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**Exploring Care in Peacebuilding Interventions  
The Transformative Potential of an Ethics of Care in the  
Fourth Dutch National Action Plan on the implementation of  
United Nations Security Council Resolution 1325**

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***Ebony Westman***  
(Australia)

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Members of the Examining Committee:

Kaira Zoe Albuero Cañete  
Wendy Harcourt

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***Inquiries:***

International Institute of Social Studies  
P.O. Box 29776  
2502 LT The Hague  
The Netherlands

t: +31 70 426 0460  
e: [info@iss.nl](mailto:info@iss.nl)  
w: [www.iss.nl](http://www.iss.nl)  
fb: <http://www.facebook.com/iss.nl>  
twitter: [@issnl](https://twitter.com/issnl)

***Location:***

Kortenaerkade 12  
2518 AX The Hague  
The Netherlands

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## **Abstract**

This research employs qualitative interviews presented as ‘snapshots’ of peacebuilding professionals implementing programs under the Dutch National Action Plan-IV (NAP-IV) for the Women Peace and Security agenda, in Palestine, Sudan and Yemen. These snapshots explore what an ethics of care lens might contribute to peacebuilding interventions. This analysis reveals a lack of explicit consideration to include people with care roles in NAP-IV peacebuilding programs, which is in direct opposition with the NAP-IV outcome of increasing women’s equal and meaningful participation in decision-making processes in relation to peace and security. This focus is important as peacebuilding programs which inadvertently exclude people with care roles excludes these voices from contributing to peace and security discourse, meaning their needs, rights, expertise and experiences are not included, and continues the devaluation and marginalisation of people who care, and the role of care itself, in society. This study explores how an ethics of care approach can support responding to needs of people with caregiving roles with inclusive program design and further, argues an ethics of care analysis of interdependency challenges the dichotomy of global north/global south implicit in humanitarian discourse and practice, and aligns with localisation agenda objectives. Thus, revealing the transformative potential of an ethics of care in humanitarian peacebuilding interventions.

## **Relevance to Development Studies**

This topic is relevant to Development Studies insofar as it utilises an ethics of care approach to peacebuilding to contribute to the transformation required in the inherently colonial humanitarian/development sector by supporting and strengthening local efforts and objectives of peacebuilding, and resisting a liberal, universal, dominating approach based on ‘knowing better’ than local actors who are embedded in context. Additionally, interviews with peacebuilding professionals generate insights into how care is perceived and practiced in conflict-affected contexts, and how this relates to the outcome of increasing women’s equal and meaningful decision-making participation in peace and security processes under the Dutch NAP-IV and Women Peace and Security agenda.

## **Keywords**

Ethics of care; gender; Women Peace and Security agenda; Dutch National Action Plan- IV; humanitarian peacebuilding interventions; localisation.

## List of Acronyms

INGO	International non-government organisation
ISS	International Institute of Social Studies, Erasmus University Rotterdam
LGBTQI+	Lesbian, Gay, Bisexual, Trans, Queer and Intersex people, the + is inclusive of other identities
NAP	Nation Action Plan
NGO	Non-government organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OPT	Occupied Palestinian Territories
WPS	Women, Peace and Security agenda, referring to the United Nations Security Council Resolution 1325

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# Chapter 1

## Inclusive Participation in Peacebuilding Processes

### 1.1 Introduction

It is widely accepted that conflict and crisis impact people differently based upon their identities and their experience of structural power. Often in times of conflict and crisis, hegemonic gender roles are reproduced and structural vulnerabilities can be exacerbated, leading to increased risk of harm and exploitation for women, children and young people, and other structurally disadvantaged groups. In acknowledgement of, and response to, the gendered impacts of conflict, the 2000 UN Security Council unanimously adopted Resolution 1325 on 'Women, Peace and Security' (WPS) which recognises women's and girls' status, rights and position in relation to peace and security. Resolution 1325 has since been strengthened by nine additional resolutions which elaborate on specific features of gendered impacts of conflict. 98 countries and a number of multilateral organisations have developed National Action Plans (NAP) to implement the WPS agenda, including the Netherlands (NAP 1325 Partnership in the Netherlands, 2020a). The current Dutch NAP to implement Resolution 1325 is the fourth (IV) iteration and covers the period 2021-2025.

The WPS agenda and associated Dutch NAP-IV strive to strengthen women's participation in peace and security processes, to ensure the specific gendered experiences of conflict are informing peace and security efforts. The aim of strengthening participation is in response to the historically male dominated peace and security sector. According to the 2015 UN Women Global Study on the implementation of Resolution 1325, of 31 major peace processes between 1992 and 2011, only 9% of negotiators were women (UN Women, 2015, p. 14). The WPS agenda and Dutch NAP-IV aim to support women's meaningful participation of decision-making in peace processes, however, there is no explicit consideration for how to include people with care roles in this approach. This is a critical oversight as an ethics of care analysis reveals during conflict and crisis, care needs do not stop, and may in fact become more urgent as people are injured, displaced or killed, also severing existing relations of providing care (Robinson, 2011a). Additionally, Vaittinen et al. (2019) argue the everyday practices of direct caregiving sustain life and build trust and contribute to peacebuilding objectives. Voices and perspectives of people with care roles in conflict-affected contexts are therefore vital to include in peacebuilding processes to understand how care relations have been impacted by the conflict, how the severing of care relations affects efforts to rebuild trust within and between communities, and how peace efforts can strengthen and repair such caregiving relations in non-exploitative ways to promote sustainable peace.

The underrepresentation of women and inadequate forum for diverse voices to participate in peace processes means their needs, rights, expertise and experiences are not accounted for and impedes upon their opportunity to shape the discourse of what peace and security means, for whom, and how it is attained.

Further, a report by the NGO Working Group of Women, Peace and Security (2020) references the 'overwhelming empirical evidence' confirming inclusive peace processes are more durable, with participation of civil society- including women's organisations - making peace agreements 64% less likely to fail (p. 12). The report concluded "when women have a *meaningful* influence over the process, their participation has a positive impact on peace, security and the durability of peace agreements. The exclusion of women, therefore, undermines peace" (NGO Working Group of Women, Peace and Security, 2020, p. 12, original emphasis).

This research thus seeks the views of professionals implementing peacebuilding programs under the Dutch NAP-IV in Palestine, Sudan and Yemen, and uses an ethics of care analysis to present a ‘snapshot’ of care in each country’s context and in relation to the country specific implementation of peacebuilding programs. The Netherlands-based ‘signatories’ of the Dutch NAP-IV work in consortia, and with their partner organisations in the global south, bear joint responsibility to implement the Dutch NAP-IV to achieve the outcomes. This research aims to explore how the distributions of care roles impact Outcome 1: Participation in the Dutch NAP-IV, which strives for more women to hold leadership positions and for women to participate equally and meaningfully in decision-making processes at every level in the interests of peace and security. This research will consider how programs can increase inclusivity for people with care responsibilities to strengthen this outcome. Departing from these snapshots, this research argues for the transformative potential of an ethics of care understanding of interdependency, which can reshape the implicit colonial legacy in humanitarian response which creates a dichotomy between who is in need of ‘saving’ and who is in a position to ‘save’. Such reshaping recognises local, situated expertise and aligns with the ‘localisation agenda’ objectives, which refers to a shift in the humanitarian sector towards recognising the role and capacities of actors in affected communities in shaping humanitarian response, and is discussed further in Section 5.3.

This research is situated in critical development studies, providing an analysis cognisant of the project of ‘Euromodernity’ (Ndlovu-Gatsheni, 2020), which seeks to legitimise the superiority of Europe and North America, through a “rhetoric of salvation, social evolution, progress, civilization, rationality, scientism, emancipation, modernization, development, and liberalism” (Ndlovu-Gatsheni, 2020, p. 3). In this way, critical development studies are attuned to the power imbalances constructed between actors in the international humanitarian/development sector, namely those who require ‘saving’, and those with the power, expertise and knowledge to ‘save’.

A report by Peace Direct, Adeso, Alliance for Peacebuilding and Women of Color Advancing Peace and Security and Conflict Transformation (2021) recognises the colonial legacy informing the distribution of power in the humanitarian/development sector, including in the delivery of programs, distribution of funds and recognised expertise, and advocates for the “viewpoint that the modern-day aid system should explicitly be understood as a form of systemic reparations for the violence inflicted in many donor countries’ colonial and imperial past” (p. 20). Additionally, the report calls for a decolonial approach to aid where practitioners “listen, listen, listen”, “act with humility”, and focus on meaningful partnerships whereby “INGOs...take it upon themselves to have lasting relationships with local actors” (Peace Direct et al., 2021, p. 36). These suggestions align with an ethics of care approach to peacebuilding which draws upon relational connections, includes a practice of listening to understand specific needs, and builds lasting relationships, as discussed further in Section 5.2 of this document.

Interviews with peacebuilding professionals generate insights into how care is perceived and practiced in conflict-affected contexts, and how this relates to the outcome of women participating equally and meaningfully in decision-making in relation to peace and security processes, under the Dutch NAP-IV. An ethics of care lens informs suggestions for inclusive design in peacebuilding approaches, to ensure the needs, expertise and experiences of people with care roles can influence peace and security processes which affect their lives. Moreover, these snapshots provide a point of departure to consider how an ethics of care approach to peacebuilding can support the transformation required in the inherently colonial humanitarian/development sector by supporting and strengthening local efforts and objectives of peacebuilding, and resisting a liberal, universal, dominating approach based on ‘knowing better’ than local actors who are embedded in context. Together, these research objectives

support peacebuilding efforts to be locally-led and inclusive of diverse experiences of people situated in context, thus increasing the chances of sustainable peace.

## 1.2 The ‘Women, Peace and Security’ Agenda and Dutch NAP-IV

The WPS agenda was notable for enshrining women’s rights in peace and security at the UN level and beyond, inspiring local and global women’s movements (Hilhorst et al., 2018). Hilhorst et al. (2018) highlight concerns and critiques with the WPS agenda, including its limiting focus on legal accountability of conflict-related sexual violence, entrenchment of binary gender terms and exclusion of LGBTQI+ experiences of conflict (p. S4).<sup>1</sup>

Moreover, some critics argue the WPS agenda instrumentalises gender equality language to further a liberal peace agenda and promote neocolonial and imperial projects, in regards to painting certain women in need of saving and other women as saviours. Such framing also erases local women’s struggles in favour of a liberal western idea of equality and empowerment.

Abu-Lughod (2002) calls attention to the context of ‘saving’ Muslim women, where echoes of colonial and missionary rhetoric are used to justify imperial/western intervention to ‘save’ Muslim women from ‘less civilised’ cultures, in order to achieve the western declared ‘universal’ ideals of equality, freedom and rights. The west believes it has achieved these values and thus establishes the right and responsibility to intervene and impose these standards to the rest of the world.

Abu-Lughod emphasises that fights for justice must be led by the needs identified by people situated in those contexts, and how applying a ‘one size fits all’ approach to justice, peace and equality - grounded in western liberal ideals and implemented by actors from the global north - is in fact a neocolonial erasure of the situated experience, knowledge, objectives and realities of that context.

Abu-Lughod questions “we may want justice for women, but can we accept that there might be different ideas about justice and that different women might want, or choose, different futures from what we envision as best” (2002, p. 788). In the context of the WPS agenda, the use of language of ‘equality’ and ‘empowerment’ as assumed universal values, and the observed dynamic of global north countries, such as the Netherlands, predominantly implementing NAP activities in global south countries, reveals the neocolonial discourse and practice that Abu-Lughod warns of.

Pratt and Richter-Devroe (2013) express similar concerns that through the WPS agenda, “the international community is actually undermining women’s local peacebuilding efforts” (p. 1). When the WPS agenda employs the discourse of ‘saving’ particular women, it also risks provoking a backlash against women’s activism and involvement in post/conflict situations, when such activism becomes associated with ‘foreign’ ideas and interventions (2013, p. 2).

Pratt and Richter-Devroe outline an opportunity to move beyond the liberal feminist peace agenda through use of international peace and security agendas that incorporate the peacebuilding experiences of “ordinary women in conflict and post-conflict contexts” (2013, p. 1), and “identify, recognise and strengthen the different non-violent forms of political agency in which women on the ground engage” (2013, p. 3). This links to the everyday

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<sup>1</sup> See ‘A practical guidebook for the inclusion of LGBTQI+ groups in the WPS architecture’ (2023), developed by the Centre for Feminist Foreign Policy and the Berghof Foundation, for an overview of how a lack of intersectional consideration of experiences of peace and conflict within the WPS agenda limits the ability for a genuinely inclusive, and transformative, approach to peacebuilding.

practices of care as peacebuilding, discussed further in Section 2.1 to demonstrate how an ethics of care approach to peacebuilding can support identifying and strengthening local practices which build and sustain peace, rather than applying a universal approach which risks erasing and harming these approaches.

Despite these critiques, Hudson (2021) asks “can feminists who are critical of the liberal underpinnings of the WPS system afford not to be part of the system?” (p. 455) noting the tangible political effects this, and other international instruments, have.

This research acknowledges the critiques of the WPS agenda and also its political influence, and in this balance, considers how ethics of care in peacebuilding activities under the Dutch NAP-IV could situate peacebuilding efforts in specific contexts, aiming to strengthen local, embodied and embedded practices that build and sustain peace and in doing so, transform normative humanitarian discourse and practice. Ethics of care theorists are in agreement about the importance of care needs and responses being situated in a specific context, and within specific relational ontologies. In this way, ethics of care avoids reproducing a single vision of care, and attends to the specific, embedded experiences of people in their context. Ethics of care can help ground approaches to peace which are led by the embodied knowledge of needs, based in existing relations within a specific context. Ethics of care avoids homogenising and essentialising women as natural peacemakers and instead consider the ways all people in a society give and receive care, and focuses on supporting everyday practices of care which build and sustain peace.

In the context of the Netherlands, implementation of the WPS agenda has been shaped through collaboration with the Dutch government and civil society, and while beholden to the liberal peace outcomes identified by the larger WPS architecture – such as increasing women’s participation in decision-making as a marker of gender equality progress- nonetheless the NAP-IV pushes for a more inclusive view on the gendered impacts of peace and conflict, beyond limiting binary language and essentialised gender roles.

The NAP-IV vision is of “a world of sustainable peace, security and development for all, where equal participation of women and girls is self-evident” (1325 Dutch NAP Partnership, 2020b, p. 17). The NAP-IV has five strategic outcomes which align with the four WPS pillars, as well as a focus on gender mainstreaming. As referenced above, Outcome 1 in particular is relevant for this research paper, as it focuses on inclusive, bottom-up participation in peacebuilding, stating the outcome: “More women hold leadership positions, and women participate equally and meaningfully in decision-making processes at every level in the interests of peace and security, including conflict prevention and resolution, peacebuilding, protection, relief, reconstruction and recovery” (1325 Dutch NAP Partnership, 2020b, p. 18). This outcome recognises the potential of peace and security processes to counter unequal and oppressive power structures, such as patriarchy, and to firmly establish women’s rights and gender equality in peace and security structures (1325 Dutch NAP Partnership, 2020b, p. 19). An ethics of care analysis can strengthen this by revealing structural inequality which informs the distribution of care roles in society and, while strengthening the situated practices and values of care, works to revalue the role of care and people who care in society and avoids reproducing unequal, exploitative care dynamics.

When I began looking for interview participants, I reached out to War Child Holland, PAX for Peace and Care Netherlands and I was connected with Dutch NAP-IV implementing partners working in Palestine, Sudan and Yemen. International partners under the Dutch NAP-IV align to the Dutch outcomes or sub-outcomes, in addition to defining their own country objectives. Each country covered in my research implemented programs to achieve sub-objectives relating to improving women’s participation in peace processes, in addition to the Dutch NAP-IV outcomes. Table 1 in Chapter 3 presents a brief description of the professionals I interviewed, including their organisation, role and the country of program implementation.

## 1.3 Country Context of Case Study Participants

### 1.3.1 Palestine

The decades-long conflict between Israel and Palestine rests on disputed claims over the Holy Land, which has historical significance for Christian, Jewish and Muslim people, and is rooted in colonial decisions from the early 20th century. In May 1948 the State of Israel was created, following a 1947 vote in the United Nations to adopt Resolution 181, the 'Partition Plan' which divided the British Mandate of Palestine into Arab and Jewish states (*Centre for Preventive Action, 2023a*). The Arab-Israeli war broke out in 1948 in response to this state formation. The war ended in 1949 and Israel was victorious in securing land, while 750,000 Palestinians were displaced and the territory was divided into the State of Israel, the West Bank and the Gaza Strip (*Centre for Preventive Action, 2023a*). A series of escalations of conflict in the region followed.

The 'OCHA Humanitarian Needs Overview OPT', issued December 2021, highlights the protracted nature of the crisis spanning 55 years of Israeli military occupation of Palestinian territories in the Gaza Strip and West Bank, and the effect of internal divisions and hostilities in exacerbating the conflict in recent years (OCHA, 2021, p. 11). Of a total population of 5.3 million people in Palestine, OCHA estimates that 2.1 million people required humanitarian assistance, as of December 2021 (OCHA, 2021, p. 3). OCHA points to the Israeli imposed restrictions on movements of Palestinian citizens in the Gaza Strip impacting access to resources and leading to the subsequent deterioration of living standards, development opportunities and meeting of fundamental human needs. In the West Bank, Israeli military occupation continues to impact basic human rights of Palestinians. As of 7 October 2023, violence has erupted from an offensive lead by Hamas - a Palestinian Islamist militant group - against Israel, and the subsequent Israeli response, laying siege to the Gaza Strip.

### 1.3.2 Sudan

The then Republic of Sudan gained official independence from Egyptian and United Kingdom protectorate in 1956. The internal religious divides within the large country were the catalyst for two civil wars, the second of which led to the country splitting into two states in 2011. The civil wars were followed by famine, large scale deaths and crimes. From 1989 to 2019 Sudan was ruled by a dictatorship of Omar al-Bashir who seized power in a coup, and under this rule, Omar oversaw the conflict in Darfur in 2003, a conflict later condemned as genocide against non-Arab populations. Bashir's regime was oppressive, employing private militias and morality police, and persecuting minority religious populations. In April 2019, civilian-led mass protests led to a coup by the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) to oust Bashir and worked towards establishing a transition government (*Centre for Preventive Action, 2023b*). Mass civilian protests continued, demanding a fully civilian government, despite protestors facing violent repression by security forces (Nashed, 2022). Another military coup by the SAF and RSF in October 2021 removed the transitional civilian government, leaving the country without a government until an agreement between the military and key civilian political stakeholders was signed in December 2022, recommencing efforts to restore a democratic civilian government (*UN News, 2023*). Transition to a civilian-led government appeared achievable until conflict escalated in April 2023 between the SAF and RSF (*UN News, 2023*).

The 'OCHA Humanitarian Needs Overview Sudan', issued November 2022, highlights that prior to April 2023, humanitarian needs across Sudan reached record levels,

with 15.8 million people from a population of 49 million requiring humanitarian assistance (OCHA, 2022, p. 4). As of the April 2023 conflict, OCHA estimates 24.7 million people require humanitarian assistance (OCHA, 2023, p. 1). The latest conflict has led to large-scale displacement and “coupled with hunger, disease, displacement and destruction of livelihoods – threatens to consume the entire country” (OCHA, 2023, p. 9).

### 1.3.3 Yemen

In 1990 the modern state of Yemen was created by the “unification of the U.S.- and Saudi-backed Yemeni Arab Republic, in the north, and the Soviet-backed People’s Democratic Republic of Yemen, in the south” (Robinson, 2023). Tensions, including religious and cultural differences, present in the country led to a southern separatist movement emerging four years after the unification, and a Houthi movement in northern Yemen rising up against the government multiple times between 2004 and 2010 (Robinson, 2023). In 2014 the Yemen civil war began with Houthi insurgents of Shiite positioning taking control of the Yemen capital, demanding lower fuel prices and a new government. Negotiations failed and the Houthi insurgents seized the presidential palace in January 2015, and forced the president and government to resign (*Centre for Preventive Action*, 2023c). Regional powers and the U.S intervened in the conflict, and drew Yemen into a proxy conflict of the broader Sunni-Shia divide over disputed interpretations of Islam.

The following eight years of armed conflict has created “economic turmoil, mass human displacement and exacerbated poverty” (UN Yemen, 2022, p. 6), resulting in what is considered the worst humanitarian crisis. At the end of 2022, the ‘UN Yemen Country Results Report’ estimated 21.6 million people, more than two-thirds of Yemen’s population, required humanitarian assistance (UN Yemen, 2022, p. 6).

## 1.4 Research Questions and Objectives

Against these complex contexts, this research seeks to explore how an ethics of care lens might contribute to peacebuilding interventions, particularly with a view to increasing inclusivity and participation for people with care roles and responsibilities. This research will also consider how an ethics of care approach to peacebuilding interventions recognises interdependency beyond national borders, and can reshape humanitarian intervention by challenging the implicit colonial legacy in humanitarian response which creates a dichotomy of strong and weak states, and supports the localisation agenda. Together, these research objectives aim to support peacebuilding efforts to be locally-led and inclusive of the diverse experiences of people situated in context, thus increasing the chances of sustainable peace.

My research question is, ‘What might an ethics of care lens contribute to peacebuilding interventions?’ I plan to address this by focusing on the specific experiences of peacebuilding professionals with support of the following sub-questions:

- How do gendered roles and responsibilities of care in conflict-affected contexts impact the Dutch NAP-IV outcome of increasing women’s equal and meaningful participation in decision-making processes relating to peace and security?
- How could an ethics of care approach reshape dynamics of humanitarian discourse and practice to support sustainable peace?

# Chapter 2

## Theoretical Positioning

### 2.1 Ethics of Care

Puig de la Bellacasa (2017) situates a summary of care discourse by stating “care is omnipresent, even through the effects of its absence” (p. 1). The constant, necessary, varied presence of care in everyday lives, relationships and societies has been fertile ground for the multidisciplinary exploration of meanings and practices of care. Specific attention to why we care, how we care, where we care and who cares has been explored since 1980, spanning “nursing studies, sociologies of medicine, health and illness, and ethics and philosophy, as well as political thought” (Puig de la Bellacasa, 2017, p. 2).

Puig de la Bellacasa argues the ontological scope of care must include humans and non-humans due to the inseparable connection between different organisms’ mutual reliance on life sustaining practices. Puig de la Bellacasa acknowledges the plurality, and ambivalence, of understandings of ways of caring, and how this enables the disruption of simplistic definitions. Care is ‘unsettled’ as idealised or essentialised women’s work by feminist theorists who show care “cannot be about a realm of normative moral obligations but rather about thick, impure, involvement in a world where the question of how to care needs to be posed” (Puig de la Bellacasa, 2017, p. 6).

Through the different and sometimes contradictory engagements with care, Puig de la Bellacasa notes the specific contributions made by each site of exploration “to the understanding and meanings of care, revealing how caring implicates different relationalities, issues, and practices in different settings” (2017, p. 3). Ethics of care does not seek to universalise understandings, practices or relations of care, rather it is concerned with the specific, embedded and embodied aspects of care.

Ruddick’s ‘maternal thinking’ (1990) is a cornerstone of ethics of care theoretical development, and already makes the connection between practices of interpersonal care and peace on a societal level. Ruddick considers mothering as a site of exploration of caring practices that promote nonviolence and peace, which may be relevant for broader social relations. Ruddick argues that thinking around mothering and maternal nonviolence could provide a “standpoint from which to criticize the destructiveness of war and begin to reinvent peace” (1990, p. 12). Ruddick does not present mothers as necessarily virtuous, innocent or idealised, citing history as shattering the myth of mothers as powerless peacemakers, exempt from war (1990, p. 219). Rather, Ruddick aims to identify principles of maternal nonviolence which “could contribute to collective, public understandings of peace making” (1990, p. 163).

Another seminal contribution is Tronto’s (1993) framing of ethics of care which similarly links relations of interdependence from a personal to a political scale. Tronto’s framing understands all people experience autonomy, dependence and caregiving across a lifespan, which reveals the fictitious construction of the ‘rational, autonomous, self-made man’ who fits with liberal theories of economic independence and individuality (1993, p. 162). Tronto considers the power imbalances inherent in relations of interdependence and how care is given and received, in a political theoretic framing of ethics of care. Tronto argues that care and care work is not valued in dominant society and by extension, the people who do care work, often women and other socially disempowered groups, are also not valued.

Tronto posits that through the contextually specific practices of giving and receiving care, we become adept at caring, which enables us to become more caring and more moral people. Tronto links caring, through the practice of being attentive to and meeting others’

needs, to becoming better citizens in a democracy (1993, p. 167). Understanding care and care relations in this way reveals Tronto's central argument: "only if we understand care as a political idea will we be able to change its status and the status of those who do care work in our culture" (1993, p. 154).

Similarly considering care as a moral practice, Held (2005) suggests an ethics of care as a practice and value shows us how to respond to needs, and why we should; it builds trust, mutual concern and connection between persons (p. 42). Held conceives care as a practice that develops, rather than a series of individual actions (2005, p. 42). Held argues care relations can be analysed to reveal aspects of a person's morality, such as if the care relation is mutually trusting, or rather hostile and vindictive, and if a person is attentive and responsive to other's needs or indifferent and self-absorbed (2005, p. 42).

Building on the above contributions, Robinson (2011a) expands upon considering the dynamics of care relations, either mutually trusting or exploitative, and being attuned to and responding to the needs of others as a place where our moral selves emerge, in the context of international relations.

Robinson is careful to establish that caring roles and responsibilities which constitute relations are neither neutral nor apolitical, they are established in a lineage of unequal power structures and exist in a context of colonialism, patriarchy, neoliberalism and globalisation. Robinson argues the "relations of care in a global context are constructed by relations of power determined primarily by gender, class, and race. These are, in turn, structured by the discourses and materiality of neoliberal globalization and historical and contemporary relations of colonialism and neocolonialism" (2011a, p. 5). The need for care is a universal human experience however the conditions of whose care needs are met, by whom and on what terms are produced by forms of power that flow through global structures and institutions (Robinson, 2011a, p. 114). Understanding care relations and needs in a global context must be attuned to power inequalities which structure these. A critical analysis of how care operates in society— who cares for whom, why and for what? — can reveal unequal power relations associated with care, such as the feminisation and racialisation of the values and activities of care, and the subsequent devaluing of care (Robinson, 2011b, p. 852). This is further elaborated in Section 2.2. This analysis reveals "the distribution of caring work and who is cared-for serves to maintain and to reinforce patterns of subordination" (Tronto, 1993, p. 116).

These approaches to care are useful because they demonstrate global interdependency of care relations, and also the power asymmetries within such relations. However, it is important to not overemphasise these positions at the cost of other framings of care stemming from other world views. I navigate these tensions by acknowledging the situated experiences of care in different contexts, and by remaining critical of global power structures which have tangible impacts in the humanitarian space on constructing care relations and meeting needs. In this way, I argue an ethics of care in peacebuilding can reshape assumptions in humanitarian discourse about needs and vulnerability by being attuned to the role of global power structures in constructing such assumptions, by centring interdependency to challenge hierarchies of powerful/weak states saving/being saved. This is discussed further in Section 5.3.

Puig de la Bellacasa (2017) warns against instrumentalising care in global politics, and Uma Narayan (1995) articulates 'paternalistic care' in humanitarian discourse as decisions about how to care and who receives care can reproduce and serve colonial projects. Paternalistic care risks reproducing global relations of domination and 'knowing better' than, replicating colonial discourses of racial hierarchies of power. International actors in the humanitarian context must be cautious not to replicate such hierarchies, and must be particularly critical of how normative humanitarian intervention is built on responding to needs of groups considered 'vulnerable', implicitly creating a hierarchy of those in need and those who give care.



In problematising the vulnerability and care nexus Browne et al. (2021) recognise “our embeddedness in hierarchical structures of power and unequal relations of dependence” (Browne et al., 2021, p. 3). Acknowledging embeddedness seeks to respond to the normative negative association of vulnerability as weakness, which does not account for the socio-political structures which render some people more vulnerable than others (Browne et al., 2021, p. 4). In particular, Browne et al. highlight the role of international humanitarian programs which determine the people/groups who are the most vulnerable or in need of assistance from the ‘international community’ (2021, p. 4). An ethics of care lens here recognises the vulnerability of all people, while also paying attention to how global power hierarchies have informed how and whose needs are met, which in turn perpetuates some people/groups as being vulnerable and in need of humanitarian assistance.

Vulnerability should not be designated to particular oppressed or marginalised groups in society, which may stigmatise these groups and enable paternalistic institutional responses. Referencing Judith Butler (2021), Browne et al. argue that defining people/groups as vulnerable deprives people of their individual power by locating power external to their own action, and creates a binary of vulnerability which “does not give us a way to understand the ties that we have to one another, and to elaborate a politics on the basis of those ties” (Butler, 2021, quoted in Browne et al., 2021, p. 7). The relational ontology of ethics of care recognises ties to others, and shared experiences of vulnerability and agency in both giving and receiving care, aiming to create transformative political action from this position. Echoing Tronto’s framing outlined above, departing from the idealised image of an autonomous person, ethics of care realises “given our interdependence and vulnerability, it is caring that sustains us and can therefore serve as a starting point for imaging a different kind of politics” (Browne et al., 2021, p. 8).

This ‘different kind of politics’ encapsulates the position that ethics of care does not seek assimilation into the dominant system which devalues care, rather, it seeks a transformation which requires the moral commitment to listening and responding to needs which have been marginalised or exploited. This involves analysing how different forms of power exist and are distributed in society, as well as analysing the various forms of dependency which may involve mutual trust and support, or unequal relations of paternalism and exploitation (Robinson 2011b, p. 853).

Browne et al. draw upon Black feminist theorists and philosophers to summarise critiques of ethics of care which fail to understand the asymmetrical, often racialised, global care structures. These critiques remind us that ethics of care must not romanticise care dynamics and must move from centring the global north understandings and practices of care (2021, p. 13). Pettersen (2011) reinforces that attention must be paid to not romanticise or simplify care as a benevolent practice; “care ethicists are well aware that care often takes place under oppressive conditions... Identifying and discussing the practices and values that ought to be preserved, nurtured, altered or rejected is an important task of any feminist ethics” (p. 55).

As I engage with relations and practices of care, I hold an awareness of my positionality, discussed further in Section 3.2, and how I am constituted in a lineage of global power structures, and have indeed benefited from historic and contemporary unequal relations of care. This research aims to attend to these cautions by seeking to understand care in particular contexts, broadening the visibility of sites and practices of care in relation to peacebuilding interventions, from experiences of people situated in their context. I consider how recognising interdependence can reshape humanitarian discourse and practice by challenging assumed hierarchies grounded in colonial legacy, and support local, situated peacebuilding interventions which are not exploitative or paternalistic, but rather, transformative.

## 2.2 Care and Peacebuilding

As indicated above, the link between care and peace has been present in various ethics of care theories. Vaittinen et al. (2019) approach this link from the position of peace theories, positioning everyday peace literature as emerging in post-liberal Peace and Conflict research, attending to the local and specific rather than universal, and focusing on peoples lived everyday experiences of conflict and peace. This approach to peace moves beyond negative peace as an absence of war to consider “everyday diplomacy or people-to-people activities that can move a society towards conflict transformation” (Mac Ginty, 2014, cited by Vaittinen et al., 2019, p. 2). Vaittinen et al. respond to the lack of engagement with feminist theories in the development of everyday peace literature, and emphasis that “care, and the gendered power relations that go with it, *cut through* social practices in all contexts of peace and conflict” (2019, p. 3, original emphasis). Vaittinen et al. contend everyday practices of direct caregiving sustain life, and also “sustain and help build trust among and within communities” (2019, p. 3), contributing to peacebuilding objectives where “possibilities for peace thus emerge *from non-linear cycles of care, trust, and transformation*” (2019, p. 3, original emphasis).

Vaittinen et al. offer three snapshots of everyday practices of care as peacebuilding and suggest that “different gendered forms of caring shape the political space in the midst of conflicts. In all the cases, relations of care emerge as a dynamic for processes of trust-building, community-building, and peaceful transformation” (2019, p. 14). This research utilises a similar approach to consider snapshots of care in different contexts and how this relates to peacebuilding objectives, and what this means for humanitarian intervention.

Echoing this position that gendered dynamics of care ‘cuts through’ social practices in all contexts of peace and conflict, Robinson (2011a) highlights that care tasks may become more urgent during violence, despite the conditions of care being severely compromised (p. 96). Relations are severed as people die or become displaced and numbers of injured people requiring care may increase. Robinson demonstrates that the relational ontology within an ethics of care reveals the importance of moral negotiations which inform practices and responsibilities of care in the daily lives of people in conflict contexts, and also in the responses of state/international actors.

Robinson posits an ethics of care reminds states and the ‘international community’, as outsiders to the context, to scrutinise the need for care and adequately respond to this need in conflict-affected societies (2011a, p. 96). Similarly, Vaittinen et al. argue that gendered relations which inform caring practices in societies are present within all contexts of peace and conflict. As such, omitting these dynamics in peacebuilding efforts risks not attending to the specific realities of communities, and possibly perpetuating inequality through peacebuilding interventions. Without a consideration of how care operates in peace efforts “it follows that various mundane practices of caring that are crucial in creating trust and peaceful conflict transformation are either taken for granted, or remain invisible” (Vaittinen et al., 2019, p. 3). There is a risk that these mundane practices of situated care, which create trust and support peace, may in fact be damaged by humanitarian intervention which does not pay attention to the contextual specifics and may erase these with a universal approach to peacebuilding. Drawing upon the linkages between feminist ethics of care and peace theories which focus on the situated necessities of care, existential fact of vulnerability and human relatedness, Vaittinen et al. argue this relational ontology holds transformative potential for reimagining just peace and challenging militarism and concepts of global justice (2019, p. 4).

Building upon this framing, this research considers in what ways an ethics of care lens reveals how care roles exist in conflict-affected contexts, and how this impacts the NAP-IV peacebuilding outcome of increasing women’s equal and meaningful participation in decision-making processes, meaning: which voices are included in shaping peace and security

discourse, and how can situated practices of care and peace be strengthened to support sustainable peace? As outlined above, strengthening situated practices and expertise in identifying and responding to needs and providing care can reshape humanitarian peacebuilding, challenging colonial legacy of global north states ‘knowing better’ than global south states, and supporting the localisation agenda.

An ethics of care view of interdependence enables a critique of perceived “benevolent and humanitarian practices through which the strong states and organizations that make up the international community “care for” weaker, vulnerable populations” (Robinson, 2011a, p. 98). By centring interdependency in the global order, the constructed dichotomies of needy/strong and objects/subjects in humanitarian intervention are disrupted (Robinson, 2011a, p. 101), as examined further in Section 5.3. In the humanitarian context, Robinson (2018) emphasises the importance of understanding care relations in context, which “means paying attention to the history, current practices, and rupturing of caring relations, and the relations of gender – and often race and class- that sustain them” (p. 564). In this way, the role of humanitarian intervention should be assisting in “the restoration or enhancement of care relations in ways that are non-exploitative and adequate for meeting the needs of both care-givers and care-receivers” (Robinson, 2018, p. 564). This means asking: how do communities attend and manage care, how is care distributed according to gender, race, class, is care provision fair or exploitative, and how have care relations been impacted by the conflict or crisis (Robinson, 2018, p. 564).

In the context of peace, Vaitinen et al. argue it is important to ask “how care is present, what kind of care is present, and what particular relations of care do for everyday peace and the potential for transformation in conflict and post-conflict societies” (2019, p. 15). Outlining these above positions has revealed that centring an awareness of situated care practices and gendered relations can support transformative approaches to peacebuilding. From this understanding, this research seeks to consider how an ethics of care approach could contribute to peacebuilding interventions under the Dutch NAP-IV.

## Chapter 3

# Methodological Considerations

### 3.1 Research Paradigm

This research works with a feminist ethics of care and is primarily an exploration of gender equality objectives, in the context of peacebuilding. As such, I utilise a feminist approach to the research methodology, in line with the feminist principles underpinning the gender analysis content of the research. Feminist epistemology is a theory of knowledge that stems from centring women's lived experience as the primary and central source of knowledge (Hesse-Biber, 2012, p. 15) and highlights how women's experiences and feelings have historically been erased in favour of western patriarchal colonial approaches to knowledge production, such as positivism which is based on logic and empiricism (Hesse-Biber, 2012, p. 11). Feminist epistemology is concerned with starting from the particular, everyday experiences of women and other marginalised groups, to analyse processes of structural power imbalance and subjugation. It commits to a knowledge production which brings the margins to the centre, to expand who can know and what can be known, and challenges dominant systems of knowledge production which exclude voices of women and other marginalised groups (Hesse-Biber, 2012, p. 4). Similarly, this approach to listening and attending to the needs of others who may be marginalised or devalued by the dominant discourse aligns with an ethics of care, and demonstrates my practice of embodying an ethics of care in my approach to research.

The lived realities of women and other marginalised groups cannot be considered a homogenous experience, and the essence of feminist research is attending to the nuance and complexity of individual experience, while also situating this within larger structural hierarchy and subjugation. The focus on the specific departs from the positivist tradition of objective truth and universal knowledge. Similarly, moving away from considering knowledge to be singular and universal allows space for multiple overlapping and contradictory truths. Feminist epistemologies are also connected to a process of transformation, using knowledge and analysis to challenge systems of domination to imagine, and cultivate, alternatives.

In moving away from the idea of the objective researcher seeking universal truth and knowledge, feminist research recognises complex lived realities, the particulars, the grey in-betweens, paying attention to the specifics and uniqueness of women's lived experiences (Hesse-Biber, 2012, p. 13). Feminist standpoint epistemology shapes my approach to research as I seek to hear individual experiences of people working in peacebuilding as the central source of knowledge. I have sought voices beyond the dominant global north context, from Palestine, Sudan and Yemen, to explore the personal and everyday experiences of peacebuilding from their individual perspective. In my participant sample of six, five people were connected to their context as citizens, providing an embedded perspective of the peace, conflict and care present in those contexts. I spoke to two men who worked in the country context in Yemen. I believe attending to their voices, as non-dominant in relation to global north knowledge production, also aligns with feminist standpoint theory.

Focusing on voices of professionals in local organisations rather than INGO 'headquarters' in western Europe, or of actors involved in state/multinational peace processes, reflects my intention to seek knowledge from sites which are typically in the margins. In my participant sample, I spoke to one person who was based in the Netherlands 'headquarters' and the dynamic of the INGO in comparison to the local organisation in knowing and attending to needs is reflected on further in Section 5.3.

I seek to attend to the power imbalance of the ‘researcher’ and ‘researched’, and the effect of life experience on bias and the limits of knowing, by drawing upon Donna Haraway’s (1988) ‘situated knowledges’. This framing offers a way to understand feminist objectivity and knowledge production as partial, subjective, relational and imbued with power relations, inherently informed by one’s experience and reality in the world (Hesse-Biber, 2012, p. 13). From this place of situated knowledge, I offer my positionality as a student/researcher as it informs my research journey.

## 3.2 Positionality

I am an Australian citizen and a new arrival to the world of peacebuilding interventions, and a recent arrival to the Netherlands, without any in-country experience in the humanitarian/development sector. Informing my decision to speak to program implementers, rather than program participants, is my intention to avoid unintentional harm to people and communities who are affected by conflict.

I fear that attempts to engage with program participants about their experience of care practices and relations, without an existing relationship to enable reciprocal learning and knowing, would risk being extractive for my own academic benefit, and thus reproducing power inequalities of the ‘researcher’ and ‘researched’. My commitment to the feminist principle ‘do no harm’ informs my decision to engage with program implementers rather than participants.

I draw upon Patel (2015) to understand research as a process of relationality, in relation with ways of knowing, who can know, and the place of knowing (p. 48). I use positionality to reflect on my own relationality with knowing, what I can (and cannot) know, and the places of this knowing, which come from an understanding that all knowing is situated in a context and is incomplete. This understanding of situated knowledge and relationality aligns with feminist research paradigms, outlined above.

As well as being an Australian citizen, I come from a lineage of white settlers. This has fundamentally shaped my proximity to structural access and privilege, informing my ability to pursue higher education and gain professional experience. My previous professional experience informs my interest in working with program implementers. In Victoria, Australia, I had a role in supporting program implementers in the family violence sector adapting to legislation, policy and practice guidelines. Working with practitioners displayed to me how the realities of program implementation can be very different from how they are envisioned in centralised policy offices. My relationships with these practitioners informed a more accurate and specific understanding of the practice. I am interested to hear from program implementers in the peacebuilding context and learn from their practice wisdom, while also understanding the potential presence of embodied biases and prejudices.

In this research process, I commit to the feminist praxis of ongoing reflexivity and transparency as a practice of personal accountability. Throughout my research I aimed to be attuned to the ways my positionality - education background, structural access, ideologies and assumptions - impacted my research practice, from the point of defining a research question to interpreting the findings. I did this by developing my understanding of the participants' country context prior to the interviews, and being aware of the differences from my own experience. Immediately after the interviews, I wrote down my impressions and feelings from the conversation, and explored tensions/biases that were present.

Further, I have been aware of how my position as a research activist informs my approach. This activism has shaped my interest in exploring relations of care in peace and conflict, and a consideration of how my research can advance an understanding of the value

of care in humanitarian peacebuilding interventions. Throughout this research I have held my activist position with a curiosity and openness to alternative perspectives of care, engaging with the feminist research paradigm of challenging knowledge which is exclusionary and assumes the dominant experience to be universal (Hesse-Biber, 2012, p. 4), specifically, my preconceived position on the value of care.

### 3.3 Methodology

I interviewed six professionals online using semi-structured one-on-one interviews, between 28 August and 12 September 2023, with an average time of 38.6 minutes. Online interviews were appropriate as a means to engage with professionals situated in the communities where the programs were implemented, to explore the professionals' experience of care roles and peacebuilding programs in their specific context. Five of the six people I spoke to had lived or were living in the communities where they worked, bringing their own embodied, situated knowledge to conversations of structural power dynamics, peacebuilding and experiences of conflict. The interview participants worked in humanitarian organisations, one participant in the 'headquarters' team in the Netherlands and the remainder in either the local team in-country or another local NGO. All but one participant currently worked in programs under the Dutch NAP-IV. The one participant who did not, spoke from their experience in the NGO space in Sudan, and as having previously engaged with the WPS agenda.

Qualitative research allows for an exploration of "people's experiences in detail by using a specific set of research methods such as in-depth interviews" (Hennink et al., 2020, p. 10), enabled by the researcher being "open-minded, curious and empathetic, flexible and able to listen to people telling their own story" (Hennink et al., 2020, p. 10). This approach to interviewing aligns with caring practices of attentive listening and empathy for others' experience and needs. As such, interviewing as a relational practice was a core element in my approach to embodying caring values throughout this research.

I drew upon feminist research techniques to inform my approach to interviewing. DeVault and Gross (2012) highlight the central idea of qualitative interviews "that knowledge can be produced in structured encounters organised around "telling about experience"" (p. 5). Being attuned to specific, lived experience allows for stories that have otherwise been erased or simplified by dominant knowledge production to become visible. However, approaching interviews critically requires an awareness that accounts are always linguistically constructed, the act of telling requires a listener, and having a listener also informs the account that is being told (DeValut & Gross, 2012, p. 10).

In this way, the researcher is also informing the emergent account of the interviewee. Knowledge is co-created, situated in place with a shared embodiment – not universal nor objective. Interviews are a relational exchange. In my approach to interviews, I held this by having a set of guiding questions (see Appendix A) but remaining open to following leads that the participants shared, and being flexible in my approach to asking the questions I prepared. After the interview, I referred to the transcript to consider what I might have missed in the moment. This was an important point for reflection on my bias and assumptions. Ultimately, interviewing requires the researcher to make choices about what to follow and what to leave, from the stories shared by participants. I have sought to be reflexive about my process of making these choices, in relation to my positionality and also my research focus.

I thematically coded and analysed the interview transcripts, and analysed the relevant WPS and Dutch NAP-IV documents. This mode of analysis aims to create visibility of how care is present in conflict-affected contexts and how it relates to the NAP-IV outcome of

more women participating equally and meaningfully in decision-making processes relating to peace and security.

I utilised online interviews to speak to people with relevant perspectives. DeVault and Gross (2012) discuss considerations for online interviewing, including the risks of not adhering to feminist commitments of inclusive research (as technology use may be a barrier for some) and of diminished engagement that may come from an online disembodied space. Yet, online spaces also offer new sites and communities to investigate. Indeed, in this research, it would not be possible to hear from the experiences of peacebuilding professionals working in-country contexts without the use of online tools. As noted by Iacono et al. (2016), using online tools “allows researchers to transcend geographical boundaries” (p. 6). In this research, speaking to professionals from a variety of locations allowed for an exploration of the specific experiences and sites of care relations.

Iacono et al. respond to concerns surrounding building rapport during online interviews, and suggest exchanging a series of emails before the interview in order to build an initial relationship with participants (2016, p. 10). I found the pre-interview coordination correspondence was a good opportunity to begin building positive rapport and a relationship where the participants felt respected. I did this by expressing my gratitude for their time, being flexible to meet their needs if they had to reschedule and responding quickly to their emails.

### 3.4 Selection of Participants

I began my participant search by optimising connections with people in Dutch humanitarian/development organisations who work with partners to provide peacebuilding interventions. I sought professionals who had experience implementing peacebuilding programs in -country contexts, and people working in the Dutch offices were able to facilitate this connection. The interview sample consists of six professionals working in three different countries, Palestine, Sudan and Yemen.

I utilised the snowball technique in selecting participants, which I found to be effective. King et. al. (2019) address the possibility for bias to be introduced by the snowball sampling technique, but acknowledge the technique is effective in reaching more participants via their own networks (p. 62). I found this method useful, as after my first interview with a professional working in the country of implementation, they connected me with other colleagues working in-country. Hearing from in-country professionals was essential as it helped reveal the specific context of the conflict, peacebuilding program, and care roles and relations.

The interviews were all online using Zoom or Google Meet and lasted between 20 and 58 minutes. The professionals worked in organisations that contributed to peacebuilding work under the NAP-IV through a variety of ways, including program management and program implementation.

From Palestine, I spoke to a Director of Programs from a feminist, human-rights NGO, who are a Dutch NAP-IV implementing partner of War Child Holland. In the Sudan context, I spoke to a Program Implementer from PAX for Peace who recently relocated to the Netherlands. I also spoke to a Program Implementer with extensive experience in NGOs and community activism in Sudan, who had recently relocated to Germany. In the Yemen context, I spoke to a Netherlands-based Program Manager at Care Netherlands. They were my initial point of contact to the peacebuilding program and after our interview, connected me to a Program Manager in the Care Yemen team, based in Yemen, and a Program Implementer in a national NGO in Yemen. The interview participants have been anonymised to

maintain their privacy, but the name of the Netherlands organisations has been retained as it is publicly available information on the Dutch NAP-IV website.

**Table 1: Summary of the interview participants**

<b>Participant pseudonym</b>	<b>Country context, organisation type</b>	<b>Role</b>	<b>Interview date</b>	<b>Interview length</b>
Sahar	Palestine, NGO	Director of Programs	28 August 2023	20:21 minutes
Amina	Sudan, INGO	Program Implementer	30 August 2023	52:13 minutes
Jamila	Yemen, INGO	Program Manager	1 September 2023	27:58 minutes
Ahmed	Yemen, INGO	Program Implementer	7 September 2023	37:00 minutes
Hiba	Sudan, NGO	Program Implementer/ Activist	11 September 2023	58:15 minutes
Omar	Yemen, NGO	Program Implementer	12 September 2023	36:53 minutes

### 3.5 Limitations

This research does not analyse the mechanisms of the WPS agenda or the Dutch NAP-IV. Rather, it considers experiences of care in relation to peacebuilding programs that are comparable in their alignment to the NAP-IV outcome of increasing women’s equal and meaningful participation in decision-making relating to peace and security processes.

Limitations exist in my ability to understand the country context due to not being able to travel to the countries and immerse myself in the environment. I supported my own understanding of the context by researching the experience of conflict in the countries, and the organisations where the participants worked, prior to our conversation.

This research does not aim to provide an exhaustive account of how care relations exist in contexts of peace and conflict. Richer insights would be generated from engaging with participants in peacebuilding programs to understand their experience of care in relation to peace. Due my inability to travel and not wanting to be extractive, this research will instead provide insights into specific examples of the distribution of care roles, and how this impacts women’s participation in peacebuilding programs under the NAP-IV and thus the outcome of equal and meaningful participation in decision-making processes relating to peace and security.

By exploring the approach to peacebuilding programs with an ethics of care lens in three case studies, this research considers how inclusive design could support people with care roles to participate in programs and thus inform the discourse of peace and security as it affects them. Further, an ethics of care analysis of interdependency can support reshaping humanitarian discourse and practice by challenging assumed hierarchies grounded in colonial legacy, and support local, situated peacebuilding interventions with the aim of creating sustained peace.



### 3.6 Ethics

Throughout this research I sought to attend to my ethical responsibility towards the interview participants by anonymising their names, and using a general role title, as it may inform the interpretation of their experience shared in the interviews. I have sought to remain reflexive and transparent throughout the process.

Prior to conducting interviews, I submitted my ethics approval to Erasmus University Rotterdam. I also sought written informed consent from each participant prior to the interview via the 'Participant Consent and Privacy' form. On this form I provided contact details of relevant ISS points of contact, should any interview participant wish to provide feedback or a complaint about my process of engaging. Additionally, I provided opportunities at the start of every interview to discuss anything on the consent form, and confirm participants consented to the recording of the interview. Before commencing the online interviews, I asked the participant if they were in a private, comfortable space to carry out the conversation.

Additionally, my role as an intern at War Child Holland is something to consider in the context of seeking interview participants. I worked part-time in this role from April to October 2023, receiving a small monthly stipend. Through contacts available to me in this role, I sought support from the Gender Advisor, an ISS alumnus, to connect me to professionals in peacebuilding. I carefully considered asking this colleague for support, and discussed with my supervisor the ethical implications of this. Ultimately, I asked for support connecting to practitioners outside of the War Child team (in the Netherlands and Palestine), as I thought my position as an intern within the organisation would risk impacting our ability to have an unbiased conversation. A War Child colleague in Palestine connected me to a local program implementer, and I engaged with the local implementer in my role as a student researcher, rather than as a War Child intern.

# Chapter 4

## Country Snapshots

### 4.1 Introduction

This chapter presents three snapshots of care and gendered relations which exist in three different contexts where global south partner organisations of the Netherlands-based ‘signatories’ of the Dutch NAP-IV (e.g., PAX, War Child Holland and Care Netherlands), implement the Dutch NAP-IV via programs. An ethics of care lens is used to analyse how social norms and gender roles inform the distribution of care roles in each context, and if/how this is considered in the organisation’s approach to peacebuilding programs which work towards the NAP-IV outcome of increasing women’s equal and meaningful participation in decision-making in peace and security processes. The analysis reveals the manner in which programs, without explicitly considering people with care roles and their specific needs, risk excluding people with care roles in their approach. This exclusion is in direct contradiction to the NAP-IV outcome of equal and meaningful participation in decision-making, and moreover, results in the perspectives/needs of people with care roles not being included in shaping peace processes, further marginalising people who care, and the role of care itself, in society. Each country context is presented through drawing upon quotes and insights shared in the interviews with peacebuilding professionals.

### 4.2 Palestine

Sahar is a Palestinian citizen, working in Jerusalem, as the Director of Programs in a feminist, human rights NGO that operates across Palestine, including the occupied territories. The organisation’s key activities include social and legal counselling for women victims of gender-based violence, advocacy for women in legal systems, emphasising the gendered impacts of Israeli occupation and influencing duty bearers to hold Israel accountable to International Humanitarian Law and International Human Rights Law. The organisation supports the implementation of the Dutch NAP-IV, in partnership with War Child Holland/Palestine, as a civil society partner.

Care practices were conceptualised as gendered, unpaid care work which was normalised by contextual beliefs, yet presented a significant barrier to women’s public participation. Sahar said “*Unpaid care work is one of the main factors if not the main factor that might affect women’s participation and engagement in public life and engagement in different forms of issues*”.

Sahar emphasised to me the importance of ‘care work’ being different in the Palestinian context, with multiple factors informing gendered social norms, within a conflict context, “*Because here we are talking about care work that is influenced by the existing patriarchal system which culturally defines the gender roles within, between a man and woman, based on the existing social and cultural and maybe religious beliefs, norms, we also have to take into consideration the impact of Israeli measures on women themselves*”. Sahar made a point to highlight that I cannot apply my own understandings of care, or gender relations, to the context of Palestine. Sahar stressed that in addition to culturally specific norms, Israeli occupation is a cross-cutting factor which informs how care is given and received in the Palestinian context. Specifically, care work manifested differently based on different geographical contexts within Palestine and the occupied territories.

As such, in the organisation’s peacebuilding activities, Sahar spoke about the importance of analysing a particular geographical context to inform the approach to programs, as the experiences of care work, and how that impacts women’s lives, were specific to each context,

saying “For example care work in you know area C is different from area B, or those who live in rural ... because we know that for example women in area C and also east Jerusalem and Gaza strip, it needs to be analysed differently based on the geographic location”. Sahar demonstrates how the organisation identifies care roles as a barrier to women’s participation, and in the program recognises the specific gendered and geographical context of care, and the specific analysis required. Sahar did not speak about how the needs of people who care were responded to in the program design, so as to enable their equal participation. Sahar did speak about the need for governments to recognise the burden of care by concrete policy responses, for example, by accounting for unpaid care work in national budgets. While such recognition may support alleviating the financial burden of unpaid care work, it does not respond to the lack of inclusion of people with care roles in humanitarian peacebuilding programs.

The NAP-IV outcome is grounded on an understanding that diverse women’s voices must inform peace and security discourse, to contribute to defining what peace and security means, for whom, and the process to attain it. Failure to explicitly consider people with care roles in these processes risks perpetuating the marginalisation of people who care, and the role of care, in society. To do so also risks losing rich insights which may have been drawn from people embedded in care relations to inform peace processes, such as processes of trust-building, community-building, and peaceful transformation, as discussed in Section 2.2.

Part of the organisation’s work involves advocating for the NAP-IV, and the promotion of women’s political participation with consideration to the specific context of the “*prolonged Israeli occupation and colonial occupation, apartheid regime, that affects every aspect of our lives as Palestinians and as women as well*”, as Sahar says. This naming of ‘our lives’ demonstrates Sahar’s experience situated, embedded and embodied in the conflict, and the responses to promote peace. Sahar is in relation with other Palestinian women, and citizens more broadly, who share an experience of oppression under Israeli occupation. This relational ontology reveals the implicit care dynamics in the work of the organisation. The program implementers are in relation with the affected community through being embedded in the context, this can be read as approaching peacebuilding by recognising the moral responsibility to respond to needs of others.

In detailing the organisation’s approach to peacebuilding, Sahar spoke about community mobilising: “*We work with different community members, especially men and young men, to promote for example, to give them capacities and change their attitudes to engage them in promoting women’s rights and human rights*”. In this way, the organisation utilises their situated relational ontology to engage with men in the community to change their attitudes, with the aim that these men will then utilise their position and relationships in the community to promote this change further. Existing networks of relationships situated in the community are utilised to promote positive change and align with the peacebuilding objective, thereby challenging limiting community attitudes to enable increased meaningful participation of women in decision-making processes.

The organisation, embedded in the Palestinian context, utilises its situated knowledge to analyse the specific gendered dynamics, and call upon community relations and networks with the aim of positively influencing attitudes regarding these dynamics. This situated knowledge recognises how social norms inform gender roles which inform the distribution of care, and how this is a barrier to women’s public participation, including in the NAP-IV programs. However, without explicitly making efforts to respond to barriers to participation and include people with care roles in the peacebuilding activities, this barrier remains unchallenged and limits the views that are represented in shaping peace and security decisions. Section 5.2 further elaborates on how responding to needs can enable inclusive design and positively impact the NAP-IV outcome of increasing women’s equal and meaningful participation in decision-making processes.

### 4.3 Sudan

I spoke with two people who are originally from Sudan and shared their experience working there. Amina had recently relocated to the Netherlands and works on Sudan programs with PAX for Peace to implement the Dutch NAP-IV. Hiba had recently relocated to Germany to pursue a PhD and spoke from their extensive grassroots and NGO experience working in Sudan during the Sudanese Revolution.

Amina spoke about the social norms informing the gendered distribution of care roles in the country, which also impacts women's mobility in public spaces and thus their ability to participate in programs and decision-making processes, saying *"if we just look at the gender roles, the women are the reproductive force. The men just look at them like that. Women for cooking, cleaning, taking care of the children, that is all"*.

Amina told me about how the program responds to issues of gendered norms through the activity of 'townhall' meetings, where communities come together to discuss gender roles (*"who's doing what"*) - and gendered power dynamics, and to raise the importance of women's leadership. The aim is to promote women's rights and change community attitudes to support women to participate in decision-making. Amina referenced the flexibility of the program allowing these sessions to be led by the needs and interests of the specific community, saying *"The activity is flexible... They [PAX] don't tell us how we do the meetings...it's very good in this project and it give us like, the space"*. In this way, the townhall activity is able to be situated in the specific gendered dynamics in the community, and address how these dynamics impact beliefs and practices of women's leadership. The activity responds to social norms informing gender roles which impact women's equal and meaningful participation in decision-making processes, aligned with the outcome of the Dutch NAP-IV.

The participatory approach is key in the PAX programs. Amina notes that the first step in the programs is engaging with members of the community to listen to them. To colleagues in the program, Amina says *"Always, I tell them that we need to do our listening before conducting any activity in the community. Just go to the community, listen from them directly. Listen for the women, listen for their stories. And after that, let us come and sit and think and try to know kind of intervention that we need for this community"*. Amina explains, *"in Sudan we have very specific women leadership"* and to understand the influence of these women in their community, program implementers travel and listen to their stories, visiting different areas asking *"what does women's role in civic state mean to you?"*. This practice reveals the organisation's efforts to support situated experience and knowledge of women's leadership in different contexts, rather than assuming one approach would work for all women and communities. Again, the organisation is demonstrating the importance of responding to the specific context, acknowledging this cannot be assumed without first going and listening. This echoes Sahar's practice in Palestine, considering the specific needs of women situated in different geographic contexts. Despite this awareness, Amina reflected on the ways in which the program inadvertently excludes people with care roles.

When implementing workshops for women as part of the NAP-IV program, if program providers know a woman has a child, she will be excluded from attending the workshop, as she cannot bring her child due to the potential disruption this will cause, and the lack of available child-friendly facilities. Amina reflected *"If we have like budget, we can just call for someone to take care of this child during workshop and now we can give her opportunity to participate in the workshop, but we can't exclude her because she has a child that she has to take care of"*. Amina emphasised the budget, as well as the planning, that was required to support making programs inclusive for people with care responsibilities. Amina noted this example demonstrated that exclusion can be created by women towards other women with care roles, as well as by men, and that it is a broader societal issue of *"how we also look at the care issue, and as women working in the community"*.

Considering the impact of the program excluding women with care roles Amina said “*Maybe this woman has a very good vision for the peacebuilding in her community, and if we exclude her because she’s taking care of another thing, and it’s an obstacle for her, we lose a lot of value regarding to our project*”. This demonstrates the negative impact of excluding people with care responsibilities upon the NAP-IV outcome of equal and meaningful participation in decision-making, thereby limiting the insights and value brought into shaping peace processes to be reflective of the lived realities of the people who are affected.

Amina described efforts in the program to listen and attend to specific needs of women leaders, utilising existing situated relations to do this. Women’s ‘reproductive work’, typically comprising work in the household and caring for children, was identified as a barrier for women’s public participation, however the program design failed to respond to this, inadvertently excluding women who have care responsibilities, due to a lack of inclusive design and planning.

Hiba spoke from an alternative position, reflecting on their experience as a human rights defender, feminist activist during the 2018-2019 revolution context, and their participation in grassroots organising and mobilising experience with young people during the revolution. This experience is beyond the scope of the NAP-IV 2021-2025, but demonstrates every day, situated approaches to peacebuilding which I believe are valuable to highlight. These local, youth-led groups came together to protest and facilitate discussions about issues facing the community, including discussing gender roles and their shared visions for the future. The group participated in acts of care, responding to needs of others in their neighbourhood, including through providing subsidies for food and gas during the crisis, discussing shared responsibility to keep the streets of the neighbourhood clean, and the issue of gender harassment experienced by members of the group.

These groups were mostly made up of neighbours and the sessions were held in people’s houses on a rotating basis, bringing peace processes literally into the home. These community groups demonstrate everyday actions of care as peacebuilding. The members were embedded in relations of interdependency, living as neighbours, responding to needs (such as subsidies and community issues) and building community ties to support a transformation of peace and justice at the community and state level. These acts of care sustained the community and their ability to mobilise and resist, and made a tangible link between the relations of members in the group (e.g. with respect to harassment and gender equality) and the broader goals of peace and justice at the state level. The everyday acts of peace, through giving and receiving care to particular others, supported the wider efforts of peace and justice on a state level. This example demonstrates the grassroots activities and practices of care which occur beyond humanitarian intervention, building and sustaining peace, as discussed by Vaitinen et al. (2019) in Section 2.2, and discussed further in Section 5.3.

The Sudan context reveals how programs can inadvertently exclude people with care roles from participating in peacebuilding processes due to lack of consideration in design. However, beyond inclusive design to enable people with care roles to participate equally, Hiba’s experience also reveals how care practices and values on a community level can support peacebuilding efforts on a state level, such as by linking issues of inter/personal safety and justice and practices of mutually meeting each other’s needs. This is discussed further in Section 5.3, to underscore the importance of humanitarian intervention being aware of care relations and extant local practices, and strengthening and not undermining these local efforts.

## 4.4 Yemen

I spoke to three people working in the Yemen context. Jamila is a Program Manager based in the Care Netherlands office and responsible for overseeing the Dutch funded NAP-IV program in Yemen. Ahmed is Yemeni and working in the Care Yemen office on the NAP-IV program. Omar is also Yemeni and based in Yemen, working in an independent NGO which uses media content and campaigns to bring about social change and is a civil society partner of the NAP.

Jamila, the Program Manager in the Netherlands, noted *“the social norms is, is definitely, the biggest obstacle for women in participating or accessing services”*. Ahmed, the Program Manager situated in Yemen, noted in the context of Yemen that cooking, cleaning and caring for children is considered ‘women’s work’ and men have other responsibilities (e.g., household financial management). Similar to Sahar in Palestine, Ahmed responded to my positionality and made sure to explain the contextual specifics of care to me, *“in Yemen the context is different”*. On the topic of ‘women’s work’, Ahmed described how this type of work is a key aspect of gender identity for women, and suggested women would not want to *“give it up”*. There are examples of men supporting taking care of children and domestic life, but Ahmed believed if the organisation tried to impose an equal division of care work, it would not be accepted at all, and would have negative impacts on the NAP-IV work.

Omar, working at a media for social change NGO reiterated *“it is women’s role taking care of children, taking care of the people”*. Omar spoke about the organisations work promoting women’s participation in peace processes by addressing gendered social norms in a variety of ways, including by promoting ‘positive masculinities’ to challenge gender roles which have been instilled in people during their upbringing, and which limit women’s ability to participate in public life. The NGO engages with the gendered distribution of care roles in a video campaign<sup>2</sup> where a man wearing a Superman outfit is portrayed completing household tasks and supporting his wife, who is seen leaving the house with a backpack. Omar reported the video received backlash from male viewers but made female viewers *“very happy”*, offering an alternative view to Ahmed, in suggesting that women may positively view a distribution of some household work.

The ‘Superman’ campaign implicitly acknowledges that gendered norms of care roles are a barrier for women’s participation in public processes, and attempts to challenge these norms to enable women’s participation. It can be read as an initial step in creating an enabling environment for women, who hold the majority of care roles, to participate in public processes. In attempting to change social attitudes, it does not offer methods to include women with care roles to participate in programs in the current climate, but it can be considered as supporting this goal.

Speaking from the perspective of Care programs, Jamila said the aim is to support civil society organisations to advocate, voice their concerns and be part of political and peace-building processes. Jamila did not provide detail about the method of implementation, which likely reflects the limited extent of their oversight as a Program Manager and being situated outside the country. Ahmed, in the country, also spoke about supporting civil society organisations and their capacities and resilience, without providing further detail about the process of this. In summary of these reflections, addressing social norms is the priority to then enable women’s participation. However, as outlined by Omar below, addressing these norms does not include revaluing the role of care and maintains a dominant view of which roles in society are valuable.

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<sup>2</sup> A link to the video has not been included so as to maintain the anonymity of the interview participant, as the video names the organisation where the participant is employed.

Omar told me how women typically hold occupations such as teachers or nurses which are “*not very respected in the society*”. The NGO addressed these norms in a campaign which promoted the acceptance of women working in other occupations, such as in politics and mediation, and encouraged women to pursue these types of jobs by publishing success stories online of women who had. This example shows how conventionally caring professions, such as teaching and nursing, are undervalued in society, a norm which the campaign did not attempt to change. By only celebrating the contributions of women holding typically esteemed professions (e.g. within politics and mediation), the campaign risks devaluing the contributions of women in other, less prestigious occupations, such as teaching and nursing. Fully equal and meaningful participation in decision-making processes must seek the voices and expertise of women spanning all occupations in society.

In efforts to engage people who are structurally marginalised, the program in Yemen aims to engage with the Muhamasheen community. In my conversations with people working in the Yemen context, the Muhamasheen community were consistently named as a marginalised group who had been in a low social stratum for generations, with no opportunities to ‘go up the social ladder’ via education or employment, or to better integrate in society. It was also noted that the children in these communities participated in informal care work, cleaning people’s houses. Considering the role of this marginalised, racialised group and the distribution of care work enables a critical analysis of unequal power relations, the racialisation of care work, and subsequent devaluing of care work which maintains patterns of subordination, as discussed in Section 2.1.

Jamila, based in the Netherlands, reflected on the difficulty here in the long-term engagement needed with the Muhamasheen community to prepare them for agenda setting with Ministry, and the work needed to shift the stigma around Muhamasheen, saying “*So even our colleagues, you know, you need to sensitize them to kind of yeah, see them as equals*”. This demonstrates the program’s efforts to engage with the Muhamasheen community to support their participation in peacebuilding processes, aiming to bring in marginalised voices to transform dominant discourse. This is a positive approach where the needs and experiences of a structurally marginalised group inform peace and security decision-making, thus aiming to change the social stigma faced by the Muhamasheen community. Jamila describes the commitment needed by other members of society to work with the Muhamasheen community in equitable, respectful, meaningful ways. An ethics of care approach could strengthen this in responding to specific needs with inclusive design for people who are structurally marginalised, as discussed further in Section 5.2.

The Yemen snapshots reveal the need to first address social norms which construct limiting gendered roles, and the distribution of care. When attempting to change the social gendered norms, there is a risk of reproducing one version of hegemonic ‘success’, (e.g. in politics) that does not attempt, and may in fact hinder, the revaluing of care roles (e.g. teaching, nursing) and people who care in society. Increasing women’s equal and meaningful participation must include women spanning a variety of occupations, and must recognise the value that diverse perspectives can bring to informing peace and security processes that affect their lives. The Yemen program makes efforts to engage with structurally marginalised groups, including the Muhamasheen community, and recognises the broader transformation that is required with other members of society to enable this. Building on these efforts can support fully equal and meaningful participation of women and marginalised groups in decision-making processes. This will be discussed further in Section 5.3 below.

## 4.5 Summary

These three country snapshots have used an ethics of care lens to explore the social norms which inform the distribution of care roles, organisations' approach to peacebuilding in relation to issues of care and gender, and the impact of such approaches on the NAP-IV outcome of equal and meaningful participation in decision-making in relation to peace and security processes. These snapshots do not claim to be exhaustive nor adequate representations of the complexity of gendered and care relations which exist in these countries. Rather, they provide a glimpse of the diversity, and similarity, of sites and manifestations of care roles and practices and how they relate to peacebuilding outcomes.

All examples from the three different countries revealed how care relations are constituted in a lineage of unequal power structures, such as colonialism, patriarchy, and racism. While the presence of these power structures was consistent, the manifestation of them in each context was specific. This reflects Tronto's (1993) argument that while care is central to human life, it is not universal, and rather is culturally specific.

The following chapter builds upon these themes to consider how an ethics of care lens could be further applied to peacebuilding interventions, with the aim of responding to needs and increasing equal and meaningful participation, and, beyond participation, how an ethics of care could reshape humanitarian peacebuilding discourse and practice.



## **Chapter 5**

# **The Transformative Potential of an Ethics of Care**

### **5.1 Introduction**

In the previous chapter, an analysis of the approaches to peacebuilding activities carried out in three different contexts revealed themes of gendered social norms - namely the distribution of care roles - being a barrier to women's participation in peacebuilding processes. While the organisations all demonstrated knowledge of this, they did not make explicit efforts to design inclusively for people with caregiving roles. The absence of this inclusive design negatively impacts the capacity to achieve the NAP-IV outcome of women's equal and meaningful participation in decision-making in peace and security processes, as people with care roles are not supported to participate in peacebuilding programs and processes, and inadvertently furthers the marginalisation and exclusion of people with care roles. Section 5.2 of this chapter will consider how an ethics of care approach can be embedded in peacebuilding, to attend to specific needs and support inclusion of people with care roles to meaningfully engage in peacebuilding processes and decision-making.

Further, beyond enabling inclusive participation, I argue that an ethics of care approach to humanitarian peacebuilding can reshape humanitarian peacebuilding discourse and practice, with the ultimate aim of supporting sustainable peace. Section 5.3 in this chapter will explore how centring a recognition of interdependence across national borders challenges the construction of power within the global north/south dichotomy in humanitarian intervention, and aligns with the localisation agenda in highlighting the capacity and expertise of people who are situated in a conflict-affected context to understand and respond to needs of particular others.

### **5.2 Responding to Needs and Enhancing Inclusivity in Peacebuilding**

Chapter 4 revealed a theme from the interviews that the programs all recognised: the social, gendered norms which inform the distribution of care roles were a barrier to people with care roles being able to participate in programs and peace processes. However, the programs did not specifically consider how programs could be inclusive for people with caring responsibilities, which inadvertently furthers the marginalisation and exclusion of these groups. The consequence is programs which aim to promote equality, inadvertently reproducing exclusion of marginalised groups. This limits the opportunities to substantially increase women's participation in peace processes beyond 9% as outlined in Section 1.1, and the potential to transform dominant peace and security processes to be more representative of the needs, experiences and insights of people who are affected by the conflict, and thus be more likely to succeed.

This section will consider how ethics of care approaches can be embedded in peacebuilding, to attend to specific needs and support inclusive participation, positively impacting the NAP-IV outcome of increasing women's equal and meaningful participation to inform decisions of peace and security.

As discussed in Chapter 2, emerging discourse on everyday acts of peacebuilding highlight the importance of care, and gendered power relations, cutting through contexts of peace and conflict (Vaittinen et al., 2019). Recognising that care practices and needs do not stop

during conflict is an important starting point for considering ethics of care in peacebuilding. Humanitarian interventions must work with local actors to build long-term relations and practice caring values of attentive listening, patience, humility and seek to understand the current context, echoing the recommendations from the Peace Direct et al. (2021) report in Section 1.1. In practice this can include asking, 'how are care relations disrupted by the conflict? Have sites of care (e.g. community spaces and homes) been destroyed in the conflict? How are gendered dynamics impacted by the conflict? How are marginalised groups impacted by the conflict? Whose needs are being met, and whose are not?'

Utilising an ethics of care approach, humanitarian interventions should take time to understand how care relations exist and how these support building values and practices which enhance peacebuilding, such as building trust among and within communities (Vaitinen et al., 2019).

In my conversations with peacebuilding professionals, I heard about examples of listening and responding to needs in practice, for instance the approach Amina spoke of in Sudan, listening to the communities to determine how the program should meet these needs and in Palestine, the example of analysing (listening to) needs of women in different geographical contexts. This practice of attentive listening, utilising relational ontology and situated knowledge of the context, can be considered as part of a needs assessment prior to program design and implementation.

There is scope for a needs assessment to embody an ethics of care, in the practice of specifying who does the listening (e.g., someone with existing relations to the community), who is listened to (e.g., marginalised communities), and in identifying existing relations of care and seeking to strengthen these. An ethics of care analysis must pay attention to the needs that have been marginalised or exploited and analyse how different forms of power exist and are distributed in society, thus impacting relations of dependency as mutual or exploitative, as discussed in Section 2.2. Being aware of the distribution of care roles in societies provides another lens to understand the existing power dynamics, and an opportunity for humanitarian interventions to ensure they are not furthering inequalities in power dynamics. This could include asking different community groups to identify their significant, supportive relationships, what practices/activities they involve/undertake, and situated practices that support peace, such as by community and trust building.

Through understanding the care relations and practices which already exist, humanitarian interventions can be led by communities to support and strengthen such relations and practices. Ethics of care in peacebuilding interventions must adopt a long-term view and seek to strengthen locally-led efforts to cultivate caring practices and values, while being sensitive to the existing landscape of care and gender relations and avoiding reproducing structural inequalities - e.g. by only targeting women as 'carers' in the community, rather than considering the different relations of giving and receiving care all people are connected in.

Jamila, speaking from the context of programs in Yemen, demonstrated the long-term commitment required in the program's attempt to engage with the Muhamasheen community, and the efforts to overcome social stigma and build trust between people in the community. Peacebuilding programs must consider the history of care and gender relations they are implicated in and seek to support relations that do not reproduce inequalities or oppression - such as the structural oppression of the Muhamasheen community - and rather meet the needs for both care-givers and care-receivers (Robinson, 2018, p. 564).

Having a more comprehensive understanding of the specific needs of people in a conflict-affected community, including an awareness of care roles, can support program design to respond to these needs, and by being aware of these needs, enable inclusive opportunities for people to participate in peace and decision-making processes. For example, in the Palestine context, Sahar reflected on a lack of understanding of unpaid care work as a barrier to

participation “*This is a huge burden that might prevent women from engagement and participation in public life in general ... we are talking about women’s political participation and participation in decision-making process*”. Amina also spoke about a lack of inclusion of women with care roles in program design in Sudan, “*We didn’t take care of this kind of woman...we just exclude them because they take care*”.

This lack of inclusive awareness and design for people with care roles impacts the voices that are able to participate in civic spaces, to influence decisions that affect them. Inclusive design could respond to needs for people with care responsibilities, such as holding meetings at different times of the day to better suit people with care roles, providing facilities such as childcare alongside the programs, and address stigma faced by marginalised groups so they feel safe and welcome to participate.

Amina reflected on the importance of the process as well as the product of the peacebuilding being inclusive and equitable, “*How the program care, if we want to be inclusive we need to take this in our consideration and we need to put this in our list of priorities and how we’re going to implement it*”. Inclusive program design for people with care roles may impact equitable and representative participation in peacebuilding programs, and may also work to revalue the role of care in society, when people with care roles are no longer erased or excluded.

### **5.3 Reshaping Humanitarian Peacebuilding Discourse and Practice**

Chapter 4 demonstrated that the organisations in focus responded to care and gender relations in their peacebuilding approaches in various ways, and Section 5.2 discussed how that could be expanded further in the context of listening to the needs of people with care roles and responding with inclusive program design. This would serve to advance the NAP-IV outcome of increasing women’s equal and meaningful participation in decision-making, including for people with care roles, and ultimately supporting sustainable peace

This section will draw upon the peacebuilding snapshots and ethics of care theory to suggest an ethics of care approach to peacebuilding can reshape dynamics in humanitarian discourse and practice, through recognition of interdependence across national borders, challenging implicit assumptions and hierarchy present in benevolent actors in the global north attending to the needs of ‘weaker’ states in the global south. Further, an ethics of care analysis highlights the capacity and expertise of people who are situated in a conflict-affected context to understand and respond to needs of particular others, as such relations of giving and receiving care exist before, during and after the conflict. From here, the role of humanitarian intervention must be to strengthen local activities/approaches, and redistribute resources to do this, rather than undermine or overshadow these local initiatives. The recognition of the expertise and capacity of people situated in their context aligns with a localisation turn in the humanitarian sector, discussed further below.

Centring interdependence, Butler (2021) suggests by recognising the interdependence and shared vulnerability of all humans, it follows that caring practices and values are what sustain us, and thus are the lynchpin in imagining a different kind of global politics. This reimagined politics can involve a critical analysis of the power relations which structure how care is given and received, and by whom, to reveal patterns of domination and exploitation. From here, the focus can be on cultivating the values and practice required to care in ways that are not exploitative nor paternalistic.

Robinson (2011a) echoes Ndlovu-Gatsheni’s (2020) Euromodernity critiques in Section 1.1, arguing for humanitarian intervention to be seen in the larger context of colonialism, slavery and occupation and ‘development’ which disrupts the imagined dichotomy of a

benevolent international community responding to ‘dependent’ global south states, and rather recognises the role in colonial, global north powers shaping global structures of inequality (p. 100). This historical view acknowledges that relations of dependence are subject to change and, citing her earlier work, Robinson suggests the global north responsibility “to help alleviate poverty and deprivation arise not out of charity or even contemporary obligations of “development” or “cosmopolitan justice” but out of a common history and an interdependent future” (Robinson, 2010, cited in Robinson, 2011a, p. 98). Robinson cites Neta Crawford (2002) who posits an ethics of care helps promote an attitude that avoids paternalism in discourse and practice of humanitarian intervention (2011a, p. 101). Robinson elaborates to suggest “the relational ontology of care ethics—which emphasizes human interdependence and mutual vulnerability—overcomes the dichotomies between the “needy” and the “strong,” “victims” and “agents,” “objects” and “subjects” in the construction of categories in humanitarian intervention” (2011a, p. 101).

Humanitarian action which is attuned to historical constructions of hierarchical categories in such action aligns with the localisation agenda, and emphasises the unique capacity and expertise of people who are situated in context to understand and respond to needs of particular others, disrupting the historical humanitarian view of actors in affected contexts as ‘victims’ or ‘objects’ of intervention.

The localisation agenda developed at the World Humanitarian Summit in May 2016 aims to “get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action” (Inter-Agency Standing Committee, no date). The localisation turn reflects a recognition of the role of actors in affected communities shaping humanitarian response, and reveals the implicit understanding that prior to this, humanitarian response has been led by international organisations, removed from the affected context, often thereby reproducing colonial constructions of subjects and objects of humanitarian intervention. This direction seeks to respond to issues in the predominantly internationally-led humanitarian response, such as financial overstretch responding to protracted conflicts, delays in international actors reaching and responding to affected communities, and inability for international actors to stay situated long-term and excessive centralisation and hierarchy of funding and influence (Patel & Van Brabant, 2017, p. 10). All of these factors impact the longevity and effectiveness of humanitarian interventions. Complexity exists in the recognition of who is ‘local’ and of existing power dynamics between humanitarian actors, whereby many global north organisations still position themselves as the knowledge holders, or ‘experts’, which can delegitimise the knowledge of people situated in context.

In this framing of localisation, an ethics of care approach aligns with highlighting the expertise and capacity of people who are situated in the affected context to identify needs and response required, and the opportunity for international engagement to be led by this situated expertise, thus reshaping historical humanitarian dynamics of power and influence. In my conversations with the five professionals who were connected to/situated in the context they provided programs in, each one demonstrated embedded knowledge of the needs and response for their context.

Similarly, this localisation thinking was reflected in my conversation with Jamila, a Program Manager of the Yemen program, the only interview participant who was based in an INGO, and thus not speaking from a position of being embedded in the affected community. Jamila was hesitant to comment on addressing gendered care role dynamics in the program, “*maybe our local partners would be more, as I said, because of their position and acceptance, they would be much more like, you know, better in place to do that. Rather than like we [as an INGO]*” (1 September, 2023). Jamila expressed reluctance to comment on addressing gendered norms in Yemen due to not being within that context, and recognised the limits of the INGO to intervene in

cultural norms in a context the organisation is not situated in, instead choosing to defer to the local actors in leading this.

From the alternate perspective of a grassroots organisation, Hiba spoke about their experience working at an NGO in Sudan throughout the Sudanese revolution, and highlighted the dynamics with local and international actors: *“It’s not about us running to the international community and complaining about our states. Somehow the international community also plays a role in this.... I believe we should acknowledge the efforts of the very, very grassroots initiatives... The personal gets political at that time and maybe look at it into very broader frame of political kind of actions”*. Hiba thus considered the tension present in international actors’ – unavoidably linked in geopolitical relations – involvement in peacebuilding interventions, in addition to the need to realise the expertise of people who are embedded in the community at a grassroots level.

Ethics of care aligns with localisation in the recognition that people situated in the conflict-affected context are best placed to understand the needs and required response. This does not suggest international actors have no role or responsibility in supporting conflict-affected communities, as reiterated by Hiba. Ethics of care highlights the experience of interconnected needs, dependency and vulnerability transcending national borders, and is attuned to the historical and ongoing impacts of colonisation which influence whose needs are met and whose are not. An ethics of care approach can support grassroots initiatives in peacebuilding, and resist a paternalistic humanitarian approach based on global north states ‘knowing better’ than local actors who are embedded in context.

Specifically in the Dutch NAP-IV, this could begin to be realised by building long-term relationships with local actors and committing to flexibility of programs to allow in-country actors to take the time to understand context and needs and how to respond. In the context of Sudan, Amina reflected on the support from PAX to flexibly deliver the ‘townhall’ activity differently based on the specific experience and needs of different communities.

Further, as outlined in the localisation agenda, redistributing resources to strengthen efforts of actors who are situated in the conflict-affected context supports quicker response and sustainable outcomes, as the people involved in programs will not leave after the program funding ends (unlike most international actors). As such, local actors stay in the community, and their efforts of trust and community building draw upon existing relationships, and continue beyond the end of program funding. This in turn contributes to sustained peace and conflict transformation.

This shifting of perceived roles and decision-making power in humanitarian intervention aligns with the objectives of the localisation agenda. Reconsidering global relations in the humanitarian sector this way returns to the transformative potential of an ethics of care, where recognising interdependence is the catalyst for a new global politics which enshrines and enhances care practices and values.

Returning to the critiques of the WPS agenda in Chapter 1, embedding ethics of care also supports moving beyond the liberal peacebuilding discourse with colonial roots which constructs who is in need of ‘saving’ and who is in a position to ‘save’. An ethics of care recognises relations of dependence are subject to change which disrupts constructed dichotomies of weak/powerful states.

## 5.4 Summary

Departing from the snapshots of care and peacebuilding in three countries, I have suggested an ethics of care approach can respond to needs to enable inclusive participation for people with care roles, supporting realisation of the Dutch NAP-IV outcome of increasing women’s equal and meaningful participation in decision-making processes in relation to peace and

security, and challenging the marginalisation of people who care, and the role of care, in society. Further, I have offered a consideration of how ethics of care can reshape humanitarian peacebuilding discourse and practice by centring a recognition of interdependence across national borders, challenging assumptions of global north/global south roles, and aligning with the localisation agenda in highlighting the capacity and expertise of people who are situated in a conflict-affected context to understand and respond to needs of particular others.

I do not seek to universalise practices of care, or romanticise carers as innocent or benevolent. Rather, I consider how care exists in peace and conflict contexts, often in complicated relations, and how an analysis of this care may help sustain peace by building trust and the moral practice of responding to needs. Robinson suggests that “the prioritization of care both within societies and at the international level will go some way toward ensuring that a reduction of violence occurs at all levels and that peace, once achieved, may be lasting” (Robinson, 2011a, p. 96). I present my suggestions in the spirit of this hopeful statement.

Realising the potential of ethics of care in peacebuilding must be guided by the aim of transformation of - rather than assimilation into - the dominant system. In this case, I am considering the potential of ethics of care to transform the dominant humanitarian discourse.

## Chapter 6

# Moving Forward with Care

### 6.1 Conclusion

By means of qualitative interviews presented as ‘snapshots’ of three different country contexts, this research sought to explore what might an ethics of care lens contribute to peacebuilding interventions, particularly with a view to increasing inclusivity and participation for people with care roles.

Analysing the peacebuilding approaches in Palestine, Sudan and Yemen revealed how, without explicit consideration for the needs of people with care roles in conflict-affected contexts, such people may be inadvertently excluded from participating, directly opposing the attainment of the NAP-IV outcome of women’s equal and meaningful participation in decision-making in peace and security processes. Further, excluding people with care roles – who may face multiple aspects of structural marginalisation – means their needs, rights, expertise and experiences cannot contribute to peace and security discourse, and further continues the devaluation and marginalisation of people who care – and the role of care itself – in society.

Moreover, this research considered how an ethics of care approach to peacebuilding interventions recognises interdependency beyond national borders, and can reshape humanitarian intervention by challenging the implicit dichotomy extant in humanitarian intervention, rooted in colonial legacy, which constructs states as strong/weak and saviour/in need of saving. Challenging this dualism by recognising the expertise and capacity of people situated in context thus aligns with the localisation agenda.

Together, these research objectives point towards the need for peacebuilding efforts to be locally-led and inclusive of the diverse experiences of people situated in context, thus increasing the chances of sustainable peace, by drawing upon existing relations and activities, responding to needs in context, and continuing practices which build and sustain trust, beyond humanitarian program funding/intervention. The role of humanitarian organisations should be to redistribute resources to support local efforts in sustaining peace and be led by the needs identified by people situated in context.

Inclusive participation in decision-making for peace and security is essential to ensure these processes reflect the realities, priorities, needs and expertise of people situated in context. It is critical to include perspectives of people who hold caregiving roles in these discussions, as relations of care exist before, during and after the conflict, and everyday acts of care may support building trust and relationships between and within communities, to promote peace.

At time of writing this paper, the conflicts in Sudan and Yemen continue, and the recent escalation of Hamas-Israel conflict sees the number of Palestinian civilians killed increasing every day. In this landscape, practices and values of care become even more important. An ethics of care provides a hopeful, transformative approach to focusing on cultivating relationships, values and practices which promote non-violence, dialogue, collaboration and moral responsibility to others. Petterson (2021) suggests “care ethicists are also working for peace when they advocate the fostering of good relations, attentiveness towards care needs, interdependency, dialogue, and collaboration on the private, social as well as global level” (p. 37). An ethics of care may help us navigate increasing threats, grief, division and fear, on a global, state and community level.

Throughout this research I have gained an appreciation of Puig de la Bellacasa's (2017) assertion that care is omnipresent, even in its absence. The more I trained myself to be attuned to care, the more I saw. For the scope of this research, I have analysed programs under the WPS Dutch NAP-IV, and I have employed the scope of these frameworks, focusing primarily on women and girls, rather than other gendered experiences. The peacebuilding professionals I spoke with equated care with activities predominately undertaken by women. Further research may generate additional insights by probing the experiences of peace, conflict and care for people of all genders. Paying attention to the ways in which all people give and receive care can also disrupt the essentialised notion of care as feminine. This was difficult to observe via online interviews, without witnessing in-country examples demonstrating people of all genders participating in caregiving roles.

Aligning with the scope of the WPS Dutch NAP-IV, I confined my research to care relations between humans, however, being attuned to practices/sites/experiences of care reveals relations that transcend the human/more-than-human divide. Further research which explores a situated case study of extant everyday practices of care and peace, performed by all members of society, might consider care in a more holistic relation with more-than-humans which sustain life in a particular place. Indeed, as climate insecurity continues to present an existential threat, a holistic view of interdependency, care and peace on a planetary – and beyond – scale, may be timely.



# Appendices

## Appendix A – Interview Guide

Pre-interview conversation checklist:

1. Confirm I received signed consent form. Any questions regarding the consent form from participant?
2. Confirm participant is in a comfortable place where they won't be interrupted.
3. Introduce myself and research objective.
4. Confirm any final questions from participant?
5. Confirm consent to record interview?

<i>Focus area</i>	<i>Question and prompts</i>
Establishing rapport	<ul style="list-style-type: none"> <li>• To start with, can you tell me a bit about the program/ organisation you work in, and your role there.               <ul style="list-style-type: none"> <li>- Who do you work with? What's the context?</li> </ul> </li> <li>• <b>Optional:</b></li> <li>• How did you get into working in peacebuilding programs?</li> <li>• How long have you been working in this sector/ organisation/ role?</li> <li>• Which contexts/countries have you worked in?</li> </ul>
Current state of gender-responsive programming	<ul style="list-style-type: none"> <li>• Could you tell me about your peacebuilding program?               <ul style="list-style-type: none"> <li>- What are the main program objectives?</li> <li>- Which context/where is the program implemented in?</li> </ul> </li> <li>• In what ways/how are issues related to gender addressed in the program?</li> <li>• What are the strategies in the program to deal with diversity and power relations?               <ul style="list-style-type: none"> <li>- <b>Optional probe</b> for age, race, gender, disability, sexuality; can you tell me a bit more about which types of diversity you respond to?</li> </ul> </li> </ul>
Care in programs	<ul style="list-style-type: none"> <li>• In the program, in what ways are different care roles/relationships visible?               <ul style="list-style-type: none"> <li>- Are care roles/relationships considered or addressed in the program?</li> </ul> </li> </ul>
Care and gender-responsive programming	<ul style="list-style-type: none"> <li>• In your experience, do you see a connection between understanding care and care roles in communities, and gender-responsive programming?               <ul style="list-style-type: none"> <li>- If so, what is the connection?</li> </ul> </li> <li>• How do you think including an awareness of typical care relations in the context of the program could support gender-responsive programming?               <ul style="list-style-type: none"> <li>- If so, how?</li> <li>- If not, why not?</li> </ul> </li> </ul>

Participant questions	<ul style="list-style-type: none"><li>• Is there anything you would like to discuss further before we end the interview?<ul style="list-style-type: none"><li>- Is there anything we discussed that you would like to re-visit?</li></ul></li><li>• Do you think there are other colleagues, in your organisation or others, I should speak to as part of my research?</li><li>• Do you have any questions for me?</li></ul>
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