

Center for Strategic and International Studies

TRANSCRIPT

Online Event

“Humanitarian Innovation in Action”

Panel 2: Elevating Women’s Leadership in Humanitarian Response

DATE

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FEATURING

Iffat Zafar Aga

Co-founder and COO, Sehat Kahani

Melissa Horn Albuja

Acting Division Chief, Protection and Community Capacities, U.S. Agency for International Development

Sanam Naraghi Anderlini

Founder, International Civil Society Action Network for Women, Peace and Security

CSIS EXPERTS

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Transcript By

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Caitlin Welsh: Hello. Good morning and welcome to this second panel of today's Humanitarian Innovation in Action Conference. This panel will focus on elevating women's leadership in humanitarian response. I'm Caitlin Welsh, director of the CSIS Global Food Security Program and I'm very pleased to support the CSIS Humanitarian Agenda and my colleague and friend Jacob Kurtzer in today's event.

Today's discussion will focus on ways women in crisis affected contexts can lead on designing and implementing services, and ways the humanitarian system can shift decision making power, funding, and influence to local women actors. We'll discuss these topics keeping in mind today's theme of innovation in people, processes, and products. To discuss these topics we have assembled a world class panel including Dr. Iffar Zafar Aga, founder and COO of Sehat Kahani. Iffat will be joining us from Karachi, very pleased to welcome her to our panel. Sanam Naraghi Anderlini, MBE, who is founder and CEO of the International Civil Society Action Network, or ICAN, joining us on stage. And also Mellisa Horn Albuja, acting division chief of Protection and Community Capacities in USAID's Bureau for Humanitarian Assistance, also you are joining us on stage.

I've spoken with each of them before this – in advance of this panel. I think it's definitely the case that we could fill the entire hour with a conversation with one of these panelists, so I know that we will have a very rich and important conversation to follow. Following my discussion with the panelists, I am going to be happy to open the floor to questions from all of you and we will – if you have a question please raise your hand and we'll come to you with a microphone.

So, without further ado, I'm pleased to turn our first panelist who's joining us online, again, from Karachi. Thank you so much for joining us, Dr. Iffat Zafar Aga, again, founder and COO of Sehat Kahani. Thank you so much for joining us again.

Iffat Zafar Aga: Hello. Thank you so much for having me on board. Really excited.

Ms. Welsh: Great. Thank you. I'd like to start with an overview question about Sehat Kahani. Can you explain to our audience what it is that your organization does?

Dr. Aga: So, Sehat Kahani essentially means story of health in Urdu, and it's a general medicine platform – a general medicine-based organization – that me and my co-founder, Dr. Sara, started in 2017.

The organization works in the following ways. We enable health-care accessibility in a developing country like Pakistan using telemedicine. So,

you know, for people may not be aware, Pakistan is the fifth largest in the entire world in terms of population.

We have around a population of around 220 million people. Yet, the irony is that because of social and cultural norms a lot of doctors don't practice with their full potential. We have around 245,000 licensed doctors. Eighty percent of these are women, but unfortunately, only 40 percent of them practice. A lot of them drop out because of, you know, childcare issues, because of lack of having permission to work, because of lack of childcare facilities for them, and another 15 percent leave Pakistan for better opportunities globally.

So, at Sehat Kahani we do do things. We create nurse-assisted telemedicine clinics in low-income communities enabling a community dweller to access a doctor from the city through an online platform, which is facilitated by a nurse who resides in the community. And for the urban market, we have a mobile app, which is essentially a product for people like you and me where you can access a doctor from your smartphone. So, that's essentially what we do.

Ms. Welsh: Thank you. That's, obviously, an innovation in approach to health care. Can you explain some other ways that Sehat Kahani embodies innovation in your approaches?

Dr. Aga: So, innovation is something that obviously has been at the core of our work. We started the company in 2017. We created – we started creating these nurse-assisted telemedicine clinics in communities. Then in 2019 we thought that, you know, health care is a challenge for the urban population. We thought we need to make a mobile app.

Now, in the mobile app we also created a corporate version. In Pakistan, health-care insurance generally only comprises of access to a doctor when you feel sick, and you are admitted in a hospital under the insurance package. But we, you know, kind of identified this and you know, felt that a lot of patients don't need hospital admission, but they need access to a doctor for a consultation.

And a lot of multinational companies do that on a reimbursement basis. But then there's a lot of pilfering, a lot of fake billings, a lot of challenges that they were facing in terms of those reimbursements. So we told them that how about you enable online consultation for your employees, and, you know, through this they can access services.

So today, as of date, we are working with four leading insurance providers. We are providing this online unlimited access to general physicians around 40 specialties, to around 420 corporations. These include names such as Nestle Pakistan, Coca-Cola Pakistan, Phillip Morris Pakistan, to name a few.

Then, we also realized that, you know, along with physical health, mental health is also a challenge. So, we've pivoted the business, and we thought that OK, how can we give mental health to all of these people despite the fact that in Pakistan mental health is really expensive.

So, we started to look for donors and funders on the international market who could facilitate us. The British Asian Trust is a very prominent partner, who enables us to give access to mental health consultations in the very low-income rural populations. So, the consultations are subsidized heavily by British Asian Trust.

So, this is another channel that we started working on.

Ms. Welsh: Thank you. I heard you explain the way the Sehat Kahani operates in urban context. Did you explain the hybrid model and how you operate in rural context as well? Sorry, I was having a bit of trouble hearing.

Dr. Aga: So, it's a very interesting model. See, we live in a society where if you talk about the low-income populations, we are talking about a country where women are not literate enough. A lot of – you know, in those communities even the men aren't literate enough.

We are talking about communities where women don't own a smartphone, or they're not allowed to own it. So, that's another challenge that they face. So, even if, for example, a household has a smartphone, it's owned by one person only. It's usually the man of the, you know, community.

So, we thought – for a community which lacks trust so much even if we did introduce a doctor on a smartphone, they wouldn't be able to really understand or acknowledge it. And we tested it out, and they all thought that, OK, the person sitting on the other side of the phone is probably, you know, not a proper doctor or anything of that sort.

So, we started collaborating with nurses from those community only so that people already trusted them. There's already a two-room space, which is pleasant, and we would upgrade that space into a telemedicine facility. So, for example, any of the regular community clinic – and if you add a telemedicine platform to it, you train the nurse to be able to connect to patients online using that platform. Then there are a couple of digital gadgets – for example, an e-stethoscope/e-dermascope which has been added to those platforms which facilitates in the diagnosis further.

So, what we thought was, you know, that really brought the trust. People knew those nurses already. They were familiar that, OK, this is a person. The

nurse became the advocate for the online doctor. So, that really helped propagate the message.

- Ms. Welsh: Thank you so much for explaining that for our audience. So, Sehat Kahani works in urban – in rural context using a hybrid model. You explained the partnerships that you enter into with a number of private sector actors. Can you remind me again how many clients you have across the country?
- Ms. Aga: So, in terms of the corporations or in terms of the number of clinics?
- Ms. Welsh: The number of people who access your services – your health-care services.
- Dr. Aga: So, quickly summarizing, we have around 39 of such e-health centers spread across all the four provinces in Pakistan. These are the nurse-assisted telemedicine centers. Along with that, we are partners with around 420 corporations.
- To date, from 2017 until now, we have collectively done 1.1 million online consultations, and we have served a good 700-800,000 patients.
- Ms. Welsh: OK. Thank you. Final question before we turn to our second panelist.
- Can you explain to our audience how it is that you operate in context of humanitarian emergencies given the number of types of emergencies you have experienced recently across Pakistan, including right now flooding that we're seeing in Karachi, for example?
- Dr. Aga: Yeah. So, I think the low-income community model, or the e-health clinics have been a facility for humanitarian grounds only. We work with a lot of international humanitarian partners as well in upgrading existing spaces into telemedicine centers.
- So a very interesting incident that I'll share here with you. In the tribal areas during the terrorism wars as well, as when the floods came, there were a couple of temporary health-care facilities as well as refugee camps which were built. And you know, when the situation subsided, when, you know – (inaudible) – the terrorism situation got better, all of those spaces got weakened.
- So, out of the 39, the interesting thing is two of these clinics are actually built in refugee camps – which were previously refugee camps. Now we have converted them into a telemedicine center.
- Not only that, actively out of these 39, our major clinics are in interior Sindh; they're in KP, which is another province; and Balochistan. All of these three highly neglected places, there are no health-care facilities. If a patient falls

sick, they have to travel all the way three, four hours to the main city, which, is, you know – and a lot of women, unfortunately die. A lot of children die during their birth because they are unable to travel.

Balochistan, again, was highly affected by political scenario. There were no health-care facilities, and it was very challenging for us to even open clinics there. But WHO facilitated us in opening clinics there. And you know, those were communities which, despite being very illiterate or very lacking in terms of knowledge, took the services, you know, heavily because they were so deprived of the service.

And we are working extensively with other partners, local as well as international, in scaling this into other areas affected by humanitarian grounds. For example, you all might be familiar with Kashmir. Kashmir has an Indian part as well as a Pakistani part. We recently partnered with the Kashmiri government in Pakistan, in the Pakistani-Kashmiri segment. Again, an area highly, you know, affected by politics, by, you know, the different wars, and lacking health care.

Now, we are upgrading 13 of the government's identified spaces into telemedicine centers. I think one opportunity that we've always seen is that in Pakistan there is a lot of infrastructure just built or just present which is weakened and doctors don't go there. So, I think we have been really fortunate in being able to upgrade and convert those into a very lean model.

Ms. Welsh: OK. Thank you so much for providing that excellent overview of the work that you're doing with Sehat Kahani. We look forward to turning to you after we've spoken with all panelists. So, look forward to turning to you again with some more questions, but thank you, again, for joining us from Karachi.

I'm very pleased right now to turn to our second panelist, Sanam Naraghi Anderlini, MBE, who is founder and COO of ICAN, which is the International Civil Society Action Network.

Wondering, Sanam, if you can provide the same thing, which is an overview of ICAN's work, and thank you, again, for joining us in person.

Sanam Naraghi Anderlini: Thank you. Can you hear me?

Ms. Welsh: Yeah.

Ms. Anderlini: It's great to be here in person with everyone. I'll give you very quick overview of what ICAN does and how we operate.

So, we're a very small organization. We're DC-based. I have a staff of about 12 people. We've just upped it with three interns for the summer. So, we're 15 people literally.

But our model from the beginning was that you don't need us as outsiders to be present in countries around the world because I've been working with women peacebuilders for 25 years in war zones, and they know exactly what the needs are. They are the first – in fact, women generally are the first humanitarian responders and the first to sort of run to address conflict and crisis and so forth.

So, from the outset the way that we set up ICAN, was to say we kind of are small here, but we now have a – we spearhead a network in – with partners in over 40 countries now, all of them conflict-affected, fragile states, closing political space. And they're all local women-led organizations with a particular focus on peacebuilding, preventing violent extremism, and dealing with crises, and dealing with the needs of their communities.

So, that's – in terms of innovation, that's kind of one of the first things that it's like we're not present, we don't need to be present. We call it being locally rooted and globally connected – that we want everybody to be of their own state, context, they know the tradition, they know the culture, they know how things work – but we're also providing the global connectivity so they can learn lessons from each other.

The second thing was that for years we were saying, well, we need to give money to women's organizations, and governments would say to us, well, we don't know who they are. It's really hard financially to manage these small grants and so forth.

So, we set up something called the Innovative Peace Fund, and we now accept money from governments – from you know, Canada, the UK, and others – and in a sense, we sort of take wholesale and then we retail. So, we do all the technical work of helping our partners figure out how to do their proposals and budgeting and M&E, and where we're helping them – both in terms of the technical side of these things but also strategically – like if something – you know, if there are different strategies that people have used in Colombia, is it useful for Cameroon, and – et cetera?

And so – and then what have we seen? Now, as I sit here, I'm like all these voices suddenly come into my head. I have a sort of slightly busy mental life. But during COVID – when COVID hit last year, we asked our donors if we could channel all of the funding that we had that had been allocated for workshops and meetings and so forth to give grants.

We ended up giving – in the two-year period, we ended up giving out \$1.9 million, and an external evaluation showed us – we were quite surprised by

this ourselves – that the resources had reached 1.3 million people around the world.

And the reason why that works is that we have a partner in Nigeria. She – the first grant we gave her a few years ago was \$50,000. She works in Boko Haram-affected areas. She now has an organization. She's getting resources from other places.

But she's got – she's dealing with women who left Boko Haram, who had been kidnapped by Boko Haram, who left, who were then raped by the Nigerian military and are dumped in an IDP camp, and actually, some of them wanted to still go and become suicide bombers. And she's found them. She works with them. She provides them livelihood support. She provides them with psycho-social and other support and has them, you know, basically re-engage with society. She's working with – she's created networks of families who are missing their husbands and their sons and so forth.

So, through this one organization we are really reaching very deep into the Nigerian space or the Liberian space or – and all of our partners became the first ones to actually deal with a COVID response. So, they started making masks.

The WHO said you need soap and water to wash your hands, and our partners were saying, we don't have soap, we don't have water. So, through WhatsApp they were talking to each other about how to make – use local plants and aloe vera and alcohol to do the sanitation and things. In Pakistan they – we – our partner had a network of women, and they used traditional kind of – they would stand on the rooftops and convey the information about how to do the hygiene and health care.

Food shortages. People did food bags for people. Domestic violence – they became the interlocutors for dealing with domestic violence. So, it's very much a – so as I said, locally rooted, globally connected.

But I don't know what – it's innovation, but it's not innovation. It's just common sense in a way.

Ms. Welsh: Sure. So, how is it that you arrived at ICAN's model? What is it that inspired you to found an organization with this particular model?

Ms. Anderlini: So, I started this work back in 1996 looking at conflict prevention, conflict transformation, and in those days, there was a lot of talk about early warning signs – and you know, if we had the warning signs about – you know, about the war in the Congo, you know, we could do something about it. I saw very

quickly that actually we have all the warning signs, but we don't do anything about it.

You know, you could have predicted Ukraine. We – in fact, we were screaming from the rooftops about what would happen in Afghanistan with the way that the diplomatic effort was being handled over the last few years and the stonewalling of women, and Afghan women were saying, you know, the Taliban is – what it's going to look like.

So, I have seen the warning signs of the systems and structures and so forth outside, go – they may be relevant – I'm not sure whether they do good or harm at this point – but on the ground, you have people, and they have no exit strategy. It is their families. It is their communities. They are running into the problem.

And you don't even need to look – you know, look at what happened with Hurricane Katrina. The government was absent. It was local communities in the United States that – local families that were helping each other. This issue of our systems fraying and the burden on multiple humanitarian crises – somebody said poly-crises – that is a reality.

And so, it's when you don't have the response from the top, people will do what it takes, and as I always say, look at images of refugee camps. You see women holding their babies. She is a humanitarian worker. She is looking after the kids. She's looking after the elderly. They are – women are risking their lives all the time. It's from the international side that we don't see them. In fact, we invisibilize and we ignore them.

And I've been inside the U.N. system, and I don't understand how it is that – I've had colleagues say to me, oh, well, there are bombs dropping. And I'm like there are bombs dropping on women and men. I mean, it's not like the women suddenly disappear.

So, there is a real problem of not seeing the human beings on the ground, and for us, it was very much flipping it and saying people are there, they care. Let's give them the resources to be able to do what they need to do.

Ms. Welsh:

Sure. Thank you so much for touching on the particular roles that women play in the humanitarian emergency context.

So, can you speak a little bit more about the roles they play and the particular risks that they face? And then, also my follow-on question to that is going to be about the particular risks that men face because I know you've done studies across, I believe, 10 countries on that topic as well.

Ms. Anderlini:

Sure. So, a few things, any crisis that I have encountered or we've heard about – tsunami in Sri Lanka; the Japanese, you know, nuclear disaster; Ukraine right now – sadly, you can guarantee that there will be sexual and gender-based violence. Even in Sri Lanka, women were being rescued and then raped, right.

So, sexual violence I don't know why it happens. I think we need a lot of studies around what it is in these kinds of crises context men will rape women, but it happens repeatedly. So, that's one thing.

And our humanitarian responses and institutions have really failed to put sexual violence prevention strategy in place as a standard. You know, they do hunger prevention, right. You give shelter so that people aren't exposed to the elements. For God's sake, we know that sexual violence, rape is happening, why hasn't it become standard practice to say how can we mitigate it, how do we prevent it? And there are, you know, things that can be done.

In the Haiti earthquake, the Clinton Foundation went and gave people flashlights. Well, they were fine for a while until the batteries ran out and then they were useless because they didn't replace the batteries – for women to go to the bathrooms.

The local organizers eventually ended up giving women baseball bats so that if they needed to go the latrines, there would be four women going to the latrine together holding baseball bats and protecting each other. So, sexual violence is definitely one of the issues, and there's lots to be done.

Secondly, we see women taking very strategic and very risky decisions. In Darfur, you know, people have seen this repeatedly – that they say, well, why are the women going off and collecting the firewood if they know they're going to be at risk of being raped by the Janjaweed or by the militias.

And when they ask the women, the women say, well, if the men go, they'll be killed. So, they're risking they're – they will risk being raped so that their husbands, sons, brothers, whatever, don't get killed, right.

These are decisions that people are making, and again, it comes back to this. That we have to be respectful of people on the ground, and we have to be empathetic. How many of us would be able to survive one night in a tent in Chad or, you know, in the middle of the crisis in Pakistan? So, it's really that respect of what is it that people are – choices that people are making.

And then the third thing that sadly we're seeing in the last few years is that the women – you know, my network are peacebuilders. Meaning, that they do a lot of kind of bridge-building and reaching out to government officials,

militia, communities, et cetera, and you know, when crises hits, bridges are often the first ones to be blown up, right, because you want to create division.

And so, what we've seen in the last few years is that our peace-building community is being targeted, and they are being targeted both in terms of their own personal safety, online in terms of accusations, and then the horrific thing is that their kids are being attacked and their families are being killed.

I just recently – I was just talking earlier that, you know, I have an Afghan lady who's been reaching out. She was a police officer. They're stuck in Afghanistan. Her husband's been electrocuted by the Taliban because of her work. So, it's they're targeted themselves, but also, they go after their families to try and threaten them to stop their work.

They don't stop. They don't stop. Because they can't. Because whatever they're fighting for is really for their kids and their families and their communities, and so, we need to stand with them and enable them and not, actually, kind of erase them out of the picture.

Ms. Welsh: Thank you. Final comments on particular risks that men face in the humanitarian context?

Ms. Anderlini: It's humanitarian and conflict and crisis context. It's a few things.

Number one, young men will – are naturally – are sadly naturally I should say – there is such a perception that if you're a young guy, you're dangerous, you know. You're a young Muslim man, you're a young Black man, it doesn't matter.

If you're a – in the context of Palestine, for example, women in some ways have more mobility because they're not perceived to be a threat, but a young man is perceived to be a threat, and so, they're targeted. That's one thing.

The second thing is that back in 2008 we pushed very hard for a Security Council resolution to recognize sexual violence as a threat to peace and security because when you have rape that's happening it really inflames the conflict. And at the time, we were trying to get language – specific language about the rape of men and boys, as well as women and girls, and governments that were in the Security Council at the time said, no, no, this doesn't happen to men and boys. And so, we changed the language to say people and civilians. So, we had to had gender-neutral language just to be inclusive of this issue.

But we see this in many places. In Iran, for example, where I was – where I come from originally, in the 2009 protests one of the things that happened was that men were being, you know, arrested and raped – raped with bottles and things like that – and it's a way of emasculating. It's a way of trying to sort of really diminish and kind of destroy masculinity and manhood.

So, you see that as well – that they're being targeted for – because they're perceived to be a threat. They're targeted in terms of sexual violence. And of course, they're targeted for recruitment into armies and militias and stuff.

So, in a country like Syria right now, over the last few years, it's become a country of women and kids because so many of the men have either died, or they've left, or they've been forced to fight, and they don't want to. You know, many don't want to.

Ms. Welsh: Thank you very much for sharing this disconcerting, but very important information with our audience.

Right now, I'm pleased to turn to Melissa Horn Albuja, our third panelist, who is the acting division chief for Protection and Community Capacities in USAID's Bureau for Humanitarian Assistance.

Melissa, thank you for joining us on stage as well.

Melissa Horn Albuja: Thank you.

Ms. Welsh: The first question for you is around innovation. What does innovation around women's leadership look like when talking about humanitarian response?

Ms. Albuja: Thanks. I believe this morning BHA's Assistant to the Administrator Sarah Charles mentioned that in our innovation work it really matters who defines and prioritizes humanitarian problems and who's designing the solutions.

And as Sanam was just saying, we know that women are already leaders in their communities and responding to all types of humanitarian disasters, conflict, and the climate crisis as well. And in BHA you'll be happy to hear, we are re-envisioning how we approach humanitarian assistance and working towards a gender-transformative approach that emphasizes women's agency and ensures that the protection of women and girls is a part of the DNA in every single humanitarian response that we're supporting.

We want to advance a vision of humanitarian response centered around women and girls, exactly as you so eloquently said, putting women and girls as the primary implementers and beneficiaries of our assistance. And we know that they are critical in all aspects of humanitarian response, but we

know that their leadership is essential in addressing gender-based violence and emergencies.

Despite progress that's been made, gender-based violence needs continue to rapidly outpace us. Every year we see new disasters, and they keep growing more complex. And the risks of GBV are amplifying and increasing risk space by women and girls.

Despite this, unfortunately, the humanitarian community is not consistently prioritizing GBV prevention and response programming, and the humanitarian systems, processes, and organizations are not truly centered around women and girls. I think COVID gives us an excellent example of this. We saw that GBV dramatically increased across the world, specifically intimate partner violence.

And despite a very swift and coordinated advocacy by actors all over the world, including the secretary-general, we didn't see the programming and the funding at the level comparable with the needs that we were seeing women and girls were facing. Fortunately, BHA, with the leadership of Sarah Charles, did have protection as one of the priority sectors in our COVID response, but this – there were many donors and actors who didn't include it or think that it was a critical part of the response.

And we are actually seeing this play out right now with the global food security crisis. I believe Administrator Power was here yesterday just really underscoring that when food it's scarce, it's really women and girls who are the hardest hit. They are the first to go hungry and often the last to receive assistance. And as they look for water and food outside of their communities and households' space, they experience sexual violence.

So, really, you know, for the food security crisis as well, we really need to center our response around women and girls and ensure that protection services are a part of a comprehensive package in terms of responding to food insecurity.

Ms. Welsh: Thank you very much, Melissa. I'd like to jump to another question about what we're seeing in Russia and Ukraine right now. Can you comment on the – on USAID's innovating and modernizing your response to address the very real consequences and risks that we see women and girls facing there?

Ms. Albuja: Sure. You know, women and girls, like in most context, have been extremely hard hit with the escalation in conflict and the mass displacement that we are seeing. Severe exacerbating risk to gender-based violence and other forms of exploitation and abuse with trafficking and emergency being a significant concern as well as their protection and the shelters inside of Ukraine.

From the onset, BHA worked to prioritize not only the protection of women and girls, but also women's leadership. We were able to quickly deploy a protection expert as a part of our disaster assistance response team that was set up there in the region, and she was able to provide real-time advice, technical assistance, support the development of protection and programming, and to coordinate with protection actors and other actors on the ground.

We immediately worked to increase our protection programming and footprint. We had about five protection partners from our work prior to the conflict that we were able to scale up to now 16 partners with six of those providing GBV prevention and response services. We currently have a robust protection portfolio where we've committed over \$72 million to date to support these different protection activities inside of Ukraine.

As I mentioned before, we really look to instill – or intentionally look for opportunities and innovative ways to fund local organizations, particularly local women's organizations. And not only did we do that with our funding, but we really pushed our partners to think creatively and innovatively about how they can equitably partner with local organizations who are already acting, who are the frontline workers in the Ukraine response.

And we've really seen this – as I was explaining the gender-transformative approach, this was really what we had in mind when we developed that approach, and we hope to have a lot of good lessons learned from this response that we can apply in other contexts.

Ms. Welsh: OK. Thank you, Melissa. One final question for you, and I think you were talking about this in the context of Ukraine, but perhaps we can expand this beyond Ukraine.

But can you talk about ways USAID is identifying opportunities to enhance the role that women play as first responders in humanitarian crises context?

Ms. Albuja: In terms of our funding for local women's organizations?

Ms. Welsh: We're talking about the roles women and girls play as first responders, and what have you identified as opportunities to enhance this role that they play?

Ms. Albuja: Yeah. So, we are – looking at enhancing the role that they play by supporting them in a few different ways.

I think that supporting local women's organizations is a commitment that we have by the entire – or an aspiration of the entire humanitarian community

that has some challenges in terms of systemic barriers in terms of lack of access to funding mechanisms, also challenges with coordination and being able to participate in the coordination structures that have been setup and equitable partnerships with international NGOs and U.N. agencies.

And some of those challenges and constraints that are impacting their ability to be able to more fully do this are built into our own systems. So, there's no magic solution to better supporting them, but we're looking to identify multiple ways internally that would help us to be able to support directly as well as influencing the system.

A few different ways we're doing that is to – we're supporting an international NGO to work with local women's organizations in a number of different humanitarian response contexts, doing capacity sharing and equitable partnerships, and then collecting information and learning on that that we can apply to other contexts. So, lifting up, really focusing on, again, equitable partnership and what that looks like, and capacity sharing – recognizing that INGOs might have some technical expertise around budgeting, strategic engagement on donor engagement – while local actors really know the context and are the first responders.

We're also looking at different partnership structures, looking at exactly who's supporting networks and consortia that already have a reach and are working with local women's organizations and how we can work through them and with them to be reaching these local women's organizations, and exploring pooled funding mechanisms.

Similar to the Peace Fund, innovative Peace Fund, there's also the Women's Peace and Humanitarian Fund that does rapidly disperse funding to support local women's organizations to empower them to be able to quickly respond, even those partners who can't access our assistance directly.

Then, it's also about leveraging our role as one of the leading humanitarian donors, and we need – we are advocating for equitable partnerships with local women's organizations – between U.N. agencies and NGOs, between international NGOs and local actors. But it really will require us as a global community to work collectively to shift our norms to make it more focused on equitable partnerships if we are going to achieve what we've committed to women and girls, but also in terms of the localization agenda. It really will require all of us to playing our role and changing our systems, again, centering around women and girls, but also local actors who are there doing the first response.

Ms. Welsh:

Sure. Thank you very much, Melissa, and thank you to all of our panelists. I think we'll jump right to questions from our audience to make the best use of the rest of our time.

A quick question, do we still have Iffat available, or did we happen to lose her? I know she's, again, joining us from Karachi.

OK. OK. Great. Oh, great. Great. Iffat is still with us. OK.

So, I'm going to welcome questions from the audience for all of our panelists, and what I'll do is take questions in threes. So, I'll take three questions at a time. Then, we'll invite panelists to respond to them.

So, knowing that we're taking three questions at a time, please, if you don't mind, make the questions relatively quick, and raise your hand if you have a question. We'll come to you with a microphone, and please state your name, your affiliation, and then, succinctly state your question.

And it looks like we have a couple of questions right here up front and right here.

Marisa Ensor: Good morning. Well, thank you for your very insightful remarks. My name is Marisa Ensor and I'm a professor in the Justice and Peace Studies Program at Georgetown University.

And my question pertains to the relationship between protection and participation. So, Security Council Resolution 1325, for instance, recognizes four pillars for action, one of which is protection, the other one is participation, as you well know.

It seems to me that in practice these two tend to be considered in isolation. With those who focus on protection, tending to consider women as passive vulnerable victims in need to be rescued, while those who focus on participation promote participation without recognizing that sometimes participation comes with a steep price.

Over and over –

Ms. Welsh: OK. Thank you. Thank you. I think we have the question.

Ms. Ensor: OK. All right.

Ms. Welsh: Thank you very much. About the relationship between protection and participation.

We have a question right up here up front. And then, we'll turn right here.

Thank you.

Jo Reed: Yup. Hi. My name is Jo Reed. I'm from CARE USA. My question is actually for you, Melissa, and it's about how you spoke about the opportunity that BHA has as really the leading humanitarian donor and looking to influence the humanitarian system.

Since the World Humanitarian Summit, obviously, we focused a lot on the Grand Bargain in order to do that, and there's been a lot of work by women-led organizations, U.N. agencies, donors, and INGOs working on trying to bring a gender-transformative lens to the Grand Bargain – one that hasn't been successful up until now.

And I'm wondering if you could talk to us a bit about how you see the U.S.'s leadership role in – perhaps not even just the Grand Bargain, in fora like the Good Humanitarian Donorship fora and others – how you are pushing this, and how you see being able to push this further?

Thank you.

Ms. Welsh: Thank you so much, and a final question up here from you, sir.

Question: Hello. Thank you so much for the panel today. I have a question.

So, I wanted to ask what are – in your line of work, what is the biggest misinterpretation about the way you are trying to empower women on the field? So, I'm sure you have heard the stories about – so back home, there was a project to install a new flue of water to have access to the village, and so, as we went on we saw that women would cut the pipes because they – it was the only time that they would go and gossip and talk and do anything. But then since the water was already available next to them, they were not really happy with this situation.

So, how do you at the same time empower women, but then try to help them in respecting their culture?

Thank you.

Ms. Welsh: Thank you very much. So, three excellent questions. One about protection and participation. A second question about the opportunity for BHA to influence the humanitarian system. A third question about misinterpretation of the things we've been discussing so far.

So, I would like to invite Iffat because you're online. Any responses to the questions that we've seen?

Dr. Aga: I think I'll talk about women being misinterpreted in different work fields. And we face it, you know, interestingly in both the low-income sector as well

as the high-income sector. As a telemedicine platform, our job is to create job opportunities for female doctors permanently who are unable to work because a lot of cultural factors.

In our experience what we've seen is that once they start becoming, you know, financially independent, they start getting a lot of resistance from their families. They start getting a lot of challenges in terms of, you know, what are the things that they should be practicing or the ones that they shouldn't be.

If I talk about the community dweller, there's a lot of misinterpretation in terms of the online doctor. So, we actually have to go into communities, educate that this is a proper qualified doctor. Men often come in because, you know, in many ways they just want that clinic to be shut down.

There are a lot of rumors that start being spread for those community nurses. Then, you know, they create this weird perception that, oh, my god if my wife goes into this clinic, maybe she'll be filmed.

And this is something that we had to really break and initially was that – please, that you know your wife, if she's coming to this clinic, she's absolutely safe. It is an absolutely safe space. There are women in the clinic. The person on the other side of the camera is also a female, and there's no camera which is recording your wife or your family.

But this has been a major challenge with a service that we created by women for women has been misinterpreted in many ways. But then we had to, you know, work a lot in terms of educating people in the communities, educating physicians and their families.

A lot of brands are now also working on this. So, for example, Unilever is actively working on it and creating awareness around, you know, why women doctors should work. We also have a couple of ad campaigns now in Pakistan that, you know, if you have become a physician, if you have become a nurse, you need to work.

But again, you know, I think it's not only the women we need to target, but also their husbands, their parents, also their mothers-in-law because in Pakistani culture mothers-in-law, unfortunately, hold a huge stake in how a family functions, especially for women that are, you know, educated and they want to pursue their careers and all of that.

Ms. Welsh:

Thank you very much for sharing those insights, Iffat.

I'd like to turn, actually, next to Sanam for comments, particularly on the first question, but on any of the questions you received.

Ms. Anderlini: Sure. I'm going to start with the last question, actually, the culture question.

It's very simple. Ask the women. All right? Just ask the women. Like, they have voices. They have, you know – like – I mean – and it's interesting because it's like yes, we – the story of women wanting to walk to the well, is it just the social factor? Is it that they enjoy the exercise? I mean, what are the elements that come with wanting to walk two hours and carry a heavy load? Maybe you can provide the water closer, but also make sure that they still have those other things that come from being able to walk.

But it's amazing how we do not talk to women, right? It's just – I don't know what happens, but we don't.

On the question of protection and participation, so again, this is – it's a very interesting question because, as I said earlier, right now what we're seeing is that women who themselves become peacebuilders, who have chosen to take the risks of engaging and trying to mitigate conflict crisis, et cetera, are being targeted because of that work.

And we do have a responsibility from an international standpoint to, a, not do harm, and b, protect them. We developed a whole protection framework in 2020 with massive consultations, a three-year program that's on our website. The U.K. government took it to the Security Council and the OSCE, and lots of governments have emulated it and so forth.

Afghanistan came and nothing was done, right. So, there is an issue between policy and rhetoric and actual practice. So, that's protection of those who become specific peacebuilders.

We also mustn't infantilize women, right? People are choosing to take these steps, to be the ones who want to talk to the Houthis in Yemen or, you know, do the humanitarian work on the border in Ukraine and so forth. We have to respect them. We have to respect them and engage them to say – what do you do, what do you need, how do we help, how do we harm? Do you want me – you know – and when I invite you to the Security Council to speak, that's great, but what kind of protection do we need?

Because we've had people come to the Security Council and then they've been threatened on the phone while they've been there, right. So, there's a huge amount of responsibility from the international side, but that engagement is absolutely critical.

And then the third thing – again with this Afghanistan crisis, we issued a 10-point – a very practical 10-points letter to Samantha Power and to development agencies saying, this is what gender response of humanitarian

aid should look like in terms of who you send out, who you engage with, how you do it, et cetera, et cetera. It's on our website, and part of the reason why we did that was to say, you guys are the donors. You can tell the U.N. – if you demanded an OCHA or if you demanded of the humanitarian agencies that you fund for them to take responsibility for being inclusive and so forth, they will have to do it.

But if we don't have the governments asking this, those agencies won't do it either, right. So, everybody has their role to play in this.

And then coming to the sort of actual practicalities and what USAID's doing, one of the things – again, we produced a couple of years ago – was a funding framework to say what not to do – what not do, what to do, and how to do it – because so much of the problem in terms of engaging and really sort of getting to the potential that local organizations have has to do with their reality.

So, U.K. government, for example, said they wanted to spend 900,000 pounds on Ukraine, women, humanitarian – but this year. In one year – and it wasn't even one – a six-month – a six-month period they want 900,000 pounds dispersed. That's a recipe for corruption.

It just – because if you know the local organizations, you know that it doesn't work. They can – they can handle 900,000 pounds, 10 million pounds, but give them the multiple years that they need to be able to do that and give them the safety to be able to take the money as and when they need it. Because when we dump money on small organizations, it causes so much other additional problems from the communities that they're in.

So, it's more around our own financial systems and structures and changing it, and then working with, you know – I'd love to work with USAID and others – but working with organizations like ours that actually have the mechanisms in place to say, here's a local organization, this is how you trust them, this is – and how do we then loop them into the international dialogues and discussions and so forth because that's also a big gap?

You have the big humanitarian crises – whatever – meetings and the women just aren't present to say what the reality is on the ground. So, the ecosystem is there we just need to connect the dots and actually make use of the entities that are already in these spaces.

Ms. Welsh:

OK. Thank you very much, Sanam.

Melissa, your response to the question particularly directed to USAID?

Ms. Albuja: Yes, I think that's a fantastic question, and I think the Grand Bargain is an excellent opportunity for us to really employ this gender-transformative approach as we kind of reinvigorate the efforts around the Grand Bargain. I know Friends of Gender have been working to kind of cross – to be cross-cutting in terms of the different work streams, including the participation revolution and the localization piece of it.

But I do think, again, that we're recognizing that we need to be, you know, more intentional and concerted in terms of looking at each of those work streams or looking at different opportunities – whether it's with that, with the IASC, whether it's in Geneva and looking at the multilateral space there – to influence those processes to really bring the gender transformative kind of approach and looking at key deliverables that we want to move forward with.

We've had conversation that there's a lot of different things that we want to have done and really being strategic and picking a couple of pieces that we want to push forward and put all of our kind of effort behind. And just – I think we have a lot of opportunity right now with the White House Gender Policy Council, and we have a new gender strategy that we are developing action plans. And this gender-transformative approach is part of what BHA is committing to.

Also, we're working with our state colleagues at the Bureau of Population, Refugees and Migration hoping to launch the revision of our Safe from the Start Initiative in the fall. So, there are a lot of different pieces that I think are going to help us achieve this, both at the response field level – but again, looking at the system in a way that we can practically impact the system.

So, I think that this also just a call to partners who are working in these spaces to come with us with concrete recommendations of practical ways that we can influence the system that'll help us kind of make progress, move the needle, on these, you know, complex challenging issues.

Ms. Welsh: Thank you very much, Melissa. We have time for three more questions – three more very quick questions, and after those questions, I'll turn to final comments from each of our panelists. And then, we'll wrap up.

So, three more questions from the audience, and I saw a hand way in the back corner first.

Rachel Moynihan: Hi. Thank you so much for your remarks today. My name is Rachel Moynihan with UNFPA, the U.N. Sexual and Reproductive Health Agency. It's great to see Dr. Iffat here. We are a funder and partner to Sehat Kahani – also emphasize with having junior colleagues around.

I wanted to ask you, what do you see as the trend in integrating Afghan women and girls into your network, given the dynamics of the region? Thank you.

Ms. Welsh: Thank you very much for that question. A question over here. Thank you.

Faith: Hi. My name is Faith, and I'm from ChildFund Alliance in New York. Thank you all for your great intervention.

For me, I think as someone who's worked in this humanitarian response for a long time and advocated for having the protection, especially SGBV as a core part of humanitarian response, and we see that all of the time we do not get this sector as a core part of the response.

So, I just want to know from your work, both at the policy and at the practical level, what else can we do to make sure that that protection is seen as a core part of the immediate humanitarian response?

Thank you.

Ms. Welsh: Thank you very much for that question, and a third question. Great. Right in the middle there.

Nandar: Hello. My name is Nandar, and I'm studying at SIS and American University. I'm originally from Myanmar, and we have a really big influx of refugee crisis at our Rakhine State, where the genocide happened, and also after the coup there is more and more refugees crossing the border to Thailand and India.

So, my question is, what is the – what is – what can the international community do to protect those women and children and girls living in the refugee camps? Specifically, they are just like – many of them are just stranded in refugee camps for like decades or even years until they get to a third country.

So – and that affect their education and you know, like, just well-being in general of these women and girls, and it's so important to protect them at the refugee camps. So, like, what kind of specific mechanisms are in place, and what can be done more to help them overcome the barriers at the refugee camps?

Ms. Welsh: Thank you very much for three excellent questions. I believe the first question was directed to Iffat about working with Afghan women, is that right?

Dr. Aga: So, I think it's a very important question, especially given the current political situations. I think the challenges that we face is that – two-fold.

A, for any doctor to work in Pakistan or across the border, they need to have a valid Pakistan medical and dental license if they are a doctor. If they're a nurse, they need to have a valid nursing license.

However, having said that, while it may be challenging for us to recruit female physicians, the mobile application is available globally. So, all the Afghan women who may have a smartphone can actually access the services.

There are a lot of campaigns that we do even today where a lot of those consultations are highly subsidized, a lot of times free also. For example, we work with the telecom part in Pakistan zone through which every first consultation that, you know, you do after downloading, the service is free of cost.

Also, we are partners with Microsoft and a couple of other entities – as I mentioned, British Asian Trust also – which enable us to create really subsidized solutions for that. Very recently we have partnered with Unilever, which has allowed a nationwide free helpline with a doctor. Of course, we understand, you know, the kind of dynamics that we live in, and also a lot of Afghani people live in, is that they might not be owning a smartphone, but then a lot of people now have a feature phone. A lot of Afghani people who go to us have a feature phone. Again, that is an entirely free helpline.

So, if anyone has a feature phone in Afghanistan, they can, you know, dial in that number and access doctors free of cost 24-7. So, that is, you know, how we feel we can at least do our bit in providing health-care access to those communities.

Ms. Welsh: OK. Thank you very much, Iffat. Second two questions about what else we can do to make protection core to our response and a question particular to Myanmar.

So, open the floor to Sanam and Melissa.

Ms. Albuja: To the question about how we can assure that protection is core to the humanitarian response, again, I do think that this requires a collective effort – again, looking at the child protection community, the GBV community, the protection community writ large, as well as other actors, and influencing, you know, and advocating to influence decisions that are made in your own organization; influencing decisions being made by the HC in terms of the HRP; you know, and then trying to influence donors as well. We're playing our part with our own working, again, with PRM to ensure that we're having robust funding at the onset of an emergency, but I do think that it has to come at every single level, and not just influencing just the donors.

We know that there are plenty of organizations that have funds, and they're putting it towards other types of activities. So, we need to ensure that we are inside our own organizations doing it, and then the HRPs as well – really ensuring that that's a strong message that all of us as a global community are putting pressure on to make sure it is at the right amount because I think that we're seeing in most responses it's not the level it needs to be.

Ms. Welsh: Thank you, Melissa.

Ms. Anderlini: Thank you. Yeah, I think – you know, I've been doing this work for so long, and the story of what happens to women in refugee camps – do they have sanitary pads, do they not, is there sexual violence – this has been something that in the 26 years I've been in the space we keep repeating. And genuinely, I'm like when are we going to have a summit to say what it's going to take, and really hold those that are in the humanitarian space, the major organizations, accountable for their own strategies and to really monitor and evaluate. You know, I get evaluated and audited 55 times by every donor that I have. What is happening to the millions and billions that are going, and how are they being held accountable?

There has to be some kind of punitive measure for not doing this work, right. So, I think we just have to – you know, it's institutional, but at some point, it's got to be really serious, and it's got to be mandatory.

The second issue is that on the question of Myanmar, I'm really sorry for what's happening. We are living in an era where literally we're throwing human beings away. I've just come back from Jordan, and I was in a Palestinian camp, and I was talking to, you know, 15-year-old kids. Their future is stunted because they get to 10th grade. If they're lucky, they go to technical school. Three hundred kids a year go to Jordanian Universities, but they don't have any papers. They don't have any ID papers. So, they all end up either being married off or working in the local grocery store.

I met kids who want to be doctors and pilots, and we're throwing them away. And it's the same in all these countries. We need to have a complete reboot of how we think about humanity and how we think about places where we've had crises and conflicts and how we're handling refugees and IDPs. They are not the criminals. The Afghan women are not the criminals, right? We've handed a country to a bunch of terrorists, and now, we're locking the women there and not letting them out.

So, we have to re-think this whole thing, and then, with the innovation, if you're in a camp, bring the education, bring the opportunity for skills and bring the opportunity – we do online therapy now. My partners are doing online therapy and mental health care for Afghans. We were doing it

between Somalia and Nigeria when bombs went off. There's a lot that you can do if the resources are there.

And we're working with people who care. To me, this has now become the most important signifier. Do you have people who actually care about what needs to be done? Because if they care, they'll find solutions, and then we need the resources from our governments and others to deal with this.

And also, we have to think about what the consequences are of throwing people away, right? What happens is that we're going to have a generation of kids all around the world growing up – the boys are going to be, you know, pulled into militias and gangs and all that sort of stuff, and the girls are going to be probably forced into sexual exploitation. That's the universe that we are creating, and there's going to be blowback.

And so, there's going to be a point at which our generation is going to have to look and say, what have we created and what have we done? And I think the change has to start now. It really has to start now.

And then, finally, just going back to the local thing, you know, so often the perception from the international community is that when we say, you know, local organizations, they're like, oh, but they're risky. And I've always wondered, what's the risk? Is it that they're going to be corrupt? Is it that they're going to give the money to terrorists? Is it that they're incompetent?

And we need to change that perception. We call it investing in trust because if you're risking your life to save other people, you're not going to go off and be corrupt for 10,000 bucks. It's just not worth it, right.

And frankly, you know, terrorism – I mean, look, with what we've done in Afghanistan, how much more can any of us individually do to enable terrorism, right? People on the ground that have – that are risking their lives to look after their communities, we have to trust them, and we have to invest in the trust that they have. We don't have the access that they have, and we don't have the commitment that they have. But we have the resources, and we have the power.

So, it's that transformation that I think needs to happen.

Ms. Welsh: Thank you so much. I'm pleased to turn now for final comments from each of our panelists, and I'd like to focus on this theme of innovation.

And we'll start with Iffat. Final comments from your perspective.

Dr. Aga: I think my perspective, especially to talk about, you know, humanitarian conditions or countries with major, you know, disaster challenges, health-

care challenges – that, you know, you’re talking about a country where, for example, a woman hasn’t ever gone to a proper licensed doctor, you know? You’re not talking about a country with, you know, the most latest IBM robotics, you know, doing different work.

So, I think the innovation needs to be very appropriate to the respective country. It can be something which is, you know, very common in the other part of the world, but it is an innovation for that part of the world because even, you know, the basic needs of that community or that country are not being met.

So, the innovation has to be really focused on which country and which service is being, you know, catered to. And I think women need to be very brought forward. Women are the next leaders.

In terms of innovation, in terms of technology, in terms of health care, in terms of disaster management, I feel women are a lot better decision-makers. They’re more empathetic. They’re really true to their cause, and I think a lot of women really need to be given the opportunity to come forth, come forward, and do this work in different parts of the world.

Yeah, that’s what I would like to say.

Ms. Welsh: Thank you very much for giving your perspective on this theme of innovation, and thank you, again, for joining us from Karachi. We very much appreciate your time.

Turning to Sanam now for comments.

Ms. Anderlini: I think I’ve said a lot, but I – so, two things I think I’d leave. One is harness the potential that’s out there. I can – you know, if we anticipate that we’re going to see multiple crises and floods and so forth, why not put in place structures and people to enable prevention and mitigation and have the skillset to do it? It’s like having trained fire stations – fire men and fire women and stations.

And in a way, one thing that I’m thinking about is, is that imagine if we started having a national civil service for young people, men and women, and they would be teams. And they would learn how to do environmental work, humanitarian work, relief work, et cetera, et cetera, but they would be kind of an ecosystem that is in their own communities everywhere.

And when warning signs are there, when there are problems, you have people who actually know how to respond, and they have the resources and the material. So, it’s kind of a new way of – not an army, but a civil service of harnessing that potential of young men and women.

The second element in this is we have to work on engaging men in terms of celebrating and identifying the good in the guys. I am a firm believer that 99 percent of the guys out there are – want to be good and are good, but if they don't have role models – and this is one of the things I've found in my research. I would ask, well, who is your role model? And they just looked at me blankly from Liberia to Jamaica to elsewhere.

And so, we need to bring out what it means to be a good man, and in Afghanistan, we had a partner who did a project with men, and she was working with the clerics and teachers of young men. And the clerics – and the story was – what we did was we first asked them, what are your experiences of violence and insecurity? And once we got the men actually talking about their own experiences, which they'd never done, it transformed them, and the clerics went into their pulpits. And they started talking about violence against children and violence against the homes, and it transformed the whole community.

And so, that's the kind of thing we need – we need men to be brave enough to speak about their vulnerabilities, and then, to be able to say this is what a good man looks like. This is what it means to be a real man. Real men don't beat up people. Real men don't – you know, so just flipping that narrative and engaging men to be part of the protection, and addressing the problems, as opposed to thinking, you know – we just assume sexual violence happens. It doesn't need to happen.

Thank you.

Ms. Welsh: Thank you. And Melissa?

Ms. Albuja: Yeah, I think just underscoring again what I had said earlier, that we really collectively across the humanitarian community at every level need to, you know, shift our mindset and put women and girls in the center in terms of as implementors and beneficiaries of our assistance.

And again, I'm just like struck by the global food insecurity crisis, where we see the data has demonstrated that women and girls are the most impacted – disproportionately impacted. Sixty percent of them are food insecure, and why? And we should – and hopefully we are within BHA – ensuring that that is a core part of how we're responding – understanding their needs, understanding what – how we deliver assistance to them, and making sure that that's what's driving our response – not as a secondary item that we're adding onto, but really it is core business. Core business for us is identifying them as ways to implement and ensuring that all of our needs are being met.

So, I think again, just a strong call for all of us to work collectively on that, and definitely BHA is prepared to work with others in the humanitarian community and across the networks to realize this vision.

Ms. Welsh:

Great. Thank you so much, Melissa, and thank you to our panelists for these final comments focusing on innovation.

And I think from what we heard, we heard excellent examples of innovation in terms of people, processes, and products. So, I learned so much from your comments today.

Thank you, again, for joining us, all panelists – including those staying up very late in Karachi – and joining us in person. So, thank you very much for joining us. We learned so much from you.

I'd like to thank USAID's Bureau for Humanitarian Assistance for your support for today's conference. I'd like to thank the audience for joining us, in person and online, and thank the CSIS Humanitarian Agenda for producing today's conference.

You can follow that's program at @CSISHumagenda. So, hopefully – we hope you'll follow us there, and thank you, again, for joining us today. (Applause.)

(END)