

Women Navigating Health Challenges on the Frontline

Over 20,000 women surveyed in 15 conflict-affected countries since 2020 are active leaders (91%) in crisis response. They provide food, shelter, and income for their families, while advocating for change and creating supportive networks. Despite their vital role, women are largely ignored in global discussions, with **95% of the media coverage of conflicts, since 2013, overlooking their contributions**. Women face numerous challenges, including safety concerns, sexual violence, income loss, and **reduced healthcare access**, leading to preventable deaths. Recognizing and valuing women's leadership during conflicts is crucial for addressing these challenges and **not only promoting peace but achieving it**.



DU% of women who die during pregnancy or childbirth is in a conflict area

Maternal mortality in these contexts is **40x** higher than in low-income countries

About the report

Since 2013, CARE has focused on understanding women's roles and needs during crises, initially starting with the Syrian conflict. Through initiatives like *Rapid Gender Analysis* and *Women Respond*, **CARE has gathered insights into how women lead during crises and what support they require.** Their latest report, *Women in War*, combines

"Women at the community level are volunteering, providing services, being nurses, being teachers, moms at home, teachers at home."

Woman, Ukraine

surveys, interviews, and data models using public datasets to comprehend women's experiences in conflict. Covering 20,000 individuals, including 13,785 women since 2020, the report emphasizes women's leadership's importance during a crisis. It incorporates public datasets, data models, and media analysis of **over 7.8 million conflict-related articles published between 2013 and 2023 to grasp current conflict narratives.**

Women are leading a healthy way

In a world where peace often sidelines women just one out of 18 peace deals in 2022 had women's organization signatures—women rise as formidable leaders, anchoring communities amidst chaos. "I help mothers to have safe and clean deliveries at my home and keep them there for four hours to ensure that both mothers and their babies are in good health before letting them go home. Most of the time, I provide my services for free as most of the pregnant woman are very poor and do not have money to pay me."

Woman, Sudan

ک ی	Women as first responders	 Amidst conflict's chaos, women are proactive. They swiftly mobilize within their communities, bypassing external assistance. According to CARE's findings, 91% of women are actively involved in or leading local response groups during crises. Their initiatives span from providing essential services like food and shelter to disseminating vital health information. Notably, 79% of these women are dedicated to enhancing community safety, while 71% prioritize sharing crucial health insights with others.
	Women provide health and care services	 Women play a pivotal role in health and caregiving services amid conflict. Whether formally or informally, paid, or unpaid, they serve as the frontline responders. CARE's research indicates that since surveying women in conflict zones, 71% have actively contributed to healthcare, particularly by disseminating health information. In Mali, 44% of women and in Sudan, 24% engage in caregiving duties as part of their crisis leadership. In Tigray, women dedicate approximately 11 hours daily to unpaid care work. Notably, in Gaza, women comprise 70% of frontline health workers and 60% of caregivers, underscoring their indispensable role in healthcare provision and support.

The intersection of gender inequality and healthcare: Conflict exacerbates existing challenges

"We want more midwives and another health center. Because men, they are able to go to the health center. But we can't!"

Woman, Sudan

In times of conflict, women endure disproportionately heavy burdens, facing elevated rates of violence, particularly sexual violence. They often sacrifice their own well-being, frequently going without food and bearing the responsibility of caring for children, the sick, and the elderly. As essential services falter and safety diminishes, women are typically the first to lose access to vital resources and the freedom to leave their homes.

Additionally, they must shoulder tasks traditionally carried out by men who are either drawn into conflict, migrate, or lose their livelihoods and land. According to CARE's findings in 2023, women in conflict-affected regions cite **health** as one of the top four challenges they face.

In conflict zones, women's access to healthcare is severely compromised from the outset. For instance, in Gaza, where only 10 out of 36 hospitals can operate partially, and none function fully, accessing medical services becomes a daunting challenge. **Mobility restrictions, financial constraints, and childcare responsibilities exacerbate the struggle for women to reach healthcare facilities.** When health workers are unable to reach women due to safety concerns, accessing healthcare becomes even more uncertain. In **2022** alone, an estimated

"It was very difficult to give birth in a combat zone. She was born in the basement of the maternity hospital. No diapers or formula for feeding."

Woman, Ukraine

35 million women gave birth in conflict zones, often receiving substandard medical care that fails to meet safety and quality standards. **Maternal mortality rates soar in fragile contexts, exceeding those in developing countries by over 40 times.** Moreover, even when healthcare services are available, women's health is often the first casualty as hospitals prioritize resources and staff in triage efforts.

In the intersection of gender inequality and healthcare, conflict exacerbates existing challenges. These issues manifest in various countries:

- **Niger**: Following the 2023 coup, 37% of women cite a shortage of health workers, further compounded by the absence of female staff, limiting women's access to healthcare. Cultural norms often prevent women from seeking care from male health workers, contributing to the barrier.
- **Afghanistan**: Women's access to healthcare is hindered by the stark absence of female medical professionals. In 81% of district health centers, there are no women nurses, and in 71% of centers serving as nutrition sites, there are no women doctors. Insufficient representation of female staff discourages women from accessing medical care, especially considering cultural norms that require them to be accompanied by a male relative when consulting male medical professionals. Consequently, unaccompanied women's access to health facilities decreased from 51% to 39% by February 2022. Moreover, 47% of women refrain from accessing services due to safety concerns associated with traveling to health centers, exacerbated by conflict-related curfews and mobility restrictions.
- **Syria**: In refugee camps, 64% of women express a need for increased healthcare accessibility, as transportation to health centers is often unavailable. Particularly in Afghanistan, the situation presents an extreme challenge, underscoring the urgency of addressing these systemic issues.

Conclusion

Women are already at the forefront of driving change and resilience in the face of immense threats, their bravery serving as an inspiration. Yet, they require support, recognition, and empowerment to cultivate the resilience vital for communities to recover from conflict. *Media consumers* could actively seek out platforms that amplify women's voices in conflict and allocate space in their feeds for such narratives. *Donors* could contribute by funding women leaders and their representative organizations, while also tracking progress and maintaining accountability to the communities they support. *Humanitarian actors*, could prioritize the safe participation of women, uphold gender priorities, and amplify funding and programming for gender equality interventions. Women need the world to work towards actively supporting and recognizing them as powerful leaders and catalysts for positive change in conflict-affected communities.