

CHAPTER 6

Gender

Promoting Equality in Fragile and Conflict-Affected Settings

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KEY MESSAGES

- The treatment of women is a better predictor of a state's peacefulness than its level of wealth, status of democracy, or ethnoreligious identity. In fragile and conflict-affected settings, women and girls face disproportionate risks that include forced displacement and gender-based violence.
- Comprehensive and systematic data to provide evidence on the gendered consequences of crises are still lacking, particularly for disasters and conflicts. Yet, sex- and age-disaggregated data are critical to understanding how crises differentially affect women and men, and girls and boys; monitoring whether programs are reaching and benefiting the appropriate groups; and designing gender-responsive interventions.
- Women's voices are rarely heard in disaster management, despite evidence that their participation can improve outcomes, including in conflict situations. Although women are often consulted during the needs assessment phase of response management, they are not involved in the design of projects.

To improve the outcomes of crisis responses, it is important to:

- Prioritize gender targets and track progress, and direct funding toward programming that promotes gender equality and women's empowerment in fragile and conflict-affected settings.
- Adopt innovative methods to address the gender data gap. Providing mobile phone access to women can have multiplier effects, enabling women to receive cash transfers directly while providing a platform for high-frequency data collection and targeted information campaigns.
- Generate more evidence on violence prevention strategies. To date, few studies empirically evaluate the impact of violence prevention and response interventions in fragile and conflict-affected settings, but important research is underway, including work by the interdisciplinary Cash Transfer and Intimate Partner Violence Research Collaborative, hosted by IFPRI.
- Ensure that women's voices are included at all levels, especially in peace processes and in senior management and high-level government positions where policymaking and programming decisions are made.



Gender inequality exists everywhere, but it is particularly stark in fragile and conflict-affected settings (FCAS). Yemen, Afghanistan, Chad, Iraq, Pakistan, and the Central African Republic – all of which are considered extremely fragile and are affected by conflict (except Pakistan)¹ – score the lowest on the Gender Development Index.² The States of Fragility 2022 report also finds that the Gender Inequality Index is highly correlated with all six dimensions used to assess fragility, with 15 of 21 conflict-affected contexts facing high levels of gender inequality.³ The same pattern is shown by the Global Gender Gap Report⁴ – 72 percent of the countries ranked in the bottom quartile of gender parity are considered fragile, and a number of countries affected by conflict, such as Haiti, Somalia, and South Sudan, do not even have sufficient data to be included in the ranking.⁵

These patterns indicate a close relationship between fragility and gender inequality. The treatment of women is a better predictor of a state's peacefulness than its level of wealth, status of democracy, or ethnoreligious identity.

Democratic states with a higher level of violence against women are as unstable as nondemocratic states.⁶ States with male-dominant family law systems have greater levels of fragility,⁷ and other quantitative studies show that states with higher levels of gender inequality are more likely to experience conflict.⁸ Compared to other developing country contexts, women and girls in FCAS are exposed to greater health risks, such as maternal mortality and early pregnancy, along with other negative outcomes such as forced/child marriage and gender-based violence (GBV).⁹ The increased exposure of women and girls to these risks has adverse effects on their human capital, access to resources, and economic participation, which in turn reduces their agency and resilience to manage and cope with other shocks and stressors. Households headed by widows in conflict settings are more vulnerable to intergenerational poverty, and children exposed to related traumas, such as orphanhood, can experience lasting developmental impacts, with adverse consequences for health and economic outcomes in adulthood.¹⁰

In this chapter, we focus on catastrophic crises – disasters¹¹ and conflicts – that lead to displacement, which has devastating consequences for women and girls. These types of crises are of particular concern because of the lack of evidence-based policy responses.

GENDERED CONSEQUENCES OF DISASTER AND CONFLICT

Existing evidence confirms that crises disproportionately impact women’s assets, livelihoods, and well-being.¹² Such gendered impacts have also been observed from growing evidence on the direct and indirect impacts of current crises, including the COVID-19 pandemic and the Russia-Ukraine war.¹³

When it comes to disasters and conflict, however, the evidence remains quite limited. A decade ago, a review observed that most research on the gendered impacts of conflict focused exclusively on GBV and called for a wider set of issues to be considered.¹⁴ Since 2013, research on GBV in disaster settings and emergencies has grown considerably, although the quality of quantitative studies remains poor.¹⁵ A recent scoping review¹⁶ confirms that, to date, few studies have explored the gendered effects of conflict on agricultural productivity and food security. We also do not know much about the distribution of care work, and gendered impacts in human and physical capital that make long-term movement out of poverty possible. These knowledge gaps limit understanding of the full range of the gendered distribution of impacts, as well as the underlying mechanisms that lead to those impacts – critical information that can help inform both short- and long-term policy responses.

HEALTH AND SANITATION SERVICES AND WOMEN’S WORKLOADS

Disruptions in health and sanitation services in FCAS may exacerbate women’s care burdens. In Ethiopia, recent studies on the impacts of the ongoing civil conflict use high-frequency phone surveys to assess food insecurity and access to health and water, sanitation, and hygiene services. IFPRI research found that the outbreak of the conflict increased the probability of moderate to

severe food insecurity by 38 percentage points.¹⁷ Additionally, the share of respondents who were unable to access needed health services increased by 35 percentage points, and the share of respondents who were unable to purchase staple foods increased by 26 percentage points.¹⁸ These negative impacts were more pronounced for poor households, rural households, and those with undernourished children.

Although the data do not allow for individual-level analysis and the majority of phone survey respondents were men (around 62 percent across all rounds),¹⁹ it is likely that women’s workloads increased disproportionately for households that were unable to access needed health services due to the conflict. According to the 2013 Ethiopia Time Use Survey, women spend more than twice as much time as men on unpaid care work, with 5.5 hours daily for women compared with 2.0 hours for men.²⁰ The time use data also suggest that prior to the conflict, women already bore a double burden by spending more than an hour longer than men on unpaid and paid work combined, leaving them with less time for rest. The livelihood and income uncertainties accompanying conflict are likely to exacerbate the workload pressure on women, who remain primarily responsible for preparing food and caring for children and other family members. This added pressure also raises the importance of recognizing care needs as part of impact assessments and recovery planning.

WOMEN AND GIRLS FACE INCREASED RISK OF GBV

GBV is a serious public health concern, with nearly one in three women worldwide having been subjected to physical and/or sexual violence.²¹ Numerous studies also show that intimate partner violence (IPV) and other forms of violence against women and girls (VAWG) have risen at alarming rates due to the COVID-19 pandemic.²² Disasters exacerbate stress and violence against women, regardless of country income status. After the 2011 earthquake in Christchurch, New Zealand, for example, IPV reportedly increased by 40 percent in rural areas.²³

Recent evidence reviews suggest that the risk of GBV is even more elevated in humanitarian and emergency settings, particularly for adolescent girls.²⁴ The consequences of GBV extend beyond

the immediate physical injuries and mental trauma of the experience. Studies show that GBV survivors are more likely to suffer from reproductive health issues, sexually transmitted infections, unwanted pregnancies, depression, and anxiety and to develop unhealthy coping strategies, such as drug use.²⁵ Moreover, necessary health services to meet the increase in healthcare needs after exposure to GBV and across the life course may be limited or unavailable in disaster and displacement situations.

A recent systematic review examined VAWG in disaster situations across quantitative, qualitative, and mixed-method studies.²⁶ The authors report that nearly half of all quantitative studies found positive associations between exposure to disaster and some type of violence, and none found that disaster exposure was associated with decreased VAWG. The review uncovered three potential pathways through which disaster exposure can increase VAWG: (1) increased stressors such as poor mental health and loss of housing and livelihoods; (2) poor law enforcement and risky post-disaster housing environments; and (3) underlying drivers that are exacerbated by disaster exposure, such as forced marriage of girls and worsened social norms rooted in men's feelings of inadequacy in the face of disaster.²⁷

Results from a systematic review and meta-analysis suggest that one in five refugees or displaced women in complex humanitarian settings²⁸ experience sexual violence.²⁹ However, this is likely a significant underestimation, given the well-documented underreporting of VAWG across all settings.³⁰

The most prevalent forms of GBV against adolescent girls are child marriage, domestic violence, and sexual violence.³¹ Adolescent girls can be separated from their families and support networks during displacement, which contributes to increased risk of GBV. For example, a 1999 government survey in Sierra Leone found that 37 percent of prostitutes were under the age of 15, and of those, 80 percent were children displaced by war.³²

GIRLS FACE INCREASED RISK OF CHILD MARRIAGE

Marrying in childhood is a human rights violation. It is worth emphasizing that children cannot give informed consent to sex, marriage, or other critical decisions. Early marriage has significant

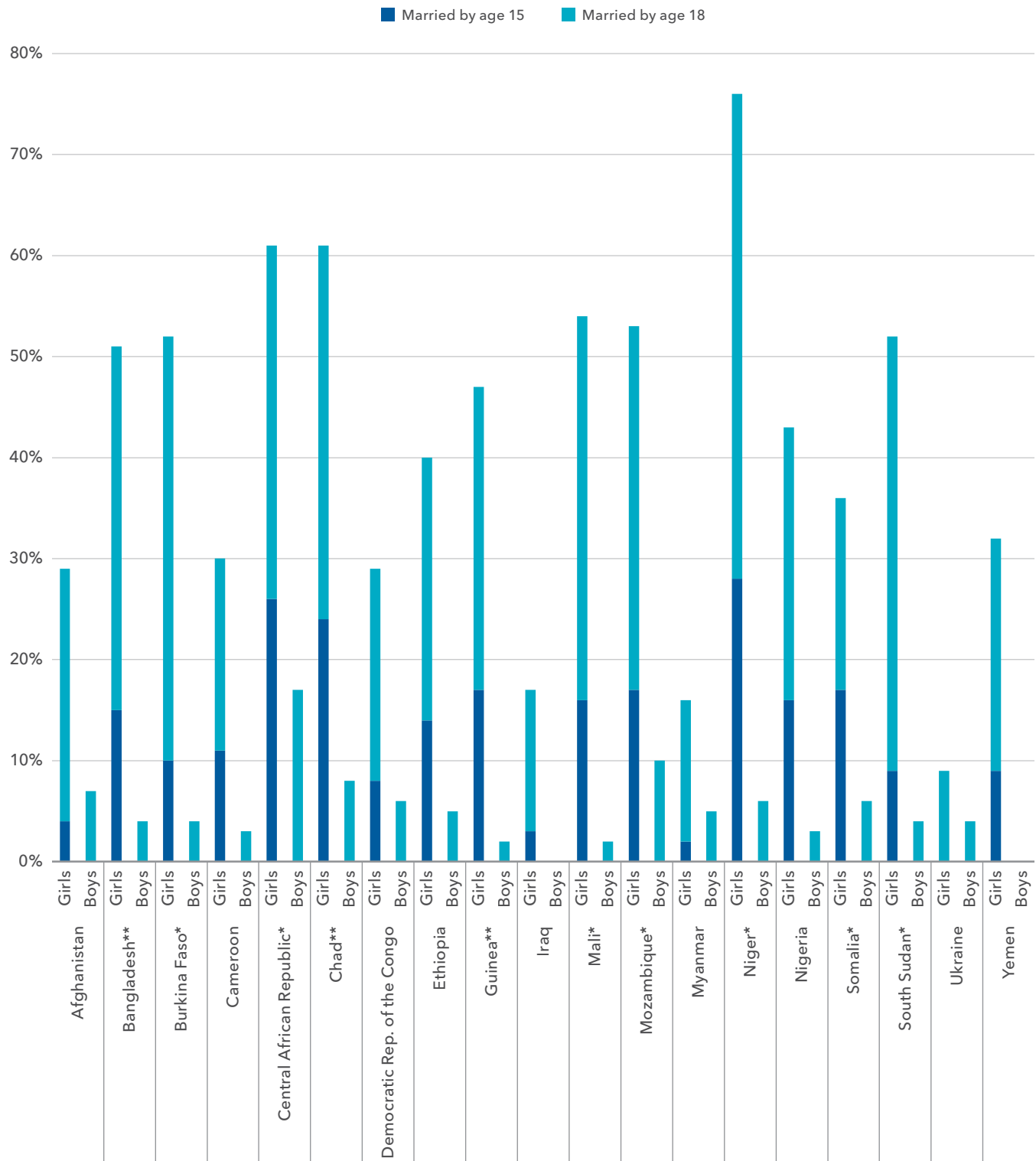
consequences for girls, including curtailment of education, impacts on sexual and reproductive health, exposure to IPV and GBV, early pregnancy and higher maternal mortality and morbidity, sexually transmitted diseases including HIV, and higher rates of under-five mortality for children of girls.³³ These risks can be exacerbated in displacement situations where services are more lacking for adolescents.

Child marriage is more common for girls than boys in FCAS (Figure 1). Marriage rates for girls under the age of 18 exceed 50 percent in Burkina Faso, the Central African Republic, Mali, Mozambique, Niger, and South Sudan. In Niger, almost three out of four girls are married by the age of 18. Additionally, the lasting impact of intermittent fragility and/or frequent disasters on addressing child marriage is shown by child marriage rates in Bangladesh (51 percent), Chad (61 percent), and Guinea (47 percent), which persist even though the World Bank does not classify these countries as fragile due to conflict.

In most of the countries ranked most fragile (marked with [*] in Figure 1), more than 10 percent of girls are married before the age of 15. In the Central African Republic and Niger, more than 25 percent of girls are married before the age of 15.

Poverty contributes to the likelihood of child marriage because marriage can be used by households to reduce the financial burden of caring for or educating daughters.³⁴ These pressures are likely exacerbated during periods of heightened economic insecurity, but few studies have examined this in fragile settings. For example, a recent report suggests that in Ethiopia, child marriage has more than doubled as families struggle with food insecurity in regions hit hardest by drought.³⁵ One recent study that tracked whether adolescent girls were more likely to be married as a result of the economic stress from the COVID-19 pandemic found that 18 percent of respondents in Uganda reported knowing of a family in their community who had their underage daughter married due to the pandemic, usually because of parental income loss and economic uncertainty.³⁶ Nearly half of the respondents reported knowing or hearing about girls in their community becoming pregnant while schools were closed. This highlights the risk of early

FIGURE 1 Child marriage rates (2014–2020) in fragile and conflict-affected countries



Source: Country list based on the World Bank’s FY2023 List of Fragile and Conflict-Affected Situations (2022). Child marriage data are from UNICEF, *The State of the World’s Children 2021: On My Mind - Promoting, Protecting and Caring for Children’s Mental Health* (2021).

Note: Countries marked with an asterisk (*) are classified as the 10 most fragile, based on the OECD’s 2018 *State of Fragility Report*; countries marked with ** are on the OECD list but not the World Bank list.

pregnancy among adolescent girls, which has negative implications for the future health and human capital outcomes of young mothers and their children.³⁷

RECOMMENDATIONS

How can programs and policies promote gender equality in fragile and conflict-affected settings?

PRIORITIZE GENDER TARGETS AND TRACK PROGRESS

Programming for gender-specific humanitarian responses has been historically underfunded.³⁸ Recent commitments to address this shortfall have led to a notable surge in gender-specific humanitarian funding – more than doubling from US\$268 million in 2018 to \$587 million in 2021 – but this represents only 1.9 percent of total international humanitarian assistance.³⁹ Moreover, current reporting systems do not allow for accurate tracking of funding commitments, a lack of visibility that increases the risk of funds being diverted away from gender.⁴⁰ According to key informants interviewed for the 2022 *Global Humanitarian Assistance Report*, establishing an integrated gender component before the onset of the COVID-19 pandemic minimized the risk of funds being diverted, despite the rising needs from the health emergency.⁴¹ The pressure to deprioritize gender is exacerbated in settings where funding for humanitarian operations is severely limited.

Directing funding toward programming that promotes gender equality and women's empowerment pays off in FCAS. Guidance on the most promising interventions comes from a recent systematic review of 14 intervention types across 29 FCAS.⁴² The review finds that most gender-specific and gender-transformative interventions have overall positive effects on the primary dimension of women's empowerment being targeted, and that none of the interventions lead to negative effects on any outcome. Effective gender-focused interventions include cash transfers, self-help groups, village savings and loan associations, and technical and vocational education and training. These can improve multiple dimensions of empowerment, while asset transfers, sensitization campaigns, and capacity-building programs lead to promising

results across some dimensions of empowerment. To maximize program effectiveness, the study's authors recommend explicitly targeting specific empowerment outcomes and tailoring the intervention to the drivers of gender inequity in the given context.⁴³

CLOSE THE GENDER DATA GAP

Routine collection of sex- and age-disaggregated data is a critical step both to promote gender equality and to support gender-targeted programming in FCAS. Without appropriate and timely data, there is a general lack of knowledge on the gender-differentiated impacts of crises, and policy responses are unlikely to address the most pressing needs of women and men, and boys and girls. A recent Inter-Agency Humanitarian Evaluation found limited evidence of sex- and age-disaggregated data being used to inform the analysis and adaptation of project activities, with negative consequences for the quality of initial response activities for women and girls, as compared to other populations.⁴⁴ These policy responses span a wide range of actions that address both the underlying causes of crises (such as development programs to stabilize livelihoods and social protection programs) and the outcomes of crises (such as anticipatory action programming or emergency response humanitarian programming). It is critical that women be counted in policy responses in all these stages – before, during, and after disasters and conflict.

PRACTICAL CHALLENGES

However, data collection during disaster and conflict periods is fraught with practical challenges. Data collection systems in FCAS are rarely set up to systematically collect sex-disaggregated data. Conventional sources of individual-level data, such as household surveys, may be difficult to implement in settings with extensive migration or forced displacement or due to logistical, security, and ethical concerns. Even where available, data may not be interoperable across different systems, limiting how they can be analyzed, and there may be political sensitivities around sharing data across institutions. Other methodological difficulties include the lack of reliable baseline information on

BOX 1 WHEN DISASTER STRIKES, RIGID SECLUSION NORMS CAN MEAN DEATH FOR WOMEN AND GIRLS

Women and girls bear an unequal burden from disasters. According to data from 141 countries affected by natural disasters between 1981 and 2002, disasters lower the life expectancy of women more than of men.¹ Restrictions on women's freedom of movement contribute to their vulnerability during disasters, particularly in contexts where women may not be able to decide whether to evacuate.² For example, during the 1993 earthquake in Afghanistan, seclusion norms reportedly prevented women from evacuating.³ During the 1991 cyclone in Bangladesh, 9 out of 10 deaths were of women.⁴ Many women reportedly waited for their husbands to return home before deciding to evacuate, in part due to a lack of warning information, which had been transmitted primarily to men.⁵

Insights from Pakistan reveal how gender norms expose women and girls to death in disaster situations. The 2022 monsoon rain triggered flooding that covered around one-third of the country and left 6 million people in need of assistance. Elders and men in more patriarchal remote villages forbade women from moving to camps where they would be safe from the floods, and would have access to food and water. In Basti Ahmad Din, a small village in Punjab province, its 400 residents faced starvation and disease as the village became an island. More than half of its homes were destroyed by flooding, but the elders forbade women from leaving for relief camps, as it would entail them mixing with men outside their families. Instead, men traveled to the camps to secure supplies for the villagers. In another area of Punjab, similar concerns reportedly led to the death of dozens of women and children. In yet another village, men evacuated to higher ground with their livestock, leaving the women behind.⁶

gender inequalities and other variables of interest during non-crisis periods.⁴⁵

For example, although the number of internally displaced persons (IDPs) more than doubled from 26.4 million to 53.2 million between 2012 and 2021 due to conflict and violence (see Chapter 7), data for people displaced by disaster often reflect only immediate displacement and are rarely disaggregated by sex or age.⁴⁶ According to the Internal Displacement Monitoring Centre (IDMC), of the countries and territories from which it collected data in 2018, only 14 percent documented the sex and age of IDPs, and of those, only a quarter did so systematically.⁴⁷ In the absence of reliable sex- and age-disaggregated data on IDPs, it is difficult to assess which subpopulations are more likely to be displaced, how long people are displaced for – particularly in disaster situations – or whether they are displaced multiple times in a year.

Similarly, it is unclear how displacement due to disaster affects men and women differently. Do men stay to protect fixed assets in disaster zones and settings affected by extreme weather? How often are women forbidden to move to IDP camps

in the face of disaster (Box 1)? Do men return earlier to reestablish homes, leaving spouses and children behind? Are women's assets disposed of first as households rebuild the family home and livelihood during these types of crises? Past research shows that shocks to household livelihoods often result in women's assets being sold first (including productive assets such as small livestock), before those that are controlled and used by men to generate income (such as farm machinery or cropland).⁴⁸ These findings suggest that crises can disproportionately erode women's incomes, savings, and assets, which has serious implications for their future livelihoods and bargaining power within the household.

The reality is that neither internal nor external displacement is a short-term occurrence in most instances. The average UN-coordinated humanitarian response to address these situations lasts nine years.⁴⁹ The life-course needs of women of child-bearing age and girls can change dramatically within this span of time. Given the lack of sex-disaggregated data, it is unclear how agencies can ensure these needs are addressed, especially

BOX 2 OPERATIONAL RECOMMENDATIONS ON WASTING

The world's most fragile and conflict-affected countries bear the brunt of any food crisis. Wasting is the indicator of choice in these emergency settings, as it changes quickly in response to both food shortfalls and/or disease outbreaks caused by issues with healthcare or access to safe water. In the first six months of 2022, one child became severely wasted every 60 seconds, increasing the total of severely wasted children from 7.674 million to 7.934 million.¹ Severe wasting is a key predictor of child mortality, with mortality rates 11 times higher for severely wasted children than well-nourished ones, and accounts for 20 percent of all global child deaths.² Severe wasting that affects more than 30 percent of children under the age of five years in a region is one of three indicators used to declare famine – the others are when 20 percent of the population faces extreme food shortages and when 2 out of 1,000 people die of starvation daily.³

Ninety percent of children treated for severe wasting are in emergency settings, including displacement and refugee camps.⁴ This is a major challenge for slow-onset disasters, such as severe drought, where parents are unable to protect their homes and assets, and mothers may be very young. Delayed displacement to a camp may result in children dying before arrival or en route, or being too ill to save when they arrive.

Mid-upper arm circumference (MUAC) tapes are a simple, inexpensive tool to check for wasting in children. To do so, the paper measuring tape is placed around the upper arm of a child ages 6–59 months. The tape is color coded, with red indicating severe wasting, amber/orange indicating moderate wasting, and green indicating no wasting. MUAC tapes are commonly used by rural clinics and community health workers. These tapes could be given to women in areas with slow-onset drought or ongoing conflict, which often limits their mobility and access to clinics. By providing these tapes with instructions on their use, women could be made aware that accessing more food or healthcare is critical when the child's arm measurement begins to enter the amber/orange segment of the tape. It would also help women in slow-onset drought disasters, such as in Somalia, leave for displacement camps as a matter of urgency, given that it can take several days of walking to reach these camps.

Mobile phones also offer an opportunity for simple text messaging that encourages women to measure their children and report red or orange measurements, potentially enabling humanitarian workers to identify the most severe problems earlier and mobilize a rapid response.

for young girls who transition to adolescence and face increased threats due to their gender and life stage. This can lead to more child marriage, as parents lack resources and seek to protect their adolescent daughters.

TESTING DIGITAL SOLUTIONS

To this end, closing the digital gender gap can have multiplier effects. If every displaced woman entering an IDP camp were provided a mobile phone as part of the humanitarian assistance package, then the scope would widen considerably for both data collection and gender-responsive interventions. This idea is being tested on the ground by the World Food Programme, which is scaling up the use of mobile money for humanitarian assistance and prioritizing women as recipients of food assistance and cash transfers.⁵⁰ Apart from

mobile money transfers, the phone could also be used to collect high-frequency data on women and children and provide low-cost interventions, such as targeted nutrition messaging. For example, if women received both a mobile phone and a mid-upper arm circumference (MUAC) tape as part of their humanitarian assistance package, they could receive instructions and periodic prompts via phone to use the tape to monitor their children's wasting status, which is a critical predictor of child mortality, particularly in emergency response settings (Box 2). Independent access to a mobile phone can also help deter GBV by making it easier for women to report sexual harassment and other violations to trusted authorities. Husbands may still control if and when women are allowed to use mobile phones in some contexts, however, so it would be important to understand what

conditions make this type of intervention more likely to succeed.

Experience from the Gender, Climate, and Nutrition Integration Initiative phone surveys suggests that it is possible to collect survey data on different aspects of well-being, as well as data related to agency, decision-making, and even more sensitive topics such as intrahousehold conflict and gendered practices including child marriage. Because of the sensitivity of some questions, it is recommended that only one respondent be selected in each household (either a man or woman) to minimize the potential of intrahousehold conflict, and that speakerphone use be checked to ensure women's privacy.⁵¹

GENERATE MORE EVIDENCE ON VIOLENCE PREVENTION STRATEGIES

Despite the increased attention to GBV, few studies empirically evaluate the impact of GBV prevention and response interventions in disaster and conflict settings. Many widely accepted strategies for preventing and responding to GBV in humanitarian settings do not easily lend themselves to experimental designs, including good practices around case management and referral systems, justice and legal aid, safety and risk mitigation, and coordination, assessment, monitoring, and evaluation.⁵²

Nevertheless, important research is underway in this field. The latest Sexual Violence Research Initiative Forum, held in 2022, featured new research from humanitarian and displacement settings in Iraq, northern Uganda, South Sudan, and southern Lebanon.⁵³ These studies examine the integration of violence prevention strategies with livelihood and economic programming. However, some methodological challenges remain, particularly around identifying causal impacts and distinguishing between the impacts of economic components and violence prevention components.

Recognizing that economic insecurity is a well-known risk factor for multiple forms of violence against women and children, the interdisciplinary Cash Transfer and Intimate Partner Violence Research Collaborative hosted by IFPRI aims to build evidence on how cash transfer programming can catalyze IPV prevention among poor and vulnerable women in low- and middle-income

settings. With a diverse portfolio of eight studies to be completed in seven countries by 2024, the Collaborative is expected to contribute to a new wave of research that aims to go beyond demonstrating whether cash transfers reduce IPV to explore how practitioners can maximize impacts and whether these impacts can be sustained.⁵⁴ Insights from this research will undoubtedly offer lessons for FCAS, where economic distress is a commonly cited contributor to GBV.⁵⁵

LET WOMEN LEAD

Of the 130 peace agreements signed between 1990 and 2014, only 13 included women signatories.⁵⁶ Compared to peace agreements without women signatories, those signed by women have not only been more durable, but have also included a larger number of agreement provisions and led to a higher rate of provision implementation 10 years after signing. Enabling women's voice in peace negotiations is associated with a 35 percent increase in the probability that an agreement lasts at least 15 years.⁵⁷ Even when women are not signatories to peace agreements, their engagement in negotiations increases the likelihood of an agreement being signed. Women's influence is often stronger for more fundamental reforms, including postconflict female political representation and legal reforms related to land ownership, inheritance, GBV, and healthcare. In Liberia, women's political activism against violence was critical to ending the country's 14-year civil war.⁵⁸ Liberian women continued their advocacy in the aftermath of the Accra Peace Agreement, which led to the historic presidential election of Ellen Johnson Sirleaf, the first female head of state in Africa.⁵⁹

In disaster management, however, women's perspectives are rarely considered.⁶⁰ Although the humanitarian system has shown improvements in women's representation in senior leadership,⁶¹ this does not necessarily translate to real influence in response management and programming. Women are often consulted during the needs assessment phase, but they are not involved in the actual design of projects. Their inputs are often limited to hygiene or sexual and reproductive health, rather than their other broader needs, strengths, resilience, and capacities.⁶²

The global community should learn from and invest in grassroots women's groups that are leading programs to respond to crises and rebuild livelihoods in their own communities. Women's groups can provide a platform for collective action by sharing labor and childcare responsibilities, organizing transport, accessing credit and savings, and disseminating information.⁶³ For example, during the pandemic, the Self-Employed Women's Association in India served as an intermediary between female farmers and the government, helping women to sign up for government relief and organizing members to sell their vegetables.⁶⁴ Other examples abound, such as women's organizations in Albania, Brazil, Ethiopia, Lebanon, Nepal, and Paraguay that are supported by UN Women.⁶⁵ Women's groups know their communities best and can reach those who are most in need. Beyond more financial support, women deserve a seat at the table to shape the policies and programs that directly impact their own lives and communities.