GUIDANCE NOTE

ADDRESSING CARE IN TIMES OF CONFLICT AND CRISIS

UN WOMEN

FOR ALL WOMEN AND GIRLS

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ADDRESSING CARE IN TIMES OF CONFLICT AND CRISIS

Guidance Note

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FOREWORD

In 2024, nearly one in six women and girls lived within 50 kilometres of a deadly conflict event.[1] By mid-2024, conflict and persecution had forced 122 million people from their homes, the highest number ever recorded,[2] with women and girls making up half of all those displaced.[3] The proportion of women killed in armed conflicts has doubled over the past decade, and many continue to face heightened risks of conflict-related sexual violence.[4] Globally, 64 per cent of maternal deaths occur in countries affected by humanitarian crises or in fragile and conflict-affected settings.[5]

The convergence of armed conflict, climate shocks and economic instability has intensified humanitarian needs, strained peacebuilding efforts and recovery processes, and increased care demands.[6] These crises fuel one another: conflict and displacement heighten care pressures and humanitarian needs, which in turn limit women's participation in humanitarian action and peace and security processes, weakening recovery and prospects for sustainable peace.

Over the past decade, the number of people in need of humanitarian assistance has tripled,[7] with nearly 305 million people projected to require aid in 2025.[8] Conflict and climate change are now the main drivers of forced displacement, food insecurity and economic collapse,[9] eroding development gains and institutional trust.

Behind these figures are families and communities held together by care work – both unpaid and paid – often provided by women and girls and often unrecognized. Women and women-led organizations are leading frontline responses, sustaining communities through crisis and conflict by providing essential care, protection and support.[10] Yet their heavy and unequal care responsibilities frequently exclude them from humanitarian coordination and peace and security decision-making. At the same time, the rights and dignity of those who require care – especially displaced populations, the elderly, the sick and children – are undermined by the lack of care services, resources and institutional accountability.

The ability to provide and receive care is fundamental to survival, to rebuilding social networks and trust, and to advancing peaceful, resilient and inclusive societies. In humanitarian and conflict settings, this requires context-specific measures and policies that respond to immediate care needs while addressing the structural undervaluation and gendered division of care work. It also requires strong and coordinated leadership across sectors.

This Guidance Note brings together the Women, Peace and Security, humanitarian action and women's economic empowerment agendas to fill a critical knowledge gap. It promotes a gender-transformative approach to care in crises and conflicts, recognizing care as a lifeline in emergencies and a cornerstone of recovery, and a foundation for lasting peace. In doing so, it seeks to reshape how care work is valued and organized for the benefit of individuals, communities and societies today and for generations to come.

We at UN Women hope this Guidance Note supports you in effectively addressing care work in conflict and crisis.

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ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CBO	Community-Based Organization
CBPF	Community-Based Pooled Fund
CCCM	Camp Coordination and Camp Management
CSO	Civil Society Organization
DDR	Disarmament, Demobilization and Reintegration
DPPA	Department of Political and Peacebuilding Affairs
DRR	Disaster Risk Reduction
GiHA	Gender in Humanitarian Action
GRCA	Gender-Responsive Conflict Analysis
HNRP	Humanitarian Needs and Response Plan
HDP	Humanitarian-Development-Peace
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IFI	International Financial Institution
ILO	International Labour Organization
INGO	International Non-Governmental Organization
MOWIP	Measuring Opportunities for Women in Peace Operations
NAP	National Action Plan
NGO	Non-Governmental Organization
PBF	Peacebuilding Fund
PBSO	Peacebuilding Support Office
PVE	Preventing Violent Extremism
SDGs	Sustainable Development Goals
SSR	Security Sector Reform
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNODC	United Nations Office on Drugs and Crime
UNSC	United Nations Security Council
UNSD	United Nations Statistics Division
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WLO	Women-Led Organization
WPS	Women, Peace and Security
YPS	Youth, Peace and Security

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KEY TERMS

CARE WORK: Includes the provision of labour to enable *direct* care for people – physical, emotional, psychological and developmental, as well as *indirect* care such as cooking, cleaning, collecting water, and household management. Care work can either be unpaid or paid, and can take place within the household, community or workplace. *Unpaid care work* comprises direct or indirect care work provided without explicit monetary compensation, e.g. preparing a family meal, bathing children or taking a sick relative to the doctor. *Paid care work* comprises direct or indirect care work provided for pay or profit in both public and private settings, e.g. paid work undertaken by nurses, childcare workers and domestic workers.

CARE ECONOMY: A sub-area of the economy and economic activity, comprised of unpaid and paid, direct and indirect care work.

CARE SYSTEM: Encompasses legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A 'comprehensive care system'[11] involves these components working in an integrated and deliberate way, with the aim of implementing a new social organization of care.

THE 6R FRAMEWORK: The '6Rs' (*Recognize, Reduce, Redistribute, Reward, Represent, Resource*) can be used to identify the objectives and impact of care-related interventions. The framework is a human rights-based and transformative approach to public policy, grounded in gender equality and social justice, which has evolved over the years to encompass unpaid and paid care work and the resourcing of care systems.[12]

HUMANITARIAN ACTION: Activities aimed at saving lives, alleviating suffering and upholding human dignity during crises.

WOMEN, PEACE AND SECURITY (WPS) AGENDA: Framework established by Security Council Resolution 1325 (2000) and subsequent resolutions. Its four pillars promote women's full, equal and meaningful *participation* in peacebuilding and security, *protection* of their rights, and gender-responsive approaches to *prevention*, *relief and recovery*.

SUSTAINING PEACE: System-wide approach to prevent the outbreak, escalation and recurrence of conflict by addressing root causes and promoting inclusive, gender-responsive institutions.[13]

GENDER-RESPONSIVE PEACEBUILDING: Actions that build peace while transforming unequal gender relations by promoting women's and young women's participation, addressing gendered impacts of conflict, and advancing equality in recovery and governance.

Please see Annex 1 for a comprehensive glossary of definitions and terminology.

INTRODUCTION

WHY THIS GUIDANCE NOTE? WHY NOW?

Care is the life-sustaining work that underpins all societies and economies, enabling well-being, human development, dignity and autonomy, and is required by all individuals throughout their lifetime. However, care work – whether unpaid or paid – remains undervalued and highly gendered. Women and girls, particularly those living in poverty, and from ethnic and racial minority groups, provide most unpaid care work in households and communities, and are overrepresented in the lowest-paid care sectors.

During conflict and humanitarian emergencies, care needs escalate while formal care services and informal care networks collapse, placing disproportionate responsibilities on women and girls as default caregivers. Women in fragile and conflict-affected settings are estimated to spend nearly four times more of their day than men on unpaid care tasks.[14] Attacks on schools, hospitals, water and energy infrastructure, and on care providers themselves weaponize care and destabilize communities, making the provision and receipt of care increasingly life-threatening. Crisis and conflict also change the nature and scope of care work. Beyond feeding, cleaning and other daily tasks, these situations generate new care demands that involve providing safety, protection and emotional support – helping families and communities to heal, grieve, rebuild and seek justice.[15]

Unmet care needs and overstretched caregivers (most often women and girls) can fuel grievances and social exclusion, undermine crisis preparedness and conflict prevention, erode trust in institutions, and constrain women's participation in peace and security efforts. Wartime economies often divert public spending from social services (including care services), health and education toward military expenditures, further weakening already fragile care systems.[16] These dynamics expose deep inequities in the social organization of care and systemic deficiencies in care systems. Without understanding and mitigating them, gender and intersectional inequalities risk being exacerbated.

Yet care can also be harnessed as an instrument of inclusive peace and recovery. When care systems are adequately resourced, they can meet humanitarian needs, strengthen social cohesion, rebuild trust in institutions and open entry points for reconciliation and inclusive governance, accelerating recovery and contributing to more gender-equitable, resilient and peaceful societies. Despite this, care work is often overlooked in humanitarian needs assessments, camp management and recovery planning, where physical infrastructure is prioritized and women's caring labour is often taken for granted. When care is addressed, it is often framed through a narrow focus on healthcare, child protection, education or women's livelihoods, rather than being integrated as a cross-cutting gender equality issue across humanitarian and peace and security agendas.[17] Limited attention is given to how humanitarian crises and conflict can reshape, for better or worse, the social organization of care and the related implications for gender equality.

Intensifying conflicts and crises worldwide underscore the importance of this Guidance Note in supporting stakeholders to understand and address these simultaneous challenges and opportunities.

WHO IS IT FOR AND HOW SHOULD IT BE USED?

This Guidance Note is intended to support policymakers, practitioners and researchers with a focus on conflict and/or crisis-affected contexts. It is directed at managers, policy specialists, programme and project officers and can be applied at sub-national, national, regional or global levels.

The Guidance Note provides practical, evidence-based approaches and tools to understand and respond to shifting care dynamics in crisis and conflict-affected settings, from prevention and preparedness to sustainable recovery and peace. It outlines how to address immediate care-related challenges while promoting longer-term gender equality outcomes, with a view to ensuring effective humanitarian and peace and security efforts. In doing so, it offers a starting point for further context-specific evidence-generation, pilots and evaluations.

HOW IS THE GUIDANCE NOTE ORGANIZED?

The Guidance Note is organized into six main sections, as follows:

- **Section 1** outlines key concepts and principles related to care, humanitarian action, and the Women, Peace and Security agenda.
- **Section 2** examines the linkages between care and humanitarian crises and conflict.
- **Section 3** offers guiding questions and an analytical framework to address the linkages described in Section 2.
- **Section 4** presents entry points and key actions for care-specific measures across the humanitarian programming cycle, the peace and security lifecycle, and the triple Humanitarian-Development-Peace (HDP) nexus.
- **Section 5** presents case studies and best practices, illustrating how disruptions to care systems can be opportunities to catalyse change and advance gender equality.
- **Section 6** provides links to tools and resources to support implementation.

SECTION 1

KEY CONCEPTS AND PRINCIPLES

This section provides an overview of key concepts and principles to help practitioners apply this Guidance Note effectively in conflict and crisis settings.

KEY CONCEPTS OF CARE, CARE WORK, THE CARE ECONOMY AND CARE SYSTEMS

1: Care is a public good that sustains life and is essential to well-being, resilience and prosperity.[18] Where life is most at risk, care is a critical lifeline that enables survival, supports social cohesion, and contributes to conflict prevention and sustaining peace. In addition to life-saving healthcare, care can include searching for and advocating on behalf of missing persons and reclaiming public spaces that foster community cohesion and rebuilding. Despite being skilled and essential work that underpins society and the economy, care work – both unpaid and paid – remains largely invisible, undervalued and taken for granted as 'women's work'.[19]

2: The unequal social organization of care is a driver and outcome of gender inequality. Discriminatory social norms continue to position women and girls as primary caregivers, and the family/household as the primary site of care. Globally, women spend on average 2.5 times more hours per day on unpaid care work than men do.[20] Two-thirds of paid care workers are women, with a significant proportion being migrant workers and racialized women, many in precarious, low-paid jobs with limited social protection.[21] When public care services break down or come under pressure, women and girls often act as the default 'shock absorbers'. These imbalances underpin gender and intersectional disparities in women's and girls' time, choices, rights and opportunities across their lifetimes. Discriminatory social norms also limit men's care work and caring roles, which are fundamental to men's well-being.[22] Enabling men's roles as carers, including in humanitarian assistance and peacebuilding, can support alternative forms of masculinity and more equitable societies.

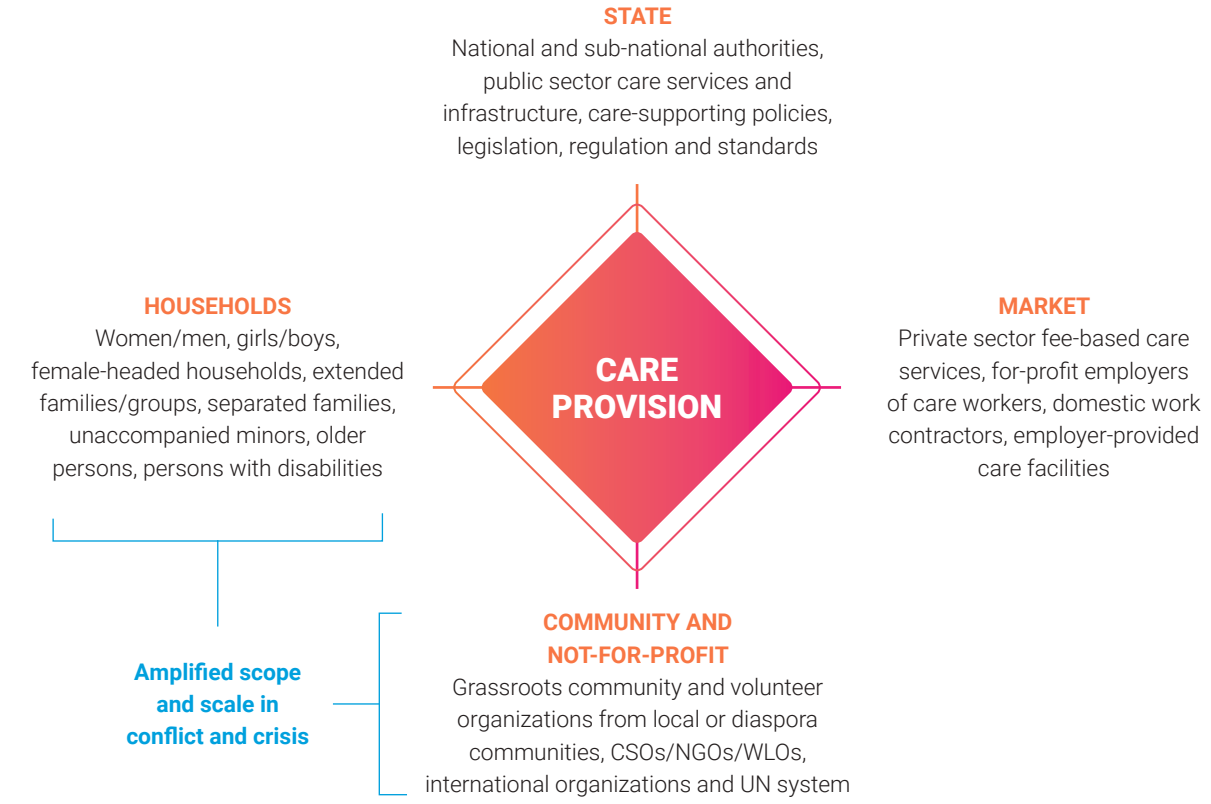
3: Care roles and care requirements are shaped by demographics, life stages and contexts. For example, *children*, especially under age six, require intensive physical and emotional care, with *adolescent girls* often assuming caregiving roles early while also requiring access to reproductive health services; *adults* often simultaneously require and provide care (the majority by women). *Pregnant and lactating persons* require specialized maternal care; older persons and persons with disabilities (physical or intellectual) often provide care to others while also requiring tailored care and support that enables their dignity, autonomy and inclusion. *Low-income and rural households* face structural barriers to accessing care services, increasing reliance on informal networks. *LGBTQIA+ persons* and *migrants* may experience exclusion or discrimination in care settings, necessitating affirming and rights-based approaches.

4: Care benefits all of society and is a whole-of-society responsibility. As depicted in the 'Care Diamond'[23] (Figure 1), the four key social institutions responsible for care provisioning are households, the not-for-profit sector (including voluntary, community and international organizations), the state and the market. In contexts with limited state-based provisioning and/or inaccessible market-based services, the bulk of the time, cost and responsibility for care work falls to households and individuals (most often women and girls), and community groups. This dynamic is heightened in conflict and crisis settings, as discussed in Section 2.

5: Strong care systems are critical for peace and resilience. Before crises even occur, longstanding deficits in care systems push caregivers, communities and national economies into depletion.[24] Insufficient public investments in care policies, services and infrastructure can weaken social cohesion and undermine the ability of governments and societies to respond to emergencies, especially those characterized

by disease outbreak or heavy casualties. In times of conflict and crisis, these deficits intensify. The complex and protracted nature of crises and conflict underscores the need for well-resourced, equitable care systems that are resilient and adaptive.

FIGURE 1
The Care Diamond



Adapted from S. Razavi. 2007.

KEY CONCEPTS OF HUMANITARIAN CRISES AND RESPONSE

1: Humanitarian crises have drastic consequences for affected populations, especially women and girls, and increase the risk of displacement, protection risks, use of negative coping mechanisms, and human rights violations. These impacts are compounded by age, disability, displacement and socio-economic status. Refugees and informal migrant workers often lack access to labour markets, social protection or aid, while persons with disabilities and older persons experience greater risks of abuse, mobility barriers and higher mortality.[25] These intersectional inequalities determine who provides care, under what conditions, and who can access care services before, during and after crises.

2: Sudden-onset emergencies and protracted crises are becoming more complex, more frequent and lasting longer. People across many countries are facing multiple rounds of displacement, relocation and associated economic, health and food crises, requiring humanitarian assistance over years

or decades. Climate change is making disasters more frequent and intense.[26] Compounding and interconnected crises create cycles where one crisis fuels another and diminishes national economies' and individuals' capacities to fully recover and respond to future crises.

3: Localized responses and sustained investment in locally led organizations are critical to effectively mitigate and respond to crises and disasters. This is especially true in the context of declining foreign aid and reprioritization of humanitarian resources. This approach requires recognition of community-based service providers, women-led organizations (WLOs), refugees, displaced populations and host communities – who often hold trust, cultural knowledge and networks – as essential actors in delivering services and sustaining livelihoods. Delivering this shift requires coordinated action across the humanitarian system.

4: Women, girls and marginalized groups disproportionately provide unpaid and informal care during crises. They are often first responders, providing vital humanitarian assistance in their communities. Yet their efforts often go unrecognized, unfunded, and are not systematically integrated in coordinated humanitarian response.

5: Centring care in humanitarian action requires a multi-stakeholder and multi-sectoral approach. When care is addressed in humanitarian response, it is often treated as a stand-alone intervention rather than a cross-cutting issue that underpins the entire humanitarian cluster system. Addressing care gaps requires innovative programming and recognition of community-based care providers, refugees, displaced populations and host communities as essential actors in delivering services and sustaining livelihoods.

KEY CONCEPTS OF CONFLICT, SUSTAINING PEACE, AND THE WOMEN, PEACE AND SECURITY AGENDA

1: Sustainable peace cannot be achieved without gender equality. Building on the twin resolutions on sustaining peace — General Assembly resolution 70/262 and Security Council resolution 2282 (2016)[27] — together with CEDAW General Recommendation No. 30, the WPS agenda reframes peace as a continuous process rather than an end state.[28] Peace is achieved and sustained by addressing the structural inequalities that drive conflict: political, social, economic and environmental factors that weaken institutions and erode trust. These drivers and their impacts are gendered; therefore, equality and the full, equal and meaningful participation of women and young women are not optional elements of peacebuilding but essential conditions for it. This understanding defines the transformative nature of the WPS agenda, which recognizes gender equality as a prerequisite for lasting peace.

2: Institutions anchor peaceful and gender-responsive governance. Political, judicial and security institutions are essential for managing disputes peacefully and upholding the rule of law. When they are exclusive or unaccountable, tensions can escalate into militarization or protracted crisis. Building inclusive and gender-responsive institutions is central to conflict prevention and fostering trust and lasting peace, consistent with the sustaining peace resolutions and the WPS agenda. Integrating care and social protection considerations within institutional reforms can further strengthen trust and support people-centred peacebuilding.

3: Care systems are infrastructures of peace. Care systems, collective support networks and public services underpin social resilience and deliver peace dividends. The often-invisible work of unpaid caregivers and community collectives is vital to sustaining daily life during crises, creating non-violent alternatives, reclaiming public spaces and maintaining social support networks. When care systems are underfunded or targeted in conflict, fragility deepens. When they are recognized and strengthened, care systems build trust, equality and cohesion that sustain peace. Integrating care as part of peace infrastructure and recognizing the essential

contributions of caregivers – paid and unpaid – strengthen social cohesion, institutional trust and inclusive governance, laying the foundations for durable and just peace.

4: Unequal care responsibilities constrain women's participation in peace and security efforts. Unequal care responsibilities and limited access to care-supporting services restrict women's and young women's meaningful participation in peace and security spaces.[29] In 2023, women represented only 5 per cent of peace negotiators, 9 per cent of mediators and 19 per cent of signatories to peace and ceasefire agreements. Although care is not explicitly referenced in the WPS resolutions, investment in equitable care systems is increasingly recognized as essential to advancing gender-responsive peace and security and to delivering on the WPS and Youth, Peace and Security (YPS) agendas. The WPS agenda reinforces this by placing women's and young women's leadership and participation at the centre of all stages of peace and security, including prevention, negotiation, implementation, monitoring and recovery.

5: Complex crises require adaptive and gender-responsive approaches that connect equality, care and peace. In an era of overlapping crises, sustaining peace requires approaches that are both adaptive and gender-responsive. Gender-responsive conflict analysis is essential to understanding how gender norms, roles and care responsibilities shape exposure to risk, access to protection and capacity to participate in prevention, mediation and recovery. Integrating this lens across peacebuilding and recovery processes strengthens the link between equality, care and peace, helping societies build resilience and inclusive governance that endures.

KEY PRINCIPLES FOR ADDRESSING CARE INEQUALITIES IN CONFLICTS AND CRISES

Drawn from existing principles in the development, humanitarian, and peace and security sectors, these principles should be applied in an integrated manner to address care inequalities across conflict- and crisis-affected contexts. Please see Annex 2 for a list of the normative frameworks that underpin these principles.

Principles for transforming care systems[30]

Human rights based: Care systems must respect and promote the dignity and autonomy of caregivers, care workers and those in need of care and support, in line with international humanitarian and human rights law. These and other instruments impose obligations on states and duty bearers to respect, protect and fulfil the human rights of people providing and receiving care, ensuring their agency, dignity, and right to education, social ties, psychological support, societal participation and well-being.

State accountability: This includes setting benefits and defining the quality of care services provided as part of the response; regulating the market for care services and labour market for care workers; and acting as a statutory and core funding entity, and in some cases as the direct provider and employer of care workers in the public sector. In conflict- and crisis-affected contexts where there is not a functioning state, this accountability may (temporarily) rest elsewhere.

Universal: Quality care-related services, infrastructure, regulatory frameworks and benefits should reach the entire population – women and men and girls and boys, in all their diversity, with or without disabilities, irrespective of race, identity, age or geography. In conflict- and crisis-affected contexts this might entail differentiated solutions adapted to the context, as well as progressive measures, but with the ultimate aim of reaching the entire population.

Transformative: Care systems should advance gender equality and non-discrimination, and aim to address the structural barriers of inequality. They should positively transform the status quo to change the undervaluing of care and its unequal

distribution between genders, and between the private and public sphere. They should also seek to transform the perception of care recipients as 'dependants', and the structural dependency on women as primary caregivers.[31]

Leave no one behind: Efforts to transform care systems must actively and systematically encourage non-discrimination and gender equality, especially considering women, persons with disabilities, children, youth, older persons, Indigenous and racial and ethnic minority groups, LGBTQIA+ persons and migrants, who are most likely either to be responsible for care provision and/or to require it.

Principles for embedding care in humanitarian action[32]

Humanity: Humanitarian action must honour caregivers as frontline responders whose labour sustains life. It must alleviate the compounded suffering of those providing care during crisis, guarantee dignified services for care recipients, and protect all care work as an essential component of humanitarian effort.

Neutrality: Remaining neutral in conflict does not mean ignoring gendered care inequities. Aid must confront the disproportionate care responsibilities of women and girls, avoid reinforcing stereotypes that assign all care to them, and deliver support without discrimination by political affiliation, ethnicity or religion.

Impartiality: Assistance must respond strictly to care needs, using data disaggregated by sex, age, disability and caregiving status through needs assessments. It should prioritize households and individuals carrying the heaviest care loads to ensure equal access and outcomes.

Independence: Humanitarian programmes must be guided by evidence on what works for caregivers and care seekers, not by political, economic or military agendas. This means investing in care infrastructure, supporting WLOs, and designing services on the basis of real care needs.

Do no harm: Every intervention needs a care-impact check: it must not increase unpaid workloads, reinforce discriminatory norms or expose caregivers to violence. Aid should redistribute care responsibilities, offer safe spaces and flexible schedules for care services, compensate care work fairly, and protect those who are challenging entrenched practices.

Duty of care: Agencies owe a duty of care to caregivers and care recipients alike, ensuring all care work is recognized, accounted for and performed under safe and dignified conditions.

Diversity and power-sharing: Embedding care in humanitarian action requires the application of feminist principles of diversity, inclusion and shared power. Equal and meaningful participation of women, girls, men, boys and people of diverse gender identities at all levels of a response – from assessment to leadership – is essential to uphold humanitarian standards, strengthen accountability, and ensure that responses address care and protection needs.

Women, Peace and Security pillars as guiding principles

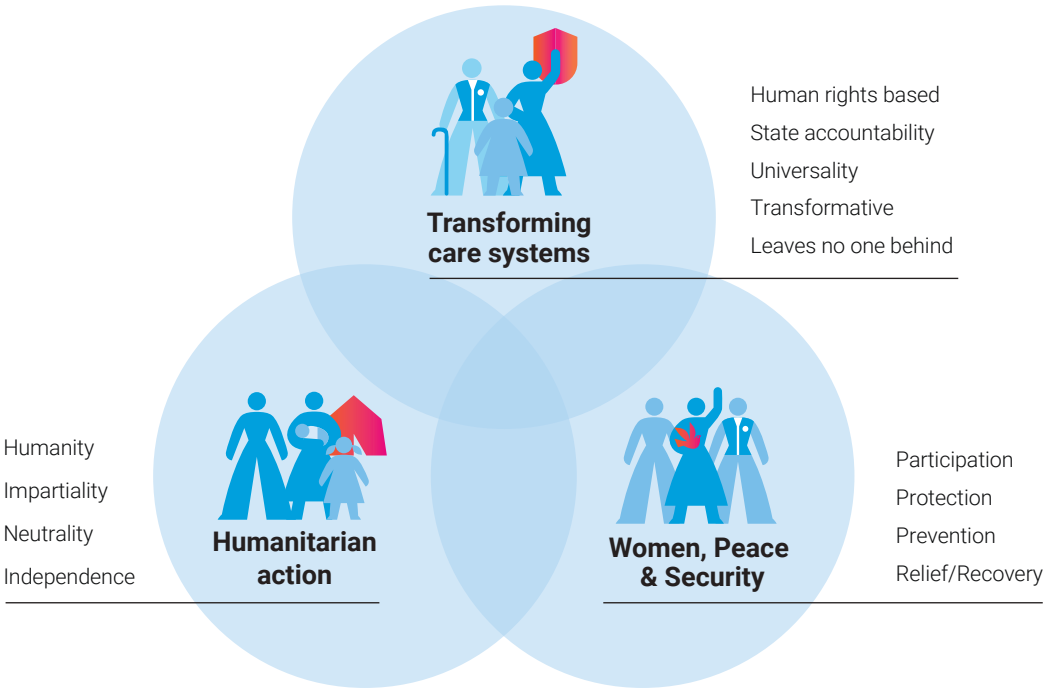
Participation: Applying this principle requires the redistribution of unpaid care work and the provision of services that reduce time poverty, enabling women's substantive engagement in mediation, peace negotiations, governance processes, security sector reform, and disarmament, demobilization and reintegration (DDR). It also requires including care-related measures in peace agreements to enable women's sustained leadership and participation in peacebuilding implementation and monitoring.

Protection: Care provision intersects with protection obligations under international humanitarian and human rights law, and is a system-wide responsibility. Applying this principle requires safeguarding care infrastructure, such as schools and hospitals, as civilian objects under international humanitarian law. It also entails integrating care dynamics into protection strategies, to prevent care systems being targeted or collapsing and thus

exposing caregivers and recipients to heightened risks of violence and insecurity.

Prevention: Deficits and inequalities in care systems act as structural drivers of conflict. Exclusion from care, the unequal distribution of responsibilities and the exploitation of women's unpaid labour generate grievances, erode social cohesion and weaken institutional legitimacy. Applying this principle requires that conflict analysis and prevention strategies systematically assess care dynamics and incorporate measures to address them. This contributes to resilience, reinforces institutional legitimacy and reduces risks of escalation and relapse, consistent with sustaining peace resolutions.

Relief and recovery: Care systems are central to post-conflict recovery and reconciliation. Investment in health services, childcare, safe spaces and social protection facilitates reintegration of ex-combatants and displaced populations, supports survivors of conflict-related violence, restores essential state functions and creates livelihood opportunities. Applying this principle requires integrating care infrastructure into recovery strategies as part of the peace dividend, thereby rebuilding trust in institutions, supporting reconciliation processes and contributing to non-recurrence.



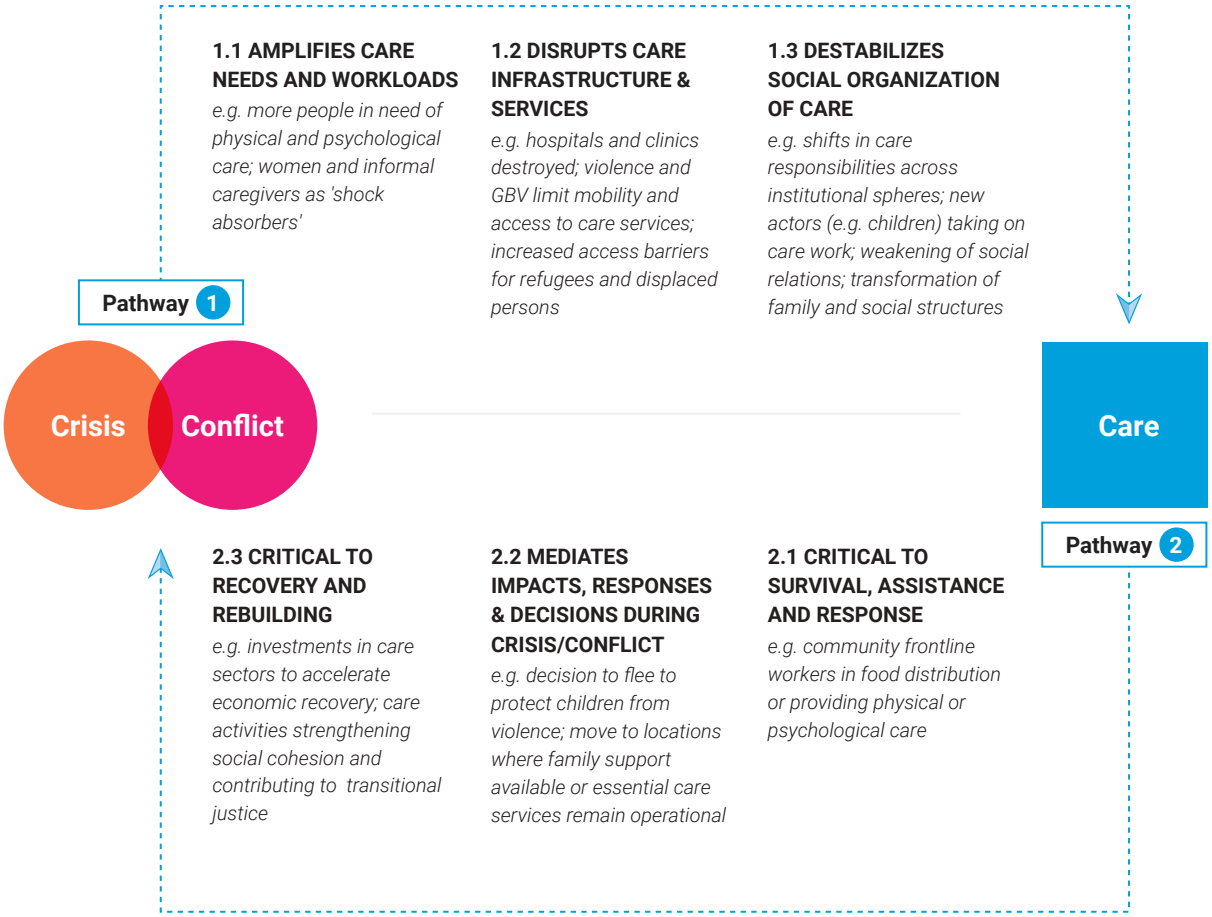
SECTION 2

UNDERSTANDING THE LINKAGES BETWEEN CARE, CRISIS AND CONFLICT

This section outlines how crises and conflict intensify care-related challenges while also creating opportunities for transformative change. It presents two key pathways that illustrate these linkages, supported by data and examples.

One of the main challenges for care provision during conflict and humanitarian crises is the simultaneous escalation of care needs while public care services and infrastructure are either halted, destroyed or increasingly difficult to access, and social networks are destabilized or reconfigured (Figure 2, Pathway 1). At the same time, care is central to processes of survival, coping, repair and rebuilding from humanitarian emergencies and conflicts (Figure 2, Pathway 2). As such, crises and conflict can be catalysts for transformative change to value and redistribute care work, creating opportunities to transform social norms and advance equality. These two pathways are explained in greater detail below the diagram.

FIGURE 2
The two-way linkages between care, conflict and crisis: Challenges and opportunities



PATHWAY 1: CRISES AND CONFLICT AMPLIFY CHALLENGES TO, AND INEQUALITIES IN, PROVIDING AND RECEIVING CARE

1.1 Physical and psychological care needs are amplified.

- During conflict and crisis, more people require additional and/or specialized care due to injury or becoming physically disabled, contracting an acute illness, experiencing chronic health conditions or psychological trauma.
- Complex psychological and physical care needs also emerge, as in cases of children born of war or rape and survivors of gender-based violence. When these care needs are overlooked, survivors can face exclusion and stigma, with long-term social and economic consequences.[33]
- In reintegration contexts, new care needs often emerge, including support for persons with conflict-related disabilities or for ex-combatants to rebuild family and community life. If unmet, these needs can slow reintegration and weaken disarmament, demobilization and reintegration (DDR) outcomes.
- Frontline responders and social leaders who stay in conflict- and crisis-affected communities or in border and transit areas to deliver humanitarian services and maintain security may also experience negative health and psychological impacts. Supporting their mental and physical well-being is also a peace and security priority, as burnout and attrition among community leaders erodes local resilience and trust.

SNAPSHOT

Increasing care requirements

In **Ukraine**, the 2023 Human Impact Assessment (HIA) survey found that more than one in five (23 per cent) of surveyed women said that they had household members with disabilities, and almost one third (29 per cent) had household members with chronic illnesses.[34]

1.2 Essential care services and infrastructure are destroyed or disrupted.

- Abrupt and extreme destruction of social and physical infrastructure (e.g. schools and hospitals) reduces access to essential care and support services, exacerbating unmet physical and psychological care needs and placing additional demands on households and individuals (particularly women and girls) to meet these needs. It also poses a threat to the safety and livelihoods of paid care workers, such as nurses, doctors, teachers, early childhood educators and domestic workers.
- In situations of forced displacement, access to care services is further constrained due to legal restrictions and loss of social networks for displaced persons, refugees and populations on the move.
- Disruptions in food supply exacerbate unmet basic needs, while families and households have less access to services and social safety nets to meet those needs.[35]
- Diminished access to care services and social protection systems reduces communities' capacity to adapt and recover, and increases the severity of the impacts of conflict and crises.

SNAPSHOT

Attacks on healthcare services and infrastructure

Deliberate attacks on care infrastructure and care workers further intensify the risks and challenges in providing and seeking care. In **Gaza** in 2024, there were more than 1,300 attacks on healthcare infrastructure[36] in addition to attacks on those seeking care, leading to the systematic erasure of Gaza's care systems. In **Sudan** in 2024, less than a quarter of health facilities were functional in the states hardest hit by the war,[37] leaving informal networks and local community groups filling many of the gaps in providing healthcare.[38]

SNAPSHOT

Women's increased care responsibilities in crisis contexts

In **Lebanon** in 2024, over one third (37 per cent) of women surveyed in a rapid needs assessment reported increased caregiving responsibilities, which added to their stress and anxiety from bombings and escalation of hostilities.[39] Data from **Afghanistan** shows that 46 per cent of Afghan women who fled to Pakistan without a partner had brought children, compared to only 10 per cent of men.[40]

1.3 Roles and responsibilities for providing care shift between individuals and institutions.

- When hospitals are destroyed, schools closed and paid care workers unable to work, care responsibilities increasingly shift from the public to the private sphere, onto households and unpaid caregivers (most often women and girls).
- Informal caregivers, WLOs and CBOs also often take on increased roles in providing care and humanitarian assistance in their communities to meet these gaps. Yet their contributions – often voluntary or low-paid – are not systematically integrated in coordinated humanitarian response, security systems or peacebuilding and transitional justice processes. This undermines the inclusivity and legitimacy of life-saving service provision, recovery and peace processes.
- New actors may also step in to fill gaps in public care services and infrastructure, including private sector actors, humanitarian workers, transitional justice and security actors, or other family or community members not usually thought of as caregivers.
- The destruction of energy and electricity sources in conflicts and crises has a direct impact on unpaid caregivers (most often women and girls), who must reorganize their days and household tasks around limited energy access.
- During conflict and crises, disruptions to social norms and gender roles related to unpaid and paid work can open possibilities for positive longer-term shifts, if coupled with concerted efforts to support these changes.[41]

SNAPSHOT

Gendered impact on care roles and tasks

In **Ukraine,** widespread displacement and the mobilization of working-age men have reshaped care and support networks. Women have taken up previously male-dominated jobs[42] while also filling humanitarian and community care gaps. Women's leadership in community-level response efforts has increased, but their participation in formal decision-making processes at the local level has declined.[43] Research by UN Women in 2024[44] on the gender dimensions of the energy crisis sparked by Russian attacks on energy infrastructure, found that while the effects of the crisis were felt across all sectors, women were disproportionately impacted due to their high involvement in unpaid care work. Women with young children were particularly affected, with 90 per cent of respondents reporting that women were facing more difficulties in taking care of children/older relatives and doing housework, compared to 69 per cent for men.

SNAPSHOT

Unequal care responsibilities as barriers to participation in peacebuilding

In a 2020 survey of 105 peacebuilding practitioners from 50 countries,[45] 90 per cent of respondents said their caring responsibilities had affected their work, 97 per cent had left or changed their career because of care responsibilities, and 99 per cent considered it difficult for people with caring responsibilities to remain in the peacebuilding and international organizations sector. A follow-up study[46] concluded that institutions engaged in peacebuilding often fail to support staff with caring responsibilities, which limits diversity, reduces inclusion and undermines institutional credibility. It recommended measures such as flexible or remote work, job-sharing, childcare support and organizational parental leave policies to help retain qualified staff – and ensure that peace and security institutions model the equality they promote.

PATHWAY 2: CARE IS CENTRAL TO SURVIVAL, COPING, AND REBUILDING FROM HUMANITARIAN EMERGENCIES AND CONFLICTS

2.1. Care systems are critical to survival, assistance and response.

- In times of crisis and conflict, care work sustains life and meets humanitarian needs – from essential food and water to life-saving medical treatment and maternal healthcare, to psychosocial care and support.
- If adequately recognized, resourced and shared, care work (unpaid and paid) can also play a critical role in strengthening social cohesion, rebuilding trust and opening entry points for reconciliation and inclusive governance. Strong care systems can also act as a 'stabilizing point' amid insecurity and disruptions.[47]
- Care provided within and by communities can be an act of solidarity that challenges the invisibility and undervaluation of caregiving, asserts care as a collective right and responsibility, and draws on diverse traditions and practices, especially during burial and birthing rituals.[48]

2.2 Decisions are mediated by the presence of care services and support networks.

- The provision of and need for care are central to the ways families and communities cope and respond to economic and social losses in relation to conflict, displacement and humanitarian crises. The decision to stay or leave during a conflict or crisis can be mediated by factors such as where family and community caregiving support is available, where care-enabling infrastructure such as water and electricity are operational, or where essential care services such as schools and healthcare facilities remain functional and safely accessible to displaced populations.[49]
- The presence of kin networks that can assist with caregiving also impact displacement trajectories, timing and destination.[50]
- In conflict-affected countries, the collapse of rule of law institutions overlaid with discriminatory social norms mean women and girls often experience discrimination when accessing care services. The role of peacebuilders and women's networks becomes critical, as they deliver the work of first responders, help collect data and assess needs, and develop recommendations for response.

SNAPSHOT

The role of women's networks and organizations in response and recovery

During the Kahramanmaraş earthquake response in **Türkiye**, women's networks such as the Women's Coalition and EŞİK came together to form task groups to organize immediate support to affected provinces. They also played a key role in later relief efforts, including the provision of psychosocial support.[51]

In **Darfur, Sudan**, women have carried the primary responsibility for care through all stages of conflict and into recovery. Despite fear, grief and scarcity, they sustained families and communities – feeding children, healing the injured, and delivering babies without medical support, often at great personal cost. In displacement camps, they organized women's groups to rebuild social networks and support recovery.[52]

In **Popayán, Colombia**, the feminist collective *Las Manuelitas* runs a daycare centre where the children of ex-combatants and local women learn and play together, fostering reconciliation and easing care responsibilities. By linking peacebuilding with everyday community needs, the initiative rebuilds trust, strengthens social ties and supports women's participation in recovery.[53]

In **Ukraine's** conflict-affected areas and displacement zones, local women's networks organized shared childcare arrangements. This allowed mothers – especially those who were displaced or running small enterprises – to participate in community-led recovery efforts, such as cooperative businesses, vocational training and social initiatives. Sharing childcare helped preserve women's participation and local organization amid conflict, contributing to recovery and community resilience.[54]

SNAPSHOT

Kin networks during displacement

Research in eastern **Democratic Republic of Congo** showed how women and children bore increased care responsibilities amid displacement and shifting family structures. Displaced families often chose destinations based on the presence of relatives or known community members, highlighting the importance of social and kin networks in relocation decisions.[55]

2.3 Investing in care systems contributes to inclusive recovery and reconstruction.

- Public investments in care systems support inclusive economic recovery and provide a triple dividend: creating decent care jobs in sectors that especially benefit women, thereby enabling women's increased labour market participation, reducing gender gaps in the labour market and increasing household incomes; reducing women's time poverty by providing affordable and quality public care services; and meeting the care requirements of conflict- and crisis-affected populations, enabling their well-being, rights and full participation in society.
- Robust care policies that enable care outcomes and gender equality outcomes, and which respond to the 6R Framework (see Section 3), strengthen preparedness and resilience, mitigating the scale of humanitarian crises, reducing the risk of relapse into instability, and supporting integration of forcibly displaced communities.
- Centring care enables humanitarian and peace actors and local authorities to redesign service delivery, protection and peacebuilding strategies in ways that promote dignity, justice, resilience and accountability to affected populations. Concerted action to transform how societies value and organize care strengthens the Humanitarian-Development-Peace nexus by improving preparedness, prevention, inclusive response and sustainable recovery.

SNAPSHOT

Macroeconomic returns of investing in care services

Analysis from **Türkiye** finds that investments in education and healthcare have the estimated potential to generate 1.7 million direct jobs, with women occupying 65 per cent of these jobs, which would represent a 6.7 per cent increase in total employment.[56]

SNAPSHOT

Mobile childcare units

In **Burkina Faso**, insecurity in the border region between Mali and Niger has led to many people becoming internally displaced. The country is also subject to frequent and severe natural disasters. Mobile childcare units, launched in 2016 with local partners, enable women to work while ensuring their children are safely cared for nearby. This innovative, low-cost solution boosts women's employment, child development and community well-being. The model's success is inspiring replication in other countries.[57]

SECTION 3

OPERATIONALIZING THE LINKAGES BETWEEN CARE, CRISIS AND CONFLICT

This section outlines steps for putting into practice the key concepts and linkages outlined in sections 1 and 2, including an analytical framework and guiding questions.

APPLYING THE 6R FRAMEWORK IN CONFLICT AND CRISIS SETTINGS

The '6R Framework'[58] (*Recognize, Reduce, Redistribute, Reward, Represent, Resource*)[59] can be used to identify the objectives and impact of care-related interventions and approaches. Table 1 below outlines the 6R policy objectives and includes the main considerations and adaptations to reflect the realities of care provision in crisis- and conflict-affected settings.

TABLE 1

Using the 6R Framework for transforming care systems through a conflict and crisis lens

POLICY OBJECTIVE	ADAPTATIONS FOR CONFLICT AND CRISIS
RECOGNIZE care work (unpaid and paid) as valuable, skilled and essential; and recognize the rights and contributions of those providing and receiving care across their life course. Including through: international laws and normative and policy frameworks; local, national and regional plans and strategies; and care-related data.	Recognize care work as central to peace and security and humanitarian action and recovery, rebuilding trust in institutions and social cohesion in conflict-affected settings. This includes through assessments that measure the care requirements and responsibilities of the population to inform responses, and safeguarding the right to safely receive and provide quality care, and to care without exploitation and with protection.
REDUCE the time and energy required for indirect care work (e.g. cooking, laundry) by increasing access to time-/energy-saving technologies and infrastructure, in a way conducive to the enjoyment of rights of care recipients. Including through: physical infrastructure; energy- and labour-saving equipment and technologies.	Reduce and mitigate risks to the destruction of basic infrastructure, equipment and technologies that are critical for indirect care work, such as electricity, water and sanitation; reduce the vulnerabilities and risks[60] of caregivers and care workers in carrying out indirect care work.
REDISTRIBUTE the time, cost and responsibility for unpaid care work among the state, the private sector, communities, families/households, and between genders. Including through: care services; social protection; care-supporting workplaces; efforts to shift discriminatory social norms and to challenge gender and other stereotypes.	Redistribute the time, cost and responsibilities for increased unpaid care work through inclusive and accessible care services and social protection, in accordance with international humanitarian and human rights law. In contexts of weak state institutions, absent or de facto governments, this may include redistribution among temporary actors. Consider opportunities to support longer-term shifts in gender roles and social norms around caregiving.
REWARD paid care workers by ensuring decent work and social protection, formalizing care and domestic work, and ensuring equal opportunities and conditions for migrant care workers. Including through: decent work and equal rights; safe and healthy working environments; standardization and certification of care work.	Reward paid care workers (informal and formal sector) by ensuring safe, adequately remunerated and dignified working conditions in conflict and crisis responses; and access to social protection and to psychosocial care, especially for frontline care workers.
REPRESENT caregivers (paid and unpaid) and care recipients in decision-making and social dialogue. Including through: freedom of association, right to organize, social dialogue and collective bargaining; participation in decision-making.	Represent paid and unpaid caregivers, care recipients and conflict-affected communities in humanitarian responses, and in decision-making in peace and security mechanisms, including peace operations, peacebuilding processes and recovery planning.
RESOURCE care systems over the long term through sustainable investments in the resources and social and physical infrastructure needed. Including through: costing and tracking care investments; care and gender-responsive budgeting; expanding fiscal space.	Resource care-related interventions, policies, services and infrastructure as part of crisis and humanitarian response by channelling appropriate resources and investments for resilient and equitable care systems to address immediate and long-term needs; and as the basis for economic reconstruction and post-conflict peacebuilding.

Source: UN Women, developed from the UN System 5R+ Framework[61]

SNAPSHOT

Recognizing care as a right, a responsibility, and a path to equality and peace

At the **XVI Regional Conference on Women in Latin America and the Caribbean** (August 2025),[62] governments adopted the Tlatelolco Commitment, launching a Decade of Action to build a 'society of care'. The agreement recognizes care as a human right and calls for comprehensive systems that guarantee caregivers' rights, ensure women's participation and redistribute care work. Countries also welcomed the Inter-American Court's Advisory Opinion 31/2025 affirming care as an autonomous right, while advocates, including young women from 16 countries, urged investment in childcare and care policies to enable women's leadership in peacebuilding. These outcomes position the region as a global leader in advancing care as a right, a shared responsibility and a foundation for equality and peace.

SNAPSHOT

Applying a care lens to needs assessment in Ukraine

In 2024, following advocacy and capacity-building by UN Women and the Regional Gender Taskforce, **Ukraine's** Fourth Rapid Damage and Needs Assessment (RDNA4)[63] integrated questions to better understand the social losses and damages of the war in Ukraine, and identify immediate and long-term needs of conflict-affected populations. In addition to assessing physical and financial impacts, the RDNA4 qualitatively documents the impact of the war on people's lives, including estimates of gender gaps in the number of hours spent on unpaid domestic work. The RDNA4 recommends investing in social services and social infrastructure, including community centres and supporting social workers, and estimates the potential cost implications of women's increased unpaid care work since February 2022 to be US$72.5 billion.

GUIDING QUESTIONS FOR CENTRING CARE IN HUMANITARIAN, PEACEBUILDING AND RECOVERY RESPONSES

The guiding questions in Table 2 support practitioners to effectively address care considerations in humanitarian action and peace and security responses. They are applicable to all phases of response, from assessments, analyses and planning to monitoring and evaluation. Practitioners should keep in mind that:

- Analysis should be reiterated at regular intervals, especially in highly changeable contexts.
- Insights gained can also shape programme evaluations and advocacy strategies by highlighting the positive contributions of care to humanitarian action, resilient economies and sustainable peace.
- The questions should be integrated into sector-specific assessment and monitoring mechanisms, such as conflict sensitivity analyses, rapid gender analyses, humanitarian multi-sectoral needs assessments and multi-dimensional risk assessments.

TABLE 2

Guiding questions to support care-responsive action in conflict and crisis settings

GUIDING QUESTIONS	KEY CONSIDERATIONS
1. What care policies, services and infrastructure previously existed and currently exist? Helps identify immediate and long-term impacts of destruction to care services and infrastructure, and estimate the extent to which households (especially women and girls) and/or community groups are covering gaps in care provision.	> What is the scale of disruptions to/destruction of care infrastructure and services (formal and informal), including roads, electricity and water infrastructure, health and childcare services, disability-related services, food distribution centres and community spaces? > What legal and policy frameworks guide the provision and receipt of care? How do these apply in border, refugee, humanitarian/displacement and host community settings? > Have new forms of care provision or support networks emerged in response to the conflict or crisis, such as community care initiatives, volunteer groups or informal solidarity mechanisms?
2. What are the differentiated care needs of the population? Critical for peace and security analysis, as unmet care needs and unequal care responsibilities can exacerbate exclusion, community tensions, and barriers to women's and young women's participation in crisis response and peace and recovery processes.	> Who requires care in the given context? Are there intersectional factors that shape or heighten these care needs? > Is there a rise in female-headed households, unaccompanied minors, ex-combatants, persons with disabilities, displaced populations or extended family/household groups? > Are there any new groups requiring care or whose care requirements have substantially changed, including populations remaining in areas under the control of armed actors, or people on the move within/across borders? > Are people who require care, e.g. older persons, persons with disabilities, adolescents or younger people, also providing care?
3. Where is care being provided and/or being received? In conflict-affected settings, the location of care provision is also shaped by security conditions, displacement patterns and control of territory, which determine both the risks of accessing care and its potential role in strengthening protection and social cohesion.	> Where is care mainly being provided (refer to the Care Diamond in Figure 1 – household, community, state, market)? Has this changed as the conflict or crisis has evolved? > Are any new spaces for care provision emerging, e.g. community kitchens, in temporary resettlement shelters, refugee camps, or in zones under military occupation or siege? Is this provided through unpaid or paid care work? > What are the challenges for care provision and access to care? What are the institutional capacities to address gaps or strengthen care services? > Do the sites of care provision play additional roles, e.g. safe spaces that foster trust and recovery, or are they contested spaces where access is restricted or politicized?

GUIDING QUESTIONS	KEY CONSIDERATIONS
4. Who is providing care? Under what conditions? Helps identify how care provision is being reshaped by the crisis or conflict across different institutions in the 'Care Diamond' (household, not-for-profit, state, market – see Figure 1), and identify less visible actors providing care work (unpaid and paid).	> Who is providing care work in households and community groups? What kind of care activities (indirect or direct, paid or unpaid)? Is there any element of force or coercion? > With what (informal or formal) support and recognition is unpaid care work being provided? With what remuneration, safety guarantees and decent work conditions is paid care work (informal or formal) being provided? > Are there additional care responsibilities that go beyond the 'typical' household, e.g. in mass displacement where people may be responsible for extended family groups? > Are there diverse and less visible care providers, e.g. younger or older women, women's rights groups, informal support networks among social leaders, members of non-heteronormative families, religious leaders, as well as social workers, community health workers, nurses or other paid care workers?
5. What are the care gaps? Helps identify unmet care needs and identify responses to address these gaps without compromising the rights of certain groups.	> What are the immediate gaps in coverage and quality of care provision? How might physical and psychological care needs change during recovery and reconstruction phases, e.g. as combatants or displaced populations return? > What are the options for addressing these gaps in line with the 6R Framework (see Table 1), across different phases of the conflict or crisis? > Do care gaps limit the ability of women, youth or older persons, or persons with disabilities to engage in peacebuilding, recovery and humanitarian decision-making?
6. What enablers, constraints or risks exist to realizing the key principles outlined in Section 1? Helps to understand the realities of care work in conflict and crisis settings and support enabling conditions for the safe and equitable provision of quality care.	> What are the constraints to the provision of care that need to be addressed? For example, access to childcare essentials such as baby formula, medical equipment for the critically ill, or assistive devices and equipment for persons with disabilities. > What are the risks, safety and security concerns when providing or seeking care, including exposure to conflict-related violence or restrictions on mobility imposed by armed actors? How do these factors affect the rights and well-being of those providing and requiring care? > How do enablers or risks to care provision or receipt affect the capacity of women to participate safely and meaningfully in peacebuilding, recovery or community decision-making?
7. How is the social organization of care being reconfigured? What are the implications for gender equality? Helps identify shifts in social norms related to the care economy and identify approaches and policy responses to support longer-term changes in how care is valued and shared in society.	> How are care responsibilities shifting across genders, demographics, social groups, and institutions during different phases of conflict or crisis? > How are gendered roles and responsibilities being reconfigured in relation to unpaid care work and paid work in the labour market? > To what extent is care work (unpaid and paid) being perceived as valuable and skilled, and understood as a shared benefit and responsibility? > On what basis is care organized, e.g. community-led, solidarity-based, rights-based, fee-based, publicly provided, privatized etc., and how does this influence trust, cohesion, exclusion or the prospects for peacebuilding and recovery?

ENSURING AN INTERSECTIONAL PERSPECTIVE TO ADDRESSING CARE DYNAMICS IN CONFLICT AND CRISIS

An intersectional approach must account for the diverse experiences of caregivers and care recipients to address inequalities in the social organization of care before, during and after crises and conflicts. All interventions must:

Recognize the needs and contributions of at-risk populations, whose exclusion or targeting may heighten risks of violence or undermine inclusive peace and recovery efforts. This includes people who are (or have been) deprived of liberty, persons with disabilities, LGBTQIA+ individuals and persons with diverse gender identities, young adults, older persons, children with caregiving responsibilities, displaced persons and refugees, ex-combatants, populations on the move and border communities.

Address variations in care dynamics across different groups to embrace a nuanced understanding of gender roles, avoid stereotypes, identify context-specific solutions, and centre the care needs of all caregivers and recipients.

Apply a life-course and intergenerational lens to ensure that interventions and partnerships reflect distinctive family and intergenerational dynamics, e.g. where young women or children provide care for relatives, or where care is provided through women-led intergenerational initiatives.

Disaggregate data by sex, age, disability and other identity factors, and integrate conflict-sensitive and peace-relevant variables to capture how intersectional care dynamics shape risks, resilience and prospects for social cohesion.

SECTION 4

ENTRY POINTS AND ACTIONS FOR ADDRESSING CARE IN CONFLICT AND CRISES

This section summarizes entry points for addressing care and outlines practical actions that humanitarian and peace and security actors can take to integrate care in support of the 6R Framework (*Recognize, Reduce, Redistribute, Reward, Represent, Resource*).

ENTRY POINTS FOR ADDRESSING CARE IN CONFLICT AND CRISIS SETTINGS

Table 3 provides a menu of entry points for integrating care across policy, programmatic and coordination efforts in WPS and humanitarian responses. It is intended to support stakeholders in identifying the specific, actionable places where work on addressing care in conflict or crisis settings can begin, for interventions to be most effectively initiated or leveraged. These entry points are expanded on in detailed actions below the table.

TABLE 3

Summary of entry points for addressing care in humanitarian sectors, WPS and the triple nexus

HUMANITARIAN ACTION

WOMEN, PEACE AND SECURITY

HUMANITARIAN-PEACE-DEVELOPMENT NEXUS

Normative entry points		
> IASC global coordination structures > Global dialogue and humanitarian diplomacy	> Global frameworks on peace and security > Peace agreements and transitional justice frameworks > WPS national and local action plans > Post-conflict recovery and social protection policies	> Global and regional normative frameworks on care, gender equality and inclusive development > National and sub-national care policies and strategies > National investment plans and strategies > National statistics plans
Programmatic entry points		
> Humanitarian needs and response plans (HNRPs) and refugee response plans > Partnerships with the humanitarian cluster system to influence planning and service delivery > Emergency livelihoods and cash transfers > Local women-led organizations and networks > Protection of care providers in line with duty of care principle	> Conflict analyses > Inclusive peace processes and governance > Community-based care spaces > Peace and security programming > Institutional and community capacities > Peacebuilding and results frameworks	> Livelihood and economic regeneration programmes > Social protection programmes > Human mobility programmes > Digital technologies > Post-conflict and post-disaster reconstruction and recovery plans > Advocacy campaigns

Coordination and partnerships entry points		
> Humanitarian needs assessments and analysis > Humanitarian planning and coordination > Gender in Humanitarian Action (GiHA) Working Groups > Humanitarian Access Working Groups > Humanitarian funding and resourcing through country-based pooled funding mechanisms > Humanitarian monitoring and evaluation	> Peace and security mechanisms > National and local peace, prevention and recovery frameworks > Partnerships with women, youth and peacebuilding actors > Peacebuilding and recovery financing > Peace and security monitoring and reporting > Security, justice and peace operations mechanisms	> UN inter-agency coordination mechanisms on gender equality > National and sub-national care working groups > National/sub-national cross-sectoral coordination groups > Gender Technical Working Groups

For a comprehensive list of the main stakeholders to support care-led interventions in conflict and crisis settings, please see Annex 3.

The rest of this section is devoted to outlining some of the main actions practitioners can take to integrate care in conflict and crisis planning and response, across the entry points in Table 3 above. Actions are organized by key areas of humanitarian action, the WPS agenda and the Humanitarian-Development-Peace nexus, for ease of use.

ACTIONS TO ADDRESS CARE IN HUMANITARIAN ACTION

Centring care in humanitarian action accelerates commitments towards gender equality and women's empowerment. It improves humanitarian effectiveness by identifying gendered needs, enabling local actors to lead responses with appropriate support and financing, and addressing systemic barriers to inclusive, accountable and sustainable humanitarian assistance, while also contributing to better preparedness and long-term recovery.

Global advocacy and humanitarian diplomacy to influence normative frameworks

- **Coordinate** global advocacy efforts and alliances on care in humanitarian crises, drawing on existing coordination platforms such as IASC structures (Principals, Deputies, Gender Reference Group) and the Global Refugee Forum.
- **Safeguard** caregivers, care recipients and care infrastructure from targeted attacks through protection measures, comprehensive guidelines and ethical standards, aligned with international humanitarian law and human rights standards, such as the IASC protection principles.
- With a focus on humanitarian access, **ensure access** to care workers for those in need of care, including through temporary relief corridors and safe days and zones. Engage with OCHA tools such as the Humanitarian Access Reporting and Monitoring Framework, guidance and working groups on access-related issues.

Humanitarian needs assessments

- **Integrate** care-related questions into needs assessments and gender analyses, and ensure these inform HNRPs (see Table 2: Guiding questions).
- **Include** care-related risks in protection assessments (e.g. risks while seeking aid or caregiving in complex crisis settings).
- **Budget** for and conduct Rapid Care Analysis alongside gender assessments to quantify time spent on care and highlight priority gaps, and adapt programming accordingly.
- **Integrate** care-related evidence with data disaggregated by sex, age, disability and care status in the HNRP to capture how crises disrupt and transform care roles, workloads, access to services, livelihood opportunities and decision-making.

Humanitarian planning and coordination

- **Engage** with Humanitarian Country Teams and cluster coordinators to incorporate care-centred, gender-transformative interventions into HNRPs.
- **Ensure** participation of paid and unpaid care workers in humanitarian planning, coordination and decision-making to help define priorities and objectives.
- **Use** platforms such as the GiHA and Humanitarian Access Working Groups to convene actors around care priorities and inform prioritization and resource allocations across the humanitarian system.
- **Design** flexible and safe care models that adjust to displacement and mobility trends (e.g. care centres, mobile health clinics, in-home support, parental counselling), with registration and follow-up systems ensuring continuity of care.

Humanitarian funding and resource mobilization

- **Recognize** care as a life-saving and protection-related activity eligible for humanitarian funding.
- **Include** care-centred approaches in HNRPs, Flash Appeals, the Central Emergency Response Fund (CERF) and Country-Based Pooled Funds (CBPFs), and resource care services and infrastructure that reduce and redistribute unpaid care work.
- **Include** care infrastructure and services in humanitarian cluster budgets.
- **Provide** emergency grants for frontline responders adapting to emerging needs linked to infrastructure damage or security deterioration.
- **Cost** childcare provision, community care centres, cash-for-care work, caregiver support services and compensation across relevant clusters as an integrated component of service delivery and programming.

Humanitarian monitoring and evaluation

- **Track** quality of care integration in HNRP and refugee response implementation using time-use data, access metrics, and feedback from affected populations. Use the IASC Gender with Age Marker and adapt Oxfam's Care Scorecard to crisis settings.
- **Employ** focus group discussions, storytelling and community engagement to capture good practices, lessons learned and results emerging from care-sensitive delivery of humanitarian services.
- **Include** care-related questions in accountability mechanisms such as community feedback and complaint systems.
- **Develop** monitoring frameworks and indicators that enable qualitative assessment of humanitarian interventions through a care lens, e.g. percentage of humanitarian assessments that include care-related questions, number of cash-for-care work programmes implemented and care facilities supported, etc.
- **Include** care in After Action Reviews, donor reports and inter-agency evaluations.

CCCM and shelter

- **Ensure** caregivers (unpaid and paid) participate in camp coordination, camp management, and disaster management committees to better reflect care needs in planning and funding decisions.
- **Tailor** schooling, healthcare and social protection schemes to specific needs of diverse groups. Provide safe, accessible and private spaces for childcare, breastfeeding and elder rest through consultation with caregivers.
- **Provide** on-site care services/support (e.g. design women's empowerment centres in refugee/displacement settings to include care-related services).
- **Design** shelters with the needs of all caregivers in mind. Ensure proximity to care-supporting infrastructure and services and child-friendly spaces, reducing the time caregivers spend on indirect care work and meeting basic needs.

Education

- **Recognize** that parents, nursery staff and teachers (often women, especially in early years education) are critical to achieving education objectives in humanitarian emergencies.
- **Locate** schools and temporary learning facilities to ensure that girls and those with caregiving responsibilities are not exposed to violence.
- **Adjust** education delivery modes to the context while ensuring safe and decent working conditions for teachers and early childcare educators.
- **Provide** cash-for-education to mitigate the risk of school dropouts (i.e. cash to support care responsibilities that might otherwise fall on children, especially girls).
- **Offer** parental counselling, family skills interventions and psychosocial support to help parents cope and protect children during emergencies

SNAPSHOT

Integrated services for refugee families and caregivers

'Blue Dots' are safe spaces for refugees and families fleeing from conflict zones, located at border crossings and major refugee routes, run by UNHCR and UNICEF.[64] Trained caregivers offer immediate support and free services to all people, without discrimination, including food, water, blankets, spaces for children to play and rest, safe spaces for breastfeeding and nursing, and someone to talk to. Blue Dots facilitate family reunification and offer group parenting activities and psychological support for parents. They also provide internet connection, enabling people on the move to stay in touch with family members and access information on their rights, accommodation, safe transportation, medical and mental healthcare, legal counselling, disability support, and protection for those at risk of gender-based violence. Caregivers at Blue Dots aim to provide safety and stability as well as child protection services, with specialized support for persons with disabilities, children travelling on their own, women with young children, and survivors of sexual violence.

Nutrition and food security

- **Map** household care roles in food provision, including fetching, preparing and cooking, to identify time constraints and negative coping strategies among caregivers.
- **Ensure** that the timing and location of food distributions is convenient for caregivers and care recipients, and accommodates the needs of population groups with mobility constraints.
- **Include** ready-to-use food items adapted to local care practices, fuel availability and nutritional needs of all household members.
- **Design** and provide financial support to food security and nutrition programmes that reduce indirect care workloads, e.g. community kitchens.

Care in the Humanitarian Cluster System: Why does it matter?

Camp coordination and camp management (CCCM) and shelter: Integrating care systems into shelter and CCCM ensures safer, more inclusive environments, improves access to essential services, and supports the well-being of caregivers and care recipients.

Education: Caregivers (especially women) are essential to sustaining education in emergencies. Guaranteed safety, decent working conditions and adequate remuneration for nursery staff, teachers and parents is critical to quality care, child development, and learning outcomes.

Food security: Women often act as first responders to household food crises, adopting negative coping strategies detrimental to their health. Strengthening care systems supports the prevention of malnutrition and helps communities and households better prepare for food crises.

Health: Care work is essential to health outcomes in humanitarian crises. Investments in health facilities and services reduce caregiver workload and improve access for at-risk groups.

Protection/Gender-based violence: Caregiving roles can increase protection risks in humanitarian settings. A care lens ensures safe conditions for frontline responders and care workers, in alignment with international principles and standards on duty of care in humanitarian settings.

WASH: Protecting and rebuilding water and sanitation infrastructure – core care-supporting infrastructure – potentially reduces time dedicated to indirect and direct care.

Cash-based interventions: Providing cash to caregivers enables them to prioritize and fulfil their needs and the needs of those they care for in a dignified manner. Cash transfers help target financial resources to the most vulnerable groups with restricted access to care services and livelihoods, including female-headed households and migrant communities.

Livelihoods: Quality and affordable care services enable caregivers to pursue livelihoods, ensuring economic autonomy, well-being and resilience.

Health

- **Ensure** safe, equitable access to health information and services to uphold the right to care and reinforce care infrastructure.
- **Invest** in accessible, quality health services to reduce reliance on unpaid caregivers. Train health workers on gender sensitivity and inclusive care practices.
- **Expand** mobile clinics, community-based health services and telehealth to address access barriers for caregivers, persons with disabilities, older persons and displaced populations.
- **Ensure** decent work conditions for health workers and other humanitarian service providers, including provision of protective equipment and fair wages.

Protection/Gender-based violence

- **Ensure** safe conditions for frontline responders, health workers and care staff, and for individuals exposed to protection risks due to gendered norms around caring.
- **Provide** compensation mechanisms and protection measures for caregivers, including psychosocial support.
- **Conduct** risk assessments for paid and unpaid care workers and care recipients, and implement risk mitigation strategies and security protocols.
- **Provide** legal resources and protection measures for people at risk of gender-based violence while performing care roles, including displaced women and girl refugees, and those in host communities.

Water, sanitation and hygiene

- **Locate** water points, latrines and hygiene facilities close to shelters to reduce time poverty and physical labour of caregivers. Design facilities with adequate lighting, privacy and accessibility, in consultation with women, older persons, and persons with disabilities.

- **Invest** in energy, shelter and health interventions and climate-resilient technology/facilities to restore/rebuild infrastructure for WASH and reduce indirect care work by conflict-/crisis-affected women and girls.

Cash-based interventions

- **Implement** cash-based interventions that reduce caregivers' reliance on risky and exploitative income-generating activities.
- **Prioritize** caregivers in cash transfers and voucher assistance.
- **Develop** eligibility criteria for cash transfers that reflect caregiving realities, such as number of children, household composition and disability status.
- **Design** cash-based interventions that recognize and reward caregivers' contributions to delivery of life-saving humanitarian services.
- **Provide** cash-based payments to build safety nets and enable the transition to resilient social protection systems, which increase preparedness to future crises.

Livelihoods

- **Ensure** that livelihoods programmes accommodate caregiving schedules by allowing for part-time, flexible hours and remote or home-based activities as part of emergency livelihood interventions in refugee and humanitarian settings.
- **Provide** on-site childcare, eldercare and disability support at vocational training centres and work sites in displacement contexts (refugee camps, IDP settlements, host communities).
- **Ensure** duty of care for care workers in livelihoods programmes, including decent work conditions, remuneration and protection.

Advancing localization through partnerships with local women-led organizations

- **Advance** localization by strengthening partnerships with local WLOs, recognizing their essential role in creating and sustaining caregiving spaces in emergencies.
- **Provide** technical support and funding for WLOs and women's rights organizations as well as national and local government authorities to embed care-related policies and interventions that are sustained beyond crisis periods.
- **Facilitate** representation of women-led and women's rights organizations in humanitarian coordination and decision-making (e.g. amplifying women's voices in policy dialogue and needs assessments).
- **Ensure** predictable, long-term and direct funding to WLOs supporting locally led care initiatives in crisis-affected communities.
- **Consult** with caregivers and care recipients to ensure that services are culturally relevant and embedded within existing social networks of caregiving. Collaborate with local service providers managing care centres, health clinics and utilities to ensure continued access to quality services in crisis settings.

ACTIONS TO ADDRESS CARE IN THE WOMEN, PEACE AND SECURITY AGENDA

Care is a strategic enabler of the WPS agenda. Embedding care in peace and security frameworks strengthens participation, prevention and recovery by addressing structural barriers that limit women's agency, and by recognizing care systems as essential peace infrastructure. Systematic integration of care commitments into National Action Plans (NAPs), peace agreements and recovery frameworks ensures that peace dividends translate into tangible gains for women, families and communities.

Global frameworks

- **Use** WPS resolutions, CEDAW General Recommendation No. 30 and regional instruments to advocate for care as a peace and security priority.
- **Ensure** that care is explicitly referenced in the Secretary-General's WPS reports, Peacebuilding Commission conclusions and Security Council debates – framing unequal care as a barrier to participation and care infrastructure as a peace dividend.
- **Present** time-use data and economic cost analyses in global and regional fora, including Peacebuilding Commission and Commission on the Status of Women sessions, to strengthen the case for financing care within peacebuilding strategies, and to track progress.

Peace agreements and transitional justice frameworks

- **Include** provisions in peace agreements that acknowledge the loss and disruption of care systems during conflict and commit to restoring and expanding childcare, healthcare and eldercare services as part of the peace dividend.
- **Establish** implementation and monitoring mechanisms, through relevant ministries and coordination bodies, to track delivery of care-related commitments with clear timelines, indicators and reporting responsibilities.

SNAPSHOT

Integrating care in peacebuilding in Colombia

The 'Final Agreement to End the Armed Conflict and Build a Stable and Lasting Peace' (2016)[65] in **Colombia** was the first peace accord to explicitly recognize women's essential contribution to rural development and to position care as a core element of equality, recovery and sustainable peace. Implementation measures, including the 'Comprehensive Programme for Women's Guarantees for Rural Transformation' – supported by UN Women and civil society partners – link access to land, livelihoods and community care initiatives. While progress has been uneven, Colombia remains a reference for embedding care dimensions in peace agreements and for demonstrating their role in building inclusive, lasting peace.

WPS national and local action plans

- **Integrate** care as a cross-cutting priority in WPS national and local action plans. Include displacement, climate resilience and reproductive rights, with objectives, indicators and targets tied to women's participation, conflict prevention and sustaining peace.
- **Allocate** dedicated resources and establish institutional mechanisms for implementation and monitoring of action plans, drawing on time-use and other gender data.
- **Engage** women's organizations, care providers and CSOs in national and local planning and follow-up, to strengthen accountability and ground actions in community-level peacebuilding priorities.

SNAPSHOT

Integrating care into National Action Plan implementation – Switzerland[66]

In **Switzerland**, the implementation of the Fourth National Action Plan (2018–2022) on Women, Peace and Security — and the consultations informing the upcoming Fifth NAP (2023–2026) — show how participatory monitoring can advance more inclusive WPS implementation. Through the Swiss Civil Society Platform 1325, which collaborates with the Federal Department of Foreign Affairs on NAP follow-up, women's organizations identified caregiving responsibilities and the absence of institutional 'duty of care' measures as key barriers to women's sustained participation in peace and security. Their inputs prompted national discussions on integrating care into NAP indicators, budgets and institutional policies, including measures such as flexible work arrangements and parental leave. This experience illustrates how civil society participation in monitoring can help institutionalize care as an enabling condition for women's meaningful engagement in peacebuilding and conflict prevention, strengthening accountability and coherence across WPS implementation frameworks.

Post-conflict recovery

- **Rebuild** care systems as part of the peace dividend to foster reconciliation, social cohesion and institutional trust.
- **Ensure** recovery strategies address unequal care responsibilities and enable women's participation and leadership in reconstruction, governance and community peacebuilding.
- **Engage** international financial institutions (IFIs) to finance recovery programmes that link care and peacebuilding objectives within national reconstruction frameworks.

Conflict and political analysis

- **Examine** how care roles, responsibilities and access to services affect exclusion from decision-making, access to resources and livelihoods, and exposure to protection risks in gender-responsive conflict analysis. Assess how these dynamics contribute to structural inequalities and interact with drivers of conflict and instability.
- **Use** the findings to inform prevention strategies, peacebuilding priorities and financing frameworks so they address care-related barriers, support redistribution of care responsibilities, and strengthen care systems as part of building resilient and peaceful societies.

Peace processes and governance

- **Provide** dedicated resources and enabling measures to ensure the meaningful participation of caregivers in peace negotiations, political dialogues, governance processes and transitional justice. Measures should include childcare services, safe transportation, stipends, and mental health and psychosocial support, planned and budgeted from the outset and maintained for the duration of the process.
- **Integrate** care considerations into process design by consulting women peacebuilders and caregivers during the planning of timelines, venues and participation formats, and ensure

these are compatible with care responsibilities and do not inadvertently exclude women.

- **Institutionalize** accountability for inclusion by embedding these enabling measures in the terms of reference, financing frameworks and monitoring mechanisms of mediation teams, political missions and national peace architectures. Track participation rates, disaggregate by caregiving status, and use findings to adapt participation strategies and resource allocations.

Resource community-based care spaces as part of peace and recovery architecture

- **Establish** and fund community-based care spaces that provide childcare, psychosocial support and safe environments for dialogue, reconciliation and collective healing in conflict-affected communities. These should be co-designed with local women's and youth organizations and accessible to diverse groups, including displaced populations and survivors of conflict-related violence.
- **Integrate** these spaces into peacebuilding, recovery and transitional justice strategies and budgets so they contribute to social cohesion, support reconciliation processes and enable the sustained participation of women and caregivers in governance and peace processes.

Mediation and dialogue processes

- **Integrate** gender- and care-responsive approaches into mediation training, support and process design so mediators can address how unequal care responsibilities affect participation, negotiation dynamics and the durability of peace agreements.
- **Encourage** mediation teams, envoys and political missions to include care-related provisions in peace agreements and follow-up mechanisms, recognizing care systems as part of social cohesion and the peace dividend.
- **Strengthen** the capacity of mediators and national peace infrastructures to embed care in dialogue frameworks and implementation plans, and engage regional and national women mediators' networks to promote inclusive, care-informed mediation practices.

Transitional justice

- **Document** and address care-related harms through testimony and gender-responsive investigation. Harms includes destruction of care infrastructure, increased unpaid care responsibilities, coerced caregiving, and long-term needs related to conflict-related sexual and gender-based violence, disability and disrupted services. Ensure findings are reflected in truth-telling reports, recommendations and prosecutions.
- **Apply** a gender- and care-responsive lens to harm analysis, recognizing that victims experience violations differently because of unequal care responsibilities and gendered access to services and support.
- **Design** reparations programmes that explicitly include caregivers and care recipients as beneficiaries, addressing care-related harms through individual and collective measures such as compensation, restitution, rehabilitation and guarantees of non-recurrence.
- **Link** guarantees of non-recurrence to rebuilding care systems and community healing, ensuring that institutional reforms strengthen social services, reduce exclusion, and connect truth-telling and reparations processes with memorialization and reconciliation initiatives.

Community violence prevention and local peace infrastructure

- **Integrate** care priorities into community security dialogues, early warning and response systems, and local peace plans.
- **Address** risks linked to caregiving – such as unsafe water points, lack of transport and health clinic closures – to reduce exposure to violence and enable safe participation in community life.

- **Co-design** community care and solidarity mechanisms with women's and youth groups, and connect them with local authorities and peace committees so they can share risk information, mediate tensions and mobilize for collective response during crises.
- **Strengthen** and resource community care and solidarity networks as part of local peace infrastructure.

Security sector reform (SSR)

- **Apply** gender and care analysis in SSR assessments, baselines and planning to ensure that security and justice services respond to the specific needs of caregivers at the community level. Use findings to adapt operational measures, such as providing patrols near water points, safe transport routes, and access to schools, clinics and justice services.
- **Strengthen** accountability and oversight by engaging women's organizations and community care networks in police–community forums, reporting, and feedback mechanisms. Ensure that complaint and referral systems are accessible to caregivers through safe locations, flexible schedules and child-friendly procedures, and that security personnel are trained to address gendered and care-related risks identified by communities.
- **Integrate** gender- and care-responsive workplace measures within police, military and justice institutions, including parental leave, childcare support and flexible deployment, to promote recruitment, retention and staff well-being.

Disarmament, demobilization and reintegration (DDR)

- **Integrate** analysis of unpaid care work into DDR assessments and baselines, drawing on time-use data and gender-responsive household surveys. Identify barriers to participation linked to caregiving, and use findings to inform reintegration planning, service design and monitoring.
- **Apply** minimum care economy standards to guide planning and budgeting and to ensure that reintegration programmes invest in care-supporting infrastructure and services, and incorporate care into performance indicators and accountability frameworks.
- **Adapt** reintegration benefits and services – including training, childcare, healthcare and community infrastructure – to the needs of caregivers. Establish collective services such as childcare centres and laundry facilities, ensure flexible schedules and mobile outreach, and extend access to host communities to promote inclusion and community cohesion.
- **Provide** psychosocial care for ex-combatants and caregivers, including those caring for children born of conflict-related sexual violence.
- **Work** with women's organizations and community care networks to co-design and monitor reintegration initiatives and promote men's participation in caregiving.

Climate security

- **Assess** how climate shocks affect care responsibilities, water and food security, and protection risks. Integrate the findings into programming, early warning systems and resilience planning to prevent escalation of tensions and exclusion of caregivers from decision-making.
- **Embed** care in protection measures for environmental and human rights defenders by providing safe transport, psychosocial support and temporary care arrangements to enable continued activism.
- **Establish** formal participation mechanisms for carers, fund women-led and community-based climate initiatives, and integrate local knowledge of care systems and environmental risks into adaptation and disaster risk reduction plans, policies and financing.

Preventing violent extremism (PVE)

- **Integrate** gender- and care-responsive analysis into PVE and conflict-prevention programming to identify how unequal care responsibilities and resulting exclusion and economic marginalization intersect with drivers of violence and recruitment, particularly among young women and men.
- **Ensure** that national and regional PVE action plans explicitly reference care systems and social infrastructure as part of resilience-building and prevention efforts.
- **Link** PVE strategies with social protection, education and livelihood programmes that redistribute care responsibilities, reduce economic stress, and promote positive and non-violent models of masculinity.
- **Strengthen** and ensure dedicated funding for women's and youth-led organizations that provide care, education and psychosocial support as part of community-based PVE and resilience-building initiatives, recognizing their role in restoring social trust and community cohesion.

ACTIONS TO ADDRESS CARE ACROSS THE HUMANITARIAN-DEVELOPMENT-PEACE NEXUS

Strengthening and transforming care systems is a cross-cutting priority across the Humanitarian-Development-Peace (HDP) nexus. Recognizing care as a foundation for resilience and social cohesion positions it as a shared priority – linking crisis response, recovery and peace efforts in an integrated and holistic manner.

Advocacy, evidence and data

- **Position** care work (unpaid and paid) as a public good to be valued, shared and invested in – not a burden to be reduced in and of itself.
- **Collaborate** with WLOs, peacebuilders, mediators and their networks to reframe narratives that limit women's role in conflict and humanitarian contexts to that of caregivers or reproductive bodies.
- **Organize** awareness-raising and advocacy campaigns to promote shifts in social norms related to how care work is valued and perceived.
- **Adapt** data collection tools to prioritize low-cost, time-efficient methodologies. Ensure data collection and research do not significantly increase caregivers' time poverty or expose them to additional risks.
- **Promote** the collection of care-related data in national statistics and surveys to inform gender- and care-responsive policies.
- **Strengthen** the evidence base, including through economic modelling tools, to demonstrate that care sector investments generate low-carbon decent jobs, reduce gender gaps, lower the risk of conflict relapse and increase resilience to crises.

Policy development

- **Strengthen** care systems before crises and conflicts through integrated policy measures across the 6R Framework (Table 1), ensuring that national care policies, services and infrastructure are resilient, inclusive and designed to redistribute care responsibilities.[67]
- **Establish** clear accountability frameworks in complex emergencies and protracted contexts that define the roles and obligations of states, international and national actors such as local WLOs, and security institutions in ensuring care provision and protecting care-related rights.

- **Promote** policy dialogue between crisis prevention actors, care-relevant sectoral ministries and CSOs, ensuring participation of unpaid caregivers and paid care workers in the development of crisis and conflict prevention plans.

Social protection

- **Ensure** social protection schemes extend to all unpaid and paid caregivers in formal and informal sectors, ensuring conditionalities don't reinforce discriminatory social norms around the gendered division of care work.
- **Use** cash and voucher assistance as a bridge between humanitarian relief and national social protection systems, especially for caregivers and at-risk households.
- **Link** humanitarian care support to long-term social protection policy and programmatic interventions.

Care services and infrastructure[68]

Care services, such as healthcare, early childhood and development centres, care services for older persons, and support services for persons with disabilities, are critical for providing quality care for those who require it and more equitably redistributing the responsibility for unpaid direct care work between households, the state and the market and between women and men, girls and boys.

Care-supporting infrastructure – such as piped water, electricity, sanitation and public transport — is critical for reducing the overall time and energy spent on labour-intensive unpaid domestic care work, or 'indirect care', such as collecting water, cooking, washing and cleaning, and for supporting quality care service delivery.

Livelihoods and inclusive economies

- **Ensure** a life-course approach to addressing care roles and requirements as they shift at different life stages.
- **Consider** women's care responsibilities and potential time poverty in the design of livelihoods interventions, e.g. by providing childcare, psychosocial support and safe mobility measures.
- **Facilitate** access to low-carbon energy- and labour-saving devices and equipment – such as washing machines, energy-efficient stoves and water-harvesting technologies – to reduce the time spent on individual household care tasks such as laundry, food preparation and cleaning.
- **Support** men's caregiving through programmes and campaigns that work with male champions of change and promote positive role models of caring masculinities.

Human mobility and durable solutions

- **Enable** refugees, displaced and conflict-affected populations to access essential care services through international assistance and regional agreements, including in host countries.
- **Support** digital technologies to enable access to telehealth and other types of digital care services for displaced groups or following the disruption/destruction of local healthcare services and facilities.
- **Foster** economic inclusion of refugees and displaced populations through access to decent care jobs in reconstruction, recovery and relief efforts. Link care responsibilities with economic recovery through targeted support for caregivers (e.g. cash-for-care work, microenterprise grants).

Post-conflict and post-disaster recovery and reconstruction

- **Include** women's civil society early in recovery planning to assist with identifying care-related priorities and solutions, especially related to the design and location of care services and infrastructure, economic reform and governance.

- **Undertake** gender analysis to assess care-related needs and priorities and document evidence of gender inequality as drivers of fragility and conflict.
- **Prioritize** repairs to care services and care-supporting infrastructure, such as public transport, water and electricity, to alleviate women's time poverty and enable quality care provision.
- **Expand** care-supporting infrastructure and care services as part of reconstruction to reduce and redistribute unpaid care work, support livelihoods and uphold the rights of those requiring care.
- **Align** financing from IFIs and development banks with national care policies and peacebuilding strategies to expand quality care infrastructure and services as part of inclusive and resilient recovery.

Financing

- **Apply** economic policy analysis tools[69] to estimate care gaps, identify the costs of reducing the gaps through public investments, and estimate the economic and social returns on those investments.
- **Integrate** care priorities into joint financing mechanisms and transition compacts, including pooled funds, to bridge short-term humanitarian support with long-term system strengthening.
- **Apply** gender-responsive budgeting and expenditure tracking to make investments in care visible, measure results and demonstrate their contribution to social cohesion and sustaining peace.
- **Mobilize** coordinated, predictable, multi-year financing to ensure that investments in care systems are predictable and sustained through crisis, recovery and reconstruction phases, and enable WLOs to lead preparedness, prevention and peacebuilding efforts.

Coordination and partnerships

- **Promote** coordination between peace and prevention bodies (such as NAP coordination mechanisms, national prevention taskforces and peace agreement follow-up committees) and care-relevant ministries to ensure care commitments are reflected in strategies, budgets and planning mechanisms.
- **Co-design** care-responsive humanitarian/refugee response and peacebuilding initiatives with women's rights organizations, youth peacebuilders, care providers and community networks, ensuring that prevention, recovery and reconciliation efforts reflect diverse local realities, including those of displaced populations, persons with disabilities and other marginalized groups.
- **Support** governments and CSOs to prepare gender-responsive proposals that integrate care priorities into Peacebuilding Fund projects, transition compacts and recovery plans, ensuring funding reaches local women's and youth organizations.

SNAPSHOT

Promoting caring, non-violent masculinities in Ecuador

In **Ecuador**, the 'Masculinities in Motion' programme[70] has supported safe spaces for men experiencing displacement to reflect on non-violent masculinities, engage in caregiving, and shift family care norms. Through these spaces, men share their emotions and feelings associated with displacement, loss and being confronted by multiple barriers to fulfilling their gender-ascribed role of economic provider. Through facilitated discussions and educational communication tools, men are encouraged to identify individual and collective pathways to fulfil their economic and familial responsibilities, and prevent violence against women, in ways that depart from stereotypical masculinities.

SECTION 5

CASE STUDIES AND BEST PRACTICES

This section provides case studies to illustrate good practices in addressing shifting care needs and responsibilities during humanitarian and peace and security responses. The examples show how disruptions to care systems can offer opportunities to catalyse change and advance gender equality.

CASE STUDY 1: COMMUNITY KITCHENS DURING THE NEPAL EARTHQUAKE RESPONSE

Earthquakes in Jajarkot and West Rukum in Nepal in November 2023 destroyed infrastructure and disrupted food systems. Women caregivers, who were already responsible for fetching water, gathering fuel and preparing meals, saw their care responsibilities multiply. Damaged facilities meant they had to travel longer distances for water and fuel, cook in makeshift facilities, and spend 4-6 additional hours daily on food-related care work. Many women adopted negative coping strategies to care for children and elderly family members and maintain family nutrition – skipping meals, reducing their own food intake and sacrificing rest. Dalit women faced compounded barriers, with caste-based discrimination limiting their access to relief resources and information.

What was done

UN Women and the Feminist Dalit Organization supported a model of women-managed community kitchens, serving 150 households.[71] This included:

- Care-sensitive assessment and design – mapping household care roles in food provision post-disaster, identifying caregivers at risk of negative coping strategies, and designing centralized cooking facilities to reduce the time required for fuel collection, fetching water and preparing meals.
- Women from affected communities managed the kitchens as head and assistant cooks and were compensated for their labour, creating a source of income.
- The kitchens provided culturally appropriate hot meals that met the nutritional needs of all household members, including children and older persons. Flexible distribution arrangements accommodated caregivers' mobility constraints and responsibilities.
- The programme combined food relief with advocacy campaigns and training to challenge gender norms around women's roles.

What was achieved/examples of good practice

- 150 households accessed regular, nutritious meals during the critical recovery period, which eliminated negative coping strategies such as women skipping meals or reducing portions.
- Women cooks were actively involved in disaster management committees and planning, and their expertise informed the response, especially in terms of food and nutrition needs. As a result, they went from being unrecognized caregivers to active stakeholders providing post-disaster recovery services.
- The community kitchens fostered inter-caste harmony through shared meals and collaborative management. As cooks and community leaders, Dalit women challenged caste-based discrimination. This contributed to community security – an important aspect of conflict prevention.
- Financially compensating women for their care work helped challenge social norms around women's roles in disaster response and which forms of work are seen as valuable and skilled.

Key takeaway: This case study highlights that positioning care at the centre of food security programming can deliver multifaceted benefits such

as meeting immediate nutrition needs, recognizing informal and unpaid care responsibilities, strengthening women's leadership, and building social cohesion/community security. When humanitarian actors recognize care activities as central to food security and disaster response, interventions can become vehicles for both responding to crisis and transforming social norms.

CASE STUDY 2: INTEGRATING CARE, SAFETY AND RESILIENCE IN SUDAN

The war in Sudan has devastated public infrastructure, leaving millions of people, particularly displaced women and children, without reliable access to health, protection or psychosocial support. International aid responses have often overlooked and deprioritized women's specific needs, while frontline women activists and caregivers continue to face growing risks without adequate recognition, resources or protection.[72]

What was done

- Grassroots and regional WLOs established 'Women's Emergency Response Rooms', community-based hubs rooted in Sudan's long tradition of neighbourhood solidarity committees.
- The Women's Emergency Response Rooms were designed by and for women, functioning as safe spaces that integrate care, safety and resilience. They offer trauma-informed counselling, security and protection training, information on and access to essential services, and collective spaces for women and girls.
- UN Women provided technical support, trainings and resources to the WLOs, enabling women's centres to operate as hubs for safety, healing and coordination of advocacy efforts.
- Collectively, WLOs across Sudan continue to advocate with donors to secure emergency grants as a non-negotiable for protecting frontline responders, including funding for safe relocations.
- Direct funding supported local women-led initiatives and organizations, creating opportunities for women's leadership in protection and relief, in line with WPS commitments on participation and protection and the IASC Gender Policy.

What was achieved/examples of good practice

- The centres provided a lifeline for displaced women and girls, ensuring access to safety, care and services that were otherwise absent from international responses.
- By embedding care within solidarity networks, the initiative reframed caregiving from unrecognized voluntary labour into dignified, community-led humanitarian action.
- Emergency grants and direct support to WLOs demonstrated how resourcing local women leaders ensures faster, safer and more relevant crisis response.
- The co-designed and women-led hubs proved more responsive and culturally embedded than other interventions, offering lessons for integrating care into humanitarian and peacebuilding systems.
- Over 75 Women's Emergency Response Rooms are now operating across Sudan, serving not only as service providers but as decentralized organizing hubs. Through these networks, Sudanese women have collectively advocated for 50 per cent representation in peace negotiations and governance, directly linking frontline care work with political participation and protection commitments under the WPS agenda.

Key takeaway: Investing directly in WLOs and ensuring their leadership in humanitarian responses is essential. This case study illustrates that flexible

funding, recognition of care work, and partnerships with local women activists create resilient, localized and inclusive care systems in emergencies, while also reinforcing WPS commitments on women's participation, leadership and protection in conflict settings.

CASE STUDY 3: CHILDCARE AS AN ENABLER OF WOMEN'S ECONOMIC INCLUSION IN LEBANON

In the Arab States region, women perform 4.7 times more unpaid care work than men – the highest gender gap globally.[73] In Lebanon, 45 per cent of women who completed economic empowerment training programmes were not in the labour market two to three years later, citing care responsibilities as the primary reason for this.[74] Syrian refugee women in Lebanon face intensified unpaid care responsibilities, further limiting their opportunities to participate in economic activities.

What was done

UN Women, partnering with Lebanon's Ministry of Social Affairs and local NGOs, applied a care lens to humanitarian livelihoods programming, especially for women from low-income groups and Syrian refugees, who faced the biggest barriers to participation. The response included:

- Providing on-site childcare facilities in Social Development Centres (SDCs) and training sites. Children benefited from qualified caregivers, educational activities and safe spaces during women's programme participation.
- Conditional cash-for-care and childcare vouchers to enable sharing of care among households, while training and employing local women as childcare workers.
- Capacity-building for SDCs, which enhanced long-term childcare provision; coordination protocols led to the integration of childcare across humanitarian partners' economic programming.

What was achieved/examples of good practice

- Women's participation in livelihoods and recovery programmes doubled as a result of childcare access; attendance increased from baseline to sustained engagement. NGO respondents confirmed: "Once we started providing childcare, we realized how many mothers would not have joined otherwise."
- Women saved 4 hours daily that was previously spent on caregiving, enabling them to access income opportunities without leaving their children unattended. This resulted in improvements to child safety and nutrition and to women's well-being.
- Local women employed as caregivers gained income, skills and formal employment, elevating care from invisible, unpaid labour to a recognized economic activity.
- Evidence informed Lebanon's national care economy dialogue and integration of childcare into crisis recovery planning, establishing a precedent for sustainable care infrastructure beyond project cycles.

Key takeaway: Childcare is a vital element of crisis response infrastructure. If economic empowerment programmes don't address care responsibilities they fail women twice: first by excluding them from participation due to childcare responsibilities, then by preparing them for jobs they cannot sustain without ongoing care support. The approach in Lebanon demonstrates that integrating childcare at the programme design phase can transform participation rates, economic outcomes, and systemic recognition of care as work deserving compensation and policy investment.

CASE STUDY 4: INTEGRATING CARE INTO POST-DISASTER AND DISPLACEMENT RESPONSE IN AFGHANISTAN

Women in Afghanistan face compounded vulnerabilities where care responsibilities, conflict dynamics and repeated crisis shocks intersect. Since August 2021, women have been systematically excluded from public life, education and most employment while shouldering a disproportionate share of unpaid care work.[75] The Herat earthquake in October 2023 exemplifies how crises multiply care responsibilities. Destroyed infrastructure eliminates water access and sanitation, forcing women to spend additional hours on basic care tasks; food insecurity requires more time sourcing and preparing inadequate rations; and displacement disrupts extended family networks that previously shared care responsibilities.

In this context, humanitarian programming risks further intensifying gender gaps by either ignoring care realities and designing interventions women cannot access due to care constraints, or by relying on women's 'voluntary' community care work without recognition or compensation.

What was done

Two pilot projects demonstrate alternative approaches that recognize, reduce and redistribute care work while supporting women's economic resilience.

Pilot 1: Herat earthquake response[76] – compensating care work: In partnership with CARE International, UN Women supported community-led recovery in Injil, Zinda Jan and Koshk Robat Sangi districts. The project had two elements: women and men built latrines for female-headed households, earning an income; and others trained in food safety and hygiene to operate six community kitchens, providing meals to vulnerable families.

Pilot 2: Returnee response – childcare as an enabler of women's livelihoods: In Nangarhar, UN Women and BRAC Afghanistan supported 350 returnee women with livestock, poultry and tailoring packages, combined with childcare at the Chamtala Community Resource Centre. This enabled mothers to attend training and work without interruption while their children received supervised care. By the end of the project, women were able to reinvest their profits to expand businesses. The model was scaled to Mehtarlam and Surkhrod districts in 2025

What was achieved/examples of good practice

- Through the Herat project, women earned substantial income, enabling them to gain economic independence, establish sustainable livelihoods and access broader markets beyond their communities. Overall, the project supported the recognition of unpaid domestic duties as skilled and valuable work.
- Community kitchens in Herat reduced 3-4 hours of daily cooking time for women in certain households, freeing up their time for rest, childcare, income activities or community participation, while the community benefited from improved sanitation. In the returnee project, mothers were able to participate fully in training while their children received safe, supervised care.
- In Herat, the joint participation of women and men in reconstruction reduced gender segregation in public work, while the community kitchens created shared spaces for food distribution and social interaction. In Nangarhar, returnee women integrated into host communities through shared market activities, with their visible economic contributions challenging perceptions of returnees as burdens and reducing tensions between populations.

Key takeaway: Both projects demonstrate that compensating care work through cash-for-work schemes can help to shift social norms on what is valuable and skilled work, while providing income.

Bundling support into integrated packages – for example, combining dignity/hygiene kits, business start-up assets, skills training, care infrastructure and peer networks – addresses both immediate crisis needs and long-term resilience. Targeting women with the heaviest care responsibilities (female-headed households, widows, pregnant/lactating women, returnees with children) using care-disaggregated data ensures that interventions reach those who are most constrained by unpaid care work.

CASE STUDY 5: CARE IN DISARMAMENT, DEMOBILIZATION AND REINTEGRATION (DDR) PROGRAMMING IN COLOMBIA

In Colombia, reintegration efforts following the 2016 Peace Agreement recognized that unequal care responsibilities were a key barrier preventing women ex-combatants and community members from participating in income-generating and peacebuilding activities. Heavy unpaid care work responsibilities limited women's ability to engage in training, decision-making and leadership roles, while also constraining men's opportunities to assume new roles within their households. Addressing these constraints was therefore essential to promote gender equality and inclusive reintegration.[77]

What was done

- UN Women and partners provided technical assistance and training on gender-responsive reintegration, including guidance on integrating care into planning and monitoring tools.
- Territorial Spaces for Training and Reintegration (ETCRs) established collective services such as childcare centres, community kitchens and laundry facilities to enable women and men to participate in projects, education and community governance.
- Project design incorporated family and community care needs, including children's play areas and spaces for food preparation.
- Capacity-building in ETCRs encouraged women to take on leadership roles and men to participate in caregiving, supporting shifts toward more equitable norms.

What was achieved/examples of good practice

- Collective care services reduced barriers and enabled women ex-combatants to engage in decision-making, skills development and income-generating projects.
- Involving men in caregiving supported more equitable household relations and strengthened social cohesion in reintegration settings.
- Practices from ETCRs informed programme guidance and project design in reintegration, as reflected in UN Women's subsequent 'Gender Mainstreaming Toolkit for Reintegration Processes'.[78]

Key takeaway: Integrating care into DDR programming in Colombia strengthened gender-responsive reintegration and community cohesion. Collective services and inclusive approaches increased women's participation and advanced equality within post-conflict recovery efforts.

CASE STUDY 6: PEACE HUTS IN LIBERIA

In Liberia, women-led Peace Huts have become trusted local mechanisms for justice, healing and conflict resolution in post-conflict and rural settings, where formal institutions are often absent. Rooted in traditional *Palava Huts* but reimagined through women's leadership, they combine psychosocial support, care services and peacebuilding functions, reflecting the principles of the WPS agenda.[79]

What was done

- Since 2004, the women's 'Mass Action for Peace' birthed the concept of the Peace Huts to provide safe spaces for counselling, trauma healing, dialogue, mediation, reconciliation and collective decision-making.
- Since 2009, UN Women has supported Peace Huts with training in leadership, literacy and vocational skills, mediation and conflict resolution, and village savings and loans schemes to strengthen women's resilience and autonomy.
- During the Ebola outbreak in 2014–2015, Peace Huts adapted to provide reproductive health information, care services and mutual support, demonstrating their flexibility in crises.
- Several Peace Huts were integrated into Liberia's National Early Warning and Response Mechanism, with support from UN Women and the Ministry of Internal Affairs. This facilitated two-way communication between communities and national authorities.
- To ensure sustainability, the Peace Hut initiative has been registered as a community-based organization under the laws of Liberia and has expanded its mandate on various thematic areas.

What was achieved/examples of good practice

- By 2019, 38 Peace Huts were active nationwide, each registered as a community-based organization with a governance structure and sustainability plans, and increasingly recognized as part of Liberia's national peace infrastructure.
- As community-based mediation and early warning hubs, Peace Huts have strengthened conflict prevention by resolving disputes locally, addressing grievances before they escalate, and linking communities to protection mechanisms.
- By integrating counselling, healing and economic solidarity into their work, Peace Huts have reframed care practices as part of conflict prevention and social cohesion.
- Village savings schemes and livelihood activities have increased women's economic security and enabled their sustained participation in community and peacebuilding processes.
- Recognition by the Government of Liberia and UN partners, including support from the UN Peacebuilding Fund, has further embedded Peace Huts within Liberia's peace architecture.
- In partnership with UN Women and the Orange Foundation, three Peace Huts have piloted a Digital Centre model, increasing youth participation and economic empowerment.

CASE STUDY 7: PSYCHOSOCIAL CARE FOR WOMEN-LED ORGANIZATIONS THROUGH THE WPHF GLOBAL LEARNING HUB

The UN's Women's Peace and Humanitarian Fund (WPHF), through its Regular Funding Cycle (institutional grants) and 'Window for Human Rights Defenders', has provided psychosocial support to women activists, WLOs and the communities they serve in humanitarian settings, e.g. young adolescents in Syria. CSOs in several countries, including Palestine and the Democratic Republic of

Congo, have conducted sessions on how to address trauma and provided psychological counselling services to their team members.

What was done

- Through the WPHF Global Learning Hub (L-HUB), psychosocial care support was integrated into trainings and knowledge exchange activities.
- Peer-learning grants supported WLOs to co-develop trauma-informed care protocols for self-care and referral pathways adapted to their contexts.
- In 2024, the L-HUB supported WLO representatives in 20 countries through training sessions and resources on providing mental health care and support.

What was achieved/examples of good practice

- Over 78 per cent of participants reported that they found the sessions useful and learned new skills on addressing psychosocial issues, trauma-sensitive programming and tackling stigma around mental health.
- Three WLO peer groups developed well-being strategies and policies for staff protection and trauma healing in Afghanistan, Colombia and Ukraine, reducing the risk of burnout and strengthening women's ability to engage in mediation, advocacy and peacebuilding dialogues.
- Women-led CSOs gained greater visibility and recognition in humanitarian coordination spaces, linking psychosocial well-being to meaningful participation in peace and security decision-making.

Key takeaway: Investing in psychosocial care is a prerequisite for sustaining women's leadership in humanitarian and peacebuilding processes. The WPHF model demonstrates how integrating care into institutional strengthening enables WLOs to remain active and resilient actors in the Women, Peace and Security agenda.

CASE STUDY 8: THE IMPORTANCE OF CARE POLICIES IN PEACE OPERATIONS – THE ELSIE INITIATIVE IN URUGUAY

Unequal care responsibilities remain a persistent barrier to women's participation in peace operations and to the overall effectiveness and representativeness of peace and security institutions. In Uruguay, the Elsie Initiative for Women in Peace Operations, led by the government in collaboration with the UN, Member States and other actors, supports efforts to identify and address barriers to the meaningful participation of uniformed women in United Nations peace operations.[80]

The Measuring Opportunities for Women in Peace Operations (MOWIP) methodology,[81] developed under the Elsie Initiative, provides an evidence-based assessment of institutional barriers to women's participation in military and police institutions. These include barriers linked to unequal care responsibilities that may limit women's availability for deployment, as well as other factors affecting recruitment, retention and advancement. The MOWIP also assesses enablers of participation and identifies good practices that promote gender equality and inclusion.

What was done

- A DCAF policy brief[82] introduced the concept of an institutional duty of care for personnel with family responsibilities, and recommended integrating care through measures such as parental leave, task rotation and flexible work arrangements.

- A MOWIP assessment identified care responsibilities as a key barrier to women's deployment. In response, Uruguay's Ministry of National Defence, in partnership with UN Women and the Uruguayan Agency for International Cooperation (AUCI), operationalized recommendations through the Elsie Project Uruguay.
- The Ministry launched a Family Support Programme for military personnel with children aged under 12, providing financial assistance for school transport and extracurricular activities during deployment. The programme benefits both women and single fathers.
- Implementation of the programme was accompanied by a communication campaign on shared care responsibility within the Armed Forces, promoting a cultural shift.

What was achieved/examples of good practice

- Uruguay's Family Support Programme directly addressed one of four institutional barriers identified in its MOWIP assessment, demonstrating how care considerations can be translated into operational policy.
- Through the programme, the government began to recognize care as an institutional rather than a private responsibility.
- The initiative has enabled more women to participate in peace operations, according to UN Women's documentation on the Elsie Project in Uruguay.
- The initiative aligns with Uruguay's broader National Integrated Care System (SNIC), illustrating how defence-sector measures can complement national care policies and gender-responsive governance.
- Elsie-supported initiatives in Zambia and Ghana are advancing the same duty-of-care approach. In Zambia, the project is reviewing and updating human resource policies to improve work–life balance, including consideration of maternity and paternity leave, deployment and transfer practices, and other family-friendly measures. In Ghana, findings from the MOWIP assessment have initiated dialogue on work–life balance and well-being within the defence sector, including efforts to improve gender-sensitive accommodation and family support structures. Early-stage reforms such as flexible and supportive management practices are laying the groundwork for sustained participation of women in peace operations.

Key takeaway: Integrating care-friendly policies (such as parental and carers' leave, deployment and transfer practices) within security institutions shifts the focus from individual to institutional responsibility. The Elsie Initiative experience shows that embedding care considerations across operational and institutional frameworks strengthens accountability, advances gender equality and inclusion, and enhances the effectiveness of peace operations.

CASE STUDY 9: CARE FOR SOCIAL COHESION IN DISPLACEMENT CRISES IN CENTRAL AMERICA

'Trayectos/Journeys'[83] is a UN Women Regional Office for the Americas and the Caribbean (ACRO) initiative that operates at the intersection of peace and security and humanitarian action to strengthen care-based responses to human mobility crises in Panama, Costa Rica and Honduras. Anchored in UN Women's 'Leadership, Empowerment, Access and Protection (LEAP)' flagship programme, the project exemplifies the 'triple nexus' approach, integrating humanitarian, development and peacebuilding pillars to holistically respond to the rights and needs of women affected by displacement.

What was done

- Trayectos/Journeys provided protection kits and gender-sensitive protection services for nearly 25,000 migrant women and girls, including support for survivors of gender-based violence.
- Child-friendly safe spaces and women-led care initiatives in host and transit communities enabled women to access services and take part in social dialogues.
- The programme supported the design and adoption of Honduras' first national protocol for migrant women in temporary shelters.
- Mobile brigades and extended services were deployed to border areas and San José (Honduras) in response to evolving migration flows and restrictive policies.
- Inclusive partnerships with local organizations expanded reach, ensured cultural and linguistic appropriateness, and strengthened referral pathways.
- The initiative promoted women's voices in regional and intergovernmental processes, such as the Quito Process Gender Working Group and Cartagena+40, ensuring their priorities inform policy.

What was achieved/examples of good practice

- Trayectos/Journeys placed women at the centre of service delivery, advancing the WPS agenda's call for full, equal and meaningful participation.
- It demonstrated that integrating care in displacement contexts is life-saving and contributes to conflict prevention, reducing exclusion and strengthening protection systems.
- Community-led and culturally sensitive responses, prioritizing Indigenous women (Emberá, Guna, Ngäbe-Buglé), contributed to resilient local systems.
- Flexibility in programming enabled it to adapt rapidly to shifting migration patterns and border restrictions.
- The programme showcased the value of social care dialogues as structured spaces for authorities, civil society, migrant populations and communities to address tensions and foster trust.

Key takeaway: The Trayectos/Journeys initiative demonstrates that centring care within humanitarian, peace and development efforts transforms both service delivery and power dynamics. By making migrant women leaders of protection and social cohesion initiatives, it not only addresses urgent needs but also contributes to building inclusive, resilient and peaceful societies in Central America. Care in contexts of populations on the move is not an add-on – it is a cornerstone of protection, empowerment and sustaining peace.

SECTION 6

TOOLS AND RESOURCES

This section provides a list of key tools and resources to support the assessment, design, implementation and evaluation of care-led responses in conflict and crisis contexts.

ASSESSMENT AND ANALYSIS (CROSS-CUTTING)

a. Rapid analysis and assessments

- Oxfam (2016). Rapid Care Analysis. Participatory methodology for managers/facilitators in emergencies. Adaptable to crisis contexts.
- CARE. Rapid Gender Analysis. Step-by-step gender lens for crisis response.
- UN Women. Rapid Gender Assessments. Guidance for survey design and deployment in crises (COVID-19, humanitarian settings).

b. Data collection and measurement

- Oxfam (2020). Measuring and Understanding Unpaid Care and Domestic Work: Household Care Survey Toolkit. Standardized survey for measuring unpaid care and domestic work.
- UNSD. Time-Use study during crises. Adaptable to crisis contexts for quantifying time spent on unpaid care work.
- S. Rai and J. True (2020). Feminist Everyday Observatory Tool. Methods for observing and capturing everyday care dynamics.

c. Intersectionality and ethics

- UN Inter-Agency Network on Women and Gender Equality (2025). Intersectionality Informed Gender Analysis Toolkit.
- Women's Refugee Commission (2023). Ethical Guidelines for Working with Displaced Populations through Programs, Research, and Media.
- ICVA (2024). Guidelines for Co-produced Research with Refugees and Other People with Lived Experience of Displacement.

d. Caregiver well-being

- UN Women Caribbean and EnGenDER (2024). The Caribbean Self-Care Toolkit: Skills to help you live from a place of wellness in times of Crisis and Disaster.
- UNODC and University of Manchester (2021). Resources for Caregiving in Conflict, Crisis, or Stressful Settings.

NOTE:

Different data and methodologies are required and feasible at distinct stages of conflict and crises. Designing data collection tools must be accompanied by appropriate contextual awareness and collaboration with partners. Data collection should abide by ethical research practices and standards, attuned to specific populations and situations, such as populations on the move or in IDP camps. Analyses should also build on existing information and knowledge held by local partners and technical experts, while contributing to knowledge sharing and building publicly available data.

HUMANITARIAN ACTION

a. Standards and frameworks

- WHO (2020). Quality of Care in Humanitarian Settings.
- Global Health Cluster/WHO (2022). Humanitarian Health Quality of Care Toolkit. A field toolkit to measure and improve quality of care in humanitarian health programmes (organized to align with SPHERE standards).

b. Child protection and social protection

- IRC (2023). Caregiving in Adversity. A programming & advocacy framework for the protection of children in humanitarian crises.
- STAAR (2025). Maintaining and sustaining social protection in fragile and conflict settings.
- WHO. Refugee and Migrant Health Toolkit. Tool 8: Sexual and reproductive health, and gender-based violence. Practical guidance to integrate SRH and GBV services for displaced populations.
- WHO. Emergency Care Toolkit. Tools and interventions for emergency units. Supports continuity of essential services to reduce the workload of informal caregivers.

c. Financing and supporting localized humanitarian action

- Oxfam (2021). Funding the Frontline. How an Oxfam Emergency Response Fund facilitated local humanitarian action.
- CARE (2024). Solidarity in Saving: Amplifying Women's Voices in Time of Crises. Showcases how women-led savings groups act as resilience mechanisms during crises, amplifying women's collective voices and care capacities.
- CARE. Emergency Toolkit for integrating gender into an emergency response.

d. Evidence and case-based references

- Oxfam (2018). Rapid Care Analysis in a Rapid-Onset Emergency: Cox's Bazar, Bangladesh.
- UN Women. Women's Resilience to Disasters Knowledge Hub.

PEACE AND SECURITY

a. Standards and frameworks

- WHO (2020). Quality of Care in Fragile, Conflict-Affected and Vulnerable Settings. A global framework for maintaining essential health and care standards in high-risk and disrupted contexts.
- WHO (2024). In The Line of Fire: Protecting Health in Armed Conflict. Framework for safeguarding essential health and care services for civilians and frontline workers amid hostilities.
- UN Women (2022). Guidance Note: Gender-Responsive Conflict Analysis. Offers a methodology for embedding gender dimensions into political and conflict analysis.
- UN Women (2021). Minimum Care Economy Standards in Economic Reintegration Contexts. Establishes normative and technical standards for integrating care into Disarmament, Demobilization and Reintegration (DDR).
- UN Women (2024). Gender Mainstreaming Toolkit for Reintegration Processes. Builds on the 2021 Minimum Care Standards, providing practical tools and methodologies to apply them in reintegration programming.

b. Care, climate and natural resource management for peace

- UNEP, UN Women, DPPA and UNDP (2020). Gender, Climate and Security: Sustaining inclusive peace on the frontlines of climate change. Provides policy and programmatic guidance on how gender inequalities and climate-related risks intersect with conflict dynamics, highlighting women's roles in natural resource governance, adaptation and conflict prevention across climate-affected contexts.
- UNEP, UN Women and UNDP (2019). Promoting Gender-Responsive Approaches to Natural Resource Management for Peace in North Kordofan, Sudan. Examines how integrating gender equality and women's participation in natural resource management contributes to conflict prevention, environmental sustainability and local peacebuilding.
- Knowledge Platform on Gender, Natural Resources, Climate, and Peace. A repository of good practices and research linking environment, gender and peace.

c. Evidence and case-based references

- Peace Women Across the Globe, CFD, Swiss Peace Foundation and KOFF (2022). Centering Care in Women, Peace and Security: Civil society's voice in Switzerland's implementation of the Fourth National Action Plan 1325. Advocates centring care work within Switzerland's WPS implementation by civil society, highlighting gaps and proposing accountability mechanisms.
- K. Merkel (2021). Thematic Review on Gender-Responsive Peacebuilding. UN Peacebuilding Fund. Examines how gender dimensions are integrated in peacebuilding systems and identifies gaps in application.

d. Security institutions and organizational practices

- M. Ghittoni, L. Lehouck and W. Callum (2018). Elsie Initiative for Women in Peace Operations. Baseline Study. DCAF. Maps women's participation in UN peace operations, identifies institutional barriers to recruitment, retention, deployment and promotion, and outlines measures to enhance participation.
- DCAF (2021). The Duty of Caring: Policy Brief 1A, Elsie Initiative. Shows how international organizations overlook staff with caring responsibilities and recommends flexible work, job-sharing and childcare support to advance inclusion and gender equality.
- DCAF (2022). Caring for Carers in International Organisations: Policy Brief 1B, Elsie Initiative.
- Monash University – Monash Gender, Peace and Security Centre (2025). Early Research Outputs – Elsie Initiative for Women in Peace Operations. Presents emerging findings and analytical insights from ongoing research under the Elsie Initiative, focusing on institutional change and gender-responsive approaches in peace operations.

HUMANITARIAN-DEVELOPMENT-PEACE (HDP) NEXUS

a. Standards and frameworks

- United Nations (2024). Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda. UN System Policy Paper.

b. Financing and economic analysis

- AAIB and UN Women (2025). Financing Care Infrastructure. An Opportunity for Public Development Banks to Pave the Way for Tomorrow's Equality.
- UN Women (2024). Engendering Fiscal Space: A policy framework for financing gender equality.
- UN Women and ILO (2021). A Guide to Public Investments in the Care Economy.

c. Childcare and social protection

- UN Women (2021). The Necessity of Childcare Services During Women's Economic Empowerment and Livelihoods Programming in Lebanon.

d. Evidence and case-based references

- ESCWA (2024). Care in war and conflict: A pathway to dignity and recovery.
- UN Women (2021). Measuring Time Use: An Assessment of Issues and Challenges in Conducting Time-Use Surveys with Special Emphasis on Developing Countries. Methodological Inconsistencies, Harmonization Strategies, and Revised Designs.
- Refugee Self-Reliance Initiative (2024). Self-Reliance Index. Version 3.0: Indicators to measure progress towards self-reliance.

CARE TOOLS IN ACTION

Oxfam's Rapid Care Analysis (RCA)[84] supports practical solutions that reduce daily time and labour for housework and care demands, such as improving water networks in host communities. It uses participatory workshops with women, men, girls and boys, including from refugee and host communities, to pinpoint what is needed to better support and reduce unpaid care work. This process generates actionable recommendations but also raises awareness and drives change toward gender equality by making visible the gender disparities in time use and care roles. When integrated with other analyses – such as those on protection, gender norms or conflict-sensitivity – the RCA can inform gender-transformative approaches and strengthen programming across clusters.

The International Rescue Committee's (IRC) Caregiving in Adversity framework[85] takes a transformative approach by addressing childcare and social norms within a cross-sectoral context. Rather than treating care in isolation, the framework explicitly links it with protection, recognizing their interdependence in humanitarian settings. It offers both a theory of change and practical tools to guide programming, demonstrating how investments in care can catalyse shifts in harmful social norms. This programmatic approach aligns with several humanitarian strategies and pillars, and serves as an example of holistic, cross-sectoral care services co-designed with local actors and communities.

In Bangladesh, the Inter-Sector Needs Assessment[86] in 2025 incorporated questions specific to caregivers' needs and challenges they were facing. The assessment identified caregiving responsibilities as a barrier to generating income and measured the total hours spent on domestic and care work, among other data relevant to applying a gendered perspective.

ANNEX 1

GLOSSARY OF TERMS

CARE: The UN system[87] recognizes that "care sustains all forms of life and is central to the well-being of people and the planet. Care can be understood as 'a species activity that includes everything we do to maintain, continue and repair our world',[88] while the four phases of care can be understood as 'caring about, taking care of, caregiving and care receiving.'"[89] This Guidance Note adopts UN Women's expansive conceptualization of care, which includes unpaid and paid care work, indirect care activities, and environmental and communal care.[90] These encompass acts of caring for oneself, for others and for the planet. In contexts of crisis and conflict, care becomes life-saving,[91] requiring a broadened understanding of who provides care, who needs care and what activities this entails – including forms of support, protection and assistance that uphold dignity, autonomy and equal participation for all.

CARE ECONOMY: The care economy is a sub-area of the economy. It encompasses both paid and unpaid labour and services that support caregiving in all its forms, including across health, employment and education. It includes activities carried out in households, communities and formal institutions. Strengthening the care economy promotes gender equality, social well-being and economic resilience.

CARE SYSTEM: Care systems encompass legal and policy frameworks, data systems, care services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms that shape the social organization of care. In transformative care systems, these components are integrated to ensure an equitable distribution of care responsibilities with the state playing a primary role and care placed at the centre of development models, grounded in a rights-based and intersectional approach that advances gender equality, autonomy and well-being for all.[92] Resilient and adaptive care systems[93] are critical for crisis and conflict preparedness, response, recovery and rebuilding.

CARE WORK: Care work refers to any labour, paid or unpaid, that ensures direct care of persons, such as caring for children, the sick, older persons, or persons with disabilities, and indirect tasks that support direct care, including gathering and transporting water and firewood. These activities are essential to the survival, safety, protection and well-being of people, oneself, and the planet, yet are often devalued.

CONFLICT: Conflict is defined by the UN not simply as the outbreak of violence but as a condition of disrupted societal relationships and institutions, where underlying tensions – whether political, economic, environmental or social – undermine peace, human rights and development. As articulated in the Sustaining Peace resolutions (A/RES/70/262 and S/RES/2282, 2016), conflict and peace are not opposites but exist on a continuum, with overlapping phases of prevention, escalation, crisis and recovery. This Guidance Note takes an expansive definition of conflict that incorporates a broad range of conflict situations including interstate conflict, intrastate conflict, transnational conflict dynamics, cross-border tensions, military occupations and siege, genocide, armed conflict involving state and non-state actors, urban conflict, prolonged insecurity, climate insecurity and conflict, and gender-based violence as a tactic of control and repression, among others. It also recognizes the role of structural inequalities, governance failures and systematic violations of international law as both drivers and consequences of conflict.

CONFLICT PREVENTION: The UN Sustaining Peace agenda (A/RES/70/262 and S/RES/2282) emphasizes the importance of conflict prevention measures across all phases of a conflict cycle, including early action to address root causes, provide opportunities, ensure safety and security, and promote inclusive governance, as well as addressing grievances linked to exclusion from access to power.[94] These measures should address both the structural and immediate drivers of conflict, including their gendered dimensions, through gender-sensitive and targeted programming, strengthening women's meaningful participation in peacebuilding and addressing the root causes of conflict, including the unequal distribution of care responsibilities and access to care services. Effective conflict prevention also requires coordinated, context-specific approaches that integrate humanitarian, development and peacebuilding efforts, and that engage local communities, civil society and affected populations, including those at risk of being left behind.

HUMANITARIAN CRISIS: A serious disruption to the functioning of a community, society or system involving widespread human, material, economic or environmental impacts that exceed the affected population's capacity to cope using its own resources. Crises may result from armed conflict, natural hazards, climate-related disasters, pandemics or other shocks, and can be sudden-onset or protracted, including those resulting from prolonged or recurring armed conflict. In the UN context, the term encompasses humanitarian emergencies and other situations requiring urgent, coordinated action to save lives, protect rights and support recovery.

DISASTER RISK REDUCTION (DRR): In line with the Sendai Framework for Disaster Risk Reduction,[95] DRR refers to the comprehensive approach of preventing the creation of new risks, reducing existing risks, and managing residual risks to strengthen the resilience of and minimize disaster-related losses in the economic, physical, social, cultural and environmental assets of people, businesses, communities and countries.

DISARMAMENT, DEMOBILIZATION AND REINTEGRATION (DDR): A set of processes supporting the disbanding of armed groups, the disposal of weapons and the sustainable reintegration of ex-combatants into civilian life. Gender-responsive DDR ensures the full inclusion of women and girls associated with armed groups, and programmes that address their care responsibilities, protection needs, and access to economic and social reintegration. UN standards on DDR recognize childcare, psychosocial support and health services as essential components of reintegration support.

FRAGILE AND CONFLICT-AFFECTED SETTINGS: The term describes a range of situations, including humanitarian crises, protracted emergencies, prolonged disruptions to essential public services or governance, and armed conflicts, often compounded by displacement and insecurity, that are caused by a variety of factors such as climate-related disasters, political or economic collapse or violent conflict.[96]

GENDER-RESPONSIVE CONFLICT ANALYSIS (GRCA): A structured process that explores systems of power, institutions and stakeholders to understand the root causes, triggers and drivers of conflict and resilience through a gender lens. It assesses how gender roles, norms and power relations shape and are shaped by conflict and peace. As defined by UN Women, GRCA informs more effective peacebuilding by using sex-disaggregated, intersectional, context-specific data to analyse how conflict affects diverse groups differently and to design interventions that promote gender equality, human rights, and inclusive recovery,[97] including in transition planning.[98] GRCAs extend conventional conflict analysis by systematically including gendered access to resources, division of labour, and the impact of disruptions to care systems, in line with UN Women's GRCA methodology.

GENDER-RESPONSIVE PEACEBUILDING: A comprehensive approach that systematically integrates gender equality and the rights of women and girls across all peacebuilding efforts – from conflict prevention and mediation to recovery, reconstruction and reconciliation, in both formal and informal settings. It promotes women's and young women's leadership and meaningful participation, addresses structural inequalities, and ensures peacebuilding institutions and outcomes are inclusive, accountable and sustainable. Grounded in both the WPS and YPS agendas and the sustaining peace framework, it positions gender equality as fundamental to conflict prevention, justice and security,[99] and as a prerequisite for lasting and inclusive peace. In practice, this entails integrating care provisions into peace agreements, transitional justice, DDR/SSR and recovery frameworks, and resourcing women-led care initiatives as part of peace dividends.

INFORMALITY: The 'informal economy' encompasses the diversified set of economic activities, enterprises, jobs and workers that – in law or in practice – are not (or are insufficiently) regulated or protected by the state.[100] In many countries, informal employment represents a significant part of the economy and labour market and plays a major role in production, employment creation and income generation. An estimated 61 per cent of the world's workers are informally employed.[101]

NATIONAL ACTION PLANS (NAPS) ON WPS: Policy frameworks developed by UN Member States to localize and implement the WPS agenda. They serve as strategic tools to translate global commitments articulated in UNSCR 1325 and subsequent WPS resolutions into domestic planning and policymaking. NAPs can outline priority areas, implementation and financing mechanisms, and monitoring and evaluation frameworks. As of 2025, 113 countries have adopted NAPs to articulate national commitments across sectors such as defence, foreign policy, justice and development. They often incorporate civil society input and serve as accountability tools for advancing gender equality in peace and security.[102]

PEACEBUILDING FUND (PBF): The UN's primary financial instrument to invest in conflict prevention and sustaining peace in conflict-affected countries. It provides fast, flexible and catalytic funding for inclusive peacebuilding efforts, with a strong emphasis on gender equality. The PBF serves as a key mechanism for joint UN responses across the Humanitarian-Development-Peace (HDP) nexus, connecting development, humanitarian, human rights and peacebuilding pillars.[103] Over 40 per cent of PBF funding has been allocated to projects advancing gender equality, and dedicated funding windows support women- and youth-focused initiatives.[104]

SOCIAL ORGANIZATION OF CARE: Refers to how men and women in all their diversity, households, the state, the market and communities participate in the responsibility for, provision of, access to and distribution of care. It is a dynamic configuration that can vary according to the territory and the cultural, economic and social characteristics of each context. Transforming the social organization of care is key to achieving women's autonomy and equality, the human rights of caregivers and receivers, and sustainable development for all.[105]

SUPPORT: A concept established under the Convention on the Rights of Persons with Disabilities. Support is the act of providing help or assistance to someone who requires it to carry out daily activities and participate in society. Being a recipient of support and offering support to others are roles we all share, regardless of impairment, age or social status.[106] Support workers and support givers provide assistance to persons with disabilities in their daily life, not to simply meet recipients' basic needs but also to enable their participation in society with dignity and autonomy.

SUSTAINING PEACE AGENDA: A UN framework adopted in 2016 (A/RES/70/262; S/RES/2282) that defines peace and conflict as a continuum, and calls for holistic approaches to conflict prevention, peacebuilding and long-term resilience. Sustaining peace requires addressing the root causes of conflict through inclusive institutions, accountable governance, full respect of human rights and sustainable development. Gender equality and women's participation are recognized as foundational to sustaining peace.[107]

THE CARE DIAMOND: A conceptual framing by Shahra Razavi to describe the four sectors of society responsible for care provisioning: families/households, the state, markets, and not-for-profit/community.[108]

6R FRAMEWORK: The '6Rs' (Recognize, Reduce, Redistribute, Reward, Represent, Resource) can be used to identify the objectives and impact of care-related interventions. The framework is a human rights-based and transformative approach to public policy, grounded in gender equality and social justice. It has evolved over the years: from 3Rs by Diane Elson in 2008, to 4Rs by Oxfam and ActionAid in 2014, to 5Rs by the ILO in 2018, and most recently incorporating a sixth cross-cutting 'R' of Resourcing by the United Nations in 2024.

TIME POVERTY: Refers to the situation where individuals, often women and girls, have limited or no time for rest, leisure, personal activities or participation in public life due to their load of responsibilities, particularly unpaid care and domestic work. Time poverty also refers to the reduced opportunity to make decisions regarding time allocation.[109]

WOMEN, PEACE AND SECURITY (WPS) AGENDA: A global framework of commitments by UN Member States to promote the leadership, participation, protection and rights of women in situations of conflict and crisis. Anchored in UN Security Council Resolution 1325 (2000) and expanded through nine subsequent resolutions, it affirms that women's full, equal and meaningful participation is essential to preventing conflict and building sustainable peace. CEDAW General Recommendations Nos. 30 and 35 complement this agenda by clarifying legal obligations to protect women's rights in all conflict-affected and post-conflict contexts, including diverse and non-traditional settings.[110] While the WPS agenda was initially framed around situations of armed conflict, it now encompasses a wider range of crises. CEDAW General Recommendation No. 30 confirms its relevance in contexts such as internal strife, foreign occupation, organized crime, climate insecurity and other situations of instability where women are both impacted by and essential to peacebuilding.

YOUTH, PEACE AND SECURITY (YPS) AGENDA: An intergovernmental framework established through UN Security Council Resolution 2250 (2015) and reinforced by Resolutions 2419 (2018) and 2535 (2020). It recognizes the essential role of young people in peacebuilding and calls for their full and meaningful participation in peace and security processes. Resolution 2535 includes specific emphasis on young women, and urges support for youth-led initiatives, leadership and decision-making.

ANNEX 2

KEY NORMATIVE FRAMEWORKS

The following is an indicative list of key normative frameworks that underpin global agendas related to humanitarian action, the Women, Peace and Security agenda, and transforming care systems.

HUMANITARIAN ACTION

Gender-responsive humanitarian action is guided by the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (2024) and the Gender Handbook for Humanitarian Action (2018). This is operationalized through Gender in Humanitarian Action Working Groups at country and regional level, as well as the Gender Reference Group at global level.

WOMEN, PEACE AND SECURITY AGENDA

The Women, Peace and Security (WPS) agenda is anchored in the 10 UN Security Council resolutions (1325, 1820, 1888, 1889, 1960, 2106, 2122, 2242, 2467 and 2493) and twin resolutions on Youth, Peace and Security (2419 and 2535).

THE SUSTAINING PEACE AGENDA

Two landmark resolutions adopted in 2016 laid the foundation for the United Nations approach to sustaining peace. UN General Assembly Resolution 70/262 and UN Security Council Resolution 2282 (2016) define sustaining peace as a goal and a process to build a common vision of society and to ensure peace is maintained before, during and after conflict. Both resolutions call for coherent, coordinated and inclusive action across the humanitarian, development and peace pillars, with national ownership, prevention and participation at their core.

TRANSFORMING CARE SYSTEMS

Numerous conventions, international human rights treaties, and labour standards and their protocols exist that support and enable the 6R agenda towards the transformation of care systems.[111] Since 2020, the following global resolutions that recognize the care economy and care systems as thematic issues have been adopted:

- UN GA Resolution 77/317 to observe an annual International Day of Care and Support on 29 October.
- UN HRC Resolution 54/6 on the centrality of care and support from a human rights perspective.
- UN ECOSOC Resolution 2024/4 promoting care and support systems for social development.
- ILC Resolution V concerning decent work and the care economy.
- WHA Resolution 78.16 accelerating action on the global health and care workforce by 2030.

ANNEX 3

KEY STAKEHOLDERS TO SUPPORT CARE-LED INTERVENTIONS IN CONFLICT AND CRISIS SETTINGS

Government and public institutions: Gender departments in ministries, ministries in charge of social protection and welfare schemes, national and regional development departments, municipal service providers, disaster risk management authorities, peace and security institutions such as ministries of peace/reconciliation, local peace committees, transitional justice bodies and ministries of humanitarian affairs.

UN agencies: OCHA, (including the Country-Based Pooled Funds and their Advisory Boards), UNHCR, IASC Reference Group on Gender and Humanitarian Action, Gender in Humanitarian Action (GiHA) and Cash Working Groups, and thematic clusters. In peace and security contexts, UN Women (linking WPS/YPS with care), Department of Political and Peacebuilding Affairs (DPPA) and Department of Peace Operations (DPO) (in contexts where peace operations and political missions address care in relation to SSR, DDR or recovery planning), and Peacebuilding Support Office/Peacebuilding Fund (PBF) (when financing and sustaining peace strategies to integrate care as part of resilience and social cohesion).

Civil society: Regional women's associations and advocacy groups, care worker unions and collectives, faith-based organizations, youth-led initiatives, diaspora aid networks, neighbourhood associations and housing collectives. In conflict-affected contexts, this also extends to women's rights and peacebuilding organizations, youth peace networks, and local mediators or traditional leaders whose engagement in care provision can influence trust, resilience and conflict prevention.

Financial institutions: Multilateral banks and international finance institutions, national social protection funds and peacebuilding financing mechanisms (e.g. PBF, pooled funds) that can support care systems as part of recovery, resilience and sustaining peace strategies.

Service providers: Utility companies, microfinance institutions, digital companies, transport operators, private healthcare and education providers, and local cooperatives offering livelihood or social services. In conflict and crisis settings, this can also include informal or community-based providers that temporarily fill gaps in essential care services.

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