

INTEGRATING GENDER FROM THE START: CARE INTERNATIONAL'S GENDER IN EMERGENCIES THEORY OF CHANGE

THE ISSUE

FROM CRISIS TO RECOVERY: WOMEN'S ROLE IN HUMANITARIAN ACTION



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While recent years have seen increased attention to gender inequality and its impact on humanitarian crises, gender programming is still too often under-prioritised, under-resourced, and an afterthought¹. Despite decades of data illustrating the different impacts of emergencies on different populations², integrating this knowledge into intervention design has been inconsistent. It is not enough to disaggregate data, and to make adaptations to standardized interventions. **Gender-sensitive and gender-transformative programming** require us to shape our work so that gender is a central part of our considerations from the beginning.

People of all genders do not live silo-ed lives. The power systems and structures of gender affect every area of a person's life—politically, economically, socially and systemically—shaping their access to and control over resources, their vulnerability and exposure to violence and exploitation, the services available and accessible to them, and their participation in public life, including peace-building. It is not enough to have 'add-ons' speaking to these different dimensions; **effective Gender in Emergencies (GiE) programming** needs to be holistic, recognising the inter-

sections across the whole of a person's life. When women and girls do not have access to or control over resources, for example, their exposure to Gender-based violence (GBV) through sexual exploitation is increased exponentially³. GBV is also one of the single biggest obstacles to the participation of women and girls in public life, while access to safe education for an adolescent girl is one of the most powerful interventions protecting her from early or forced marriage and other harms.

CARE International's long experience of working with the power differentials of gender inequality, commitment to learning from experience and affected populations, and dedication to a gender-equitable world underpins our **holistic Theory of Change (ToC)**, supporting all our work on GiE. We know that sustained change involves working to **build agency, change relations, and change the structures** within which people of all genders live. CARE also recognizes that "gender" does not describe homogenous demographics; the intersections with age, race, (dis)ability, religion, sexuality and other identities also contribute to the ways in which people of all genders experience and move through the world.

1. <https://www.care.org/reports-and-resources/she-leads-in-crisis-report-card/>

2. CARE's RGA evidence <https://careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/>

3. IASC GBV Guidelines: [Home - Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action \(gbvguidelines.org\)](https://www.unhcr.org/refugees-and-returnees/2017/11/60800000-Home-Guidelines-for-Integrating-Gender-Based-Violence-Interventions-in-Humanitarian-Action-(gbvguidelines.org))

CARE's ToC brings together three distinct and interdependent pillars of work: Women's Voice and Leadership in Emergencies (WVLE), Gender-based Violence in Emergencies (GBViE), and Gender-integrated sectoral responses. These pillars reflect our commitment to understanding the lives of women and girls as holistic, and to both supporting and facilitating their capacities and opportunities to bring about change in their own lives and those of their wider communities. CARE International's emergency responses are accordingly framed around the following interventions:

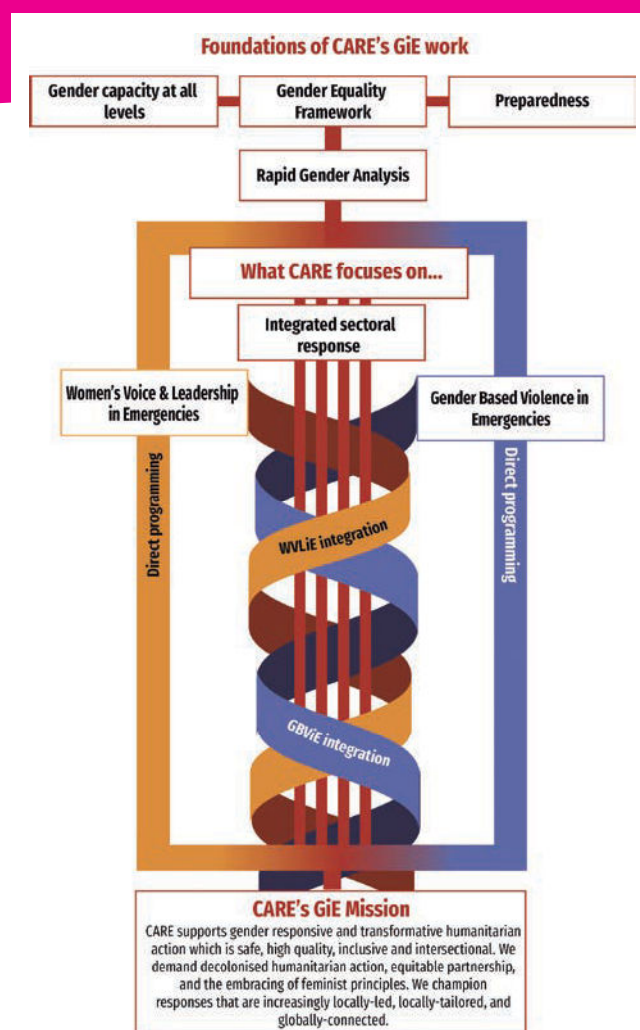
1. Understanding the needs of women and girls (through Rapid Gender Analyses)

CARE's Rapid Gender Analyses (RGAs)⁴ are industry leaders, providing detailed insights into the complexities of gender dynamics in a particular context, and making visible the impacts of a crisis. RGAs have been a significant innovation in the field; the data generated informs analyses across the dimensions of people's lives, particularly women and girls, focusing on both their immediate and longer-term needs.

RGAs are the spine of CARE's programming in emergencies; they provide a comprehensive understanding of the barriers to access that women and girls face, as well as insight into the relevant stakeholders, institutions, authorities and dynamics surrounding them. In addition, they provide the foundational strategies for the delivery of high-quality humanitarian response, meeting the needs of all and advancing gender equality. The other strands of the ToC wrap around this spine.

2. Preventing, mitigating and responding to Gender Based Violence in humanitarian crises (Gender-based Violence in Emergencies)

CARE recognises GBV, in all its manifestations, as both an issue in itself and as a mechanism for maintaining gender inequality. In times of crisis, existing social dynamics surrounding GBV become more intense, breaking down any potentially protective social mechanisms and leaving women and girls particularly exposed to GBV, and too often without support as key services often collapse in emergencies. The harms of GBViE are manifold, from the everyday fear and constraints on women's lives to lifetime harm, and in some instances life-threatening and life-ending. Integrating GBViE best practices into all humanitarian responses helps to mitigate against further violence, additionally, it helps to challenge the single biggest obstacle to well-being and safety; enabling participation in services, public life, economic opportunity and recovery from crisis.



CARE's Gender in Emergencies Theory of Change

CARE has developed multiple resources to support effective prevention, mitigation and response efforts⁵, grounded in experiential learning and working responsively with women and girls. Safe spaces for women and girls are a critical component of the work, providing spaces of respite and solace from which survivors can receive support and rebuild.

3. Supporting Women's Voice and Leadership in Emergencies

CARE recognizes that women are overwhelmingly the first responders in any crisis or emergency⁶, but also that women's voices are the least heard, with women rarely being meaningfully consulted or involved in decision-making on issues that concern them before, during or after crises. This is especially true for women with intersectional identities, which are subjected to multiple forms of discrimination and are even less likely to influence the decisions being made for them.

4. CARE's RGA resources <https://www.careemergencytoolkit.org/gender/gender-in-emergencies/8-key-tools-and-other-resources/>

5. CARE's GBViE tools <https://www.careemergencytoolkit.org/gender/gender-based-violence-in-emergencies/>

6. CARE (2017) *She is a Humanitarian: Women's participation in humanitarian action drawing on global trends and evidence from Jordan and the Philippines*; CARE (2022) *She Told Us So (Again): Women's Voices, Needs and Leadership*.

➤ CARE's Women Lead in Emergencies is a proven and scalable programming model to enable grassroots women's groups to address barriers to their participation so that they can take the lead in design and delivery of humanitarian assistance. Since 2018, CARE and partners have worked with the WLiE model in 22 countries. For example, in Uganda, with funding from ECHO, Global Affairs Canada and DFAT, CARE Uganda have been supporting Congolese and South Sudanese refugee women in Kyangwali, Rhino Camp and Bidibidi settlements to organise, analyse their own priorities, and co-create and implement their own activities with a grant/budget that they control. The achievements of women's groups have included leading GBV prevention and response in their communities, successfully campaigning for election in Refugee Welfare Councils, negotiating with UN agencies for safe and accessible access to food distribution for their community, organising functional literacy classes, promoting peace and reconciliation between ethnic groups, registering their groups with government and starting new businesses and income-generating activities.



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4. Responding to women and girls needs through gender integration

The combination of RGAs and GBViE prevention, mitigation and response lay the foundations for working cross-sectorally, reinforcing the need for all interventions to reflect how gender dynamics shape the spaces within which people live through crises¹⁰. The design of Shelter, WASH, Education, Nutrition, and Cash Transfers can improve the security and life chances of women, girls, and all genders in the immediate, while also contributing to the potential for gender-transformative outcomes in the longer term. Wrapping the interventions around the 'spine' of the RGA, incorporating measures to mitigate the risks of GBV, and actively supporting women's leadership has the potential to save more lives and transform gender relations in an emergency. This pillar is woven through CARE's ToC to ensure that the specialist expertise involved in the RGA and GBViE work is used to influence cross-programme interventions.

If we are committed to effective humanitarian response that addresses the needs of all, while challenging the harms of gender inequality, we need to fundamentally change how we approach the work. CARE's ToC for GiE illustrates how: from the spinal core of an RGA to holistic interventions across sectors and specialist programming. These pillars in combination offer the potential for the most effective, life-saving programming, based on what women say they need in emergencies, while working towards gender transformative outcomes from the beginning.

Heather Cole, Senior Technical Advisor, Gender in Emergencies
Tam O'Neil, Global Coordinator, Women Lead in Emergencies
Céline Mias, EU Representative & Director
 CARE International

Humanitarian agencies have long-standing commitments to be accountable to affected populations and to transfer decision-making power and resources to local actors, who are best placed to lead in emergencies. For CARE, realising these commitments means working with women-led collectives and organisations to provide the resources, space and solidarity they identify as being important in order to take an active role in humanitarian decision-making and action. We do this both by integrating Women's Voice and Leadership in Emergencies (WVLE) approaches into sector programming – for example, CARE Vanuatu's risk reduction and response programmes include specific activities to support women's participation and leadership in community decision making. We also do this through dedicated WVLE programming that addresses structural barriers to women's participation, such as facilitating their collective voice and power⁷ and through our Women Lead in Emergencies programming with community-based women's collectives (see box)⁸. Globally, CARE also prioritises creating spaces and opportunities for advocacy led by the organisations representing crisis-affected people of all genders and in all their diversity⁹.

7. CARE (2023) Women's Voice and Leadership in Humanitarian Settings WHS Baseline Report.pdf

8. CARE (2022) Women Lead in Emergencies learning report <https://careevaluations.org/evaluation/women-lead-in-emergencies-global-learning-evaluation-report/>; Women's stories of change from WLiE projects: <https://storymaps.arcgis.com/stories/d113785b33784d7eb637bd729f182c59>; <https://storymaps.arcgis.com/stories/65cd5155b36814a4492501f54f9ff0d91>; <https://www.youtube.com/watch?v=HtsE7nC8A>

9. CARE and WLO partners(2023) <https://reliefweb.int/report/ukraine/one-year-after-escalation-war-ukraine-making-international-funding-work-womens-organisations>

10. Press release: Women are increasingly at-risk in conflict and underrepresented in peace processes, according to a UN report | UN Women – Headquarters