Responsible partnerships with women-led organizations for SRH and GBV integration

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1. Introduction

Despite long-standing global commitments to localization and gender equality in humanitarian action, partnerships with local and national women-led organizations (WLOs) often remain limited and underfunded. Frameworks such as the Grand Bargain, the Charter for Change, the 2025 Humanitarian Reset, the Call to Action on Protection from GBV in Emergencies, and the Women, Peace and Security (WPS) agenda have recognized and proposed measures to advance the critical role of national and local WLOs in leading effective, contextually grounded responses, particularly in gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) programming.[1, 2, 3, 4, 5, 6] However, structural and resource imbalances continue to limit equitable partnerships, and funding mechanisms often fail to reach local small-scale WLOs directly. The COVID-19 pandemic and recent funding crises have further highlighted the indispensable role of WLOs, but with a few exceptions, such as the coordination of the GBV working groups, they are not yet consistently included in the leadership and decision-making roles they are well placed to fulfil.[7]

Humanitarian crises disproportionately affect women and girls, who face heightened risks of GBV, limited access to essential services, including sexual and reproductive health (SRH) services, and exclusion from decision-making processes that directly impact their lives and communities. WLOs often serve as first responders, community leaders, and agents of transformational change. They are uniquely positioned to improve humanitarian outcomes for women and girls through their deep contextual understanding, community-rooted presence, greater access to affected populations, and ability to navigate complex political systems, and address underlying gender inequalities and harmful social norms within their communities.[8]

However, WLOs working at national and local levels often have limited power and resources to drive the changes they envision for their communities, despite being the primary conduit through which the international system learns about the challenges and stated needs of local women and girls. While there is widespread rhetorical support for women's leadership and participation as pivotal to achieving gender equality and empowering women and girls in crisis situations, the lack of consensus on implementation, combined with persistent underrepresentation of women's needs and roles in emergency response interventions, underscores the urgent need for humanitarian action to find new ways of working that genuinely centre diverse women, girls and the WLOs that serve them.

1 IRC, *Why not local? Gender-based violence, women's rights organisations, and the missed opportunity of COVID-19* (New York, 2021). Available at https://www.rescue.org/sites/default/files/document/6378/irc2021whynotlocalgbvreport.pdf (accessed on 12 July 2025).

2 IRC, *In their own words; How to make funding and partnerships work for women's organisations delivering gender based violence services in Yemen* (New York, 2025). Available at https://www.rescue.org/sites/default/files/2025-07/WPE%20Policy%20brief.pdf (accessed on 12 July 2025).

3 GBV AoR, *Promising practices for partnerships supporting national and local women's organisations and groups undertaking GBV prevention and response programming in emergencies* (no date). Available at https://gbvaor.net/sites/default/files/2019-11/Partnerships%20Supporting%20National%20and%20Local%20Women%E2%80%99s%20Organisations%20Undertaking%20GBV%20Prevention%20and%20Response%20Pograming.pdf (accessed on 12 July 2025).

4 GBV AoR and others, *Women-led organizations; Leadership in GBV coordination resource package* (no date). Available at https://gbvaor.net/node/1834 (accessed on 12 July 2025).

5 GBV AoR, *Gender-based Violence (GBV) Localization: Humanitarian Transformation or Maintaining The Status Quo? A Global Study On GBV Localization Through Country-level GBV Sub-clusters*, (2019). Available at https://resourcecentre.savethechildren.net/pdf/GBV-Localization-Mapping-Study-Full-Report-FINAL.pdf (accessed on 12 July 2025).

6 Action Aid, *Perspectives from local women-led organisations and women's rights organisations* (no date). Available at https://actionaid.org/publications/2020/joint-agency-report-humanitarian-funding-partnerships-and-coordination-covid-19 (accessed on 12 July 2025).

7 CARE, *Women responders; Placing local action at the centre of humanitarian protection programming* (2018). Available at https://insights.careinternational.org.uk/publications/women-responders-placing-local-action-at-the-centre-of-humanitarian-protection-programming#:~:text=It%20explores%20the%20challenges%20faced,includes%20a%20guidance%20note%20for (accessed on 12 July 2025).

8 Global Health Cluster, *Best practices linking SRH GBV coordination in emergencies*, no date. Available at https://healthcluster.who.int/docs/librariesprovider16/meeting-reports/best-practices-linking-srh-gbv-coordination-in-emergencies--report-april-2025.pdf?sfvrsn=ab476ad7_3 (accessed on 12 July 2025).

This guidance note targets national and international humanitarian staff working in the GBV (protection) and/or SRH (health) sectors. It aims to highlight the importance of sustainable WLO partnerships when improving safety and health outcomes for diverse groups of women and girls in humanitarian settings, and provide guidance on how to effectively, equitably and ethically partner with WLOs for this aim. This document refers to women and girls as the primary targets of integrated SRH and GBV services. This is due to structural and systemic gender inequality and discrimination, which leads to significantly higher risks of GBV and to a lack of safe and equitable access to SRH services compared with men and boys.[9] People with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) also face heightened risks and have the right to comprehensive SRH and GBV services during crises and displacement. Finding safe and appropriate entry points should be explored as part of the SRH and GBV integration programming.

1.1 Methodology

This guidance note was developed through an online desk review and builds on existing research, case studies, guidance notes, website content, global frameworks and policy documents published by national and international non-governmental organizations (NGOs), the United Nations Population Fund (UNFPA), the gender-based violence Area of Responsibility (GBV AoR), and humanitarian consortia in the period from 2018 to 2025. Inclusion criteria were mainly resources that represent the voices and views of WLOs, and resources that highlight the efforts of localizing humanitarian efforts when focusing on protection and health programming for women and girls. Most of the resources used focus on sector-wide or sector-specific efforts of WLO engagement, but in this guidance, they are used in the context of SRH and GBV integrated programming for women and girls. Specific texts and illustrations on accountable WLO partnerships were compiled, analysed, and artificial intelligence was used to refine the final language.

9 Humentum, Transforming INGO models for equity (website). Available at https://humentum.org/our-initiatives/time/? (accessed on 12 July 2025).

2. SRH and GBV integration in humanitarian settings

SRH and GBV programming are intrinsically connected for multiple reasons. Both sectors primarily serve the same populations: diverse groups of women and adolescent girls who face the greatest challenges in accessing SRH services safely and who are also at the highest risk of various forms of GBV.[10] The services that are most difficult to access, such as GBV care, family planning, abortion care and treatment for sexually transmitted infections, are often the most stigmatized and, in some contexts, so controversial that seeking them can place women and girls at further risk if their need becomes known.[11] Delivering these services requires a deliberate, rights-based approach, and achieving this is essential to advancing gender equality and safeguarding the rights of women and girls in all their diversity.[12, 13]

Despite their life-saving importance, both SRH and GBV remain significantly underprioritized in humanitarian policy and funding. From the onset of conflict through protracted crises, women and girls, especially those from minority or marginalized groups, experience disproportionate disadvantages as access to critical SRH and GBV services deteriorates. In humanitarian settings, SRH-related complications are among the leading causes of death for displaced women and girls, underscoring the urgency of integrated responses. By combining resources, expertise, and delivery mechanisms, integration has the potential to increase resilience, cost-effectiveness, and reach.[14] It is, however, important also to understand and respect that in spite of their overlapping interests, SRH and GBV are fundamentally different subsectors with distinct mandates, approaches and ways of working.

Given these deep interconnections, SRH-GBV integration has existed in various forms for decades. In recent years, efforts to link the sub-sectors through shared safety, health, and well-being outcomes across inter-agency coordination, cluster systems, and donor frameworks have generated welcome momentum towards more effective, survivor-centred humanitarian action.

10 IRC, *Being more responsive to the needs, concerns and wishes of women and girls through our WPE-SRH collaboration and shared outcomes* (2024).

11 UNFPA, *Stronger Together: Integrating Gender-based Violence and Sexual and Reproductive Health Approaches in Humanitarian Settings* (New York, 2024) Available at https://arabstates.unfpa.org/sites/default/files/pub-pdf/gbv_srh_strong_together_33_b_pages.pdf (accessed on 12 July 2025).

12 Countdown 2023 Europe, *Sexual and Reproductive Health and Rights (SRHR) must be part of the Women, Peace, and Security (WPS) agenda* (New York, 2024). Available at https://www.countdown2030europe.org/wp-content/uploads/2024/04/FACTSHEET-WPS-SRHR-factsheet_v4.pdf (accessed on 12 July 2025).

13 COFEM, *Feminist movement building: Taking a long-term view* (2018). Available at https://cofemsocialchange.org/wp-content/uploads/2018/11/TS10-Feminist-movement-building-Taking-a-long-term-view.pdf (accessed on 12 July 2025).

14 Global Health Cluster, *Joint Operational Framework* (2023). Available at https://healthcluster.who.int/docs/librariesprovider16/meeting-reports/jof-health-and-protection-022023.pdf?download=true&sfvrsn=4a3176bb_5 (accessed on 12 July 2025).

3. Rationale for WLO partnerships when integrating SRH and GBV programming

The rationale for partnering with WLOs in humanitarian programming for women and girls is grounded in their unparalleled capacity to respond quickly and deliver effective, culturally appropriate, context-specific and transformative interventions that address the complex intersections of SRH and GBV. Their embedded position within local communities enables them to foster levels of trust and acceptance with authorities, community leaders and residents that international organizations often struggle to achieve. This is particularly evident in patriarchal contexts, where WLOs navigate cultural sensitivities through creative strategies such as using culturally acceptable terminology, embedding SRH and GBV within broader programmes, or working through informal negotiation channels to secure approval without legal repercussions.[15] As grounded experts with intimate knowledge of local realities, WLOs bring the contextual understanding essential for programming that adheres to global standards while being adapted to unique local contexts, ensuring that interventions are women-centred, culturally relevant, and gain community acceptance rather than simply asking local partners to implement pre-designed programmes.[16] Examples of such efforts are contextualized demand creation and access, community sensitization and acceptance, advancing the agenda on women's rights, delivering empowerment interventions and case management services based on qualifications, and shaping SRH and GBV programming throughout the programme cycle by engaging women and girls in accountable feedback mechanisms, etc. However, WLO engagement needs to be aligned with their vision and mission and respect national regulations, which often exclude health service delivery.

Evidence demonstrates that WLOs are particularly well positioned to reach women and girls experiencing multiple and intersecting forms of discrimination, such as persons with disabilities, older women, widowed or divorced women and people with diverse SOGIESC. Through their ability to leverage social capital and networks, they provide spaces for women's voices and leadership, and contribute to interventions that are gender transformative and sustainable. Meaningful WLO engagement can strengthen localization by ensuring that humanitarian responses benefit from women's leadership, contextual expertise and sustained community engagement. Partnerships should be designed to support equitable participation, shared decision-making and sustainable local capacity.

15 CARE, *Enhancing women's participation and leadership in humanitarian action* (2024). Available at https://www.care.org/resources/enhancing-womens-participation-and-leadership-in-humanitarian-action/ (accessed on 12 July 2025).

16 IRC, *Contextualising GBV prevention and response; Rhetoric or Reality for WROs and WLOs in humanitarian contexts* (New York, 2024) Available at https://gbvresponders.org/wp-content/uploads/2025/02/WPE-Policy-Report-EN-1.pdf (accessed on 12 July 2025).

4. Advancing WLO partnerships in humanitarian settings

4.1 Types of partnerships

Partnerships between international non-governmental organizations (INGOs) and WLOs in humanitarian settings vary in form, intent and depth of engagement, often shaped by the operational context, funding mechanisms and institutional approaches to localization. The most common model is **subcontracting**, where WLOs are engaged to implement pre-designed projects with limited influence over strategic decisions. These partnerships tend to be short term, transactional and primarily focused on programme delivery rather than long-term capacity strengthening. In contrast, some INGOs adopt a more transformative approach by **supporting locally led responses** and partnering with WLOs that possess the strategic vision and contextual expertise to lead programming particularly in protracted crises or recovery phases. Here, the role of INGOs shifts towards facilitating funding, building capacity and supporting institutional development. A third model involves **seconding international technical staff** into national or local organizations during emergencies, with the intent of strengthening service delivery and fostering technical skills transfer. While this approach can enhance capacity when built on mutual respect and shared vision, it has sometimes been critiqued as paternalistic if not carefully managed, and should ideally be demand driven.

Across all models, the nature of partnerships is often influenced by individual INGO staff attitudes, organizational policies and procedures, especially around financial management, donor compliance requirements, and the prioritization of scale and cost-efficiency. Such factors can exclude and marginalize smaller WLOs despite their unique expertise and community embeddedness.

4.2 Common barriers to advancing equal WLO partnerships

WLOs are vital actors in humanitarian contexts, especially in delivering or supporting life-saving SRH and GBV services. Despite growing global commitments to localization and gender equality, WLOs continue to face entrenched barriers in many contexts that limit their influence in humanitarian response. These challenges relate to resource constraints, institutional practices and social norms that can limit WLOs' influence across the humanitarian system.

Structural exclusion and marginalization: WLO participation in humanitarian coordination and decision-making remains uneven. Common barriers reported in different contexts include language and accessibility constraints, limited resources for sustained participation, complex compliance requirements, short funding cycles and insufficient opportunities to influence programme design and strategic decisions.

Financial and operational constraints: Access to direct, flexible, and sustainable funding is a major challenge. Donor requirements such as English-only proposals, complex reporting, and prior partnership history often exclude WLOs.[17] Funding is commonly short-term and tied to projects, with little allowance for overhead or institutional development. Furthermore, funding is often delayed with the expectation that WLOs will be reimbursed later and many WLOs rely on voluntary labour and project-to-project financing, limiting their ability to build long-term capacity. Local and national networks have observed increasing momentum for direct funding driven by advocacy for more equitable partnerships and visibility within the humanitarian system. However, most signatories of the Grand Bargain do not track support or fund WLOs directly.[18]

17 IRC, *Why Wait? How the Humanitarian System Can Better Fund Women-Led and Women's Rights Organisations* (New York, 2023). Available on https://www.rescue.org/sites/default/files/2023-03/Why%20Wait%20-%20Full%20Report%20-%20English.pdf (accessed on 12 July 2025).

18 The Grand Bargain, *Highlights of the 2024 Grand Bargain Self-Reporting Cycle* (2024). Available at https://interagencystandingcommittee.org/sites/default/files/2024-10/Highlights%20-%20Grand%20Bargain%20Self-Reporting%20Cycle%202024.pdf (accessed on 13 September 2025).

Unequal partnerships: WLOs are frequently treated as implementers rather than equal partners. Due to short proposal development timelines, WLOs are brought into projects after design decisions have been made and are often excluded from strategic planning and evaluation. Capacity-building has a tendency to be externally driven, focusing on compliance rather than supporting self-identified needs. Risk is often transferred disproportionately to WLOs, reinforcing power imbalances.

Patriarchal norms and barriers: Social norms and political risks often restrict women's public participation. WLOs face harassment, threats, and violence, particularly when working on SRH and GBV. In conservative conflict-affected settings, restrictions on mobility, legal discrimination and stigma further constrain their work, especially for those representing people with diverse SOGIESC, women with disabilities or other marginalized groups. This also includes staff and volunteers supporting/delivering SRH and GBV services, including case management, comprehensive abortion care and contraception.

Limited recognition and visibility: WLOs often remain invisible in formal humanitarian systems. In spite of existing and upcoming efforts such as the Grand Bargain and the Humanitarian Reset, many are excluded from coordination platforms and donor databases and lack access to information on funding opportunities.[19] Donor criteria often favour more established organizations, and mapping exercises rarely capture the full scope of WLO contributions.

Resistance to power shifts: While global policies promote localization and women's leadership, implementation gaps remain. INGOs and donors often retain significant control over funding and project design, citing concerns about efficiency, risk, trust and capacity. As a result, localization efforts do not always translate into a meaningful shift in decision-making authority. There is broad consensus that resources should be distributed differently and that INGO roles should evolve to support more locally led responses; translating this consensus into practice remains an ongoing challenge.

To overcome these barriers, the humanitarian sector and the people who implement at all levels must advocate for policy changes and move beyond rhetorical commitments to foster genuine, equitable partnerships with local and national WLOs. This requires more inclusive decision- making, flexible funding and structural reforms that centre WLOs for all the right reasons. Without these shifts, localization efforts will remain incomplete and unable to fully uphold the rights and dignity of women and girls through difficult times.

4.3 Best practices for INGOs to facilitate and support equitable WLO partnerships

The barriers confronting WLOs are neither isolated nor insurmountable; they demand deliberate action across every tier of the humanitarian architecture. Individual field staff, INGOs, United Nations agencies and donors each carry a shared duty to cultivate an environment in which WLOs are fully equipped, respected and resourced to shape and lead sustainable crisis response and long-term development. INGOs can be a barrier to change, or they can be a catalyst for transformation.

SRH and GBV integrated programmes are uniquely placed to model this transformation across sectors. The purpose of creating gender-responsive, rights-based service delivery aligns seamlessly with the strengths of WLOs, whose grassroots expertise delivers nuanced, intersectional solutions. This section mentions a number of practices and approaches that individual NGO staff and SRH and GBV teams can apply to influence ethical WLO engagement and set good examples for the sector. When relevant, there will be links to examples of actual programming where the practice was considered.

Accountability to women and girls

Humanitarian programming that focuses on improved outcomes for women and girls must be grounded in a conscious,

19 Inter-Agency Standing Committee, *Guidance on Engagement, Participation and Decision-Making by Women-Led Organizations in Humanitarian Action* (2024). Available at https://interagencystandingcommittee.org/sites/default/files/2024-05/IASC%20Guidance%20on%20Engagement%2C%20Participation%20and%20Decision-Making%20by%20Women-Led%20Organizations%20in%20Humanitarian%20Action.pdf (accessed on 12 July 2025).

continuous commitment to listen to and be held accountable by women and girls.[20] Programmes should be designed and adjusted through intentional participation of women and girls with intersectionality and diverse representation in mind, and facilitated by WLOs that already enjoy their trust. Approaches to programming must be built on women's own, often gendered and deeply personal understandings of safety and health, which may diverge from standard humanitarian definitions.

Capacity-sharing

Effective partnerships with WLOs require shifting from capacity-building, in which international actors identify gaps and deliver pre-packaged training, to collaborative capacity-sharing that recognizes WLOs as equal partners. Capacity-strengthening should ideally go both ways, be co-created, demand-driven and needs-based, prioritizing WLOs' self-identified priorities rather than externally imposed requirements. Training, when needed, should strengthen organizational development to fit WLOs' context.

Women are experts in their own lives

Women and girls in all their diversity, including the local organizations that represent them, possess nuanced, intimate knowledge of the protection risks, social norms and practical realities that shape their lives. WLOs possess contextual expertise that cannot be replicated by external actors, with deep community integration providing essential programming insights. The approach must move beyond tokenistic consultation to genuine engagement that positions women and girls as primary experts on their situations.

Influence and increased visibility

Partnerships should amplify rather than absorb WLO power. This means positioning WLOs as visible, authoritative voices at local, national, regional and global levels whenever feasible and desired by the WLO. INGOs must cede space, defer to WLO spokespeople and prioritize the diversity of WLO experiences over their own branding. Long-term investment in WLO core staff must replace reliance on voluntary or under-compensated labour, recognizing how these structural inequalities limit transformative impact. WLOs and other local and national entities should be supported to occupy a strategic niche within the humanitarian-development nexus, leading the transition from short-term relief to sustainable, resilient SRH and GBV systems.

> **Example:** *To address the underrepresentation of WLOs in GBV coordination spaces and leadership in the humanitarian response architecture, the GBV AoR, led by UNFPA, in partnership with Women for Change (WFC) and Trocaire, actively worked to open coordination spaces to WLO leadership and test various models to support WLO Leadership in Coordination. Participatory action research has demonstrated improvements at individual, organizational, and sector-wide levels and the model has been rolled out in South Sudan, Somalia, Yemen and Mali.*
> *"Women for Change (WFC) co-coordinating the GBV working group in South Sudan" (GBV AoR, 2023)*

Accountable feedback mechanisms

Feedback systems and complaints mechanisms must be anonymous, two-tiered and fully closed.
1) End users and providers, WLOs or other third parties could convene safe, inclusive spaces where women and girls can voice concerns and suggestions. They must then see their input translated into programme adjustments that are communicated back to the community.

20 IRC, *Successes and Opportunities for Feminist Partnerships with Women's Rights Organizations and Networks in Gender-Based Violence Emergency Preparedness and Response* (no date). Available at https://gbvresponders.org/wp-content/uploads/2021/01/BLTG-Learning-Brief_English.pdf (accessed on 12 July 2025).

Example: *The case study from Adjumani, Uganda, describes how community-led accountability mechanisms were created to strengthen rights-based oversight in the health sector, particularly for SRH. The initiative established a three-part structure consisting of community-based monitors, a Council for SRH, and an independent ombudsperson. Community representatives were trained to collect and channel complaints, while the Council (made up of refugee and host community members, including women, adolescents and persons with disabilities) reviewed issues and ensured inclusive participation in identifying and addressing service gaps. The ombudsperson, acting as an impartial intermediary, facilitated redress and accountability from health authorities. This model enabled communities to document abuses such as disrespect in maternity care, lack of confidentiality for adolescents and discriminatory policies, and then work with duty-bearers to secure remedies, including improved equipment, policy revisions and adolescent-friendly services. By embedding these structures within existing health governance processes, the mechanism not only empowered women and girls to claim their rights but also fostered systemic improvements in health service delivery and accountability.*
"Community-led accountability mechanisms advance SRHR in Uganda" (Care & CRR, 2022)

2) Regular dialogue between INGOs and WLO partners must ensure that local insights shape strategic decisions. Feedback mechanisms should leverage local knowledge to reach demographics facing intersecting discrimination.

Example: *The Pledge for Change Accountability and Learning Mechanism (PALM) was developed in 2023. The PALM aims to hold INGOs accountable to the local and national civil society organizations (CSOs) they support or partner with. The PALM aspires to provide a new paradigm for mutual accountability and collaborative learning in the humanitarian sector by shifting the accountability equation towards the needs of local and national CSOs, rather than INGOs and donors. The progress and success of the model must be defined by, and accountability led by, actors in the Global South. The PALM is designed to measure progress of the INGO signatories towards the three pledges that underpin the vision of Pledge for Change: equitable partnerships, authentic storytelling and influencing wider change.*
"Pledge for Change" holding INGOs accountable towards building a stronger aid ecosystem through equitable accountability systems (Pledge for Change, 2024)

Movement-building

Sustainable change is built through collective action and coalition-building among WLOs. Funding and facilitation should therefore prioritize coalitions, consortiums and Communities of Practice led by WLOs, enabling peer exchange, joint advocacy and shared resource mobilization. Safe, regular fora must be created for networking and shared learning among WLOs, INGOs and United Nations partners, fostering a spirit of collective action rather than competition and building alliances capable of responding to community-level challenges and shifting entrenched gender norms.

Example: *The Building Local Thinking Global (BLTG) Project is a three-year initiative aimed at strengthening feminist partnerships with WLOs and networks in GBV emergency preparedness and response. The project supports WLOs and women-led networks as technical resources, ensuring that women and girls are active partners in identifying protection risks, shaping solutions and accessing services from the onset of emergencies. By fostering feminist approaches, capacity-sharing and cross-learning, BLTG has worked to enhance the quality and inclusivity of GBV programming, promote intersectional strategies that reach the most marginalized groups of women and girls, and advance collective movement-building that recognizes and amplifies grassroots expertise and leadership.*
"Building Local Thinking Global" provides support to WLOs and networks to ensure participation during emergencies (IRC, 2022)

Attention to the partnerships process

Successful partnerships depend on shared principles, equitable power dynamics and mutual respect. Having the right facilitation teams and feminist values embedded in partnership structures significantly affects perceptions of trust and success. Partnership models should centre WLOs, enabling shared decision-making and recognizing the extractive tendencies of traditional humanitarian models.

Generate evidence of WLO impact

Evidence generation and intentional data collection is central to recognizing and scaling WLOs' impact. Evidence must be co-produced and used to showcase WLO contributions while holding policymakers accountable. Context and risk analyses should be undertaken jointly, mapping patriarchal systems and potential backlash and identifying opportunities to engage men, boys and religious leaders as allies. Investments in gender- and disability-disaggregated data collection, Rapid Gender Analysis and participatory monitoring tools that pay attention to local traditions such as storytelling must be led by WLOs.[21] Lastly, WLOs must be credited as authors of resulting research, case studies and policy briefs.

> **Example:** *The UN Women report "WLOs' roles in humanitarian coordination, preparedness and response in the occupied Palestinian territory" provides strong evidence of the impact of WLOs in humanitarian settings by documenting how their leadership and participation have transformed humanitarian action in Palestine into a more gender-responsive and inclusive system. Through surveys, interviews and case studies, the report demonstrates that WLOs play a critical role in ensuring that the distinct needs of women and girls are recognized, particularly in areas such as GBV response, health and psychosocial support. WLOs have been shown to mobilize local knowledge effectively, build trust within communities and influence coordination mechanisms such as clusters and humanitarian planning processes, thereby shaping humanitarian priorities and policies. Their contributions are highlighted in tangible outcomes such as increased access to humanitarian financing, gender mainstreaming across sectors, and the establishment of local networks and contingency plans in response to crises. Overall, the study evidences that WLOs are not merely service providers but central actors in advocacy, agenda setting and resilience-building, proving their indispensable role in creating a more equitable and effective humanitarian system.*
>
> ***WLOs' roles in humanitarian coordination, preparedness and response in the occupied Palestinian territory (UN Women, 2023)***

Ensure WLOs have the power and resources to thrive

Partnerships must ensure that WLOs have adequate power, resources and autonomy to leverage their unique strengths. WLOs must be resourced to operate at full capacity. This means including them in every stage of the project cycle (planning, implementation and evaluation) and covering direct, indirect and security costs through flexible, multi-year funding agreed through genuine negotiation. Holistic staff-care packages must integrate physical and digital security, legal aid, psychosocial support, childcare and safe transport, recognizing that this work can carry real risk for staff and volunteers. Engagements must compensate women's time, schedule meetings around unpaid-care responsibilities and actively dismantle barriers to access.

Language and terminology matters

Language and power are interdependent and feminist and development practitioners have long critiqued the language of humanitarianism.[22] Guidelines should promote reflective, empowering language that honours the dignity, expertise,

21 *Pledge for Change, Pledge for change accountability and learning mechanism (PALM); Summary of learnings from the prototyping process* (Nairobi, 2025). Available at https://pledgeforchange2030.org/wp-content/uploads/2025/02/RINGO-Case-Study-PALM-2.pdf (accessed on 12 July 2025).

22 IRC, *Opportunities for transformative language within feminist approaches to partnership* (New York, 2020). Available at https://gbvresponders.org/wp-content/uploads/2021/01/IRC-Language_Paper-ENG-screen.pdf (accessed on 12 July 2025)

and autonomy of WLOs and the communities they serve. Partnerships should adopt language that recognizes agency and expertise while avoiding terminology that reinforces harmful power dynamics. A contextualized glossary of rights-based terminology could be annexed to a partnership agreement, ensuring that language continuously reinforces equality and respect rather than hierarchy and paternalism.

Example: *Developed through the Building Local Thinking Global (BLTG) coalition, the brief highlights how words commonly used in aid can perpetuate inequality and diminish the agency of women, girls and local organizations. The purpose of this learning brief is to critically examine how language choices in humanitarian contexts shape and reinforce power hierarchies, and to identify opportunities for adopting more inclusive, empowering and feminist-informed terminology. By analysing perspectives from women's rights activists, grassroots actors, and humanitarian practitioners across multiple regions, the brief seeks to promote language that reflects dignity, equity and respect, while also fostering more transformative and equal partnerships. Ultimately, it encourages humanitarian actors to reflect on their language use as a tool for shifting power and advancing feminist approaches to GBV preparedness and response.*
"Building Local Thinking Global" (IRC, 2022)

Example: *The TIME project is a collaboration-based initiative designed to support transformation within the SRH sector by rethinking how INGOs operate, relate to WLOs and use language in ways that influence power dynamics. Its purpose is to create a structured process for INGOs to reflect critically on their roles, identify how they can shift and share power with local actors, and move towards more equitable and locally led development. Through phased collective inquiry, consensus-building, and dialogue with WLOs and funders, the project aims to establish practical models, frameworks and shared language that promote equity, accountability and sustainable change in humanitarian and development systems.*
"Transforming INGO models for Equity" (Humentum)

5. Conclusion

Advancing equitable partnerships with WLOs is not only a moral imperative but a strategic necessity for achieving transformative, gender-responsive humanitarian outcomes in SRH and GBV programming. This guidance has underscored that WLOs are essential actors in crisis response, with deep contextual knowledge, trusted community relationships and proven capacity to lead interventions that are inclusive, effective and sustainable. However, their leadership continues to be undermined by entrenched power dynamics, structural funding barriers and exclusion from decision-making spaces. Real change requires that humanitarian actors across agencies, sectors and levels commit to dismantling these barriers through intentional partnerships practices that centre WLOs' expertise, priorities and autonomy.

SRH and GBV actors are uniquely positioned to model this shift, demonstrating how principled partnerships with WLOs can reframe humanitarian action to be not only more accountable and impactful, but also more just and equitable. By centring WLOs as experts, leaders and architects of sustainable change, the humanitarian sector can finally align its practice with its principles, ensuring that women and girls in crisis are not merely recipients of aid but active agents in shaping their own recovery and resilience. The time for incremental progress has passed; the urgency of ongoing crises demands that we embrace the transformative potential of genuine WLO partnerships to create more effective, accountable and sustainable humanitarian responses.

Annex 1: Abbreviations and Glossary of terms

GBV	Gender-based violence
GBV AoR	Gender-based violence Area of Responsibility
INGOs	International non-governmental organizations
NGOs	Non-governmental organizations
SOGIESC	Sexual orientation, gender identity, gender expression and sex characteristics
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UNFPA	United Nations Population Fund
WLOs	Women-led organizations
WPS	Women, Peace and Security

Glossary of terms

GENDER-BASED VIOLENCE (GBV): Any harmful act that is directed at an individual based on their gender, including physical, sexual, emotional and economic violence. GBV is rooted in unequal power dynamics and gender-based discrimination and can occur in many settings, including family, community and workplace environments.

SRH-GBV INTEGRATION: SRH-GBV integration is a deliberate, strategic effort to design programming across sectors to meet the specific needs and priorities of diverse groups of women and girls, with the ultimate aim of improving their safety, health and rights.

LOCALIZATION: Empowering local responders in affected countries to lead and deliver humanitarian aid. It aims at strengthening the capacity and resources of local organizations to respond to crises and promote long-term sustainability. It recognizes the importance of local knowledge and cultural understanding in providing effective and culturally appropriate aid. By empowering local actors, localization aims to improve the relevance, efficiency and impact of humanitarian interventions.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR): A state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Achieving sexual and reproductive health rests on realizing sexual and reproductive rights, such as the right to control one's own body, define one's sexuality, choose one's partner and receive confidential, respectful and high-quality services.

WOMEN-LED ORGANIZATIONS (WLOs): NGOs primarily led by women that advocate for and implement programmes to address issues affecting women, including GBV prevention and response. These organizations often have a deep understanding of the local context and are key to the contextualization of interventions. This resource uses the term WLO to also include Women's Rights Organizations (WROs) and other national or local organizations guided by principles of women's rights and gender equality.

Annex 2: Dos for WLO partnerships in SRH and GBV integration in humanitarian settings

Do coordinate WLO mapping exercises and capacity assessments with the wider health and protection clusters or working groups. WLOs have limited resources and if every INGO and United Nations agency insists on doing their own mapping and assessment using their own tools, it is a lot of work for WLOs.

Do compensate WLOs for their time and effort. Meetings, training courses, assessments and project-development workshops are time consuming and even if the WLO may benefit through a formal partnership in the end, they should be respected and compensated for individual activities by INGOs who have more resources and unrestricted funding.

Do include WLOs in decision-making spaces and recognize their contributions as the specialists they are.

Do check in with yourself and call out your colleagues if you/they display dismissive attitudes and biases against local women's leadership.

Do ensure that local languages are allowed and recognized during coordination or planning meetings that are dominated by international actors.

Do include WLOs in donor meetings/visits and introduce them to donors.

Do make sure that funding is comprehensive when partnering with WLOs. Compensating for their activities only will limit their ability to build long-term capacity and cover essential operational costs. Their contribution is worth as much as yours!

Do make sure WLOs are meaningfully participating in the full project cycle (design, assessments, evaluations, etc.) They are probably better placed to (co-)lead anyway.

Do respect that capacity-sharing goes both ways. WLOs should be supported in self-identifying their needs rather than focusing on donor compliance.

Do bring WLOs into the spotlight and give them full credit for their essential contributions. Let them take the credit they deserve and have international partners step back when possible. Push them forward rather than have them tag along.

Do use language that is respectful and equitable and that helps balance the uneven power structures that WLOs face against donors and international actors.

Do be mindful of the power dynamics and play an active role in shifting the power in the sector.

Do all of the above with respect for WLOs' knowledge, expertise and invaluable contributions to women's and girls' programming.

Responsible partnerships with women-led organizations for SRH and GBV integration

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