools nationwide. The campaign enabled

women to leave their families and engage in work, ensuring that their children were well cared for. Further, female humanitarians from local organizations also noted that their unique capabilities and expertise were not considered. This resulted in a pandemic response that did not cater to the various needs of respective groups. One woman from a local organization explained, "We are the ones who know the surrounding families in our community, their conditions, diseases, problems, and urgency of each case. If we had been contacted, aid would have arrived, each according to their need, before the impact on the community was significant. As association members, we know community members more than anyone who randomly distributes parcels and aid."

The failure to engage with local organizations impacted not only the efficacy of the response but also its efficiency. In addition, the government's bypassing of local women's organizations undermined their credibility in their communities.

"We became like spectators in our communities," said a female humanitarian from one local women's organization. "People come to us and ask why we are not distributing assistance. We really blame the Ministry of Social Development. We could have taken this role. This is our role. It affected our credibility and our image in the community. I have been working in this community for 40 years. We could have followed up on this assistance. The food bank, the Hashemite Society, and the Ministry of Social Development decided not to turn to us and to do work directly."

The sidelining of these organizations represents a missed opportunity during the COVID-19 pandemic, as these organizations could have played a more significant role in the crisis mitigation. Within international organizations, women interviewees reported that women's representation tended to decline in higher positions of power and leadership. "Leadership positions in the humanitarian sector are dominated by men," said one woman who works at an international humanitarian organization. "However, middle management and field staff members are mostly females." As discussed in the following section, women also largely dominate volunteer positions.

At the same time, other respondents indicated that women are increasingly occupying positions of power within the humanitarian sector. Respondents, particularly at international organizations and larger national organizations, mentioned an upward trend in women's leadership. In empowering women to occupy positions with higher power, one male humanitarian worker from a national organization explained the importance of integrating cultural norms from Jordan, rather than framing women's participation as a foreign norm:

"The funny thing is that there are certain social and cultural norms that empower women so much. It is just regretful that with our country's modernization, there was more of a focus on the cultural

norms that propped up men. There are examples of women-led tribes and women-led organizations. To be very sensitive about this, there is a wealth of support that can be brought in from our culture. This is in no way a call to bring external norms and foreign norms into our culture. It is just a rebalancing and recognizing these examples in our culture."

Volunteering

A major route through which many women engaged in the COVID-19 response was volunteering. A representative from a national organization that organizes a large-scale volunteer platform noted that the number of volunteers on their platform surged by 8,000 people in the first two months of the lockdown. Sixty-seven percent of volunteers on the platform are women, demonstrating a longstanding upward trend. Interviewees noted a variety of possible explanations for the gender differential in volunteering in Jordan. Many of these centered on perceived social norms associated with care work.

However, FGD participants noted the challenges of working as volunteers. "The challenge is that as a volunteer, your work is free," said one female FGD participant who volunteers with a large international organization.

"The transportation is sometimes covered. For me, nothing is covered. Sometimes you will stay with an organization for years and get nothing from it – nothing covered. I want to get experience, but it is extremely hard when you are not paid for it. I want to go out. I want to see the world. I benefit from these opportunities. If you are ever interviewed, you will be able to say that you have experience without any hesitation."

Several other FGD participants stated their volunteering was motivated by a lack of viable work alternatives. In these instances, the participants explained that their volunteering was a method of gaining experience and seeing the world, given that job opportunities did not exist. "You cannot get work opportunities without experience," said one female volunteer who collaborates with an international humanitarian organization. "If someone comes [with a job opportunity], you need to have experience."

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Male volunteers working with international organizations also noted that they had spent their personal funds to pursue volunteer opportunities. "As a volunteer, I do not see any support," said one male participant in the FGDs. "Even for the phone you use, you need to pay it monthly. Sometimes, you have one device, and there are four people using it. Each person takes a turn paying for the pre-paid device."

Notably, employed staff from international organizations were often unable to recognize both the motivations and difficulties associated with volunteering. Several interviewees from international organizations pointed to the minimal time commitment and transportation stipend that volunteers are provided to explain the motivation to volunteer.

One female humanitarian worker from an international organization who collaborates with female volunteers at a refugee camp explained, "We have a committee of women to support [our organization] in all the phases of program implementation. They have a critical role in their communities …The women are not paid. They receive a transportation stipend, refreshments, and internet bundles. They are giving us about 12- hours per day for one or two days per week. Seventy percent of them are heads of their households."

Other volunteers called into question the impact of their volunteer work. Particularly male volunteers in refugee camp settings explained that their volunteer work was not conducive to a collaborative environment in which beneficiaries are working with international organizations to craft humanitarian responses. Instead, these participants felt that their volunteer work was futile and even undermined their position in the community.

"My wife just asked me where I am going. I said to [an international organization] for a meeting. She asked about the results of all these meetings. I had no answer for her, but I knew she was right. If my wife is asking this, how do you think the rest of the community feels about our role and how we do not deliver?" said one male humanitarian worker who volunteers with an international organization in a refugee camp. He pointed to the ongoing humanitarian needs and poverty that have persisted despite his volunteer work and advocacy with the international organization.

"How can we call it partnership if when we provide feedback, their actions are either slow or they are not responsive?" said one woman who volunteers with an international NGO at a refugee camp. "I do not understand why we have this role. They are not listening to us. We feel that decisions are made behind our backs. When this happens, it affects our credibility; it affects how people see us. And then when we tell them you are not listening, they tell us we do not understand why you are upset."

Further, participants expressed disillusionment that their volunteer work genuinely enabled them to represent their communities. "We are representatives of this community -- this is what they told us. This means they need to be responsive when we tell them what people need," said another male volunteer. "When you talk for the 100th time, and nothing happens, people will lose trust in you. I feel ashamed sitting with people. If I were able to meet some percentage of their needs, that would be helpful, but nothing means I am not doing anything."

The subject of pursuing social work through volunteers was also controversial among interviewees. One female leader of a national organization pointed to the dire economic and social circumstances that many Jordanians are facing. "We cannot expect women to do volunteer work. They are already struggling with poverty," she said.

These trends also reflect the value placed on women's time, particularly the extent to which society values unpaid care work and volunteering positions. Through these unpaid programs, INGOs are undervaluing women's time, skills, and capabilities and, in turn, compounding gender inequality.

Changes to Women's Organizations Following COVID-19 and the 2017 She is a Humanitarian Report Interviewees discussed several changes to women's organizations and women's leadership that have taken place following COVID-19 and the 2017 She is a Humanitarian Report. Over the past few years, humanitarian needs have changed in Jordan, necessitating a shift in the provision of services. Poverty mitigation programs have been increasingly needed since the start of COVID-19 and the corresponding economic downturn. Female-led organizations report an exacerbated struggle to meet these increasing needs, especially as funding priorities have changed since 2019, diverting support and attention towards the health sector and away from other causes. Female leaders in the humanitarian sector have demonstrated their skill in recognizing the changing needs of their communities and adapting to continue service provision.

Female-led organizations have adopted new technological modalities of service provision and operation since the issuance of CARE's 2017 report, including the provision of remote GBV and protection consultations. Particularly for GBV survivors, female humanitarian leaders have been at the forefront of service provision during the lockdown. In many respects, COVID-19 served as an accelerator for these existing trends in technology, forcing humanitarian organizations to use platforms like Zoom for training and meeting with beneficiaries. For female humanitarian leaders, these trends are likely to support their involvement by increasing flexibility in the workplace. Work-from-home arrangements have enabled mothers to satisfy their care work responsibilities and desire to spend time with their children. Several women humanitarian workers report that these flexible work environments will help them become leaders in the sector. However, there are

still tremendous challenges for these women as they struggle to balance these competing responsibilities and continue to take on a disproportionate share of unpaid care work.

Humanitarian Needs

Following the 2017 report, the need for a humanitarian response to the refugee crisis continued in Jordan. Reflecting the prolonged nature of the refugee crisis in Jordan, the nature of humanitarian needs continued in their shift from acute disaster response to prolonged community support and poverty mitigation. Humanitarian needs during COVID-19 changed dramatically from humanitarian needs prior to COVID-19. A substantial portion of these needs stemmed from the overall economic downturn, poverty, and job losses, overwhelming resources of the organizations that were focused on these issues prior to the pandemic. Several local and national humanitarians also noted delayed or stopped salary payments, which mainly affected

women workers and exacerbated poverty. "The pandemic had negative effects on our community," said one female humanitarian worker from a rural community. "The number of needy families increased from 200 before the pandemic to 600 families in need of support after the pandemic."

These economic problems further increased tensions and complicated problems in the home that emerged during lockdowns. Interviewees from international, national, and local organizations all pointed to increased cases of violence in the household. In addition, the need for psychosocial support increased during COVID-19, a phenomenon likely linked to household problems, anxiety around COVID-19, and poverty. Humanitarian needs for basic materials like food, medication, contraception, feminine hygiene products, and the internet increased as a result of the economic downturn from COVID-19. New needs also emerged, including those related to education and healthcare.

The poverty caused by COVID-19 is unlikely to disappear in the near future. Several interviewees noted that families were forced into debt to cover their expenses during COVID-19. "My family members own a school and a kindergarten," said one FGD participant from Mafraq. "They needed to pay rent and insurance regardless of whether there was work. The opportunities are still gone, and they are still paying the rent and insurance … They took on loans to do this and are still being

affected." The burden of repaying these loans will have a lasting negative impact on the humanitarian situation in Jordan for years to come. Further, one interviewee noted that programs in place to suspend loan repayments might compound the future negative impacts of accumulating additional interest.

Funding

Since the 2017 CARE She is a Humanitarian Report, funding has decreased for local and national female-led organizations, particularly following the pandemic. Local and national female-led organizations overwhelmingly mentioned a decline in funding from international organizations. Interviewees explained that funding was instead directed to the health sector. Several interviewees also noted that a probable reason for the decline in humanitarian support was that international funding was being channeled to mitigate the situation in Ukraine. This decline in funding had a crippling impact on many local and national women's organizations. Local, female-led organizations mentioned that many of their activities had stopped entirely. Several heads of these women's organizations indicated that they had contributed their money or had taken on personal debt to support the ongoing operations of their humanitarian organization.

The pre-existing dependency relationship between local organizations and their international counterparts was noted as a factor that exacerbated their financial vulnerability. "All of our work depends on international organizations," said one woman humanitarian who leads a local organization. "Since the pandemic began, we have had no funding or support."

While the financial support from international organizations has been greatly reduced or stopped, at least some level of operation continued among local organizations that were included in the sample. Ongoing expenses, including rent and electricity, continue to burden these organizations.

As a result of international funding being directed away from humanitarian causes, such as poverty mitigation and refugee response, respondents noted that many programs that provided a safety net for vulnerable populations came to a halt. This included supported activities for women making crafts from home and engaging in other home-based businesses.

The gap in funding and the weakening of the social safety net among vulnerable populations resulted in increased demands on humanitarian organizations. "For example, if I give legal aid to 500 women throughout the year during COVID-19, that number became 1,500 women," said one female leader at a national organization. "If you had two lawyers, you then needed four. If you had a therapist, you would need two or three. If you had a car to cover the area, you would need two cars … when the problem increases, it exhausts the tools."

At the same time, there was a difference in the perception of funding changes between international, national, and local organizations. While interviewees from all local and most national organizations pointed to a dramatic decline in funding, several interviewees from large, national organizations and international organizations said that funding for legal services and GBV protection had increased. This likely reflects the increased demand for these services as well as the decline of funds channeled to local organizations following the outset of COVID-19. Interviewees from international organizations particularly mentioned that their funding for protection issues either did not change or increased. Across Jordan, local organizations pointed to differences across governorates, with the most acute funding declines taking place in more remote and agricultural distributes. Interviewees mentioned that more urbanized governorates would tend to get more financial support.

Where funding remained, donor flexibility was a key factor that helped national and local organizations to continue providing services. Some interviewees from national organizations reported meeting with their donors to discuss shifting funding away from programming that was no longer feasible amid COVID-19 lockdown conditions. "At the beginning of the pandemic, we had a meeting with all of our funders," said one female leader from a national organization. "Our partners accepted the changes that were needed due to COVID-19. In our case, we managed the situation quite well."

Services

The 2017 report focused on the humanitarian response to the Syrian refugee crisis in Jordan, which continued through 2022. To date, few Syrian refugees indicate a willingness to return to Syria. The infrastructure and refugee response infrastructure continued serving this population. However, COVID-19 exacerbated existing vulnerabilities. This meant female-led humanitarian organizations were stretched thin to continue their service provision. Given the increase in humanitarian needs following the start of COVID-19, many women's organizations found themselves unable to meet demand with their existing service provision modalities. Local and national women's organizations transitioned their services to online delivery where possible. This is discussed in more detail in the following section.

At the same time, other female-led organizations found their capacities overwhelmed. Local female-led organizations that were making referrals to larger organizations noted that referral pathways were strained and often completely disrupted by the increased demand for humanitarian services. The referral pathway breakdown negatively impacted Jordan's humanitarian ecosystem, particularly for GBV. Further, interviewees pointed to difficulties running women's shelters during COVID-19 due to restrictions. Although these difficulties abated, the shelters were unprepared with COVID-19 tests and quarantine spaces at the outset of the pandemic.

For legal services in response to GBV, one female-led national organization developed a grassroots training model to meet the increased demand for legal services. This is discussed in more detail in the case study section.

The funding gaps discussed in the above section not only resulted in a cessation of certain programming. In some cases, these gaps resulted in backtracks in progress, with facility maintenance, staff capacity, and ongoing operations forced to halt.

In addition, many organizations began providing new services to meet emerging needs due to COVID-19. While the availability of GBV and psychosocial support services were initially limited during the first lockdown, services picked up as restrictions eased.

Technology and Modernization

One of the most considerable changes that COVID-19 prompted in the humanitarian sector among local and national organizations was the use of modern technologies. The defense order prevented women's organizations from using traditional methods of holding gatherings at organizations or going door-to-door to distribute information and services. Instead, organizations were forced to use platforms like Zoom and WhatsApp to disseminate information, hold training sessions, and oversee their internal operations.

Reacting to uncertainty and adapting to changing times, local organizations were able to use their existing social networks to build WhatsApp

groups that supported the delivery of essential household supplies, including medicines and food. In addition, organizations held training sessions via Zoom to provide health courses about how families should cope with the COVID-19 pandemic. Humanitarian organizations that conducted awareness-raising sessions to address issues like GBV and child marriage also transitioned to using platforms like Zoom.

Other local women's organizations used modern technologies to prevent households from slipping further into poverty, thereby preventing the humanitarian situation from worsening. "In the shadow of poverty when they were unable to sell their crops, we provided them with education and food processing courses to help preserve their crops for longer periods," said one woman humanitarian who works at a local organization. "There are products that can be preserved for two years. Most of the training and consultations were conducted via WhatsApp groups."

At the national level, women's organizations focused on the legal sector also transitioned to using hotlines and remote means to communicate with women in acute crises. "We did not change our focus, but we added modalities to adapt to the current situation," said a one-woman humanitarian leader who works at a national legal organization for women. "We added remote counseling and remote awareness sessions. We started a hotline for legal protection cases and moved our awareness sessions online."

Organizations using hotlines reported several advantages of using them for protection cases —namely, hotlines provided vulnerable populations with another avenue to access services. For people who live in remote locations, the hotline offered them a new way of requesting aid. Further, several organizations were able to observe COVID-19 safety measures while maintaining their hotline, allowing staff members and hotline respondents to work from home. On the other hand, several interviewees noted that hotlines can be difficult for women to call, particularly if there is GBV within the home. Lastly, with limited resources, organizations struggled during COVID-19 to follow up on GBV cases that contacted their organization through a hotline. One female-led humanitarian organization reported using her car to pick up women who called their organization for protection from GBV.

Women case managers experienced difficulties working on GBV hotlines from home. Female case managers were often responsible for caring for children and the household during work-from-home periods. At the same time, these case managers were dealing with an overwhelming demand for GBV protection through their hotline services.

In a trend reflected across both national and local organizations, this interviewee also noted that

the new modalities and technologies would remain in use following the relaxation of the Defense Order and movement restrictions. "A lot of people prefer to get basic legal counseling over the phone ... For our hotline, we kept it ongoing because we see a need for it in the community," she said. "Also, for legal awareness sessions, we still conduct many of our sessions online." Some people may have this preference due to the location of their residence, far from the center, the cost of transportation, or convenience.

However, interviewees also explained that there are challenges when intervening in GBV cases using only remote means. Interviewees explained that in-person methods are still necessary for several services along the GBV service continuum. In the future, interviewees advocated for intervention approaches that are in-person or approaches that take a hybrid approach to connect with survivors via virtual means prior to an in-person intervention.

Other interviewees pointed to an increase in collaboration among organizations across the region as a result of COVID-19, referring to enhanced opportunities for engagement and an increase in training opportunities both for woman humanitarians in Jordan and beyond. "A lot has changed," said one interviewee from a national organization. "For example, we cannot go to Gaza, and their staff cannot come here ... The shift to online training has been helpful to the people we work with there. We can communicate with Ramallah, Jerusalem, and Gaza online ... Digital literacy was imposed on us." For humanitarian workers, digital literacy meant the ability to expand their modalities of service provision and capacity building, enabling vulnerable populations to access services through new avenues. For female humanitarians, this also meant expanding training opportunities with the potential to cross borders.

At the international level, several large organizations established hotlines or smartphone apps to facilitate remote beneficiary communication. Interviewees pointed to positive initial results when these larger technological development projects were carried out in collaboration with local organizations. International organizations also transitioned to conducting many of their monitoring and evaluation activities through remote means. While there were initial challenges in transitioning to remote modalities, these technological shifts have been sustained until today.

"Prior to COVID-19, we were doing our work of day-to-day monitoring from the project office," said one woman humanitarian from an international organization. "After COVID, we have sustained those functions, but we have completely shifted into remote work. To monitor the remote activities that we are doing, remote modalities cover more things. We faced challenges conducting remote FGDs, but things improved once [my organization] supported [beneficiaries] with internet bundles. We and our beneficiaries are now used to using the remote data collection methods."

Non-urgent activities, such as the collection of MEL data, required time for beneficiaries to adapt to the remote modalities. Humanitarian capacity-building activities and training sessions were adapted to Zoom and other remote platforms across organizations, enabling more individuals to benefit. However, urgent activities, such as protection from GBV, required immediate adaptation from humanitarian workers. Several female-led humanitarian organizations described situations where all staff member's personal phones were transformed into hotlines as workers struggled to respond to the flood of calls. One organization reported establishing a smartphone application during COVID-19 to receive referrals and cases. The results of this initiative will be evident in the coming months and years.

Internal Operations

Since the 2017 report, humanitarian organizations have adopted more flexible workplace policies, cultivating environments that are more accessible and welcoming for female employees. COVID-19 was a major impetus for the change in workplace policies. First, several interviewees from national women's organizations began allowing their employees to work from home providing services like case management and GBV referrals. Women humanitarians at the national and local levels also began volunteering their time and personal resources to compensate for funding gaps. Organizations adopted other coping mechanisms to deal with such gaps, including dividing their staff into shifts that would alternate taking a vacation and being paid for their work. Even without resources, women humanitarians strove to meet increased needs during COVID-19.

"During COVID-19, we had people working from home to give consultations," said one interviewee from a national organization. "We helped them get in touch with the Family and Juvenile Protection Department and took them in our own cars… We were not paid for the use of our cars."

Secondly, at a strategic level, organizations also noted a new emphasis on crisis resilience through a focus on digitization and sustainable governance following COVID-19. Among organizations that used COVID-19 as an opportunity to modernize, the adoption of new digital tools improved the tracking of operations and services. While in its initial stages, this trend will likely elevate transparency and governance at the organizational level.

Third, local and national organizations struggled to continue providing services following the defense order. Local organizations particularly struggled to continue providing services following Defense Order 6 and restrictions on movement and transportation. These organizations noted increased difficulty in getting permission to leave their homes. However, some organizations were able to secure special permits to move around. These local organizations were particularly effective in using their social networks to distribute supplies to those in need.

Lastly, COVID-19 prompted many organizations to adopt more flexible working environments and human resource policies that are more supportive of women humanitarians. This is discussed in more detail below. To cope with the mental health impacts of COVID-19, some large international organizations provided their employees with psychosocial support sessions. While women humanitarians overwhelmingly noted the increased need for mental health support, the success of these sessions was questionable. One interviewee explained that psychosocial support sessions are unsuccessful when provided to a large group of over 100 colleagues. "This is not right because you cannot express your feelings when you are exposed to everyone," said one woman who works at an international humanitarian organization. "Maybe there can be more targeted sessions."

Factors Impacting Women's Involvement & Leadership in Humanitarian Response during COVID-19

Women's participation and leadership in humanitarian response were impacted by factors at the individual, community, organizational, and societal levels during the COVID-19 pandemic. Female humanitarian leaders demonstrated a strong ability to lead humanitarian response at the local level. Though their leadership often manifested through informal channels, whether sharing information through WhatsApp groups or organizing handouts, women used their knowledge of their local communities, complimented by their strong social networks. At the individual level, several factors were cited by interviewees as contributing to female humanitarian's ability to lead, including a woman's personal beliefs and commitment to humanitarian action, skills and knowledge, mental health, and access to transportation. Local norms at the community level also impacted women's ability to make an impact. At this level, the main contributor to women's leadership was their social networks with members of their local communities. Factors limiting women's leadership at this level included inequitable divisions of care work responsibilities, which are often influenced by social norms. Social norms within communities also impacted women's ability to lead, contributing to or limiting their leadership depending on the community.

At the organizational level, women-led humanitarian organizations struggled with funding and

capacity throughout the pandemic, limiting their impact. On the positive side, many organizations adopted flexible human resources policies, which will likely enable more women to rise to leadership levels within humanitarian organizations. At the sector level, interviewees mentioned that many humanitarian programs outside the health sector had been paused due to pandemic restrictions. While programs may restart in the coming months, this pause in programming and hiring may limit the number of female leaders in the pipeline in the future.

At the societal level, female humanitarian leaders were able to function effectively as part of international organizations. However, despite being part of local organizations, female humanitarian leaders reported difficulty being included in the pandemic response planning. Social norms played a role in female leadership, including social tropes that commonly position women as caretakers who are naturally attuned to the needs of others. In addition, community social norms associated with gender enabled female humanitarian leaders to have more access to women who were in need of services. On the other hand, there were also factors at the societal level that limited their ability to make an impact. Namely, social norms that impede women's political participation in Jordan rendered it difficult for women leaders to have an impact on the national level as the government crafted the pandemic response. Further, government policies and bureaucracy concerning international funding limited the ability of female-led organizations to have an impact. Figure 2 provides an overview of these factors, which will be discussed in detail below.

Figure 3: Overview of factors impacting women's humanitarian leadership in Jordan.

- Gender norms
- Social norms
- Political representation
- Policies & procedures

Societal

Organizational

- Capacity
- Human resources policies
- Sectoral trends

- Personal beliefs
- Skills & knowledge
- Characteristics & mental health
- Transportation

Individual

Interpersonal & Community

- Division of care work
- Familial & community norms
- Local networks

Individual Level

Personal beliefs

Interviewees mentioned that individuals' beliefs influence their interest in humanitarian

involvement, particularly their interest in volunteering their time. "Humanitarian work is love. Before you work in the humanitarian field, you need to love it. I work in this field because I love this type of work. I studied this; I am oriented to this," said one female humanitarian who works with an international organization.

Skills and knowledge

Interviewees across international, national, and local organizations indicated that women have a high degree of skills and knowledge. Overall, respondents reported that women are overwhelmingly capable of being responders and leaders in humanitarian crises. Several FGD participations, however, noted that at the family level, a woman's male relatives might impact the fields she is permitted to pursue academically.

While there was widespread agreement about female humanitarians' capabilities, several interviewees pointed to a lack of skilled women in emerging sectors such as information technology. While not directly related to humanitarian work, these emerging sectors are vital to the operation of modern organizations. For example, women-led and women-operated CBOs will find it more difficult to maximize their impact without expertise in fields like information technology and finance.

Individual characteristics and mental health

During the pandemic, many female respondents discussed a decline in their mental health and well-being. In addition, female humanitarian workers working from home and within the field reported mental strain that made it challenging to complete their jobs. "GBV case managers were playing both roles – following up on their cases while having to be present at home," said one female humanitarian who works at an international organization. "There was a lot of stress on them during that time. At one of those meetings, they needed a self-case session for themselves."

Further, many women experienced loss within their families as the COVID-19 pandemic caused widespread death and debilitation. "As women humanitarians, I think most of us experienced a psychological impact. We were constantly worried about our families' health. We were constantly overwhelmed," said one female humanitarian who works at an international organization.

Several female humanitarian workers expressed concern about their personal safety, including fear of sexual harassment and fear of being out late. However, concerns about safety in the humanitarian sector were limited to four participants and were not widespread.

Transportation

Transportation was the most commonly mentioned individual factor limiting women's participation in the humanitarian sector. This includes both the safety and cost of taking transportation. As noted

care JORDAN

She is a Humanitarian

in the above section, the main avenue through which many women are involved with humanitarian work is volunteering. Although women often reported receiving a transportation stipend for volunteering, several of the FGD participants in urban areas cited instances where they were not provided with any compensation for their transportation costs.

Particularly when women were not provided with a transportation stipend, their participation in humanitarian action became a financial burden on their households, while depriving the household of their primary caretaker. Accordingly, FGD participants, in particular, emphasized the importance of getting payment or a minimum stipend in return for their participation. "Often, the husband prevents her from participating if there is no financial benefit," said one female humanitarian from a local organization. "Her leaving the house becomes an additional burden on him."

Women also faced social stigma when taking transportation far from their residences. This social stigma was commonly mentioned by women humanitarians working with local organizations in rural areas.Further, the lack of safe transportation options for many women prevented them from increasing their skills and knowledge in the humanitarian sector prior to COVID-19. Several interviewees reported difficulty attending training sessions that were hosted at distant locations. However, with COVID-19, many organizations report using remote methods to conduct their training sessions. This means that more women are able to attend and develop their capacities.

Interpersonal & Community Level

Previous research has also found that women may be better at identifying "the needs and realities of different groups; they may be able to use social capital and networks to reach other women at different geographical levels; they might provide a space for women's voices, and supporting women's leadership potential; provide solidarity to other women and girls in day-to-day spaces and activism, and may help to make interventions gender transformative, and potentially more sustainable."[25]

Care Work

The most commonly cited factor at the interpersonal level was the division of care work in the household. With family members spending more time at home, many female humanitarians reported increasing care duties during the pandemic, which were expected to be fulfilled by them. While men shouldered more care duties than usual, spending more time with children, for example, the brunt of these tasks fell on women. Relatedly, female humanitarians reported that their top priority was to care for their children and maintain their homes. In addition, this was an area where

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[25] Patel, et al. 2020

women made an overwhelmingly positive impact, supporting their children's education, caring for sick family members, and providing psychosocial support during the pandemic.

While flexible work arrangements facilitated women's ability to participate in the humanitarian sector, their care burdens at home increased. For women working from home, many interviewees reported taking care of their household and children during the day, while completing their work for their jobs at night. This grueling schedule exhausted many women in the humanitarian sector. One woman explained the reactions of her family members to her working from home, saying, "You have to cook, your house is a mess, and [they think] you are playing on the laptop."

Many women unable to work from home, such as women working in the health sector, were left without childcare for extended periods during the pandemic. Several women reported that their friends or colleagues left the labor force after their children required additional care at home. Since all female respondents reported that their top priority is their families and children, many female respondents reported reduced availability to participate in the COVID-19 response.

"As a working mother, there were challenges prior to COVID-19 and during COVID-19. Mothers working in Azraq camp need to commute on a daily basis. Of course, there are daycares, but the nature of the work and the commute was difficult. Especially for new mothers. This is a worldwide challenge that is more intense for mothers going to Azraq camp," said one woman who is working at an international humanitarian organization. "During COVID, the challenge was also about working mothers with no childcare. It was really challenging. I had a really hard time managing between my household job and my job. We managed that – there was flexibility, but it was tough."

Interpersonal conflicts were also a challenge that women had to manage during the COVID-19 pandemic. Several interviewees reported that in addition to providing psychosocial support to their family members, they functioned as peacemakers within their homes, mitigating conflicts between their children, parents, and spouses.

Familial & Community Norms

As discussed in the social norms section below, social stigma changes between communities and even between households in Jordan. Female humanitarians, particularly those working in rural communities, mentioned that a woman's ability to participate in humanitarian action depends on the acceptance of the male members of her family. While attitudes tend to be similar within the same community, members of a woman's family were cited as impacting her ability to leave the house, work, and participate in leadership. One woman explained this dynamic in her own family:

"Sometimes I need to work early in the morning, and other times I need to come back late. So social norms need to change for me to do my job. My husband is okay with this, but other husbands might not be this understanding. That is why it is imperative that men participate in our activities; engaging men in our work is important so that they better understand what we do."

Male FGD participants also noted that familial dynamics are closely related to who is engaged in income generation. Several participants linked a man's ability to influence his wife's activity to his ability to earn an income. Though this link was not mentioned in any of the women's groups, the male FGD participants pointed to a decline in power within the household as a result of COVID-19.

"Men have power because men have the money," said one male FGD participant who works with an

international NGO. "During the pandemic, husbands stopped working, and their power decreased. Men are powerful over their wives and their families through money, so during COVID, the power differential between a man and his wife decreased. When she asks to leave the house to work in the humanitarian field, his ability to say no decreases." It is not clear that this issue is exclusive to humanitarian work.

At a fundamental level, the COVID-19 pandemic was perceived to have disrupted power differentials by disrupting financial resources within the household. Given that female interviewees did not mention this change in power differentials, additional research should be done to understand the true impact of these economic shifts.

Social Networks

Within their communities, interviewees mentioned that female humanitarians were particularly adept at using their social networks to mobilize and target humanitarian action. As discussed in the technology section above, these social networks often manifested through WhatsApp groups, through which women would exchange information about health, psychosocial support, and humanitarian services. Several respondents also noted that female health workers established a

WhatsApp group to disseminate information. Numerous interviewees cited this network as a valuable source of reliable information during the early days of the pandemic.

"I think that women played a large role in the pandemic in my personal experience," said a male humanitarian from a national organization. "There were WhatsApp groups of women in the health sector who were communicating and giving health advice. As the pandemic continued, women continued this on social media. They were all talking about how to recognize if someone is sick and where to take them."

Further, these informal WhatsApp groups also became a method of mobilizing financial support within the community. One female humanitarian who was working with a local organization provided one example of a WhatsApp group in her community mobilizing donations to buy a neighbor's baby diapers and milk.

Related to these social networks, women's interpersonal communication with other women facilitated humanitarian intervention and elevated the efficacy of humanitarian workers. Though often not formalized, many female humanitarians and community members checked in on one another through daily phone calls, providing the necessary support during the early days of the pandemic. "Women supported each other during the pandemic, caring for each other, sharing housing, sharing money, sharing food, and sharing clothing," said one female humanitarian from a local organization.

At the local level, women's social networks were often described as functioning laterally across their communities to bind community members together. However, their social networks were not described in a verticle manner, linking women with those in positions of power. Across interviewees at the international, national, and local levels, participants characterized women's social networks as including those with acute social vulnerabilities. Nevertheless, interviewees pointed to gaps in women's social networks that prevented women from gaining access to capital, resources, and bureaucratic sway. One male humanitarian noted that local women's organizations were notably successful at forming cooperatives and partnerships across communities, especially compared to male-headed CBOs.

Women's social networks were also leveraged in responding to familial issues at the local level. Several interviewees reported that women at the local level felt more comfortable speaking with other women about problems with their husbands during the lockdown period.

Organizational Level

Previous studies of women's humanitarian involvement in Jordan have found an elevated level of women's participation at CBOs, national organizations, and international organizations.[26] Some participants in a previous study also pointed to an overrepresentation of women across levels at international organizations.[41]

Capacity

The most frequently mentioned change in capacity due to COVID-19 was a decline in funding. As noted in the funding section above, local organizations had far less funding during the pandemic, particularly compared with international and national organizations. Further, the period of COVID-19 also included one of the region's most dramatic inflation rise . This compounded the funding issue for many local organizations as they struggled to continue providing services to their beneficiaries.

Across international, national, and local organizations, interviewees indicated limited engagement of local organizations during the response to COVID-19. Among local organizations, interviewees noted strong capacities related to humanitarian intervention and service provision. Many interviewees argued that the humanitarian response to COVID-19 would have been more effective had the government and international organizations involved these local organizations more systematically in the planning and implementation process.

Interviewees from various smaller local organizations cited several difficulties collaborating with large, international organizations. First, the process of writing and applying for funding was a barrier for many of these organizations. The fact that international organizations only accept grant proposals in English was a significant challenge. Second, the monitoring, evaluation, and financial reporting requirements were also a barrier, as many local organizations lacked in-depth administrative policies and departments. One woman working at a humanitarian organization in a rural area explained:

"We are in a remote area. It is considered one of the pockets of poverty. We do not know English, the language of writing proposals, which deprives us of many opportunities … We have ideas and know the needs of our society."

Although such organizations felt confident in their knowledge of the community and ability to provide services, their lack of administrative strength was a major barrier to their growth. On the other hand, one respondent who works at a local humanitarian organization explained that her organization's use of social media had attracted donors.

"We have pages on social networking sites on which we publish our activities and document our work

in pictures," she said. "This attracts organizations to collaborate with us because the activities and experiences the association provides for women have many positive benefits on families and society."

Lastly, several local organizations pointed to a lack of interest from international organizations in engaging with new local organizations. In a view shared by several respondents, interviewees from local organizations stated that large international organizations have already decided on their favored local organizations for collaboration. In this view, attempting to build a new relationship with an international organization from scratch will yield limited success. Further, some participants explained that funding is generally more concentrated in the capital Amman and a few urban centers where refugees are concentrated, while local organizations operating in other governorates have fewer opportunities.

Human resources policies

Women humanitarian workers mentioned that changes to their organizational human resources policies increased their ability to participate and lead humanitarian response. This included flexible working hours and the ability to work remotely. Prior to the COVID-19 pandemic, many women struggled with transportation, both from a cost and safety perspective. However, the transition of many operational aspects to be remote enabled many women to participate.

In addition to flexible working arrangements, the ability of new mothers to breastfeed was also a factor impacting their participation in the humanitarian response to COVID-19. New mothers in Jordan are granted one hour per day for breastfeeding. However, taking the breastfeeding hour is difficult for women who work in a refugee camp setting or other remote environments far from their families. Further, many remote humanitarian settings and refugee camps lack private spaces for new mothers. The result is that new mothers who work in remote settings in the humanitarian field are not able to take their one-hour breastfeeding break each day.

During COVID-19, several female interviewees reported positive changes in organizational culture, enabling them to spend more time with their infants and continue breastfeeding. Among women who worked in remote settings, several female humanitarian workers reported that their organizations adopted new policies within the past two years, enabling them to accumulate their breastfeeding hours during days when returning home for an hour is not feasible. These days can be added up to eight hours and converted into a day of paid leave. Female interviewees were widely happy with these changes, which facilitated the participation of new mothers in the field of humanitarian response.

Further, both male and female interviewees noted a need for strong sexual harassment policies

among humanitarian organizations. One female interviewee cited several instances of sexual harassment that were not taken seriously by her supervisor.

Sectoral Level

Participants noted that women tended to be more involved in the humanitarian sector as compared with other sectors of the economy. Explanations for this tendency are described in more detail in the social norms section below.

Several respondents from international organizations noted a lack of women's participation at the local level, pointing to a potential disconnect between the perceptions of international, national, and local organizations.

Although interviewees from national and local organizations discussed women leaders in local civil society, these participants also noted the difficulties that women's civil society organizations encounter when aiming to influence humanitarian policies and responses. While women leaders exist at the local level, many respondents noted the extreme challenges they encounter, including issues with fundraising, capacity building, and gaining influence at the governmental level.

"This was all women in local communities responding to women in local communities," said one interviewee from a national organization in Jordan. "They made lists of meals. They redistributed funding and services. They made lists of who in the local community is the most in need of support."

Among interviewees involved with international organizations, women's participation in humanitarian response was perceived to decline. In contrast to local and national organizations, women's involvement with international organizations often took place through structured volunteering programs for a set amount of time each month. During COVID-19, interviewees and FGD respondents noted a decline in programs run by international organizations.

"Humanitarian work is less than before COVID-19," said one male humanitarian volunteer who works with an international organization. "Women's involvement decreased in a big way because humanitarian work [in general] decreased."

At the same time, interviewees noted women's strong participation and skills in Jordan's health sector, particularly as nurses. This was the most common sector in which interviewees noted women's participation and dedication to providing care under a period of extreme stress. "Especially in a culturally conservative country, it was important to have women being treated by women. If they were all men, it would have been hard for women to get care," said one humanitarian who works in a national organization. However, several participants noted that the difficulties of working in the health sector during the pandemic may have pushed women out of their jobs.

"During COVID-19, women's work [in a hospital] increased to 12 hours daily, from 7:00 AM to 7:00 PM. Whoever did not like these hours could leave their jobs," said one participant from a national organization. "A woman I know left her job because she has a small child who is dependent on her. Her manager did not have any gender sensitivity to the needs of young mothers."

Societal

Gender norms

There are also interpersonal characteristics that are associated with women. Interviewees explained their perception that women are more skilled at multi-tasking and completing care work as compared to men. These perceived gender personality differences were commonly cited by respondents as reasons why women tended to be more suited to humanitarian work as compared with men. When compared to other sectors of the economy, interviewees perceived women's participation to be higher in the humanitarian sector. Similarly to the healthcare and education

sector, humanitarian work is associated with care, nurturing, and compassion, qualities that are linked to society's perception of femininity. Both male and female interviewees cited these gendered qualities as reasons that women may be better suited to humanitarian work.

"Women, whether as respondents or even as wives and heads of households, played a crucial role in shouldering the impact of the pandemic. Women always play a significant role. We are more compassionate and can empathize with people more than men. Women also have the ability to gauge needs more than men. I think it was a vital role that women played. Women's nature renders them closer to people," said one female humanitarian worker from a local organization.

Social Norms

Interviewees comprised male and female humanitarian workers across Jordan's cities, towns, and villages. Accordingly, interviewees' perceptions of social norms differed based on their governorate and degree of urbanity. Interviewees cited the capital, Amman, as more receptive to women's leadership in the humanitarian sector.

On the other hand, women interviewees from local organizations, particularly those based in rural communities, cited a strong impact of strict social norms on their humanitarian work.

These women point to several aspects of the work impacted by these norms. Firstly, returning home late was a major barrier for many women. Secondly, women from these smaller, more rural communities outside the capital also discussed patriarchal norms mandating approval from their male family members. Thirdly, female humanitarians mentioned that their male family members would be less likely to accept their humanitarian work if it involved working in a mixed environment. Lastly, social norms in some of these communities stigmatize women for working far from their homes, including in governorates different from their residences.

The impact of COVID-19 on these women's humanitarian involvement had positive aspects as well. Several female humanitarians noted that COVID-19 led to an increase in humanitarian work that was completed remotely, including training sessions, awareness-raising sessions, and administrative operations. Some of these tasks were conducted on Zoom, without video.

In addition to their work disseminating information and distributing supplies, women's roles as first responders were elevated by strict social norms surrounding gender in certain communities.

Accordingly, some FGD participants noted that communities might be more accepting of women working outside the household on humanitarian projects if their children are adults and able to care for themselves.

Women working in towns and more urban settings also explained that social norms in Jordan have been changing, enabling more women to work outside the household and participate in humanitarian response. Many international organizations, in particular, have been involved in the humanitarian response to the Syrian refugee crisis, giving these organizations the ability to reflect on changing social norms regarding female participation. One female humanitarian worker at an international organization explained:

"Before, it was not acceptable for the male family members to let their sisters, daughters, and wives have jobs. Now we have seen a significant change in Jordan. In terms of leadership, I do not think we are having that issue anymore. At the beginning of the crisis, most senior positions were given to males. Most worked regionally and broadly outside of Jordan. Nine to ten years after working in the humanitarian sector, we now have expertise among women. We do not have that issue anymore."

Factors from Jordanian society

Many women involved in the humanitarian sector also have political ambitions. Accordingly, at some point, many women included in the study sample had also run for political office at the municipal level. Women from local organizations indicated that women's political participation is often sidelined in areas heavily controlled by Jordanian tribes. "When I ran in the latest elections, the person running for head of the council was from my tribe," said one female humanitarian worker from a local organization. "I had no chance. He is able to buy votes; I cannot. Jordanian women are hardworking and ambitious. Women became judges and ministers. They proved themselves. But you do not find women in sensitive positions. This is a patriarchal society."

Another woman echoed this sentiment, saying, "Yes. The tribes did not leave a place for women. I ran in the latest election; even my brother was against me. My son, who is in the police, told me that they were going around saying do not vote for women at the voting station. We are becoming more visible and active, but there is an effort in the other direction. We still have a big problem with social norms."

Further, the concept of wasta or social intermediaries was cited by local women's organizations as

a factor impeding their power. Many women explained that bureaucratic hurdles are heightened for organizations that lack wasta. The following section describes the bureaucratic difficulties in Jordan's governmental policies and procedures concerning humanitarian organizations in more detail.

Political representation

There is a strong link between women's involvement in humanitarian work and politics. Particularly during the COVID-19 pandemic, governmental representatives had the power to determine the national and local response. However, the majority of respondents pointed to problems in women's representation at the national and local levels of government. Although the quota was viewed as a positive factor among nearly all female humanitarians included in the interview sample, women also noted that the small level of representation was insufficient to properly advocate on behalf of women.

As mentioned above, many women from local organizations included in the interview sample had previously run for municipal office. One woman who was interviewed provided an example of the impacts of women's representation in politics on other women:

"I won the 2007 elections… I worked on preparing a playground in the municipality, halls for the municipality, where we gave lectures on human rights, and many lectures benefiting young men and women, she said. "I worked a lot, but unfortunately, the term of my election ended, and those who came after me did not continue what I started."

During COVID-19, the impact of women's limited political representation was perceived by interviewees in the government's response. Interviewees expressed dissatisfaction with the extent to which women's issues and women's needs were considered by the government in their response to COVID-19. Interviewees especially cited GBV as an area in which the government failed to fully recognize the impacts of COVID-19 on women. Numerous female interviewees indicated that increased women's representation in government would have resulted in a better response to these issues.

Other women pointed to the low bar the quota set for women's representation. "For example, why do Jordanian women depend on the quota that is 15 women?" asked one woman from a local organization. "The prevailing culture in Jordan does not include women. Why don't you set the quota at 30% or higher? The government could make this decision."

In addition, the areas in which women are able to make a political impact were perceived to be confined to low-impact, non-controversial fields. "Women are barely represented in government," said one female humanitarian worker who works with a local organization. "And when they are, they are ministers of low-impact areas. They have not been ministers of important posts ever."

At the lowest level of voting in elections and civic participation, several interviewees anticipated the negative impacts of the COVID-19 pandemic. An interviewee from a local organization pointed to the acute economic circumstances many women face while trying to feed their families. She anticipated that difficulties meeting their basic needs for food, shelter, and education would turn women's attention away from politics and civil society. To encourage women's political participation at a fundamental level, women and their families must have their basic needs met.

"I am hungry, and you tell me elections. I need to eat and feel full first before I can speak about other needs," she explained. "This is the level that people have reached. We are looking for food, water, and clothes. These are the most important needs post COVID-19."

Policies and procedures

Participants indicated widespread problems in getting access to foreign funding. Even when local and national organizations overcome the bevy of challenges to gain external funding, their banks must receive approval from the Jordanian government stating that the organization is allowed to receive the funding. Several participants indicated that merely receiving approval from the government to implement their projects could take several months, in some cases outlasting the life of a project. Participants reported cases of being delayed, limited, or rejected to receive funds for arbitrary reasons. One woman who works at a national organization in the humanitarian sector explained that policies and procedures could be manipulated based on whether the organization's level of focus is considered hard or soft:

"There is the problem of getting approvals that affects how much women are involved in humanitarian work. This affects the access to funding and the specific services provided with such access. I think that at the humanitarian level, it is the least controversial if women want to work on civic participation or women's participation in the job market. If we are talking about violence, there is sensitivity and rejection. But this is a soft issue regarding humanitarian services at the local level. They are working women-to-women and serving the community. The funding problem remains an issue."

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Prior to and during COVID-19, these issues impacted the ability of women's humanitarian organizations to build up their capacity, resulting in their limited ability to respond to humanitarian crises. Further, the lengthy approval processes prevent local and national organizations from quickly receiving money and implementing programs that are crisis responsive. While these problems were present prior to COVID-19, several local and national organizations stated that the policies and procedures became stricter during the pandemic. This response was limited in frequency and should be investigated further.

These problems were overwhelmingly cited by local and national organizations, compared to international organizations. "I think we struggle a lot with funding," said one female humanitarian from a national organization. "Government processes for local NGOs take a lot more time than INGOs. Something that should take a month can take up to six months."

The policies and procedures that apply to nonprofit organizations have resulted in some organizations registering as for-profit organizations to circumvent the bureaucratic hurdles. While their leadership asserts there is no profit motive involved in the organization's operations, female representatives explained that their registration status as a for-profit company has resulted in increased taxes, further constricting their ability to function.

"As a group, we want to register as an NGO," said one woman from a local organization. "We had to register as a for-profit organization because of the shrinking space and the hefty process required to work if registered as an NGO. The downfall is that sometimes we have to pay taxes."

Further, one female humanitarian leader from a national organization pointed to the need for the Jordanian government to support its laws and policies with action and funding:

"The law provides a platform, but there is no money [for implementation], abandoning these people… The law is important, but just putting something in the law is not enough. You need the political will and the financial resources … As a CSO, maybe I can get a grant from donors and establish a women's shelter. It is not enough for the government to write this in the law. They need to facilitate my work. The first thing is that they need to facilitate my obtaining a grant. The second thing is they need to make it easier for me to establish this space because when I help these women victims of violence, I am decreasing the burden on the state and acting as a partner to the state."

In addition, several interviewees from local organizations expressed frustration with their ability to receive movement permits during the strict COVID-19 lockdown. These interviewees pointed to the government's lack of understanding of their role in their communities to explain why they were denied permits.

CASE STUDIES FROM COVID-19

Though limited, women's leadership has effectively navigated several humanitarian crises. (Jayasinghe, Khatun and Okwii 2020). In Jordan, women humanitarians have taken the lead in supporting host populations and refugees to overcome such unprecedented circumstances. In one example, Women's Leadership Councils, composed mostly of refugee women, have been spreading awareness in their communities on health precautions and positive communications to curb psychological stress and domestic violence (Mollett 2017).[27]

SADAQA

SADAQA is a women's economic rights group that does not have direct involvement in the humanitarian sector. The group focuses on removing barriers to entry to the job market, including the lack of daycares, lack of transportation, pay inequity, and widening the social protection umbrella for women with care burdens.

During the pandemic in Jordan, about 1,600 daycares were closed around the country. In addition to depriving mothers of childcare options, the closure of these daycares also impacted a female-dominated sector. In addition, the childcare sector is highly vulnerable, as many daycare owners receive fees on a daily or weekly basis.

In response, SADAQA organized a listening campaign to mobilize daycare owners and caregivers and understand their unique concerns during the pandemic. In addition, SADAQA wrote position and policy papers for the government, trying to save these female-dominated sectors from going out of business.

"This was completely below the radar. Childcare was not considered a high-vulnerability sector by the government, nor was it seen as a vital one for supporting the continuation of all other economic sectors," said one of SADAQA's core team members. "If you want women doctors, women teachers, and women humanitarians, the state needed to realize that we needed to support this sector. We lobbied high and low. We finally managed to open the sector in June. It was one of the first sectors to re-open and remain open. The schools were shut down for almost two years. But we opened the sector twice in June 2020 and once again in October 2020, when a new government was sworn in, they decided to shut down daycares again, but in 48 hours, they retracted their decision due to our lobbying efforts."

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[27] Mollett 2017

In addition to their mobilization, SADAQA rapidly shifted their funding to support the daycare sector. The organization's leadership reached out to their donors to request a shift in funding, reallocating money from activities that would no longer be completed amid the pandemic. This funding was used to pay rent and other bills for the centers—an unprecedented practice by donors with high restrictions against handing direct monetary support to beneficiaries. However, this was made possible due to SADAQA's credible record and impact on the ground, as well as its reputation with donors. SADAQA's core team members highlighted the importance of the collaborative and flexible response from their donors, which enabled them to lead an emergency response during the pandemic when no other agency or civil society organization was able to do so.

"The impact was huge – we have kept mothers working across Jordan," said one of SADAQA's core team members. "This freed up time for them to work, both in person and online."

JCLA

The Justice Center for Legal Aid (JCLA) is a national nonprofit focused on access to justice and legal empowerment. The organization specializes in a variety of legal practices, inter alia criminal and civil law, GBV, juvenile justice, as well as labor and tenancy issues. JCLA serves both Jordanians and Syrian refugees.

During COVID-19, JCLA amended their modality of service, moving many services online. The organization rolled out online legal counseling and launched a hotline for legal protection cases. As noted in the sections above, there was an increased need for legal services among women experiencing GBV during the pandemic. These cases were looking for legal protection, yet many of the women lacked financial resources.

"We developed a new modality called self-representation. We wanted to empower women to represent themselves in court," said one of JCLA's leaders. "It also helped us help more women and overcome resource gaps. Sometimes we get cases where the beneficiary can self-represent themselves."

JCLA developed a new process to train women from the community to serve as semi-paralegals, called community facilitators. Although these community facilitators are not lawyers, they accompany women who need legal support. This enabled JCLA to continue serving women across Jordan, while equipping women with sustainable skillsets.

"They are from the communities themselves, but they understand how the courts work. They make sure the legal claims are filed; if there are any fees or fines, we cover those. The community facilitator is always there," said one of JCLA's leaders.

For more complicated cases or cases that have encountered challenges in the court system, JCLA reverts to full representation. JCLA's staff is majority women, including their executive director. JCLA's program is both sustainable, empowering, and impactful.

CONCLUSION

The response to the humanitarian crisis caused by COVID-19 demonstrated that female humanitarians are eager to take a leadership role in their communities in Jordan. Their leadership can be witnessed in several examples, from the way many CBOs continued to serve their communities despite movement restrictions to their mobilization of personal networks to provide others with needed assistance. That said, significant barriers remain to their full participation. These include inadequate funding, limited capacity, and moderately slow social norms change vis-a-vis the concept of female humanitarian leaders and political representation. Combined with bureaucratic hurdles, female-led organizations are struggling to fully serve their communities and realize their missions.

The response to COVID-19 among international organizations falls short of the Grand Bargain commitment to provide adequate funding to local organizations. It runs contrary to the increased responsibilities that these organizations were willing to shoulder due to the pandemic. Further, the government's limited engagement of local organizations and mobilization of networks of capable, enthusiastic, and skilled women who work at local organizations across the country has manifested as an additional humanitarian cost. Strengthening local organizations and facilitating their connections with governmental and international bodies will strengthen Jordan's readiness to weather future crises. At the individual level, women who aim to play a role in decision-making at the local and national levels require further engagement and support as well as more acceptance and encouragement on the family and social levels.

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RECOMMENDATIONS

Based on the findings of this study, the study team recommends the following actions to empower women humanitarians in the sector.

1 **Ensure that key international organizations are adequately compensating women humanitarian workers.**

Many women are volunteering in hopes that they will eventually be hired. The lack of paid roles for women discourages them from continuing their efforts in the sector and points to a larger issue of inadequate value for women team members.

2 **Partner with female-led, local organizations on long-term partnerships, boosting their financial sustainability and capacity.**

Funding should be provided directly to local women-led organizations with reduced conditions. Piecemeal grants limit the ability of women-led organizations to cultivate agency, power, and the capacity to grow. Local female-led organizations particularly require capacity building in fields like information technology and finance, enabling these women-operated CBOs to maximize their impact.

Donors need to make grants more accessible to local, women-led organizations by reducing the reporting burden. Donors should collaborate directly with female-led, local organizations, funding both projects and operational costs.

Relatedly, donors should aim to reduce paperwork burdens on female-led, local organizations. Many donors are aiming to realize social responsibility goals by requiring their grantees to complete tedious policy appraisals on topics ranging from gender mainstreaming to environmental stewardship. This paperwork is not furthering equity. Instead, it serves as a barrier to female-led, local organizations working against these lofty goals. Donors must streamline paperwork requirements and serve as a partner to female-led local organizations to reduce the time burden.

3 **Continue to encourage and facilitate collaboration between the government and female-led local organizations.**

The lack of full government engagement with civil society during the pandemic weakened the response and affected the sector's credibility in local communities. During the COVID-19 crisis, the government's restrictions on internal movement adversely affected local organizations' abilities to fulfill their role. In the future, the government should be encouraged to engage local organizations, in particular during times of crisis. As the locus of community engagement, municipalities have the

institutional capacity to effectuate coordination mechanisms with local women's organizations that can support more effective crisis response.

Relatedly, Jordan's civil society legal and regulatory framework should be streamlined to provide women-led organizations with the ability to accomplish their goals and access external funding promptly. More transparency is needed in the approval mechanism, making it more streamlined and transparent.

4 **Support women's access to local and national decision-making platforms through targeted capacity strengthening, funding, and advocacy.**

Women are often frontline responders, caregivers, and community mobilizers. They can offer unique perspectives on the needs of their communities and can communicate these needs effectively. Access and voice in decision-making platforms will enable a more effective and equitable response that speaks to the needs of various groups, especially the vulnerable.

5 **5. Create workplaces that are safe and accessible for female humanitarians.**

Organizational policies should accommodate and respect the needs of women humanitarians. This includes childcare leave, breastfeeding hours, and policies that prohibit sexual harassment of any form. Such gender-sensitive policies are needed both at the international, national, and local levels to ensure women have an equal opportunity to participate.

6 **6. Ensure that local women's participation in leadership councils is well-defined through clear mandates that enable them to meaningfully participate in decision-making and demonstrate results to their communities.**

Particularly through their volunteer councils, several INGOs have supported the establishment of leadership mechanisms to solicit input from local communities. However, when these volunteer councils are unable to achieve tangible results for their community, women are undermined, and their credibility is affected. Instead, INGOs must ensure that women's voices are not just heard, but also respected in the decision-making process.

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