CARE International

Strategy for Promoting Gender Equality in Emergencies

October 2010

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1. CI’s organizational mandate and policies on gender and humanitarian assistance

CARE INTERNATIONAL’s Humanitarian Mandate is to meet immediate needs of disaster-affected populations in the poorest communities in the world in a way that also addresses the underlying causes of people’s vulnerability. CARE recognizes the link between poverty and gender inequality and the need for humanitarian organisations to design, plan and respond to the needs of affected women, girls, men and boys in ways that promote gender equality. CI’s Strategic Plan 2007-2012 prioritizes the strengthening of our overall emergency capacity wherein gender is considered to be a priority issue.

CARE’s work in development and emergencies around the world is guided by the CI Gender Policy and the CI Policy for Prevention of Sexual Exploitation and Abuse (PSEA), both approved in 2009 by the CI Board. Through the first ‘CARE seeks to promote equal realization of dignity and human rights for girls, women, men and boys, and the elimination of poverty and injustice’. The CI Gender Network (CIGN) has been mandated by the Board to promote and monitor the implementation of this policy throughout the confederation, including enhancing CI coordination undertaking CI initiatives on gender equality in emergencies and reporting back to the Board on progress and data. Through the latter, CARE ‘affirms the determination of all members of the CARE family to prevent acts of SEA by CARE Employees and Related-Persons’. Another important decision in 2009 was the CI Board endorsement of the Fundraising and Branding sub-committee proposal ‘to align CI’s brand globally around the theme of women’s and girl’s empowerment’.

This Gender in Emergencies (GIE) Strategy, updated from a previous draft from 2007 by key contributors in the GIE Taskforce, outlines specific actions to adhere to CI’s organisational mandate and policies and promotes gender equality in our emergency response. In practical terms, the complex context of emergency response operations presents particular challenges in relation to gender both in terms of programs and organizations. Such complexities demand creative and specific strategies to ensure that global gender policy commitments can be met in emergencies, which is the rationale for developing this specific and targeted GIE strategy which was presented to the Emergency Response Working Group (ERWG) in September 2010. The strategy will be accompanied by a detailed implementation plan for FY2011 linked to the Emergency Response Annual (AOP) as agreed by ERWG in April 2010.

CI’s Gender Policy is intended to ‘improve the explicit incorporation of gender in programmatic and organizational practices’. CARE commits to:

1. Promote gender equality as an explicit internationally recognized human right.
2. Address systemic and structural practices that create barriers to the realization of women’s rights and gender equality; including prevention and response to gender based violence (GBV) and SEA.
3. Support the empowerment of women and girls as a key strategy toward ending poverty, conflict, human suffering and gender inequality.
4. Actively involve men and boys as allies in promoting gender equality.
5. Analyze & implement strategies to manage potential risks & harms to women, girls, boys & men.
6. Engage and coordinate with partners, governments, funders and civil society organizations to promote and support effective, creative and impactful ways to promote gender equality
7. Monitor, evaluate & institutionalize organizational learning on specific gender equality results.
8. Actively hold ourselves and others accountable to gender equality standards.
9. Ensure that key organizational policies, systems and practices including but not limited to budgeting, human resource recruitment, training and management, and decision making support gender equality.
10. Ensuring adequate funding to realize our commitments.
11. Apply these commitments within CARE and across all programme areas using integrated planning approaches and recognized gender sensitive tools & techniques such as gender analysis frameworks, collection of age/sex disaggregated data, and results-focused design and evaluation.
Social justice, tolerance, dignity and security are at the center of CI’s Vision and enshrined in the six programming principles. The objective of our Gender Equality and Diversity (GED) work is to support the critical processes for achieving that vision (see Annex 2).

2. Rationale for a strategy to promote gender equality in emergencies

Women, men, girls and boys have different needs, capabilities and constraints. Emergencies have different impacts on men and women and often change households’ dynamics. If we want to ensure that effective protection and assistance is provided, we need to understand the different roles and responsibilities, needs and capacities of the affected population. There are challenges to that (see box below) but it is important to address it (see column to the right below), and CARE is committed to not only integrating gender into COs emergency response but also reflecting a strong focus on gender in their longer term programming and overall poverty/vulnerability analysis.

**Key challenges to mainstreaming gender within CARE’s emergency response:**

- Across CARE there is a wide spectrum of understanding of what “gender” is about, its significance in emergencies and how to establish gender sensitive programs;
- Attention to gender varies widely across COs, contingent on the knowledge, skills and commitments of the leadership;
- During the early focus on ‘life saving assistance’, gender is often considered ‘a luxury’;
- We are ALL responsible for addressing gender, but gathering sex disaggregated data or doing a gender analysis might be time-consuming or require specific skills by a Gender Advisor (GA);
- Early deployment of GA’s are needed to support emergencies but often there is a lack of funding;
- If gender balance is not prioritized in the selection of ERTs, it can result in low representation of women;
- Traditional gender biases around roles, skills and security contribute to gender imbalance in particular positions/sectors, such as logistics;
- Challenging conditions associated with emergency settings and the challenges rapid deployments pose to work/life balance often deter women’s participation;
- The chaotic nature of emergencies is characterised by a lower level of accountability to gender standards, extending to organizational culture and resulting in a higher risk of workplace harassment and discrimination.

**Why does gender matter in crisis situations?**

- Because interventions have a greater impact when they are based on an analysis of how a disaster or conflict impacts on men and women differently given their needs and capacities.
- Because women and men respond differently in efforts to resist violence, survive and support their dependents;
- Because gender roles and power dynamics change across age and over time, which can create significant tensions even in post-crisis settings;
- We are ALL responsible for addressing gender, but gathering sex disaggregated data or doing a gender analysis might be time-consuming or require specific skills by a Gender Advisor (GA);
- Early deployment of GA’s are needed to support emergencies but often there is a lack of funding;
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**How to mainstream gender throughout emergencies?**

For an effective emergency response, gender analysis has to be a core part of all our programming: integrating gender into the entire vulnerability analysis, Disaster Risk Reduction (DRR) and response and preparedness planning and the transition process back to long term programming. As the COs currently undertake the program shift (P2P), the results of their vulnerability analysis should be brought forward into the EPP process (new guidelines will provide entry points for gender mainstreaming in the EPP process). Annex 3 contains a short example of how gender has been effectively integrated into a COs emergency response.
3. CI strategy for promoting gender equality in emergencies

The Gender Integration Framework
This section describes the updated GiE Strategy goal and strategic objectives based on the Gender Integration Framework developed by the Interaction's Commission on the Advancement of Women with Interaction member agencies from 1998-2002\(^1\). The framework includes four dimensions as parts of a growing tree.

At the root of the tree or process is political will, which become evident when top-level leadership publicly supports gender mainstreaming, commits staff time and resources, and institutes needed policies and procedures. The other three dimensions grow out of this demonstration of political will:
- **Technical capacity** entails changing organizational procedures and building new skills. Staff can take their skills when they leave, but new procedures and systems become basic to how an organization operates;
- **Accountability** involves encouraging and reinforcing new behaviours and practices; it ultimately requires building responsibility for gender integration into job descriptions, work plans and performance assessments;
- **Organizational culture** deals with the informal norms and embedded attitudes of an organization.

### Strategy Goal

The goal of the strategy is to strengthen CARE’s gender approach in emergencies in order to ensure effective and equal protection and assistance for affected women and men, boys and girls. Ultimately, CARE aims at becoming a global leader in mainstreaming gender in emergencies.

### Strategic Objective 1

To demonstrate POLITICAL WILL by the leadership in support of gender mainstreaming in emergencies.

1.1 Ask CARE leadership in COs and CMs to publicly endorse CARE’s commitment to ‘accelerate and deepen a focus on gender in our humanitarian work’ as stated in the CI Strategic Plan 2007-2012 (SD#1) at any given opportunity;

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1 CARE was part of the study ‘Revealing the Power of Gender Mainstreaming. Enhancing Development Effectiveness of NGOs in Africa’, Interaction. The study aimed at illuminating the how to’s and so what’s of gender mainstreaming by taking an in-depth look at the experiences of five INGOs in Africa, amongst which was CARE Niger, a CO then focusing on household assets protection in order to increase their capacity to face food insecurity and emergencies.
1.2 Constitute a wider reference group for the GiE strategy with links to wider CI initiatives (CIGN, Program shift, results of the Strategic Impact Inquiry (SII), Humanitarian Accountability Framework (HAF), Mothers Matter Signature Program) and with active participation from CMs, COs, RECs, Sector Specialists and other cross-cutting issues;

1.3 Link to CIGN’s development of an information sharing system and working group on CARE’s Global Branding around the theme of women’s and girl’s empowerment and accordingly with its fundraising, communications and advocacy plans;

1.4 Link with CI Advocacy Group on Women, Peace and Security to contribute to advocacy efforts directed towards the implementation of UN SC Resolutions (1325, 1820, 1888, 1889) on the ground;

1.5 CARE’s executive and senior management staff across the confederation report regularly to beneficiaries, donors, humanitarian community and the public on progress on CARE’s promotion of gender equality in emergencies;

1.6 Ensure sufficient funding to meet the GiE strategy commitments; budget managers in COs to formulate work plans and budgets accordingly and SMT’s in members that decide on budgets too. In addition to budgeting for targeted activities and material to meet the needs of men, women, girls and boys, the process of budget development should also consider the resources needed to deliver effective programming;

1.7 Develop a Centre of Expertise for Gender (including GiE) led by CARE Norway to provide technical advice and guidance to COs and for CI to become a global leader in mainstreaming gender in emergencies;

1.8 Position CARE as co-lead NGO for a strategic UN Gender/GBV Working Group.

Strategic Objective 2

To strengthen CI’s TECHNICAL SUPPORT and capacity to effectively address gender within emergency programs.

2.1 Encourage leadership and staff in all COs and CMs and partners to undertake the IASC Gender E-learning Course in preparation for potential emergencies, and participate in regional/national related trainings on gender. The course should be mandatory in the ELMP, in CARE’s Humanitarian and Emergency Operations Learning Program (CHEOPS) and for members of the CI Roster for Emergency Deployment (CI RED);

2.2 Map existing gender training tools and exchange with ECB partners to fill the need for basic and practical gender training modules (1-2 day workshops) that could be delivered before an emergency and then regularly to COs and partners in a culturally-sensitive manner;

2.3 Provide guidance to COs to help build understanding of the Gender Analysis Tool in the Pocketbook and how to use it together with the IASC Gender Handbook and checklists, with a practical focus on participatory assessment methodologies and the need for gender-balanced assessment teams;

2.4 Provide guidance to COs on the implementation of UN Resolutions on Women, Peace and Security in the field;

2.5 Provide technical advice during an emergency to help COs address gender (collection and analysis of sex and age disaggregated data (SADD), joint assessments, funding proposals, M&E etc.) from the outset: through a) remote support from Senior Gender Specialist, b) deployment of Gender Advisers and c) contact with GenCap’s as an inter-agency resource if available in country;

2.6 Conduct a mapping of gender advisors/experts/focal points or other initiatives (i.e. Champions of Change group in CARE Ethiopia) in all COs, build their technical capacity by supporting their participation in specialized interagency courses and use that network for gender mainstreaming;

2.7 Analyze the impact of Gender Advisors in emergencies (whether in ERTs or CI RED) to redefine their TOR, increase the pool, and promote their request by COs; consider the idea of setting up an NGO roster equivalent of the UN GENCAP if feasible;
2.8 Using impact evaluations, case studies, best practices, commissioned research reports etc. gather evidence to demonstrate that it is more effective to consider men and women equally in humanitarian interventions and share the knowledge as appropriate; proving the case that the collection and analysis of SADD is a priority.

2.9 Review EPP format, field test entry points for gender mainstreaming and develop guidance to ensure gender analysis and planning is undertaken as part of emergency preparedness planning (EPP) and ALL COs have a comprehensive gender analysis that is reviewed and updated periodically;

2.10 Ensure safe programming by involving women and girls in the design and setting of facilities but also in ongoing monitoring of interventions. Whether CARE is explicitly programming on GBV or protection or referring survivors for assistance, staff should be able to work according to international best practice (including working from a survivor-centered approach and in accordance with the four guiding principles of safety, confidentiality, dignity and respect, plus operating within the multisectoral model). The IASC GBV Guidelines and the Minimum Initial Service Package (MISP) should be used as key resources.

Strategic Objective 3

To promote the culture and practice of ACCOUNTABILITY in the gender-sensitive management of emergencies within CARE.

3.1 Incorporate in the Humanitarian Accountability Framework the degree to which gender is integrated into CARE’s interventions in the three key emergency response sectors (WASH, Shelter and Food Security) and cross-cutting areas.

3.2 Ensure sector and cross-sector strategies meaningfully include the mainstreaming of GiE;

3.3 Make gender mainstreaming an explicit part of the TOR and remit of CI’s Sector Specialists, RECs, Emergency Team Leaders and CO Emergency Coordinators; TOR’s reference to promoting gender equality is used as a basis for discussing performance;

3.4 Develop a set of practical recommendations for including gender in funding proposals and track gender allocations;

3.5 Develop a meaningful gender score with a set of indicators to be included in the performance metrics and link it to the HAF review done by the members of the Standing Team in COs;

3.6 Monitor impact of strategy implementation by documenting lessons from this work including best practices, challenges, and lessons learned;

3.7 Establish safe, accessible and effective mechanisms for feedback from all beneficiaries.

Strategic Objective 4

To promote an ORGANISATIONAL CULTURE that strives towards gender equality in emergencies.

4.1 Conduct a revision of briefing and orientation packages and ensure minimum GiE standards are covered in terms of policies, code of conduct, ToR, induction and training mechanisms to be mandatory for all staff deployed to an emergency.

4.2 Ensure measures to address sexual exploitation and abuse (SEA) in place (by the mandated body for the implementation of CI PSEA) are applied during emergency responses by trained staff in COs and partner organizations (ensure it is included in MOUs);

4.3 COs must ensure that the working, travelling and living conditions provided for CARE staff during emergencies are appropriate for both women and men and are culturally appropriate, so that they do not act as a barrier to the participation of female staff, both national and international (see CET administration guidelines);

4.4 Liaise with the relevant body to review work/life balance barriers to women’s participation in emergencies and provide recommendations;
4.5 Offer a fair balance of qualified and trained staff on CARE’s Emergency Roster and ERTs by working with sector specialist to recruit, retain and train women;
4.6 Recognize and secure the critical cooperation of men to ensure the development of a gender approach, which is inclusive to men, women, girls and boys both in programming and organizational issues.
4.7 Streamline the guiding documents from different CARE sources and at different levels used to guide the work of CARE members and country offices on gender in emergencies;
4.8 COs to have measures in place to protect staff from sexual harassment in the workplace;
4.9 COs to develop strategic alliances with partners which are also committed to gender mainstreaming and ensure that when implementing CARE-led projects, they respect CI gender principles and policies. Where gender expertise is lacking, capacity development should be supported. Working with women’s organizations is also promoted as a potential strategy to empower women and girls.

Strategic Objective 5

To guarantee the ongoing work of the GiE Taskforce in updating, implementing and monitoring the GiE Strategy
5.1 Organize monthly conference calls with GiE Taskforce and one annual face to face;
5.2 Present finalized draft of GiE strategy and implementation plan to ESIG meeting in August and ERWG meeting for approval in September and include feedback in final strategy;
5.3 Develop a set of indicators to collect baseline data (linked to 3 core sectors), measure progress and report on implementation of the GiE strategy (linked to the CIGN reporting system);
5.4 Design format for reporting and comply with reporting guidelines in the Taskforce’s TOR;
5.5 Design a communication plan (linked to CIGN’s own plan) to ensure the strategy and its implementation plan are widely known and adopted;
5.6 Roll-out the strategy in 1 pilot CO per region and develop mechanisms to allow input from the field;
5.7 Roll-out the strategy in all COs.
Annex 1. Key Terms and definitions, from the IASC Gender Handbook

**Gender** refers to the social differences between females and males throughout the life cycle that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures. “Gender,” along with class and race, determines the roles, power and resources for females and males in any culture. Historically, attention to gender relations has been driven by the need to address women’s needs and circumstances, as they are typically more disadvantaged than men. Increasingly, however, the humanitarian community is recognizing the need to know more about what men and boys face in crisis situations.

**Gender equality**, or equality between women and men, refers to the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. Equality does not mean that women and men are the same but that their enjoyment of rights, opportunities and life chances are not governed or limited by whether they were born female or male.

Two main strategies are needed to reach the goal of gender equality:

a) **Gender mainstreaming**: the term came into widespread use with the adoption of the Beijing Platform for Action at the 1995 UN International Conference on Women, and it was adopted by the UN system in 1997 as a means of attaining gender equality. It is a commitment to ensure that women and men’s concerns and experiences (vulnerabilities and capacities) are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programs so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality. Gender mainstreaming is integral to all development and emergency decisions and interventions; it concerns the staffing, procedures and culture of organizations like CARE as well as our programs.

b) **Targeted actions**: A gender analysis should inform the deliverers of humanitarian protection and assistance of the specific needs of the individuals and groups within the affected population requiring targeted action. In many cases these actions will be targeted to women and girls, for example providing special stipends to encourage families to send girls to school or giving them special protection from GBV. But there are a number of situations where boys and men will be targeted for action too, for example when boys are being recruited by armed groups or when they are unable to feed themselves due to lack of cooking skills.

Whatever strategy is employed (a or b) to reach gender equality, the approach should eventually result in **women’s and girls’ empowerment**. Empowerment implies a shift in the power relations that cause a particular social group to suffer low social status or systematic injustice. Empowerment is not something that can be delivered like NFI s or shelter. It implies a social change strategy that involves the group in question (CARE’s Unifying Framework). IASC Gender Handbook, p. 2.

http://www.humanitarianinfo.org/iasc/gender

**Gender equity**: Justice in the distribution of resources, benefits and responsibilities between women and men, boys and girls. The concept recognizes that power relations between girls and boys, men and women are unequal, and that such inequalities should be addressed.

**Gender analysis** examines the relationships between females and males and their access to and control of resources, their roles and the constraints they face relative to each other. A gender analysis should be integrated into the humanitarian needs assessment and in all sector assessments or situational analyses to ensure that humanitarian interventions do not exacerbate gender-based injustices and inequalities and, where possible, greater equality and justice in gender relations are promoted.

**Gender balance** is a human resource issue. It is about the equal participation of women and men in all areas of work (international and national staff at all levels, including at senior positions) and in
programmes that agencies initiate or support (e.g. food distribution programmes). Achieving a balance in staffing patterns and creating a working environment that is conducive to a diverse workforce improves the overall effectiveness of our policies and programmes, and will enhance agencies’ capacity to better serve the entire population.

**Gender-based violence** is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honour killings; and widow inheritance.

**Sexual Exploitation:** The abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another. (UN SGB Definition)

**Sexual abuse:** The actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.
Annex 2. Gender, Equality and Diversity and the CARE Programming Principles

Social justice, tolerance, dignity and security are at the center of our Vision and enshrined in the six programming principles of CARE. The objective of our Gender, Equality and Diversity (GED) work is to support the critical processes for achieving that vision.

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<th>Principle</th>
<th>What does it mean?</th>
<th>How does GED relate to this?</th>
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<tr>
<td><strong>Principle 1: Promote Empowerment</strong></td>
<td>We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfill their rights, responsibilities and aspirations. We ensure that key participants representing affected people are involved in the design, implementation, monitoring and evaluation of our programs.</td>
<td>Understanding and engaging the power relations between women and men and between other subordinate and dominant groups and empowering women and other marginalized groups is a critical part of our work on promoting Gender Equity and Diversity. CARE’s GED Training Curriculum and Resources offer analytical tools and strategies to advance this principle. Having good quality staff relationship with our communities will help in designing and implementing more relevant and empowering programs. Appreciating and understanding diverse perspectives will create more innovative solutions to complex problems.</td>
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<td><strong>Principle 2: Work in partnership with others</strong></td>
<td>We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and alleviate poverty through policy change and enforcement.</td>
<td>This principle implies that CARE will be working with a variety of organizations that may be similar as well as those who may be quite different from us. CARE may be in a dominant position with respect to the national/local partners and may be in a subordinate position with respect to some Governments and Donor organizations. Being aware and appreciative of the differences and the power dynamics will enable CARE to have effective engagement and beneficial relationships with a variety of Partners. CARE should supporting partner organizations working on gender, and help our partners to also mainstreaming gender.</td>
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<td><strong>Principle 3: Ensure Accountability and Promote Responsibility</strong></td>
<td>We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify those with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.</td>
<td>Accountability is one of the four leverage areas (along with Representation, Trust, Learning &amp; Effectiveness) for advancing Gender Equality and Diversity. GED awareness tools can be strategically used to work with those with an obligation towards the poor and the marginalized to create awareness about their power, privileges, and rights and encourage their efforts to fulfill their responsibilities.</td>
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<td><strong>Principle 4: Address Discrimination</strong></td>
<td>In our programs and offices we oppose discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.</td>
<td>The primary objective of our Gender Equality and Diversity work is to understand and address the individual, group, institutional, and societal discrimination of people based on Gender and other Diversity factors. Gender issues are prevalent in almost all the countries where CARE operates, and women are in subordinate positions. Consequently, women form a critical mass of the poor and marginalized people that CARE seeks to support in their efforts to fulfill their rights.</td>
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<td><strong>Principle 5: Promote non-violent resolution of conflicts</strong></td>
<td>We promote just and non-violent means for preventing and resolving conflicts, noting that such conflicts contribute to poverty and the denial of rights.</td>
<td>CARE increasingly works in many situations strife with ethnic and other forms of conflicts that are violent and targets specific minorities or subordinated groups of people. These leave physical, social and psychological scars that leave them vulnerable for the reminder of their lives.</td>
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Gender-based violence, including domestic violence, is prevalent in many communities in which CARE works. This scars women physically and psychologically; severely affecting women’s dignity and personal security and suppresses their potential to take control of their lives.

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<th>Principle 6: Seek Sustainable Results</th>
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<td>By acting to identify and address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programs result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.</td>
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Unequal gender relations are one of the underlying causes of poverty and rights denial that cuts across most of the communities that CARE works in. Implementing strategies to improve the social agency, structures, and key relationship positions of women and other diverse subordinated and marginalized groups will result in lasting and fundamental improvements in the lives of people with whom we work.
Annex 3. Case study: Mainstreaming gender in CO programming -Pakistan

Gender Aspects of CIDA/IHA Projects
IDPs Emergency Response 2009-2010

Responding to conflict-driven massive displacement of about 2.3 million people in the then North West Frontier Province, now renamed as Khyber Pakhtoon Khwa, CARE International in Pakistan (CIP) undertook various short-term emergency projects. As the number of people displaced was far beyond what had been expected, the camps set up to house IDPs by the government and non-government aid agencies could only accommodate about 20% of them, with the rest taking refuge in host communities in government schools, rented houses or with friends and relatives. IDPs, including women, men, elderly and children, were scattered throughout various neighboring districts, which further complicated the provision of humanitarian assistance. Understanding that there is huge difference in how displacement impacts women, men, girls and boys, CARE undertook gender-sensitive assessments in the camps and host communities.

Focus on gender is part of Emergency Preparedness Plan of CIP, according to the 2009 Plan, “CARE recognizes that it is absolutely essential to involve women and men in all aspects of the emergency response, including balanced teams for assessment, registration, and implementation. In collecting and analyzing data, CARE will disaggregate data by sex, age, and take into account other considerations around gender, i.e. if water collection is done mainly by women and children, distribute smaller jerry cans.” The 2009 plan calls upon emergency needs assessments to set aside assumptions about women’s needs and involve women through consultations.

Throughout CARE’s intervention during the IDPs emergency response, from assessment to the delivery of humanitarian assistance, gender sensitivity remained a cross-cutting focus. Reflecting cultural norms, where the interaction of women with strange men is strictly prohibited, CIP engaged both women and men staff (through partners) to ensure assessments were gender-sensitive, and women were able to participate. In addition to ensuring that assessment teams had both men and women members, CIP also used gender sensitive assessment tools (questionnaires). The CARE Gender Advisor was engaged in the project design and implementation, as well as participated in the field assessments and conducted a gender orientation for response teams, including partners. The NFI kits CIP distributed included items for women, girls, boys and men. To ensure the access for both women and men, separate distribution points were established in their respective villages/areas, and NFI distributions were completed in daylight to ensure women were able to return to their homes before it got dark.

During the IDPs response men were able to freely move between various distribution points established by the government and other aid agencies to access the humanitarian aid. However, women’s physical access to assistance was limited, particularly for women headed households. Furthermore, to access the assistance provided by the government and some NGOs, Computerized National Identity Cards (CNICs) were made mandatory, further limiting women-headed households access to assistance, as most of the rural women did not have CNICs. In light of these limitations facing women, CIP took the NFIIs to areas identified areas within the host communities and provided NFIs to women-headed households. To ensure that women who did not have CNICs were able to receive assistance, CIP accepted confirmation by two witnesses from the community as proof of a woman’s identity.

Primary healthcare was identified as a priority need by the returning IDPs, and with funding from CIDA/IHA, CARE began providing basic health services, in collaboration with the District Health

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2 As normal process for obtaining the CNIC, centers have been established in urban areas and women living in rural areas have to come to cities, which is difficult for single women. It makes obtaining of CNIC difficult for widows and other single women particularly from the conservative areas where movement out of village of single women is difficult.
Department. Activities included: mobile health camps at village level and assistance to restart health services in the Government’s Basic Health Units (BHUs) in Buner District. The mobile camps were particularly designed to meet women’s needs, as women’s limited ability to travel meant that many were unable to get primary health service from the BHUs. Recognizing that local customs meant that women do not feel comfortable consulting with male doctors, all mobile health teams included female doctors and/or a female health worker to examine and provide free medicines to women, and separate consultation areas in villages were setup for men and women. Also at the BHUs, the services of female staff were supported by the CIDA/IHA project to ensure that women staff, which was supported and appreciated by the local communities, attended women patients. In this regard, CARE and its local partner maintained gender disaggregated patient data for women, men and children. During the project implementation CIP’s field team realized that pregnant women in the participating communities were using the services of untrained Traditional Birth Attendants (TBAs) for their pre-natal care and the delivery of their babies. Women requested that the TBAs be trained in hygienic deliveries and early detection of complications so that they could refer women to hospitals for expert medical advice before there is a problem. The District Health Department also endorsed the request, CIDA/IHA approved the revision of the project outputs to include a component for the training of TBAs, which will help women of local communities have access to improved pre natal, natal and post natal care.

Gender is a cross-cutting theme for the development of projects/programs for CIP. Women from the vulnerable and marginalized sections of society are identified as a primary impact group for which gender analysis of all programs is essential. All aspects of project development, implementation, monitoring, partnerships etc. include a gender focus/mainstreaming, and this gender analysis informs CIP’s emergency response, as well as CARE’s long-term programs. The learning and good practices CIP drew from its first CIDA/IHA funded project in Buner district were replicated in the second project which is being implemented in Swat district. Learning and best practices from all interventions help CIP improve its future programming, and some important lessons from the CIDA/IHA project included:

- Cultural sensitive program approach helps in building trust with participating communities and allowing CARE to reach out to women.
- During implementation, CARE emphasized and supported initiatives specifically designed to target women, which helped with capacity building on mainstreaming gender within local partner and government organizations.
- Capacity building of partner staff on gender sensitivity helps in identifying gender specific needs, particularly of women, during the implementation; identification of need for training of TBAs is one example of it.
- Gender disaggregating beneficiary data will contribute to CIP’s efforts in developing future interventions, particularly those that target women.
Annex 4. Resources

CARE materials relevant to gender mainstreaming in emergencies include:
- CI Humanitarian Mandate (2007)
- CI Gender Policy (2009)
- CI Policy for Preventing Sexual Exploitation and Abuse (2009)
- CARE’s training modules for PSEA in emergencies
- CI Strategic Framework 2007-2012 and its Mid-Term Evaluation Report
- Gender-sensitive Emergency Response in CARE, by consultant Beth Vann (2009)
- External Mapping Report Gender in Emergencies, by consultant Beth Vann (2009)
- Multi-country Mapping of CARE’s GBV projects, by consultant Beth Vann (2007)
- CARE’s Humanitarian Accountability Framework (2010)
- Strategic Impact Inquiry (SII) on Women’s Empowerment [http://pqdl.care.org/sii]
- CARE’s Emergency Toolkit and Pocketbook (2009) [www.careemergencytoolkit.org]
- GED Training course under CARE Academy [www.careacademy.org]
- CARE’s Gender wiki: [http://gender.care2share.wikispaces.net/]

Inter-agency resources specific to Gender and GBV in Humanitarian Settings include:
- Inter-Agency Standing Committee’s NEW Gender e-learning course “Different Needs, Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys, and Men” available under the Project Management Category on CARE Academy [www.careacademy.org]

CARE Human Resources include:
- The Senior Gender in Emergencies Specialist (SGES) provides overall leadership for CI in relation to gender in emergency response within the framework of CARE’s overall humanitarian emergencies’ policies and strategies.

Key responsibilities for the SGES:
- Gender and emergencies strategy leadership and implementation: analyzing key gender issues & challenges for CI’s work in emergencies and adjusting, implementing & monitoring the GiE strategy;
- Deployment to emergencies for assessment and response: directly responding to emergencies or assisting emergency teams to design and initiate emergency response programs;
- Technical assistance: providing remote or in country technical assistance and advice to emergency response teams in relation to gender and SEA;
- Emergency preparedness planning: participating in emergency preparedness planning processes to ensure gender mainstreaming considerations are adequately considered;
- Capacity development and training: developing and supporting delivery of gender training and capacity development activities for CARE’s global and country level emergency staff;
- Global coordination and representation: Coordinating with relevant global networks working on gender and emergencies issues to promote global standards;
- Internal coordination: leading internal coordination within the CARE federation on gender and emergencies in order to ensure efficient use of resources, consistent application of global standards
and policies and to continue to develop and expand CARE’s global initiatives relating to GiE;

- **Building CARE’s pool of gender advisors:** working with CARE’s emergency human resources coordinator and CI member technical focal points to identify gender expertise across CARE and build CARE’s pool of gender advisors available for emergency response.
- **Monitoring and evaluation:** actively participating in monitoring & evaluation of CI’s emergency response programs to ensure gender standards are being met:
- **Learning and impact enquiry:** Working with CARE’s program quality advisor to promote learning about GiE;
- **Mainstreaming gender within emergency human resources policy and practices:** working with CI’s HR coordinator to ensure CARE’s emergency HR policies & practices promote gender equality;
- **Strategic partnerships and leverage of resources for gender:** developing strategic partnerships and leveraging further funding opportunities to support GiE work;
- **Develop, review and promote tools for gender mainstreaming:** review existing GiE tools and promote awareness and use of those or additional ones at the field level.

- The Gender in Emergencies Taskforce provides overall guidance and support to SGES for the development and implementation of the GiE strategy. Initially the Taskforce is composed of between 8-10 key contributors responsible for revising, updating and presenting the Strategy to the ERWG in September 2010. After the launch of the strategy the Taskforce will be opened up to other members amongst which there will be facilitators - that is people at the regional level and lead member level with responsibility for connecting the CI level to the CO level and facilitating the practical roll out of the strategy- and primary users, and engaging in dialogue with CO Representatives amongst others whose focus is to represent interests and needs of the COs, provide suggestions and feedback etc. The Taskforce will send a quarterly update to the ERWG and report every 6 months to the CI Secretary General and the Board.

- The Gender in Emergencies Taskforce coordinates with the CI Gender Network (CIGN), chaired currently by CARE Austria.

- The Sector Specialists are responsible for ensuring that gender issues are factored into the program design and fully considered throughout the project cycle with women being enabled to influence decision-making around shelter, wash and food security issues.

- The Regional Emergency Coordinators and Standing Team have gender incorporated in their accountability mechanisms.

- The Country Directors, ACDs for Program and Support and the Emergency Coordinators in country offices are responsible for abiding to CI Gender Policy and PSEA and ensuring all staff is duly trained and committed to the promotion of gender equality.

- Gender Advisors in RED are available for deployment to emergencies to assist COs in providing a gender-sensitive response across sectors.

**Inter-Agency Human Resources** includes:

- **GENCAP:** the Gender Standby Capacity Project provides Gender Advisors to facilitate, coordinate and advocate for the implementation of sector-by-sector gender equality programming in a humanitarian emergency setting in accordance with the *IASC Gender Handbook* and the *IASC Guidelines for GBV Interventions in Humanitarian Settings*. Gender equality programming in humanitarian emergencies is multi-sectoral, requiring the GenCap Adviser to work with multiple organisations and actors from the displaced and host communities, NGO and government implementing partners, UN agencies – notably the cluster lead agencies – and other national and international organisations. For further information see [www.humanitarianreform.org/gencap](http://www.humanitarianreform.org/gencap)

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