Women and Girls Face Impossible Choices During Crises

BY IDAH KNOWLES
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Abbreviation and Acronyms

CRC - Convention on the Rights of the Child
DPO - Disabled People’s Organisations
PWDs - People With Disabilities
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children’s Fund
UNSC - United Nations Security Council
UWOPA - Uganda Women Parliamentary Association
1.0 BACKGROUND

According to the World Vision, https://www.worldvision.com.au/global-issues/worldemergencies/responding-to-emergencies/gender-emergencies), The heavy burden for women and girls in times of crisis is as a result of existing inequalities that increase the risks for women and girls when crisis hits, and traditional systems to protect the most vulnerable break down. Right now, some of the most at risk women and girls in the world are those living in places affected by conflict and crisis. According to figures gathered by the United Nations High Commissioner for Refugees (https://www.unhcr.org/), today there are more refugees, asylum seekers and internally displaced people than ever before in recorded history. In 2015, conflict and persecution forced 65.3 million people to flee their homes—almost double the 37.5 million people displaced a decade before. Estimates suggest that up to 80 percent of those displaced people worldwide are women and children.

The UN Security Council (https://www.un.org/press/en/2003/sc7908.doc.htm) has stated that women and girls suffer disproportionately during and after war, due to existing inequalities being magnified and the breakdown of social networks, heightening their vulnerability to sexual violence and exploitation. That statement remains true today. Women and girls in middle or low income countries already face additional layers of risk as a result of COVI-19 Pandemic. The impact on women and girls’ lives can take many forms including; stress, inadequate access to health, protection services and lack of income can have an adverse effect on women’s mental health and physical wellbeing, particularly as they put the needs of their family above their own. Women may end up having to financially support their families, resorting to work that puts them at risk of abuse and exploitation. Girls are more likely to be forced to drop out of school, affecting their future’s potential. For some families, resorting to child labour and early marriage are likely the only ways to ensure the survival and protection of their children. Male heads of households are often a key protective element for the women and children in their families, so without them women can become increasingly isolated and face barriers in accessing essential services.

We must protect women and girls during crises. In today’s Covid-19 crises, it is women and girls who are paying the highest price. From rape to child marriage to sexual slavery. Women and girls in pandemics face severe threats and violations of their human rights that most of us cannot begin to imagine. The risk of exposure to domestic violence and intimate partner violence is expected to increase as a consequence of heightened family tensions. From sex-for-food to forced marriage, women and girls are caught between impossible choices for survival. In times of these crisis, all women worry about the future and whether they will even survive. Many women become heads of household with the sole responsibility of caring for their children. Expectant women fear for their health and wonder if they will deliver safely. Women and girls who are raped are often confronted with blame and shame instead of the loving care and support they need. And these hardships are compounded for women who are expectant as a result of rape as they struggle in dangerous circumstances to maintain their dignity and the health and welfare of their families. Limited access to basic sanitation services including menstrual and hygiene management as well as safe drinking water also remain a major obstacle to achieving improvements in the health and development of children and women in all developing countries. It underpins a host of problems, contributing to childhood illness, malnutrition, and elevated school drop-out rates for adolescent girls, amongst other issues.

1.1 A COVID-19 CRISIS Relief Food Distribution Case in Kampala, Uganda led to rise in sexual harassment shadows.

According to Uganda Women Parliamentary Association (UWOPA), (https://www.pmldaily.com/news/2020/04/covid-19-crisis-rise-in-sexual-harassment-shadows-covid-19-food-distribution-uwopa.html), It’s a shocking revelation that some women from some parts of Kampala claimed that some Members of Local Councils have complicated their quest for acquiring the government relief food as they demand for sex from them as a precondition to be considered among the beneficiaries.

This was revealed by Pamela Nasiyo, the chairperson of Uganda Women Parliamentary Association (UWOPA) during a press conference at Parliament on Tuesday 21
April 2020 where she told journalists that she had received various complaints from a number of vulnerable women who accused their leaders of first demanding for sex before giving them the food. In Pamela Nasiyo’s words, “Can you imagine some LC leaders are using this opportunity to demand for sex in exchange for food? A lady called me and said ‘I missed food in my area and when I called the LC chairman to get my share, he said that in order to give me food, I have to sleep with him’.

1.2 Cyclone Idai Victims Forced to Trade Sex for Food in Mozambique


According to Human Rights Watch, Community Leaders Exploited Vulnerable Women in Mozambique. Hunger and destruction caused by the cyclone had hundreds of thousands of women vulnerable to abuse. Victims, residents, and aid workers told Human Rights Watch that local community leaders, some linked to the ruling Frelimo party, demanded money from people affected by the cyclone in exchange for including their names on the aid distribution list. In some cases, women without money were instead coerced into engaging in sex with local leaders in exchange for a bag of rice.

One aid worker said that the distribution list often contained only the names of male heads of households, and excludes families headed by women. In some of the villages, women and their children had not seen any food for weeks and they would do anything for food, including sleeping with men in charge of the food distribution. The sexual exploitation of women struggling to feed their families after Cyclone Idai was revolting and cruel.

1.3 United Nations workers exchanging relief goods for sex in Haiti.

According to Adam Chandler June 11, 2015, (https://www.theatlantic.com/international/archive/2015/06/peacekeeping-transactional-sex-haiti/395654/), United Nations draft report obtained by the Associated Press shaded light on the rampant problem of UN peace-keepers bartering relief goods for sex in Haiti. In nearly 500 reported cases over five years in Haiti and a handful of countries, one-third of the claims involved children. More than 225 Haitian women told investigators of having had “transactional sex” for cash or goods. For rural women, hunger, lack of shelter, baby care items, medication and household items were frequently cited as the ‘triggering need. Of the nearly 500 claims of sexual abuse documented over five years in Haiti and Liberia, where the UN also has a peacekeeping mission, one-third involved children. In Haiti specifically, “[o]nly seven interviewees knew about the United Nations policy prohibiting sexual exploitation and abuse. They did not know the mission had a hot line for reporting such abuse.

Transactional sex is quite common but underreported in peacekeeping missions and it offers a pretty clinical way of saying that these problems are rampant. It’s still not clear exactly how many people might have been abused and not reported it. Until now, there’s no exact knowledge of how much aid money has been squandered or lost to corruption.
A question to ask ourselves, “how can a country rebuild while its benefactors keep damaging it?” Tackling these problems requires a dual approach. We need to be designing specific projects to address risks for women and girls, as well as ensuring that all our work takes the needs of women and girls into account to ensure they have safe, dignified and meaningful access to essential services. We have made tremendous gains in advancing the global agenda for women, subsequent resolutions have triggered new partnerships, resources, and norms and standards to expand women’s role in peacemaking and peace-building, and to end sexual violence in conflict.

2.0 GIRLS IN CRISES SITUATIONS

According to Plan International, Adolescent girls experience crisis differently than their male peers and adult women. During a crisis, they are particularly vulnerable to violence and exploitation. Policymakers and the humanitarian community view adolescent girls as powerless and rarely consult them about decisions that impact their lives. Adolescent girls have unique needs that are not addressed by humanitarian programmes targeting children nor under those targeting women. This means that the specific needs of adolescent girls are overlooked, with devastating consequences on their wellbeing, in particular when they live in crisis settings for years.

During a crisis, girls, especially those separated from their parents; face a high risk of abuse and exploitation. Rates of child marriage increase and many girls are recruited into armed groups or forced to do unpaid labor. To survive and/or care for their families, adolescent girls and young women are often forced to resort to transactional sex or fall prey to human trafficking. Rates of sexual violence and early marriage increase during a crisis, yet it is often harder for adolescent girls and young women to access sexual and reproductive health services and rights when they need them most. Too often, they do not have access to life-saving information and services to protect them against early or unintended pregnancies and sexually transmitted infections. Even when services are available, fear of stigma is an obstacle that prevents many girls from accessing care.

Girls’ freedom of movement may be severely restricted in humanitarian settings when families are worried about safety. These constraints limit girls’ ability to attend school and access programmes and services, and prevent them from developing support networks critical to their wellbeing. Adolescent girls are not being heard. Despite their desire to contribute to solutions that impact their lives and communities, they are rarely consulted by humanitarian actors and are excluded from decision-making processes. As a result, policies and programmers often do not adequately address their needs. Access to education for children in crises situations, particularly girls, is critical for their immediate protection and wellbeing, and to safeguard their futures. Yet adolescent girls face unique barriers to education, which are exacerbated in crisis settings by heightened insecurity, exploitation, economic pressures, and harmful social norms, such as forced marriage.

3.0 PERSONS WITH DISABILITIES DURING CRISES

3.1 Children with Disabilities in times of crises and conflict

Children with disabilities must not be forgotten during crises and conflict. The experience of children with disabilities in general is often one of marginalization and dis-empowerment. In times of crisis, children with disabilities and their families become even more vulnerable. Their needs are often overlooked and they face higher risks of becoming victims of injuries, abuse and neglect.

In times of crisis, it is our responsibility to work in partnership so that children and adults living with disabilities feel that they are involved in the process of building an inclusive response to help prevent injuries and to assist the survivors. Children and adults with disabilities must have a voice. They don’t need special treatment, but equal opportunity and access to resources. The total number of children with disabilities in the world is...
unknown because of a lack of reliable and comparable data. Whatever the real global number of children with disabilities is, we are talking about the lives of individual children and their families. We cannot remain indifferent.


The experience of children with disabilities is often one of marginalization and dis-empowerment, as many live isolated lives and struggle against stigma, discrimination and an environment that does not accommodate their needs, and excludes them from social participation.


- being unable to escape due to inaccessible evacuation routes; loss of access to support services and assistive technology; loss of an assistive devise and/or caregiver and thus be extremely vulnerable to physical violence, and to sexual, emotional and verbal abuse; being invisible in registration, data collection or needs assessments; being excluded from or unable to access mainstream assistance programmes such as health centre or food distribution due both to physical barriers (i.e. lack of accessible buildings) or to the struggle against negative attitudes and uncompromising environments. Moreover humanitarian crises may result in life-long injuries for children.

Children with disabilities have the right to be included in different activities that are developed during humanitarian interventions, including health care, education and so on, even if they may need additional support in the beginning and the structures to which support is given may require some special adaptations. Article 11 of the Convention on the Rights of Persons with Disabilities ([http://www.un.org/disabilities/convention/conventionfull.shtml](http://www.un.org/disabilities/convention/conventionfull.shtml)) specifically calls on duty bearers to take necessary measures to ensure the protection and safety of persons with disabilities in situations of conflict, emergency and disaster, signifying the importance of the issue. UNICEF is committed to strengthening disability-inclusive humanitarian action which means that emergency preparedness and response promote and protect the rights of children with disabilities, as well as their families, to survive and to live with dignity, while benefiting the population as a whole.

3.2 Women and girls with disabilities in conflict and crises.

Women, girls, boys and men with disabilities are one of the most socially excluded groups in crisis-affected communities and in situations of forced displacement, and may be at increased risk of discrimination, exploitation, and violence, as well as facing numerous attitudinal, environmental and communication barriers to accessing services and assistance ([UNHCR, 2016: 20; Sherwood and Pearce, 2016: 5; Pearce, 2015: 1-2, 17]). Gender, age, and other diversity factors may result in additional multiple and intersecting discrimination ([UNHCR, 2016: 20; Pearce, 2015: 4]). People with disabilities, including women and girls with disabilities, are disproportionately vulnerable in emergencies ‘primarily as a consequence of social disadvantage, poverty and structural exclusion’ rather than because of any inherent vulnerability (Hemingway and Priestley, 2006: 64).

The risks and vulnerabilities faced by women and girls in conflict and crises

- **Double discrimination** as a result of their gender and disability increases women and girls with disabilities’ vulnerability, and conflict and crises exacerbate this.

- **The breakdown of economic structures**, health care, family and community support, educational opportunities, housing, transportation and other infrastructures as a result of conflict increases the
Women and Girls Face Impossible Choices During Crises

vulnerability of women and girls with disabilities. They may find it harder to flee or be left behind, making them more vulnerable to attack.

- **The loss of assistive devices, caregivers, and protection networks** as a result of displacement make women and girls with disabilities more dependent on others and at greater risk of exploitation. Women and girls with disabilities in refugee camps and host communities may experience stigmatisation and discrimination, barriers to participation, unsafe shelters, and lack of access to services.

- **Conflict and crisis affected women and girls with disabilities** face increased levels of sexual and gender based violence in and out of the home, especially those with intellectual and mental disabilities. This is a result of factors such as stigma and discrimination, being seen as ‘easy’ targets, extreme poverty, social exclusion and isolation, loss of protective mechanisms, and limited mobility. Women and girls with disabilities are also largely excluded from gender based violence prevention programmes, including the variety of women’s empowerment initiatives aiming to break the cycle of vulnerability to violence.

- Women and girls with disabilities do not have adequate access to water, shelter, food or health—including menstrual hygiene and reproductive health, in humanitarian contexts. Many also do not have access to the specific services they may need such as rehabilitation. Barriers to access aid include cultural, attitudinal, communication, environmental, and physical barriers, and lack of training for humanitarian staff.

- **Conflict and crises can result in the loss of the livelihoods of women with disabilities**, which increases their poverty and makes them vulnerable to exploitation.

- Conflict and displacement exacerbate and heighten the discrimination that adolescent girls with disabilities already face in times of peace and destroy their protection systems, making them more vulnerable to exploitation.

3.3 Factors contributing to lack of inclusion of women and girls with disabilities in humanitarian response include:

**Gaps in policy development and implementation**

There are often no specific references to women and girls with disabilities in global, national, and organisational policies and commitments on protection and empowerment of affected populations, even where they mention persons with disabilities. In addition, there is also ‘no globally endorsed operational guidance to support humanitarian actors to implement policies and commitments to disability inclusion in a systematic way, by ensuring appropriate human and financial resourcing; strengthening staff knowledge, attitudes,practices; and monitoring access and inclusion of women and girls with disabilities. This has resulted in women and girls with disabilities falling through the cracks in both disability and gender policy and programming in humanitarian contexts, with no enforced accountability mechanism to ensure their inclusion across different sector.

**Negative attitudes of family members and communities**

The “attitudes of family members and communities” is the second most significant challenge to including women and girls with disabilities in humanitarian activities, on the basis of both disability and gender. Some families may hide a women or girl with a disability making them “invisible. There is a fear amongst women with disabilities in conflict regions to open up to outsiders” because their families or community members perceive this may expose them to further threats or violence. Crisis-affected communities perceive that there
is “no hope” for women and girls with disabilities, and as such community leaders simply do not view them as a “priority” or represent their needs in community decisions. Ensuring the active and meaningful participation of women and girls with disabilities in decision making concerning their lives and wellbeing, as well as that of their families and communities, is an ongoing challenge due to their exclusion as a result of stigmatization and discrimination.

**Limited staff knowledge, attitudes, and practices**

Humanitarian actors are ill equipped to ensure that women and girls with disabilities are included in humanitarian action, despite some training on disability. Humanitarian actors perceive women with disabilities as the objects of charity and protection, rather than as active participants in humanitarian action or change agents in their community for example, humanitarian actors do not necessarily consider the social factors that shape and contribute to the vulnerability of adolescent girls with disabilities, such as being out of school, living in substandard shelter, being married or having a child, or having little contact with other girls of the same age, due to a focus on their health and rehabilitation needs.

**Lack of champions and local partners.**

Without strong accountability at field levels, women and girls with disabilities are largely reliant on champions to advocate for their inclusion and partners who are prepared to focus on them. However, there is a lack of strong advocates for women and girls with disabilities and a lack of strong partners who can deliver programmes for them. Even when people with disabilities are included in humanitarian programming, they may be male dominated or not gender sensitive. Women with disabilities who are in leadership positions or working as humanitarian actors face many obstacles from their employers, peers and the communities in which they work due to perceptions and mis-perceptions about their capacity to contribute.

**3.4 Interventions to support women and girls in conflict and crises**

**Strengthen accountability for inclusion of women and girls with disabilities by developing gender-sensitive inter-agency guidelines on disability inclusion in humanitarian action.**

Women and girls with disabilities should be mainstreamed in all sectors, especially gender-based violence, sexual and reproductive health, and livelihoods. Indicators for the inclusion of women and girls with disabilities should be established against which humanitarian organisations have to report. Women and girls with disabilities should be supported to form representative groups and should be equally represented in community committees and humanitarian coordination structures.

- **Increase support to organisations of women with disabilities** in crisis-affected countries by setting targets for funding to women’s DPOs, including covering both operational costs and activities with affected populations, and prioritizing them for organisational capacity building programmes and support.

- **Advance gender equality in humanitarian and development organisations** by setting targets and monitoring the number of women and girls with disabilities participating in formal and non-formal education, adolescent girl activities, economic strengthening, and community leadership, as well as progress towards gender equality in organisations core commitments from the World Humanitarian
• **Promote the leadership of women and girls with disabilities** in humanitarian action by partnering with women’s DPOs to provide capacity building and mentoring on the humanitarian system, and by employing women with disabilities.

**Disability inclusion in gender based violence interventions in conflict affected contexts**

• Include women, girls, boys and men with disabilities and their caregivers in the design, **implementation and evaluation** of gender-based violence programmes.

• **Provide training and reflective learning** on the intersections between gender and disability for gender-based violence programme managers and service providers, and establish a common understanding of and commitment to the rights-based and survivor-centred approaches when working with this group.

• **Recruit** women and girls with disabilities as staff and volunteers in gender-based violence programmes.

• Prioritise the inclusion of persons with disabilities and caregivers in activities that **strengthen social capital and peer networks**.

• **Prioritise the inclusion** of women with disabilities and female caregivers in economic empowerment programming.

• Ensure that programmes and organisations designed to serve persons with disabilities are **gender sensitive**.

• **Strengthen advocacy** on the rights of people affected by crisis and conflict, particularly women and girls, by raising awareness about refugees and displaced persons in organisations for persons with disabilities.

**Programming for the inclusion of girls with disabilities**

A number of different pilot interventions in humanitarian settings have sought to include girls with disabilities to reduce their risk of gender based violence

**Prioritise the right of girls with disabilities to participation and inclusion:** Recognising the diversity of the populations they serve and including girls with disabilities in adolescent girls’ programming is critical to reducing their risk of gender-based violence and should be a core part of such programming, not something thought to be special or separate.

• **See the girl first:** The age and gender components of girls with disabilities’ identities are often overlooked in humanitarian contexts. Girls with disabilities have ‘indicated that they identify first as daughters, sisters and friends, and want to be included in the same activities as their peers.

• **Do not make assumptions:** Humanitarian actors often make assumptions about what girls with disabilities can and cannot do, or what activities would be most suitable for them and do not give them from the same opportunities as their non-disabled peers.

• **Identify and value all contributions:** As participation will look different for every individual it is
important to avoid setting rigid standards for what counts as participation and recognise that everyone has something to contribute. This recognition by humanitarian actors can help shape the way others view girls with disabilities.

- **Work with families and caregivers:** By engaging wider family units, humanitarian actors can both support and strengthen healthy relationships and balanced power dynamics between and among caregivers, girls with disabilities, and other family members.

In addition, humanitarian actors can take practical steps to promote inclusive and accessible humanitarian programming for adolescent girls with disabilities by identifying diversity among adolescent girls in crisis-affected communities; including outreach components to engage with isolated girls with disabilities; putting girls at the Centre of programme decision making; making safe spaces "safe" for all girls; and identifying mentors with disabilities.

**Providing opportunities for women with disabilities to work in humanitarian response;**

Women with disabilities have offered and can offer a lot to the humanitarian community if they are employed or consulted.

**Engagement with host community DPOs**

There are some small scale positive examples of host community disabled people’s organisations reaching out to refugees with disabilities and strengthening their protective peer networks, which has been especially effective for women and girls with disabilities (Rosenberg, 2016: 13). For example, in Uganda the ‘National Union of Women with Disabilities of Uganda (NUWODU) reached out to refugee women and girls with disabilities to identify their concerns and recommendations, and used this information to advocate for inclusion with other DPOs, humanitarian agencies, and donors at national, regional, and global levels.

**Policy and guidelines**

A number of policies and guidelines are now providing specific recommendations on the inclusion of women and girls with disabilities in different sectors of humanitarian action. For example, The Minimum Standards for Age and Disability Inclusion in Humanitarian Action detail how humanitarian actors should ensure that women and girls with disabilities have private spaces to wash themselves, to wash and dry stained clothing and cloths used for menstrual hygiene management, and to dispose of sanitary materials as well as sufficient space for the assistance of a carer if required.

4.0 **RECOMMENDATIONS THROUGH THE YOUTH AGENDA GENDER LENS**

**Championing change for girls and girls with disability affected by crisis and conflict**

- **Prevention of and response to sexual and gender-based violence (SGBV) must be prioritized in the initial humanitarian response, and address the specific risks of adolescent girls. Ensuring that adolescent girls and young women have access to Safe Spaces with survivor-centered SGBV services, including case management and psychosocial support, is critical.**

- **Interventions must be tailored to the specific needs of adolescent girls and young women, with comprehensive, cross-sectoral programming that addresses both immediate life-saving needs and promotes long-term resilience. Such programmes must include protection, education, health services, and economic empowerment activities.**

- **Comprehensive SRHR services, supplies, and information must be funded and provided in**
consultation with adolescent girls and young women. Services must meet the needs of survivors of sexual violence and girls who are married, pregnant, or already mothers.

- All humanitarian actors must ensure that needs assessments collect gender and age disaggregated data and that humanitarian response plans are analysed through and age and gender lens. They must also use participatory approaches to capture the perspectives of girls and boys of different ages, so programmes and responses respond to their specific needs.

- All humanitarian actors must promote the systematic participation of adolescent girls in all decisions that affect their lives. Safe, gender-sensitive methods must be in place to allow girls to meaningfully participate in the design, implementation, and evaluation of humanitarian programmes and processes.

- The humanitarian community must invest in inclusive and gender-responsive education models that respond to the unique needs of children, particularly girls in crises situations. This includes the provision of safe learning environments, and efforts to remove gender-specific barriers that prevent girls from accessing education.

**Championing change for women affected by crisis and conflict**

**Dignity kits:** It can be tough for women and girls affected by crisis and conflict to meet their basic hygiene needs. Distribution of dignity kits packed with essential items including underwear, sanitary napkins and disposal bags, soap, safety pins, a face towel and a hair brush. The kits integrate with emergency water, sanitation and hygiene programming and are an essential investment in women and girls’ health and self-esteem.

**Psychosocial support:** Psychosocial support focuses on helping people affected by crisis and conflict to process their experiences, learn positive coping mechanisms, and referring cases for specialist care if needed. Psychosocial support and protection teams should reach out to children and caregivers through home visits and activities in local schools and health clinics.

**Women and Child Friendly Spaces:** Women and Child Friendly Spaces are at the core of emergency responses around the world. These safe, welcoming meeting places can provide a range of opportunities, from somewhere for children to play and learn, to a place for mothers to access health services and support safe lactating rooms too.

**Vocational training:** Vocational training in useful, culturally appropriate skills can help displaced women earn an income to support their family without resorting to work that puts them at risk of harassment or exploitation.

**Maternal health services:** In the aftermath of the crises, mobilisation of female Community Health Volunteers to provide mothers with essential information about maintaining good hygiene, breastfeeding, immunisation and nutrition practices should be implemented. The government of Kenya should partner with local organisations to ensure affected families have access to well-equipped healthcare services, and to raise mothers’ awareness of key prenatal, postnatal and maternal best practices.

**Information and child protection:** Conflict and crisis often result in the breakdown of traditional roles and community protection systems, meaning that women and children must take on new responsibilities in an environment where they don’t know where to turn for support. The government should seek to connect people with information and services, and strengthen systems to protect women and children. In Kenya, the government should train teachers, social workers and other community members to recognise and work to prevent cases of trafficking and child marriage.
Championing change for children with disability-inclusive humanitarian action

- Ensuring that inclusive humanitarian action is a priority through support for people with disabilities should not only begin or end in an emergency, but should be applied before a crisis hits and continue afterwards through inclusive programmes. All efforts should be made to protect the rights of all children in emergencies, including through the promotion of frameworks such as Security Council Resolutions on Children and Armed conflict, and Treaties that ban or regulate the use of weapons and small arms.

- Improving data and assessments to have an evidence base for the distinct needs and priorities of children with disabilities

- Making mainstream humanitarian services accessible for children with disabilities, including involving them in planning and design

- Designing specialized services for children with disabilities and ensuring physical and psychological recovery and social reintegration take place in environments that foster well-being, health, self-respect and dignity

- Putting measures in place to prevent injuries and abuse and promote accessibility of services and information

- Ensuring children with disabilities are identified and counted in registration, data collection or needs assessments.

- Partnering with community, regional and national-level actors, including disabled persons’ organizations (DPOs), to challenge discriminatory attitudes and perceptions and promote equity and equality for all.

- Promoting participation of children with disabilities including by creating spaces for voices of children with disabilities to be heard and creating opportunities for consultation and participation in designing the response.

Championing change for women and girls with disability-inclusive humanitarian action

- Have organisational commitment to translate policies that integrate both disability and gender mainstreaming into practice.

- Support staff to identify skills and capacities when working with women and girls with disabilities rather than just focusing on their risks and vulnerabilities.

- Carry out activities which strengthen protective peer networks.

- Set targets for inclusion in existing programmes, including economic strengthening programmes. Advocate for representation of women and girls with disabilities in community committees and support advocacy by groups representing women and girls with disabilities.

- Recruit women with disabilities as volunteers and staff.

- Partner with and support women’s disabled people’s organisations.
5.0 CONCLUSION

We must summon the resources needed to effectively and systematically prioritize and address gender-based violence in emergencies, and deliver services to protect sexual and reproductive health. This requires increased commitment and funding to advance women’s health, empowerment and gender equality, to protect vulnerable populations from gender-based violence, and to provide a full range of services to survivors, with appropriate responses for all those who are targeted. It is time to increase the number and readiness of experienced personnel, locally and globally, who can deliver sexual and reproductive health services and prevent and respond to gender-based violence. This requires personnel who are trained to meet the medical, psychosocial, legal, security, and livelihood needs of survivors of sexual violence in both pandemic, conflict and disaster contexts. Innovation and partnership are needed to fully utilize new technologies for training and capacity-building, such as mobile phones and e-learning.

We must strengthen accountability. In all countries affected by crisis and conflict, women and girls are demanding their rights to health and safety, and to full and equal participation to have a voice in shaping a better future. Protection and accountability to people affected by crisis must be backed by political will, corrective action and justice. We must work together to enable women to play their full role in peace talks, peace building and recovery, to ensure government compliance with international law, and to bring perpetrators of sexual violence to justice. We need to close the gaps. By prioritizing health, rights, and full participation of women in public life as we increase our prospects for a more just, stable and peaceful world.

The government bodies should urgently adopt measures to prevent sexual exploitation and abuse of crises victims and create an environment in which women can come forward and report abuses. International partners should ensure greater oversight of the conduct of local officials during the distribution of humanitarian aid. The authorities have an obligation to ensure that everyone gets the protection they need in crises situation, including vulnerable women who are at risk of sexual exploitation and abuse. Emergency aid should be given freely to all people in need, and the government along with aid providers should ensure that aid distribution is never used as an opportunity to commit abuse.

Disability must be an integral part of all emergency and humanitarian response. The principles in the Convention on the Rights of Persons with Disabilities should underpin all humanitarian efforts and there is urgent need for disability to be seen as a cross-cutting issue in all phases of humanitarian assistance. More needs to be done to ensure that people with disabilities both mental and physical are not left behind or forgotten during humanitarian crises. At times of crisis, people with disabilities are not only vulnerable to violence and abandonment, but they also face significant difficulties in obtaining basic services such as food, water, sanitation and health care. These are major and complex challenges, and unfortunately they are not always present in mainstream humanitarian debates. The increased number of humanitarian crises and natural disasters has a significant impact on the lives of persons with disabilities. But they are often excluded from initial humanitarian responses. Peacekeeping missions to develop an action plan on how to include and support persons with disabilities, even including their voice in camp planning and ensuring that infrastructure allows for people with disabilities to access various services.

Women and girls with disabilities should be mainstreamed in all sectors, especially gender-based violence, sexual and reproductive health, and livelihoods. Indicators for the inclusion of women and girls with disabilities should be established against which humanitarian organisations have to report. Women and girls with disabilities should be supported to form representative groups and should be equall.
6.0 ANNEXURES

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