



care®

Empowering women and girls affected by crisis

CARE's progress towards achieving gender
equality in humanitarian programming

CARE's Vision

We seek a world of hope tolerance and social justice where poverty has been overcome and people live in dignity and security. CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

CARE's reach in 2015

CARE is a leading humanitarian organization fighting global poverty and providing life-saving assistance in emergencies. Since 1945, CARE has worked to improve the lives of the poorest and most excluded populations around the world. In fiscal 2015, CARE worked in 95 countries around the world, supporting 890 poverty-fighting development and humanitarian aid projects, to reach more than 65 million people.

Introduction: Why this report?



The difference in the impact of natural and man-made disasters on women, girls, men and boys can be shocking. An example is that 90% of the nearly 140,000 deaths reported in the 1991 Bangladesh cyclone were women. Women and girls consistently suffer greater loss of life in crises, not only in poor low-income countries but also in high-income countries.

Globally, social injustice and gender inequality leave women highly vulnerable and disempowered to protect themselves during disasters and to reduce their risk to future disasters. Women and girls struggle to be heard and to be given the opportunity to make decisions that could save themselves and their families and communities during disasters.

The past decade has witnessed an increased focus by the humanitarian community on developing gender sensitive approaches and building capacity for strengthening gender equality in emergency programming. However, there still remains significant room for strengthening accountability on delivering and measuring impactful gender equality throughout humanitarian action.

Recognizing that women and girls are often left behind, as part of its overall goal of reaching over 20 million people affected by humanitarian crises by 2020, CARE emphasizes reaching and empowering women and girls affected by crises. Working with its partners, CARE commits to taking a leadership role in delivering and advocating for enhanced accountability in gender sensitive and equitable humanitarian programming within the humanitarian system.

Over the past five years CARE has invested significantly in working on gender in emergencies. Building on and contributing to the Inter-Agency Standing Committee's (IASC) gender work, the tools, approaches and capacities developed by CARE have strengthened the impact, relevance and effectiveness of its emergency programming. This report demonstrates CARE's progress on its gender in emergency (GiE) work, and highlights the impact and importance of gender sensitive and equality approaches for ensuring that women and girls are reached and empowered through humanitarian action.

As a member of the global humanitarian community, CARE believes that all stakeholders must be held accountable and make the investments necessary to ensure that the humanitarian system commits to gender equality through its actions. CARE recognizes it must continue to lead and contribute towards guaranteeing that globally humanitarianism plays an essential role in overcoming social injustices and inequality.

The report supports the 2016 World Humanitarian Summit's call for action and transformation that is central to the theme of 'Leave no one behind'. CARE shares this report with the humanitarian community with the hope of encouraging greater accountability, commitment and collaboration in making emergency preparedness and responses work for all women, girls, men and boys.

*Sofia Sprechmann, Program Director and Barbara Jackson, Humanitarian Director
CARE International
May 2016*



Where CARE responded to crises:

- 1. Afghanistan
- 2. Armenia
- 3. Azerbaijan
- 4. Bangladesh
- 5. Benin
- 6. Bolivia
- 7. Bosnia and Herzegovina
- 8. Brazil
- 9. Burundi
- 10. Cambodia
- 11. Cameroon
- 12. Central African Republic
- 13. Chad
- 14. Cote d'Ivoire
- 15. Cuba
- 16. Djibouti
- 17. DRC
- 18. Ecuador
- 19. Egypt
- 20. El Salvador
- 21. Ethiopia
- 22. Georgia
- 23. Ghana
- 24. Guatemala
- 25. Haiti
- 26. Honduras
- 27. India
- 28. Indonesia
- 29. Iraq
- 30. Japan
- 31. Jordan
- 32. Kenya
- 33. Laos
- 34. Lebanon
- 35. Lesotho
- 36. Liberia
- 37. Madagascar
- 38. Malawi
- 39. Mali
- 40. Mozambique
- 41. Myanmar
- 42. Nepal
- 43. Nicaragua
- 44. Niger
- 45. Pakistan
- 46. Papua New Guinea
- 47. Peru
- 48. Philippines
- 49. Rwanda
- 50. Serbia
- 51. Sierra Leone
- 52. Somalia
- 53. South Sudan
- 54. Sri Lanka
- 55. Sudan
- 56. Syria
- 57. Tanzania
- 58. Thailand
- 59. Turkey
- 60. Uganda
- 61. Vanuatu
- 62. Vietnam
- 63. West Bank and Gaza
- 64. Yemen
- 65. Zimbabwe

CARE'S RESPONSE TO EMERGENCIES, 2013-2015

From 2013 to 2015, CARE responded to emergencies in 65 countries. In 2015, CARE provided direct assistance to 9.2 million women, girls, men and boys affected by crises.

CARE's humanitarian work also advocated to raise awareness and resources for those affected by crises, as well as strengthen the capacity and accountability of humanitarian action to reach the most vulnerable.



Azraq Refugee Camp, Jordan. © CARE/Johanna Mitscherlich

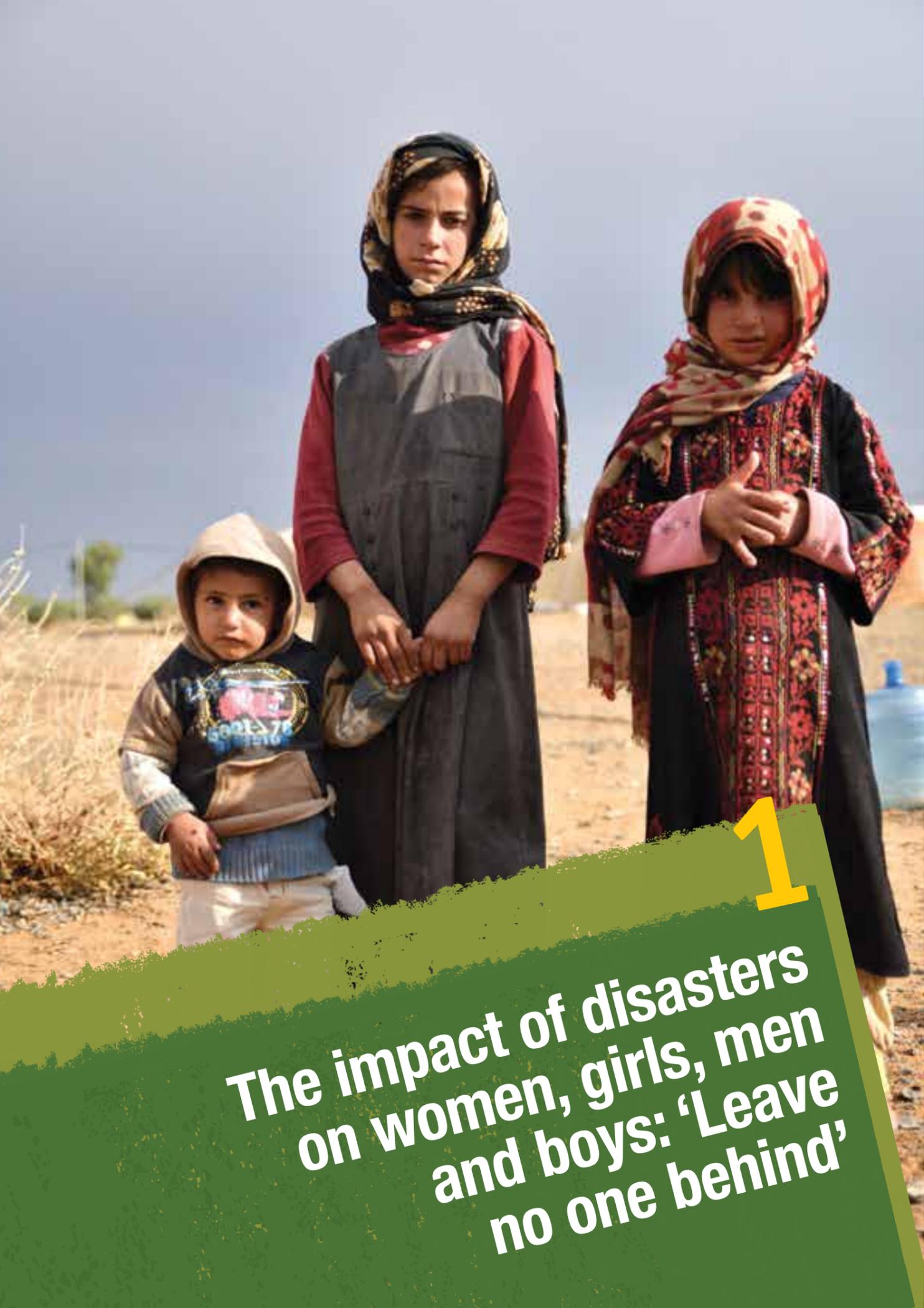
“ *Women are most affected by armed conflict and post-conflict situations. They experience war and conflict in different ways (compared to men) as victims of rape, trafficking, sex slavery and forced prostitution, as well as in some instances, as perpetrators of violence and participants in conflict.* **”**

Rachel Mayanja, United Nations Secretary-General's Special Adviser on Gender Issues and Advancement of Women

Contents



Introduction: Why this report?	03
CARE's Emergency Response	04
1 The impact of disasters on women, girls, men and boys: 'Leave no one behind'	08
2 Leadership on gender in emergencies: CARE's approach	12
3 CARE's accountability and progress towards gender equality and empowering women and girls affected by humanitarian crises	18
4 Stories of success to inform and influence	24
a. Empowering local women's groups to meaningfully participate in localized humanitarian actions	25
b. Increasing local resilience by integrating development and humanitarian efforts and promoting meaningful participation of women in DRR, resilience and emergency preparedness	27
c. Strengthening accountability and the capacity of gender sensitive programming in emergencies through partnerships	30
d. Advocacy to ensure the voices of conflict-affected women and girls are adequately channeled and influence conflict and peace-related policies and programs at national, regional and international levels	32
5 What our partners think	34
6 What's next for CARE and its partners? Learning and recommendations	40
References	45
Methodology	46
Credits	47
Contacts	47



The impact of disasters on women, girls, men and boys: 'Leave no one behind'

1



It is widely accepted that disasters, both natural and man-made, impact women, girls, men and boys differently, with the level of vulnerability and gender equality being key determinants of which groups are worse affected. Neumayer and Plümper's study of disasters in 141 countries from 1981 to 2002 found that natural disasters lowered the life expectancy of women more than men. Although on occasion men bear the greater negative impact of disasters, in general women and girls are far more likely to die in a disaster and die at an earlier age¹. The differences have been shocking. Women accounted for 90% of all deaths due to the 1991 Bangladesh cyclone and over 60% of deaths in Myanmar caused by Cyclone Nargis and in Banda Aceh during the 2004 tsunami³.

Women, girls and boys are 14 times more likely to die in a disaster than men².

This trend is not restricted to low income countries, as, for example, vulnerability and inequality led to more elderly women dying during the 2003 heat wave in France and more Afro-American women and children being trapped during Hurricane Katrina in the United States in 2005. In cases where men are the main victims this is often linked to gender roles associated with protecting or rescuing their communities and families, as evidenced during Hurricane Mitch in Central America⁴. However, women and girls also face what have been described as 'double disasters' due to increased gender-based violence (GBV), impaired reproductive and sexual health, and increases in forced marriages and trafficking. These constitute some of the secondary gendered risks that result from disasters⁵.

The impact of a disaster cannot be judged by the severity of the disaster alone. The same severity of earthquake in Japan, Haiti and Nepal impacted populations and segments of populations differently. Understanding the impact of disasters and hence ensuring quality, effective, relevant and timely emergency programming demands that organizations adopt a vulnerability approach to disaster responses that recognizes social, cultural, economic, as well as biological and physiological gender and age differences⁶. Each of these characteristics differentially determines the exposure and ability to cope with the risks that women, girls, men and boys face and hence must be distinctly analyzed, programmed and monitored during emergency responses⁷.

“The woman is the person who has everything thrown on her head and absorbs all the shocks.”

Quote from community member during Rapid Gender Analysis in Yemen

Over the past decade the humanitarian system has recognized the importance of looking at the impact of disasters on women, girls, men and boys separately and ensuring that responses consider gender and age differences. Yet despite this increased focus on gender



in emergencies, particularly on women and girls, there remains considerable scope for progress and improvement. The application of tools and approaches to support a more gendered sensitive response remains inconsistent and unsystematic and reflects weaknesses in accountability and commitment⁸. For example, despite global commitments by most humanitarian stakeholders to use ‘the gender marker tool’, its application has languished and in some areas declined over the last few years⁹. The Inter Agency Standing Committee’s (IASC’s) 2015 gender marker review found that gender issues had been considered in only 35% of proposals, 22% of projects were gender-blind, while 42% only partially disaggregated the needs of women, girls, boys and men¹⁰. Furthermore the Office for the Coordination of Humanitarian Affairs’ (OCHA’s) World Humanitarian Data (2015) states that the gender specificity of projects had stagnated at 4% in 2014, similar to the level in previous years¹¹.



Yemen. © CARE/Thana Farog

An increased focus on gender, and disaggregated analysis and programming also highlights the consistent challenge in humanitarian programming to defining and demonstrating impact¹². The degree of uncertainty in disasters, urgency over stretched resources and capacities, short response durations, and access constraints mean that gauging any level of sustained positive change is often difficult¹³. Further disaggregating impacts on women, girls, men and boys compounds these existing challenges.

The lack of a standard approach to calculating ‘people in need of assistance’¹⁴ or a consistent definition of impact, and struggles with generating good data, let alone sex and age disaggregated data (SADD), (despite considerable focus on these areas over the past decade) raises issues of capacity and accountability within the humanitarian community¹⁵. Unfortunately, reporting on the state of the humanitarian system, ALNAP (2015) showed mixed or little progress on effectiveness and efficiency, but a decline in coverage and success in reaching vulnerable groups in crisis¹⁶.

The new Sustainable Development Goals Agenda, 2030 and the first World Humanitarian Summit in 2016, call on the international aid community to strengthen its commitment towards equality, realizing that women, girls, people with disabilities and minorities are being ‘left behind’¹⁷. Discrimination, stigma and violence often leave these marginalized groups without access to, or exclude them from receiving, appropriate humanitarian assistance¹⁸.

In 2015, over 140 million people needed humanitarian assistance, 60 million of which were displaced from their homes¹⁹. The humanitarian context is growing in complexity placing more demands on the humanitarian system to be accountable, effective and relevant, as well as intensifying struggles to generate sufficient funding. Yet at the same time most crises are not new, as 84% of crisis-affected countries had received crisis assistance in each of the past five years, and 69% in each of the past ten years²⁰.

Population growth, urban migration, weak institutions, climate change, growing wealth inequality and social polarization, and a mix of growing middle-income states with governments exercising greater control over humanitarian action and access, as well as fragile or failed states where civil strife and conflict prevails, will continue to severely challenge the global humanitarian infrastructure in the future. Additionally, it is estimated that the proportion of the world’s poor who live in fragile states will increase by nearly 20% to over 60%²¹. This will further burden the resources and capacity of the humanitarian system, and its commitments to and accountability for demonstrating impact and ensuring that all women, girls, men and boys are appropriately assisted and that ‘no one is left behind’²².



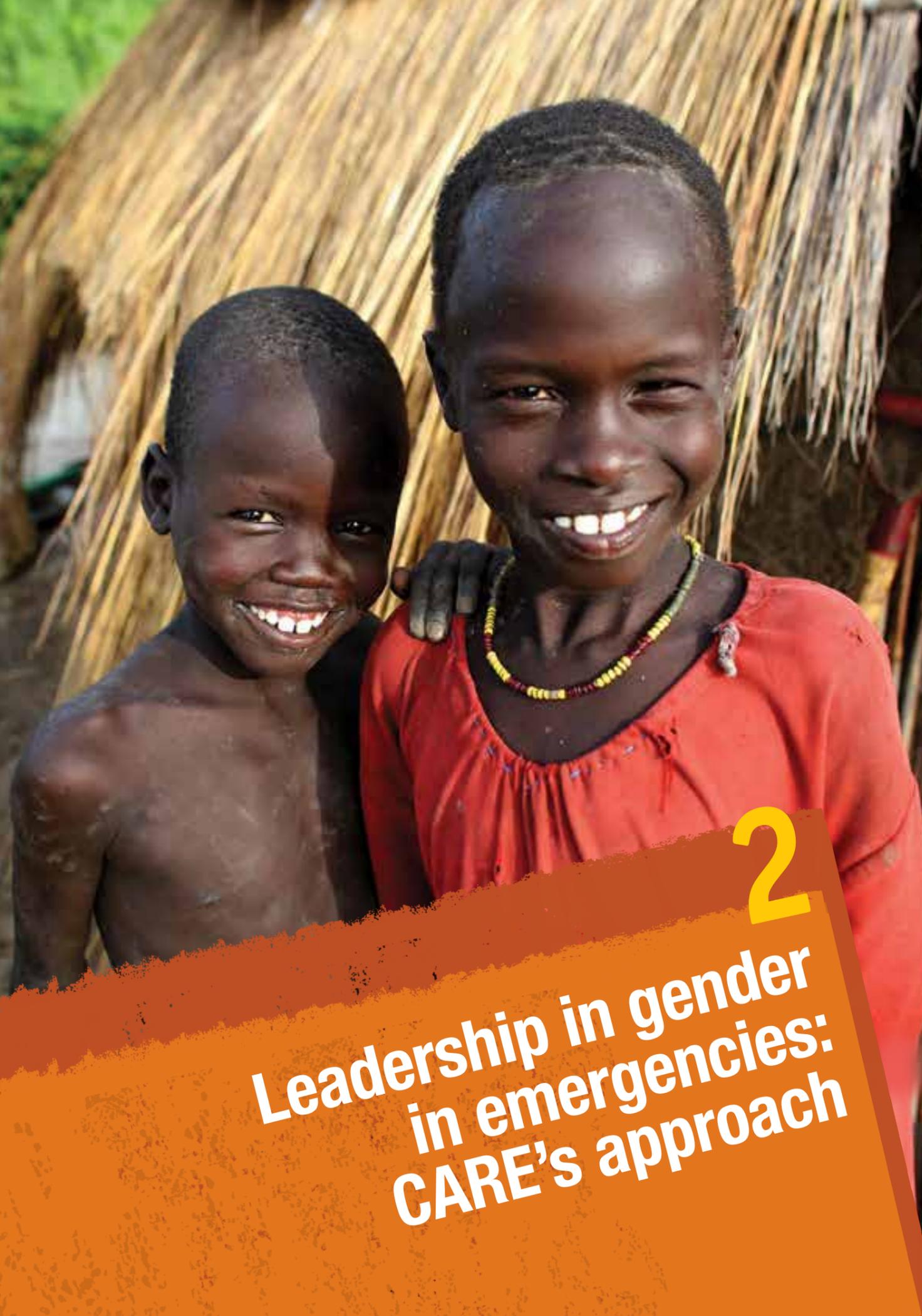
Nepal. © CARE/Lucy Beck

Women and girls will continue to be left behind if their voices are not heard, their capabilities not recognized, and their opportunity denied to participate in and to lead decision-making.¹⁶

UN Secretary General’s Report for the World Humanitarian Summit

“ We (women) have shown the men of our community that if given guidance and knowledge, we can also protect our children and community from any disaster. ”

Khintu BK, a Dalit woman, Nepal



2 Leadership in gender in emergencies: CARE's approach

Since its founding in 1945, CARE has been a leading humanitarian organization in over 70 countries, and each year has reached millions of people affected by natural and man-made disasters. In its programming CARE recognizes that poverty and vulnerability are created by the injustice of power-holders controlling and denying resources and opportunities to segments of their societies. CARE therefore puts a special focus on women and girls by addressing gender inequality and the social injustice that leaves them amongst the poorest and most vulnerable in societies. CARE's decades of global experience has shown that empowered women are critical to helping families and communities escape poverty as well as survive and recover from disasters.

CARE's goal is to "reach at least 20 million people affected by humanitarian crises with quality, life-saving assistance by 2020" and "be a leading humanitarian agency known for its expertise in reaching and empowering women and girls affected by crises."

Reaching women and girls during crises can be extremely challenging and sensitive as they are often already the most marginalized and vulnerable members of communities. A disaster will frequently exacerbate the already constrained resources and opportunities for women and further limit their ability to seek safety, or will deny them access to urgently needed aid and assistance. However, at times disasters may also disrupt the social structure and power dynamics in communities and households and provide opportunities for women and girls to be empowered and have a voice for the first time in their lives.



Foundational to CARE's gender in emergencies (GiE) work is its focus on strengthening linkages and **integration with long-term sustainable development** programming. To create sustainable transformative changes in gender equality requires a concerted effort to eliminate the humanitarian-development divide that persists within the overall aid system²³. CARE therefore strives to embed gendered disaster responses, disaster risk reduction (DRR), resilience and climate change adaptation as part of its long term programming to address social injustices, weak governance and vulnerability. Failure to do this can undermine any impact achieved through humanitarian or development programming, or worse yet lead to 'double disasters' especially in terms of GBV against women and girls during crises and in the transition from relief to recovery due to the possibility of socially disrupted or destroyed households and communities.

“ Before the conflict most responsibilities, although not workloads, were said to be on the men. Not only do women now suddenly have to learn new tasks and skills but also take on dealing with people outside the family; a role they are completely unprepared for.”

CARE Yemen rapid gender analysis

CARE understands that robust gender analysis and informed gender sensitive approaches (that ensure emergency programming promotes gender equality) are not only vital to its ability to assist women and girls during crises but are inseparable from the meeting of its humanitarian mandate and defense of humanitarian principles. Therefore, CARE's work on gender in emergencies holds the organization accountable for promoting gender equality throughout its programming and operations, with women and girls empowerment as a fundamental objective.

CARE's experience and research reaffirms the overwhelming evidence that 'sex and age matter' when considering the impact of disasters and determining appropriate emergency responses²⁴. Failure to understand and incorporate difference and relationships between women, girls, men and boys throughout an emergency response cycle (which includes preparedness, response, recovery, resilience and development), can put vulnerable groups at risk and almost certainly compromise the quality and impact of programming.



Yemen. © CARE/Thana Faroq

Unfortunately, despite increased efforts and focus the humanitarian system remains relatively weak in collecting and analyzing sex and age-disaggregated data throughout the emergency response cycle, and barely any information is available on the gender dimensions of key indicators²⁵. CARE therefore works with its partners to ensure that **gender analyses** are carried out that collect sex and age-disaggregated data to build an understanding of the power imbalances and social injustices that are the norm in communities and households, and translate this into analyses of vulnerability, capacity and resilience to help women, girls, men and boys prepare for disasters. Such data and analysis provides the background to support **rapid gender analyses** during crises to inform the appropriate meeting of needs through timely and relevant programming that saves lives, empowers the vulnerable and leads to a rapid recovery.

As a part of its gender analyses, CARE requires that **gender briefs** are produced for all high disaster risk countries in which it operates. These briefs provide broad overviews of demographic, cultural, political, social and economic differences between women and men, as well as insights into the nature of gender relations. Gender-based violence is often prevalent and exacerbated during crises and the briefs provide useful insights into the country-wise dynamics of GBV that are critical to ensure that appropriate protection measures are integrated in emergency programming and in particular to avoid putting women and girls at risk of further harm.

As part of its gender in emergencies strategy CARE adopted the IASC gender marker concept and incorporated it throughout its humanitarian response cycle including preparedness, assessment, strategy, proposal design, and operational and programmatic implementation. Following initial pilots CARE is working with its partners to roll out this expanded gender marker approach in its emergency programming. CARE views an **expanded gender marker** as a key tool to strengthen internal accountability by



Working with local partners in Turkey, gender analysis helped CARE design dignity kits for Syrian refugees and include items from a sex and age perspective.

CARE's gender brief in Ethiopia highlights that “despite deep-rooted patriarchal social norms that disempower women and girls, progressive change is occurring. Women's engagement in income-generating activities and decision-making control over assets is improving, and social norms which govern division of responsibilities between men and women are changing for better.”

“ The CARE gender marker creates the space to think about gender at each stage of programming and to reflect on lessons learnt.”

CARE Gender Marker workshop participant



adapting its humanitarian assistance to better reach and appropriately meet the needs of women, girls, men and boys in crisis, and to track the outcomes of promoting gender equality and women’s empowerment.

Recognizing the need for a more consistent and systematic approach to guaranteeing gender equality CARE introduced **gender action plans (GAPs)** as a mandatory requirement in emergency, preparedness, response strategy, and funding processes. Through a participatory process begun at the start of each emergency, these GAPs build on the collective approach of the IASC’s ADAPT and ACT Framework to ensure that gender equality is integrated as a minimum standard in programming and operations.



© CARE/Anders Nordstoga

The abovementioned progress in gender in emergency work is supported by an overall organizational commitment and focus on gender equality. Each of CARE International’s 14 members and the CARE International board of directors have endorsed putting gender equality at the ‘heart of its work’ – both development and humanitarian. CARE’s institutional and leadership emphasis on gender has led to a redefining and revising of policies, strategies, plans and measures of success, and a significantly scaled-up investment in gender capacity. CARE International’s 2020 program strategy confirms the organization’s global commitment to be a leading actor and voice for gender equality, in which its on-going progress in gender in emergencies forms a key component.



Charqallah Village, Afghanistan. © CARE

CARE’s gender action plan for the Syrian refugee response in Jordan strengthened our focus on protection and gender-based violence issues throughout the program cycle. Key activities were building the capacity of staff and partners on GBV and protection, and ensuring a robust consultation with and participation of refugee women, girls, men and boys.

Working in **partnership** is a priority for CARE and is critical to strengthening its commitment to engaging and empowering women and girls’ voices and decision-making in emergencies. Local civil society frequently has unique capacities and advantages to mobilize local constituencies and public opinion, as well as to reach and enable women to voice their positions and needs, and engage in humanitarian action²⁶. CARE invests in establishing and strengthening gender sensitive partnerships based on common values and commitments to focusing on gender equality as central to humanitarian programming. Partners provide valuable local insights and experience that strengthens CARE’s gender analysis and development of appropriate gender sensitive responses, while CARE brings its global experience and influence to strengthen the capacity and voice of local civil society.



3 CARE's accountability and progress towards gender equality and empowering women and girls affected by humanitarian crises

CARE has long been a champion for the rights and dignity of the poorest and a core part of its mission is to alleviate poverty. Over the past decade CARE has strengthened its commitment to making gender equality a central tenet of its humanitarian and development work. This is reflected in its commitment to ensuring that gender sensitive approaches and tools are applied throughout its work and gender equality is reflected in its humanitarian outcomes.

An analysis of the past five years of CARE's responses to major disasters, ranging from the Nepal earthquakes of April and May 2015 (CARE type 2 emergency) to the 2013 Typhoon Haiyan (CARE type 4 emergency) demonstrates the significant impact of CARE's gender in emergencies work in bringing positive changes for women and girls during and after crises. During this period CARE has built its capacity through a nearly ten-fold increase in the number of dedicated gender in emergencies staff. This analysis also shows the need for CARE to further strengthen its capacity and accountability to fully meet its commitment to gender equality and women's empowerment as a measurable element of its emergency work.

Reaching women and girls in crises

The reaching, let alone empowering, of disaster-affected women and girls, can be a formidable challenge.

CARE's is increasingly applying gender sensitive approaches and building the capacity of staff and partners to apply them. This has resulted in growing success in assisting women and girls. Sixty percent of those reached by CARE in 25 large-scale emergencies in the past five years have been women and girls.

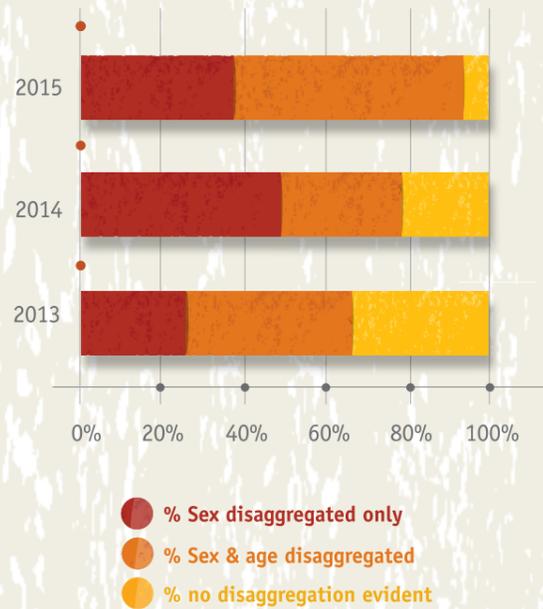
% of people reached by CARE in large-scale emergencies, by sex, 2013 to 2015



- % of women and girls reached
- % of men and boys reached



Emergency projects reporting degree of data disaggregation by sex and/or age by year.



Sex and Age Matter – Better understanding the impact of crises on women, girls, boys and men.

Gathering and analyzing Sex and Age Disaggregated Data (SADD) is critical to achieving gender equality in program design and implementation, and delivering outcomes that empower women and girls. Over the past three years, CARE has reduced the number of emergency projects without evidence of any degree of SADD from over one-third to fewer than 10%. This has helped CARE reach more women and girls, and better evaluate the impact of its emergency programs. Moving forward, providing a stronger analysis of specific vulnerability and impact of crises on women, girls, men and boys will remain critical to improving CARE's humanitarian action.

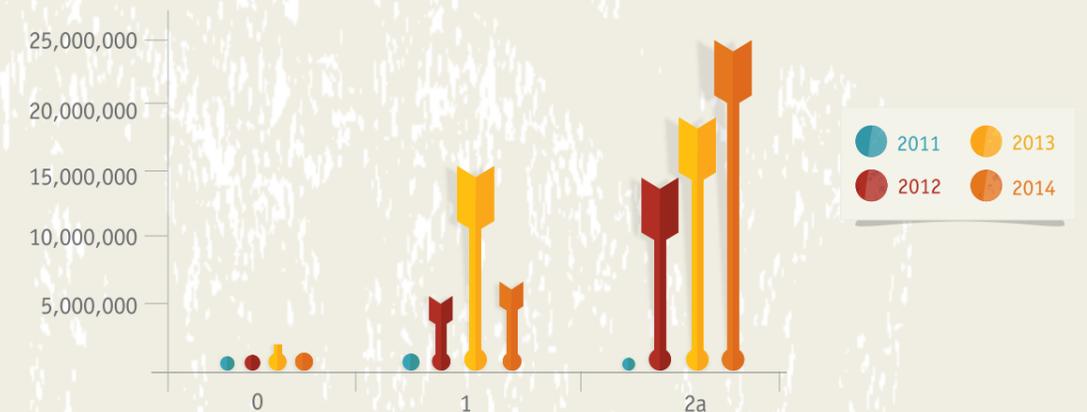
The use of CARE's gender marker contributes significantly to gender equality in crises

CARE's expanded gender marker is a core tool and key measure of accountability for its GiE approach. Following initial pilots in 2014, CARE is rolling out its use throughout its emergency responses and has set the marker score of 2a (projects designed to contribute significantly to gender equality) as the minimum standard for the organization and its partners. The gender marker has played a key role in strengthening the focus on gender in emergency work. Improving capacity and gender marker implementation is an investment priority for CARE. Since 2011 CARE has demonstrated a steady increase and trend towards achieving the 2a standard. In 2014, nearly \$25m in funding went to projects that had gender equality as a key component.

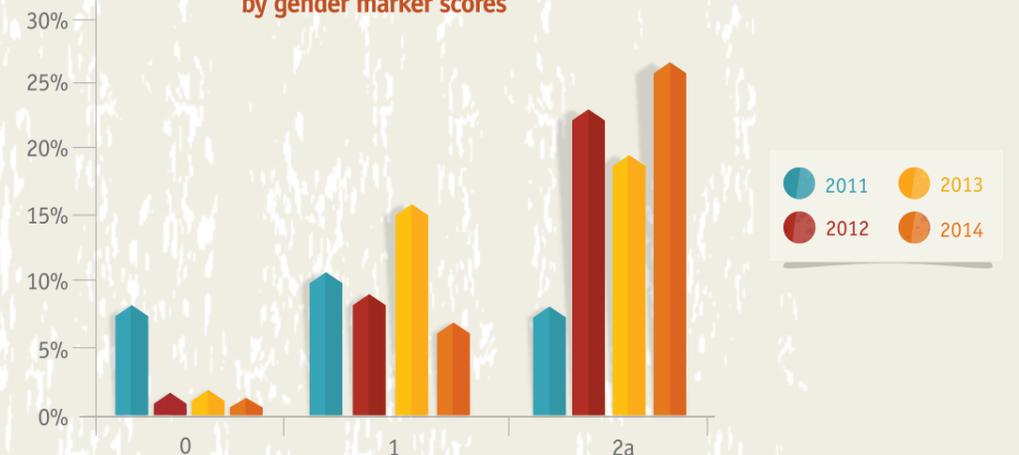


Francisco Perre, Leyte province, Philippines. © CARE/Tom Platzer

Project funding (USD) by CARE by gender marker scores



Percent of CARE project funding by gender marker scores



Gender Action Plans - Ensuring a consistent systematic approach.

Gender Actions Plans (GAPs) provide a systematic and consistent approach to ensuring CARE's response is gender sensitive from preparedness, to implementation and funding.

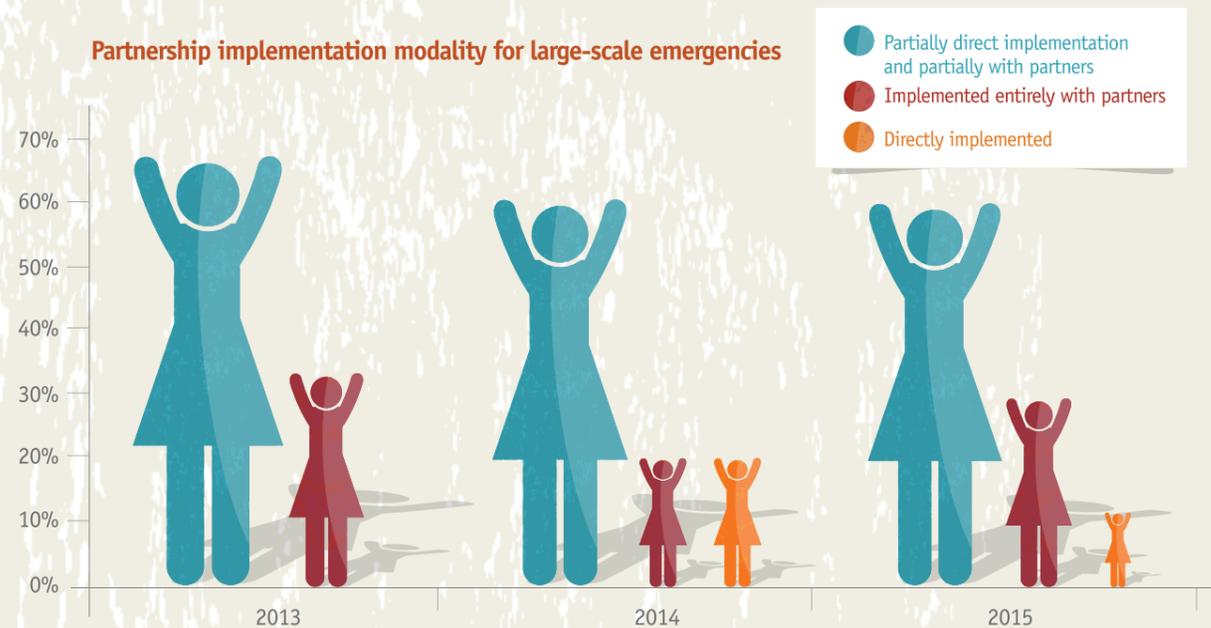
During the last 3 years, over 90% of emergency responses prepared GAPs during the disaster. 58% of implementers using GAPs report a significant enhancement in ability to deliver gender sensitive programming. Most reported GAPs as most effective when iterative.

CARE's objective is to develop for more GAPs prior to emergency responses as part of preparedness planning.

Proportion of large-scale emergencies with Gender Action Plans, 2013-2015

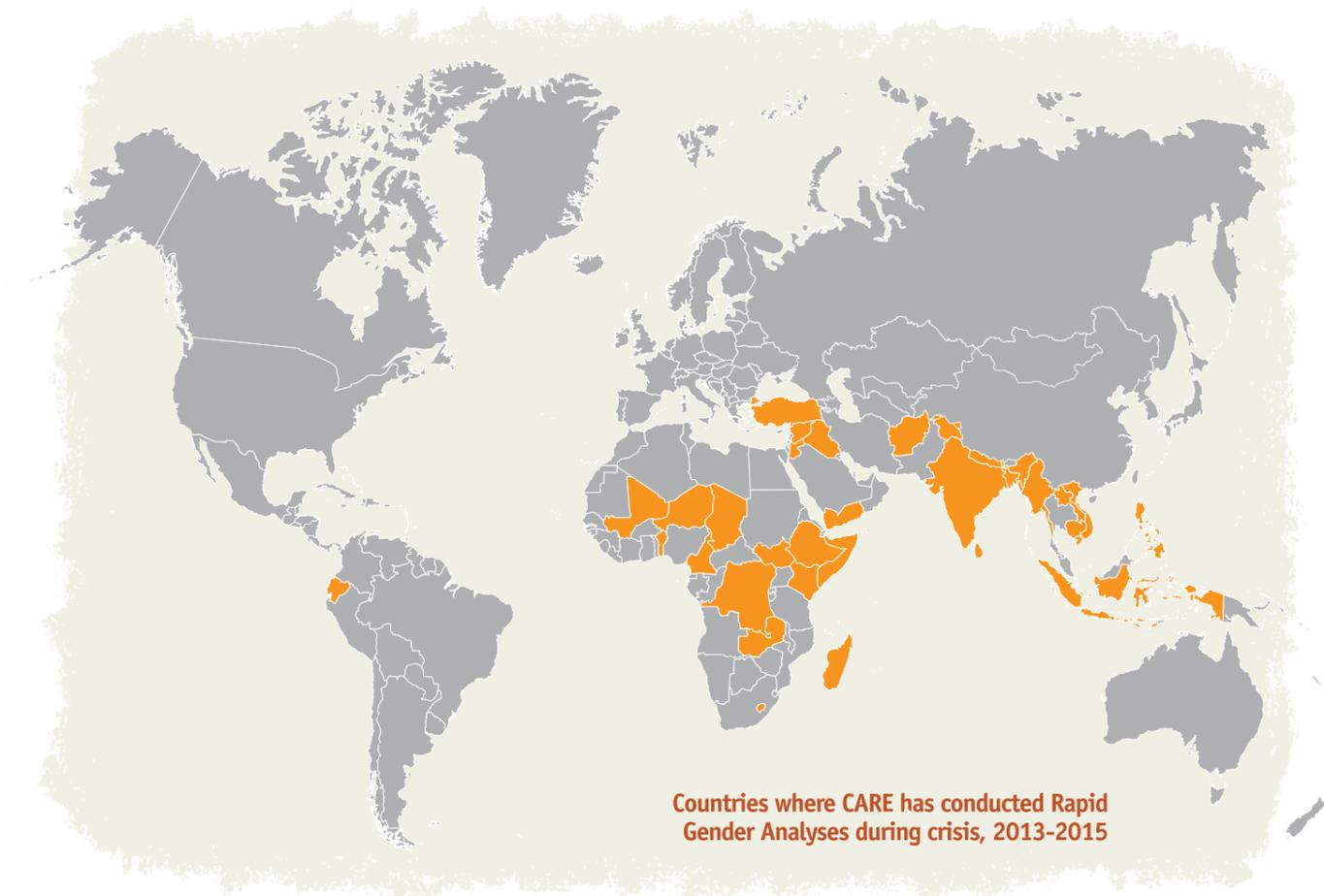


Partnership implementation modality for large-scale emergencies



Partnerships — Working with national civil society to strengthen local women's voice and decision-making in times of crisis

Working with local partners is not only a strategic approach for CARE to ensure sustainability and multiply impact, it is also critical to empower women and girls at local, national and global levels. Local NGOs partner with CARE in over 85% of all CARE emergency projects, around one-third of which are entirely implemented by CARE's local partners.



Countries where CARE has conducted Rapid Gender Analyses during crisis, 2013-2015

Rapid gender analyses — Gathering essential information about gender roles and responsibilities, capacities and vulnerabilities in times of crisis

CARE's rapid gender analyses are a critical aspect of being able to disaggregate information and design projects that meet the distinctive needs of women, girls, boys and men during crises. Conducted as part of initial emergency response assessments, these analyses strengthen the voice and inputs of women, girls, boys and men in affected communities to ensure that projects address their specific needs and strengthen their participation throughout implementation. Over the past three years CARE has conducted rapid gender analyses in emergency responses in 36 countries.



4
Stories of success
to inform and influence



Over the past five years CARE responded to nearly 90 disasters in more than 50 countries. This period also saw a significant increase in commitment and investments by CARE towards promoting gender equality in humanitarian programming and delivering on its objective of being a leading agency for reaching and empowering women and girls in crises. The following four case studies represent some of the many examples of CARE's work over the past five years responding to major disasters. They were selected to inform and influence CARE and its partners in the broader humanitarian community to further strengthen accountability towards women's leadership and participation in humanitarian action.

a. Empowering local women's groups to meaningfully participate in localized humanitarian actions

CARE's extensive experiences demonstrate that gender equality in humanitarian programming is best achieved, and often only achieved, if women actively participate and are empowered to decide how best to address their most urgent and future needs. This was clearly evident following Typhoon Haiyan, which in November 2013 struck the Philippines, affecting 16 million people, causing over 6,000 deaths, displacing 4.1 million people and damaging 1.1 million homes. Many people's homes, livelihoods and belongings were destroyed. CARE's raised almost \$30m to address the shelter, food security and livelihood needs of the 300,000 worst affected people.

Supporting nearly 17,000 households, CARE's shelter recovery program stands out in terms of not only having reached women, but also supported women to be the main participants with a strong voice in guiding the program, and empowered them in decisions about their homes in what would traditionally be the domain of men. The process began with community consultations, in which three-quarters of participants were women, and the creation of a selection committee responsible for informing and developing gender sensitive criteria for selecting beneficiaries. The committee, with a membership of 60% women, selected the households to receive shelter repair kits. Female-headed households, households with pregnant and

"The program was very effective in ensuring that women were prioritized as beneficiaries and participants."

"Sex-disaggregated data from distribution lists show the scale and evidence of support to women."

Mid-term evaluation of CARE's Typhoon Haiyan Response



lactating women, or many children, and the most vulnerable (elderly and disabled people, sick, indigenous people,) were selected.

“ *I am happy because I was able to orient the carpenters on how to do the ‘build back safer’ tips for my house. I felt like an engineer.* **”**

Female senior citizen, Philippines

As part of its gender action plan, throughout the process CARE ensured its and its partner’s teams were gender-balanced and included a female engineer, female M&E officer and a gender specialist. CARE’s analysis considered gender roles and confirmed that, although home building and repair is traditionally a male role, women were also actively involved providing inputs and support. Although CARE struggled to find female carpenters, it ensured that female community members (mobilizers) worked closely with male carpenters to ensure that women from beneficiary households were engaged in repair and reconstruction decision making and also to prioritize assistance to women and vulnerable groups. Local women reported feeling especially empowered by the build-back-safer tips and other information they were given on how to make their homes safer in the future, which they used to direct the carpenters.

Furthermore, by developing gender-sensitive, shelter information, education and communication materials, a gender dashboard as part of its M&E system, and a protection action plan as part of it overall response, CARE strengthened its accountability for ensuring that its and its partners work was gender and protection responsive.



Pastrana municipality, Leyte province, Philippines. © CARE/Anders Nordstoga

b. Increasing local resilience by integrating development and humanitarian efforts and promoting meaningful participation of women in DRR, resilience and emergency preparedness

Repeated droughts over the past ten years in the Sahel region (the semi-arid belt between the Sahara Desert and the high rainfall West African coast) has resulted in nearly 20 million people being highly vulnerable and facing chronic and at times severe food and nutrition insecurity. The resultant weakening of resilience capacity has made people less able to withstand even minor shocks, and short-term emergency interventions are having only a limited impact on reducing their vulnerability.

Throughout the Sahel women are more vulnerable and negatively impacted, due not only to the crisis itself, but to social-cultural practices and traditions that deny them control and rights over productive assets, restrict opportunities for generating income, and limit access to information and education. Therefore, across the Sahel, CARE is striving to integrate its long term and humanitarian programming through gender transformative approaches to increase resilience, defined by CARE as the capacity to avoid, absorb, adapt and recover from shocks and stresses.

CARE’s programming in Niger demonstrates the success of the integrated and gender empowering approach to improving resilience. Established in the early 1990s, CARE’s Village Savings and Loan Association (VSLA) program has played a critical role in strengthening the resilience of the predominantly female group members. VSLAs encourage women to form groups to save collectively, and through access to loans and entrepreneurial training strengthen and diversify their livelihoods.

Because of the disproportionate vulnerability of women and girls, CARE pays specific attention to strategies to empower them and fight gender injustice as a contribution to women’s resilience, and through them that of their families and beyond.

Building Resilience in the Sahel, 2013.



Niger. © CARE

In Niger, CARE has successfully integrated its VSLA approach into:



Community-based adaptation learning programming (ALP), which is supporting approaches and advocacy on climate change adaptation; and

Women's empowerment programs (WEP), which are supporting women's economic empowerment, decision-making and political influence.



Together these initiatives are giving women the capacity, confidence and collective strength to build their individual, household and community resilience.

“ In our community, the rate of malnourished children fell from 20% in non-VSLA households to none at all in VSLA families, who are much more resilient. This is mainly because women's capacity and solidarity has been strengthened. ”

VSLA member Tahoua, Niger

CARE's work on empowering women and building their resilience and that of their communities played a significant role in mitigating the impact of the 2011–2012 Sahel drought. In Niger the VSLA groups established by CARE formed part of an early warning system, which gathered relevant information that CARE and the groups used to strengthen preparedness for the impending drought. Research further indicated that in drought areas where CARE Niger had long-term development programming, women's resilience was strengthened through the accumulation of productive assets and food stocks, increased adaptive knowledge and strengthened solidarity. In new operational areas, this was not the case and CARE therefore introduced the VSLA initiative as part of its recovery programming in these areas.



Village of Danja in Eastern Niger. © CARE/Josh Estey

“ The Niger government offered to set up a grain bank in our village. The community talked and decided that VSLA groups should be in charge of them, since it is obvious that they have more management capacity than us men, and are better able to maintain social cohesion. ”

Village chief, Niger

The VSLA groups significantly empowered women, as their skills, self-reliance and success in making decisions and managing businesses are acknowledged throughout their communities to the extent that during the crisis these women were charged by community elders with leading food aid distribution due to their recognized fairness and leadership skills.

C. Strengthening accountability and the capacity of gender sensitive programming in emergencies through partnerships

“Women’s participation can only happen when we have greater trust, longer term associations, and open communication with the communities.”

Community informant –
July 2012 case study

Building strong and diverse partnerships is a key component of CARE’s overall program strategy and an explicit operational model within its humanitarian and emergency strategy. A majority of CARE’s emergency responses are implemented with local civil society partners, who play a key role in delivering gender sensitive programming and achieving gender equality outcomes. In Pakistan, partnerships with local civil society have been instrumental in supporting CARE’s capacity to respond to monsoon flooding that each year affects 3–5 million people. In 2010, the country experienced one of its most destructive floods, affecting 18 million people and damaging or destroying 12 million homes and 2.2m hectares of crops.

Household and community socio-cultural dynamics in several of CARE’s areas of response to the 2010 floods led to large challenges in reaching women and girls affected by the crisis. Religious and social practices associated with degrees of ‘purdah’ (separation and seclusion) constrain the ability of women and girls to participate and benefit from emergency responses. CARE partnered with 18 local NGOs, who played a major role in reaching vulnerable women and empowering them in affected communities and households.

The value of the local NGOs’ socio-cultural knowledge, established relationships and the presence, acceptance and understanding of key stakeholders and power dynamics was invaluable to CARE’s ability to operate and deliver urgently needed assistance. CARE’s partners were instrumental in helping women overcome the proof of identity barrier, which prevented them from accessing humanitarian assistance. Many affected women did not possess national identity cards as they had not been permitted to individually register (typically being included on their husbands’ or fathers’ cards) or allowed access to government offices to register due to socially imposed restrictions. Several of CARE’s partners, working with affected communities and local leaders, entered into agreements with the government to start issuing cards for women, while other partners negotiated the acceptance of witness statements as sufficient proof of identity for women without cards to access assistance. For many women this was the first time they had an officially recognized independent proof of identity.



Nullu, District, Lalitpur Country, Nepal. © CARE/Prashanth Vishwanathan

The partners also played a key role in strengthening accountability to beneficiaries and ensuring women participated in determining how best to address their needs. With the benefit of locally recruited female staff, often from the same clans as affected communities, partners were able to identify influential local women and establish and work with female committees to design and deliver assistance to women without interference or threats from men. To overcome male domination of complaint mechanisms and strengthen the voice of women to have their complaints heard, partners’ female staff conducted face-to-face complaint sessions for illiterate women, and simulation exercises at the community level to engage women, as well as promoting voluntary committees of men and women for handling complaints and reporting issues to the partners.

“Usually the men use the complaints mechanism; also many women remain unaware or unable and afraid to make use of their right to complain.”

Partner staff –
July 2012 case study

Throughout the response CARE invested significantly in building partners’ expertise on gender sensitive approaches and encouraging their recruitment of senior and technical female staff. Similarly the partners played a critical role in strengthening CARE’s capacity, as without its partners CARE would have struggled to reach many affected women and girls.



d. Advocacy to ensure the voices of conflict-affected women and girls are adequately channeled and influence conflict and peace-related policies and programs at national, regional and international levels

Now in its sixth year the Syrian civil war has resulted in at least 320,000 deaths, the internal displacement of 6.6 million people and the external displacement of another 4.6 million people who have sought safety and refuge in other countries. CARE has been responding since the start of the crisis, and is working with refugees throughout the region as well as those displaced and in urgent need of humanitarian assistance within Syria. In addition to providing gender-sensitive water and sanitation for health (WASH), shelter, livelihood and SHR support, CARE is also focusing on GBV and protection as key issues throughout its response.

Significant increases in GBV are common during times of crisis, with women and girls most vulnerable and severely affected. An estimated one in five refugees have experienced GBV including domestic violence, sexual exploitation and early marriage. Though addressing GBV during crises is a proven lifesaving intervention with long-term benefits, it is often poorly resourced and prioritized in emergency responses.

“ Girls are a burden; we cannot afford to feed all of them. To remove a burden on yourself, you can get a good man to protect and provide for her. ”

Child marriage study participant – CARE 2015

CARE’s work in Turkey on child marriage with refugees from Kobane, Syria is both gender transformative and lifesaving. Child marriage (formal marriages and informal unions before the age of 18) are life endangering leading to significantly higher rates of infant (as much as 50%) and maternal mortality, as well as long-term psychosocial trauma, and social damage to communities and households. There has been a reported doubling of child marriages during the Syrian crisis from a pre-crisis level of 12% (2011) to as high as 25% in 2013.

Addressing child marriages forced CARE to directly confront traditional socio-cultural practices by empowering women and girls and working with men and boys. Transforming the common opinion amongst Syrians that child marriage is intended for the protection and security of girls to one where it is life endangering and damaging required CARE to be innovative and bold.

Based on CARE’s global experience working on GBV, CARE’s Information Volunteers Program in Turkey encourages members of refugee communities to become champions on raising awareness on the negative impacts of child marriage, promoting referrals and access to psychosocial support for GBV survivors and organizing events that change opinions and practice towards child marriage. Cadres of information volunteers conduct house visits, peer-to-peer education sessions and group discussions on the health and psychosocial risks of childbirth to girls.

Community feedback indicates that the CARE Information Volunteers Program has successfully reduced the incidence of girl child marriages within refugee communities. Evaluators also found transformations in attitudes and opinions amongst the Syrian refugee population with women and girls having more forceful voices in stopping girl child marriages. CARE continues to expand its focus on GBV and child marriage throughout the region, sharing best practices and innovations. Globally CARE is increasing its commitment to placing GBV and protection programming as integral to its emergency preparation and response programming, with the same priority as all its life saving interventions.

“ We need to continue to work on this issue. If we remain as refugees for longer, there will be more and more children married – sometimes this is the only way to cope. ”

“ We left Kobane to protect our girls; we are not protecting them by marrying them. ”

Syrian Refugee - CARE Information Volunteer Program



Refugee children in Azraq camp. © CARE/Johanna Mitscherlich



5 What our partners think



“Not only does CARE have to train partners in gender in emergencies, but its own team. Emergency response plans need to be revised to fully incorporate gender. Gender needs to be analyzed and ‘translated’ for each context.”

“Advocating for a gender-sensitive emergency response is central. CARE could sometimes ‘push’ more for this.”

“It is critical for CARE to fully acknowledge that partner staff is independent and autonomous. Partners need to be consulted at all stages and the uniqueness of each partner needs to be recognized.”

“CARE should engage more with local partners and have more flexible budgets in contexts which are changing constantly. Financial processes need to be fast-tracked. Flexibility is central for a fast, relevant response.”

“CARE has been a great implementing partner for us, especially for responding to natural disasters.”

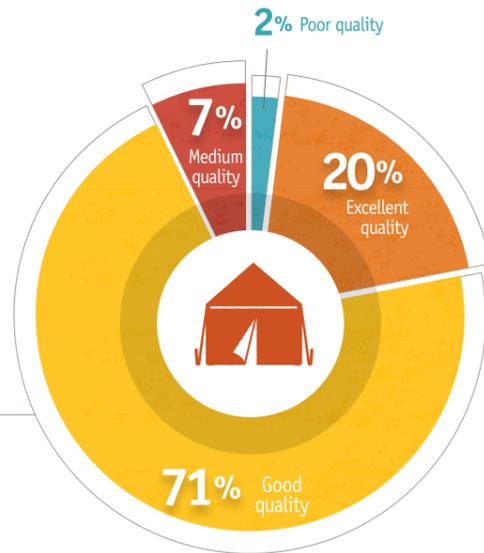
An online survey was carried out to assess how partners and allies view CARE’s humanitarian work and, in particular, the work of CARE in empowering women and girls in crises. A total of 44 of partners representing mainly international and national NGOs and government agencies, as well as several multilateral organizations and donor agencies responded to the survey. Over 70% of respondents indicated they worked with CARE as in implementing partner in one or more emergency responses.



Gaza. © CARE/Alison Baskerville

A total of 20% of respondents identified CARE programs as of excellent quality, while another 70% said they were of good quality. A majority of respondents went on to describe CARE programs as relevant or very relevant to the context in which they operated. Responding to the question about CARE's results, more than half said that humanitarian programs had a significant impact. However, nearly 40% said CARE had "medium results" and that CARE needed to engage more in advocacy to achieve greater impact.

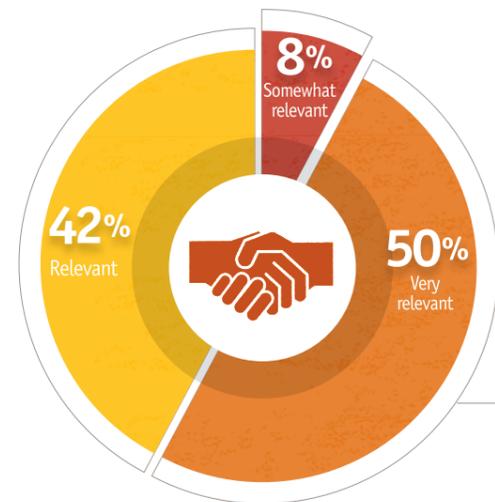
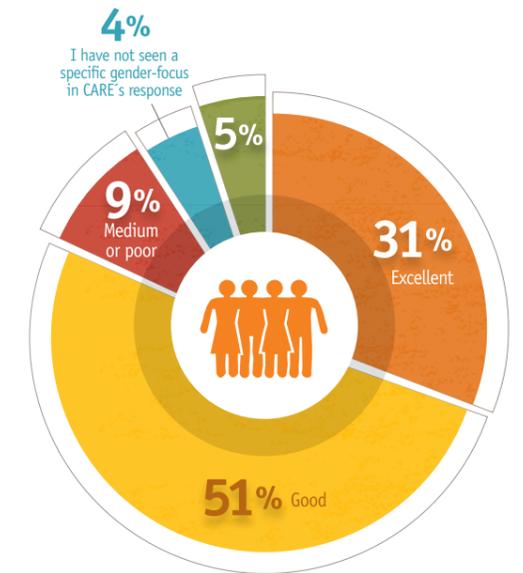
Based on the humanitarian work of CARE that you know, would you say that its response is of excellent, good, medium or poor quality?



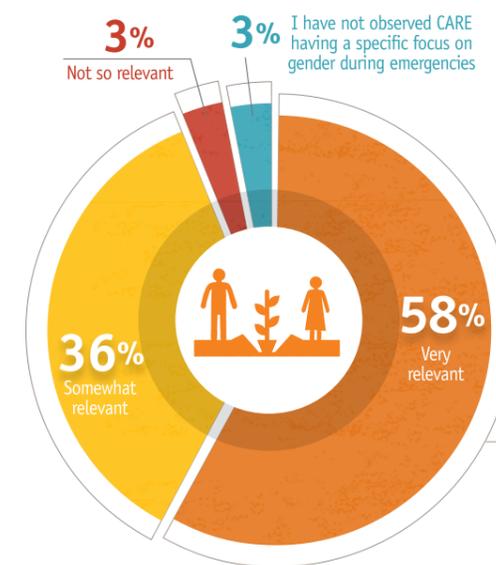
Several questions of the survey focused on gender in emergencies and CARE's capacity to work toward women's empowerment in contexts of crises. About one-third of partners thought that CARE's programming to ensure gender equality during emergencies was excellent, and another half of said it was good. The majority of partners also indicated that CARE's gender in emergency programs were relevant for their country and contexts.

When asked to assess whether CARE's humanitarian programs had a positive change on women and girls in emergencies, 36% indicated that they had significant impact and half of respondents chose 'moderate' impact.

Is the quality of CARE's programming to ensure gender equality and gender sensitivity during emergencies excellent, good, medium or poor?

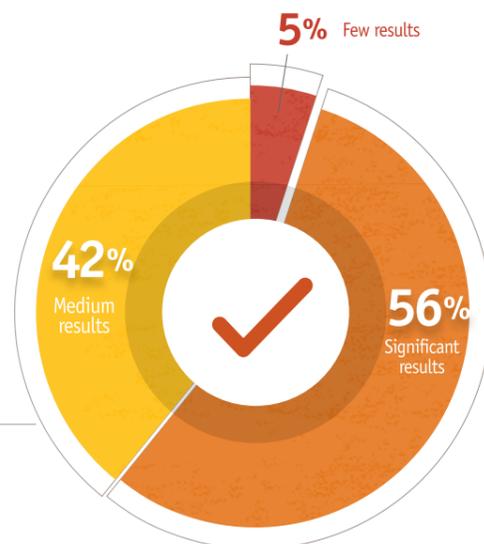


How would you rate the relevance of CARE's emergency and humanitarian response?

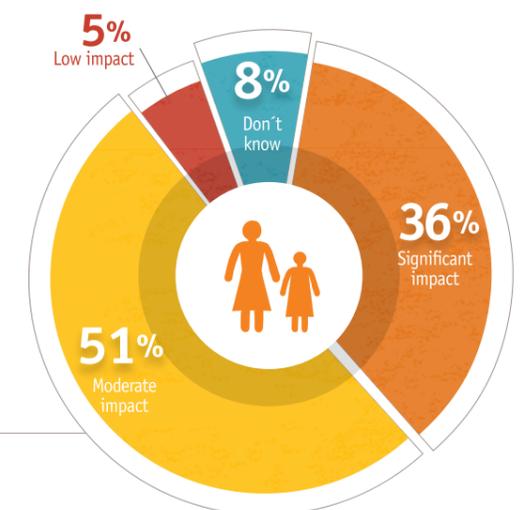


Is CARE's programming to ensure gender equality and gender sensitivity during emergencies relevant for your country and crisis context or not?

Would you say that CARE achieves significant, medium or few results in this humanitarian work?



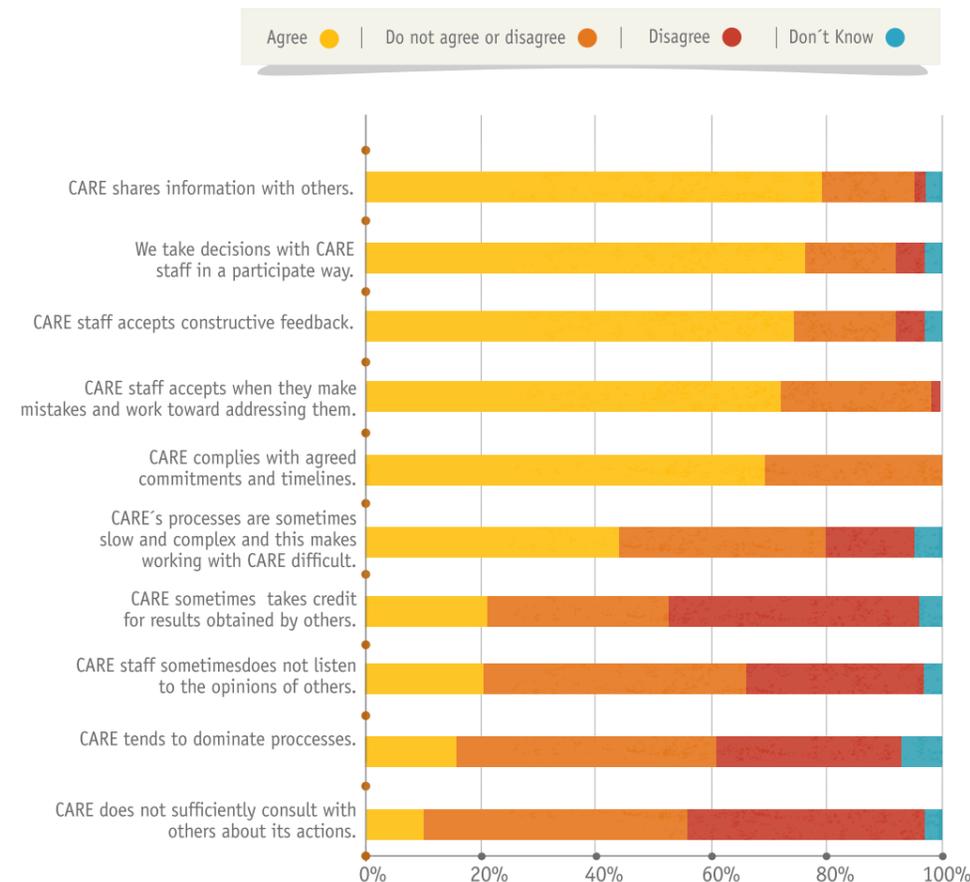
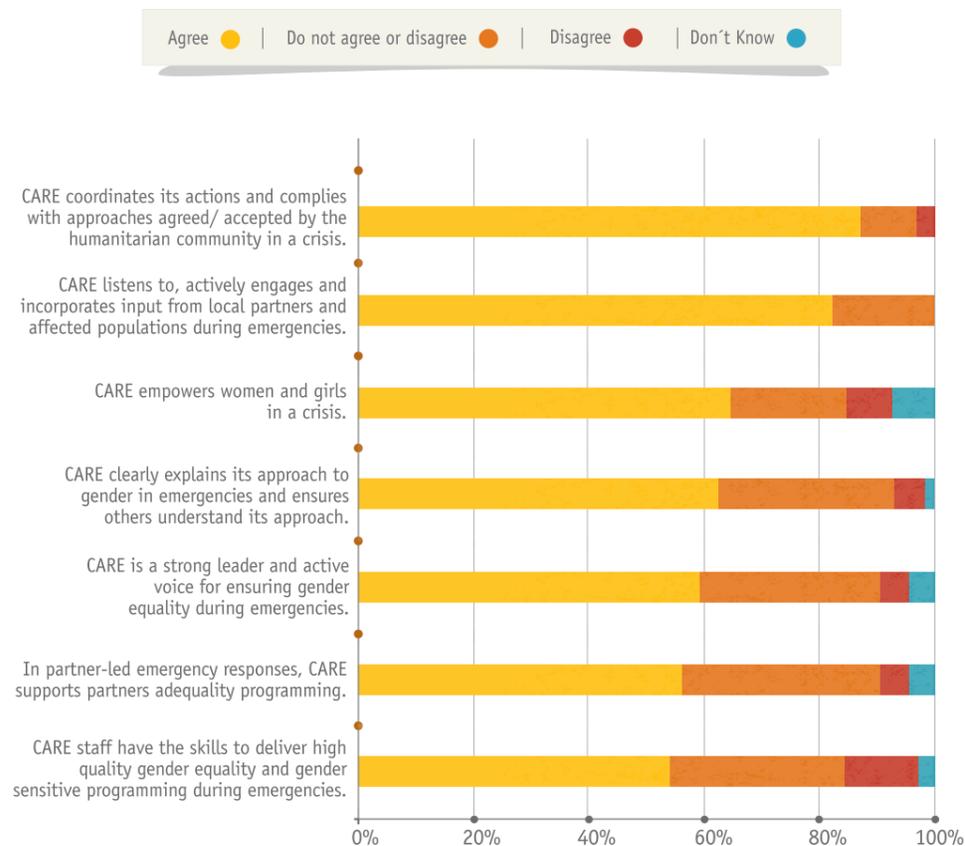
Do CARE's humanitarian programs have a significant, moderate or low positive change (impact) on women and girls in emergencies?





South Sudan. © CARE/Josh Estey

Several statements, with which partners indicated their level of agreement, also helped to assess the extent to which CARE coordinated with partners and worked toward the empowerment of women and girls in humanitarian contexts. The vast majority of respondents agreed that CARE coordinates its actions and complies with approaches set by the humanitarian community in a crisis. They also agreed that CARE listens to and actively engages with partners and affected populations. Close to 60% of responses indicated that CARE is a strong leader in gender equality during emergencies.



The survey included a list of statements about the way CARE works with partners and respondents were asked to indicate whether they agreed or disagreed. While partners valued CARE's open communication and participative approach, a relatively large proportion agreed with the statement that 'CARE's processes are sometimes slow and complex and this makes working with CARE difficult'.





6 What's next for CARE and its partners? Learning and recommendations

This report has given a brief overview of CARE's progress on empowering women and girls affected by crisis and ensuring that gender equality is a focus and is integrated throughout its humanitarian programming. The evidence is clear from CARE's significant investment in GiE tools and approaches over the past few years that the overall effectiveness of humanitarian outcomes and the ability to reach the most vulnerable during crises demands an approach and commitment that guarantees gender equality as an integral part of emergency work.

The compilation of this report has revealed a number of important lessons for CARE to improve its programming and accountability towards gender equality in emergency preparedness and response work. This report has also reaffirmed CARE's key recommendations for the humanitarian community towards guaranteeing women's participation and leadership in humanitarian action and protection, which CARE believes is vital for improving the effectiveness and relevance of the global humanitarian system. The following lessons and recommendations stand out.

1) Improving SADD and making GiE tools and approaches 'non-negotiable'.

CARE's gender in emergencies approach and strategy is relatively new. Scaling up of related tools and trainings started only over the past few years. Nevertheless, as the data in Chapter 3 illustrates there are significant positive trends in applying gender sensitive tools and approaches with regards to transforming CARE's humanitarian programming. Notably CARE's response to recent major crises like Typhoon Haiyan and the Syria conflict present strong examples of its success in achieving gender transformative outcomes through the application of GiE tools and approaches. Similarly over this same period CARE's has established itself as a leading voice within the humanitarian community in evolving and strengthening the Gender Marker globally.

At the same time putting together this report highlighted weaknesses in terms of a systematic and consistent approach as well as accountability towards gathering sex and age-disaggregated data. These findings are consistent with those of other global reports. For instance, CARE's rapid gender analysis enables the analysis of impacts based on a stronger understanding of vulnerabilities. However, inconsistent levels of rigor in data collection weakens the organization's evidence and potential to understand and tell the full story on the differential impact of crises on women and girls.

Since CARE has rightfully based its humanitarian strategy on, and committed to developing its capacity to globally lead and respond on gender equality in humanitarian programming, addressing limitations related to dealing with the inherent complexity of gathering sex and age related vulnerability and crisis impact data in an emergency setting will remain crucial. Establishing a minimum set of key sex and age disaggregated



crisis impact data gathered consistently and systematically across all emergency types and supported with training and technical advice should be a starting point for CARE.

Mandating minimum gender in emergencies standards and the application of tools and approaches has played a significant role in CARE's successes over the past few years. CARE should continue to pursue a non-negotiable approach towards ensuring that at a minimum its humanitarian programs: achieves gender marker scores associated with contributing significantly to gender equality, and have gender action plans and gender briefs in place prior to crises as a key component of emergency preparedness.



Democratic Republic of Congo. © CARE/Jake Lyell

2) Ensuring explicit investments to empowering women in humanitarian action.

Crises can be transformative with respect to empowering women by giving them a voice and role that was previously denied or traditionally dominated by men (as the highlighted cases demonstrate), be it being involved in making decisions on building back safer, or determining those most vulnerable and in need of assistance, or changing harmful social-cultural paradigms of protection. CARE's success in achieving transformative outcomes during its humanitarian programming is associated with taking an explicit approach to empowering women by building capacity, confidence and community acceptance around targeted gender equality humanitarian outcomes. The reported cases provide informative examples in which CARE invested significantly in: robust gender analysis (that provides an understanding of power dynamics and risks), engaging gender expertise, gender sensitive complaint response mechanisms, and in long-term commitments (often linking to development and recovery work) to reach gender transformative results. Achieving gender equality in emergency programming demands project budgets that reflect sufficient investments aimed at explicitly empowering women to achieve and sustain transformative outcomes. This entails appropriately resourcing: of transformative activities, for gender balanced staffing, in capacity building, in community/participant accountability tools, and for gender sensitive operations, M & E and analysis.

3) Applying lessons from CARE's GiE work to longer term resilience programming.

Since most recent crises have been recurrent or prolonged, there are considerable opportunities to take a long-term approach to humanitarian responses and address the vulnerabilities that determine the severity and variance of impact on women, girls, boys and men. The case of CARE's work in the Sahel provides strong evidence of the benefits of long-term interventions, such as those that economically empower women, in not only mitigating the impact of crises but also transforming women into leaders in responding to crises. CARE has similar success stories from its work in the Horn of Africa where empowering women has built their resilience to and strengthened their voice during crises. Although not the norm yet, CARE has increasingly invested in building resilience as a core part of its emergency recovery programming, and resilience to crisis as a component of its long-term development work.

CARE needs to ensure that the focus, successes and lessons to date from its gender in emergencies work cross over into longer-term resilience work to sustainably reduce the vulnerability of women and girls. The mandatory requirement of tools and approaches, minimum standards and investment in expertise that gender in emergencies has embraced are equally critical for ensuring high quality resilience programming in the future.



South Sudan. © CARE/Josh Estey

4) Mutually building capacities with partners.

CARE also recognizes partnerships as key to long-term solutions for ensuring gender equality in emergency preparedness and response, and in building resilience. As the Pakistan case demonstrates, local partners bring a unique capacity and legitimacy to reach the most vulnerable and to navigate local power relations and institutional structures for achieving gender equality. CARE's approach towards working in partnership should mutually (versus top-down) build competencies and accountabilities so both CARE and its partners build their capacities for reaching and empowering women and girls in humanitarian crises, as well as empowering partners to lead and provide long term solutions to reducing vulnerability.

Five years ago the 2011 Humanitarian Response Index noted that gender remained a low priority within the humanitarian community resulting in inappropriate and at times dangerous responses for women and girls²⁸. The last five years have seen an increase in prioritization, commitment and investment on tools, approaches and capacity development to address this failing. Yet, as UN Women reported in 2015, the humanitarian system still has a considerable way to go to fulfil agreements and responsibilities for gender equality in humanitarian programming, and to address effectiveness and efficiency in programming to achieve sustainable outcomes and overcome gender inequality²⁹.

The humanitarian communities political will, and its stakeholders' personal commitments and peer accountability remain fundamental to achieving gender equality in humanitarian action. Failing to do this will mean that humanitarian actors will fall short in fulfilling the humanitarian principles and mandate that largely defines their missions, and women and girls, who are most vulnerable in crisis, will be 'left behind'.



Dadaab, Kenya. © CARE/Sabine Wilke

References

- 14, 16, 20** ALNAP (2015). *The State of the Humanitarian System (2015)*. <http://www.alnap.org/what-we-do/effectiveness/sohs>
- 12** ALNAP (2008). *Re-thinking the Impact of Humanitarian Aid: Background Paper for the 24th ALNAP Biannual*. <http://www.alnap.org/resource/5080>
- 5** DFID (2013). *Women, Girls and Disasters: A Review for DFID*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236656/women-girls-disasters.pdf
- 28** DARA (2011). *2011 Humanitarian Response Index: Addressing the Gender Challenge*. <http://daraint.org/humanitarian-response-index/humanitarian-response-index-2011/>
- 7,24** Feinstein (2011). *Sex and Age Matter in Humanitarian Response. Research Commissioned by CARE and UNOCHA*. <http://fic.tufts.edu/publication-item/sex-and-age-matter/>
- 9** IASC (2015). *Gender Marker Report, 2013-2014*. <https://www.humanitarianresponse.info/system/files/documents/files/Gender%20Marker%20Report%202013-2014.pdf>
- 10** IASC (2015). *Gender Equality in the 2015 Strategic Response Plan*. https://interagencystandingcommittee.org/system/files/gender_equality_in_the_2015_strategic_response_plan_october_2015.pdf
- 2, 3, 4** IUCN (2009). *Disaster and Gender Statistics*. https://cmsdata.iucn.org/downloads/disaster_and_gender_statistics.pdf
- 17, 22, 23** OCHA (2016). *Leaving No One Behind: Humanitarian Effectiveness in the Age of the Sustainable Development Goals*. http://reliefweb.int/sites/reliefweb.int/files/resources/HESStudy_20151109_Small.pdf
- 11, 19, 25** OCHA (2015). *World Humanitarian Data and Trends, 2015*. https://docs.unocha.org/sites/dms/Documents/WHDT2015_2Dec.pdf
- 13,27** ODI HPG (2004). *Measuring the Impact of Humanitarian Aid: A Review of Current Practice*. <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/281.pdf>
- 1, 6** Neumayer, Eric and Thomas Plümpert (2007). *The Gendered Nature of Natural Disasters: The Impact of Catastrophic Events on the Gender Gap in Life Expectancy, 1981–2002*. <http://www.lse.ac.uk/geographyAndEnvironment/whosWho/profiles/neumayer/pdf/Disastersarticle.pdf>
- 18, 21, 26** UN General Assembly (2016). *One Humanity: Shared Responsibility: Report of the Secretary-General for the World Humanitarian Summit*. <http://sgreport.worldhumanitariansummit.org>
- 8, 15, 29** UN Women (2015). *The Effect of Gender Equality Programming on Humanitarian Outcomes*. <http://www.unwomen.org/en/digital-library/publications/2015/7/the-effect-of-gender-equality-programming-on-humanitarian-outcomes#view>

In addition, the following CARE documents were reviewed for this report: *CARE International Gender in Emergencies Guidance Notes; Gender Briefs (Ethiopia, Turkey); CI Humanitarian and Emergency Strategy; CARE 2020 Program Strategy; CI Gender Policy and FAQ; CIGN Explanatory Note on CARE's Gender Focus; CARE paper Gender in Emergencies WHS position; Gender In Emergencies Sub-Strategy; WHS Policy Brief Gender in Emergencies; Gender Marker Pilot Report; Gender Action Plan Review; and Case Studies Book*. Data for the graphs in chapter 3 were compiled by CEG based on reports, situation reports and PIIRs data, the CARE Gender Marker Pilot Review Findings and Recommendations April 2015, and various CARE GAP and RGA analysis. The case studies are based on numerous project evaluations and studies of the respective emergencies. All documents are available through CARE at CEG@careinternational.org

Methodology

This impact report is based on a review of reports and evaluations of emergency responses from 2011 to 2015. A total of 87 emergencies over 50 countries constituted the broad data set used to evaluate CARE's overall commitment to its gender in emergencies tools and approaches. This data was further correlated with information collected through CARE's Project/Program Information and Impact Reporting System (PIIRS).

The significant variation in reporting format and period, and data availability placed limitations on the degree and consistency of analysis across data sets. For the analysis in Chapter 3 due to these limitations predominantly data from type 2-4 emergencies over the past three years were used and mainly those that had situation reports and reporting to the CARE International Emergency Group (due to the receipt of central emergency funding). Where data is presented relative to CARE's fiscal year (FY), it covers the period of July to June (i.e. FY15 is from July 1st, 2015 to June 30th 2016).

A shortlist of the most illustrative examples of CARE's work that demonstrate significant positive changes on empowering women and girls during crisis situations were selected and reviewed by CARE's humanitarian and non-humanitarian experts. These cases are intended to draw out key lessons to support and improve CARE's work on gender in emergencies, and to inform and influence stakeholders within the humanitarian system.

An online survey of partners (representing donors, government officials, international and local NGOs, community organizations, multilaterals) was conducted in confidentiality and completed by 44 respondents. The findings presented in Chapter 6 provide an invaluable external perception of CARE's work and accountability toward gender equality during times of crisis.

Credits

Report writing: Waleed Rauf

Data collection and analysis: Alessandra Brovelli, Ximena Echeverria, Uwe Korus, Julianne Piper, Isadora Quay, Waleed Rauf, Losane Retta and Sofia Sprechmann

Review of documentation and report: Jasveen Ahluwalia, Uwe Korus, Howard Mollet, Isadora Quay, Losane Retta, Sofia Sprechmann, Laura Taylor and Heather Van Sice

Design: Fernanda Mena, Zonacuario

Photo credits: Alison Baskerville (page 35), Lucy Beck (page 11), Sam Bolitho (page 40), Josh Estey (page 11, 12, 29, 34, 28, 43 and back-cover), Umar Farooq (page 31), Thana Farooq (cover, page 10, 14 and 19), Jake Lyell (page 13, 29, and 42), Evelyn Hockstein (page 18), Johanna Mitscherlich (page 6, 24 and 33), Anders Nordstoga (page 16 and 26), Tom Perry (page 41), Tom Platzer (page 20 and 27), Prashanth Vishwanathan (page 31), Sabine Wilke (page 3, 21 and 44).

Our offices and contacts

CARE International Secretariat:

Chemin de Balexert 7-9
1219 Chatelaine, Geneva
Switzerland

Tel: +41 22 795 10 20
Fax: +41 22 795 10 29
cisecretariat@careinternational.org
www.care-international.org

CARE International Members:

CARE Australia
www.care.org.au

CARE Canada
www.care.ca

CARE Danmark
www.care.dk

**CARE Deutschland-
Luxemburg**
www.care.de

CARE France
www.carefrance.org

CARE India
www.careindia.org

CARE International Japan
www.careintjp.org

CARE Nederland
www.carenederland.org

CARE Norge
www.care.no

CARE Österreich
www.care.at

CARE Peru
www.careenperu.org

Raks Thai Foundation
www.raksthai.org

CARE International UK
www.careinternational.org.uk

CARE USA
www.care.org



care®