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HUMANITARIAN STRATEGY

Executive Summary

As we embark on our 10-year strategy, **humanitarian need is at unprecedented levels** with 270 million people estimated to be hungry, and 72 million people displaced – the highest figure on record. For the first time in a generation, extreme poverty is increasing, and climate change, conflict, and COVID-19 and its secondary impacts further threaten development gains made in recent decades.

CARE is **committed to the humanitarian principles**, needs-based gender-responsive and transformative programming, and the contribution that humanitarian action makes towards achieving the Sustainable Development Goals (SDGs). **Local-leadership and a more equitable humanitarian system are critical to delivering on our goal**. Decolonized humanitarian action, equitable partnership, and embracing of feminist principles are essential to CARE's efforts to **address power imbalances and inequalities in our own organization, the communities we work in, and the wider humanitarian sector**.

CARE and partners will prepare for and respond rapidly and at scale to sudden onset natural disasters, protracted and complex crises (as well as shocks within them), and public health emergencies. Our programming will be safe, conflict-sensitive, high quality, gender-responsive, intersectional, inclusive, and **increasingly locally-led, locally-tailored, and globally-connected**. CARE and partner programming will provide immediate life-saving assistance, dignity, and protection. Our focus will include preparedness, life-saving emergency response and protection in **Food and Livelihood Security, Shelter, SRHR, and WASH**. We will implement through appropriate modalities, including **market-based programming** and the use of **Cash and Voucher Assistance (CVA)**.

CARE's **Gender in Emergencies** (GiE) approach is central to our response and provides a lens for all our humanitarian work, ensuring alignment with CARE's Gender Equality Framework: building agency, transforming structures, and changing relations. CARE uses its GiE approach to understand the different

needs, capacities, and vulnerabilities of people of all genders in all their diversity through Rapid Gender Analysis (RGA), and to implement practical gender-informed humanitarian programming. In addition to using a **gender lens in all multi-sectoral and sectoral response programming**, CARE and partners will maintain a **specific focus on gender-transformative work designed to accompany the broader response programming**. This includes commitment to ensuring the prevention, mitigation and **response to gender-based violence (GBV) and protection needs**; addressing the specific gaps on women and girls' meaningful participation in decision-making through gender-transformative initiatives like **Women Lead in Emergencies** (WLiE); and GBV, VSLA, and Education programming across the Triple Nexus to achieve gender-transformative change at scale.

We will deploy and link our **advocacy from local to global levels** in support of our humanitarian programming and our ambitions to contribute to transforming the wider humanitarian sector towards a system that is more agile, prepared for and responsive to humanitarian crisis, gender-inclusive, locally-led, and accountable.

We anticipate a budget of at least $450M per year will be required to meet our annual humanitarian impact goal of 10% of people affected by major crises, where CARE and partners work.

This impact will only be achieved if we continue to evolve our ways of working. The next 10 years will be characterized by uncertainty and profound changes in the way CARE and partners work to adapt to an ever-changing context. This will require adequate resourcing of **emergency preparedness**; **access to flexible, multi-year funding for gender-responsive and transformative humanitarian programming**, including advocacy; and investment in working across the Humanitarian, Development, and Peace Nexus, to enable effective and timely transition between interventions in response to contextual shifts. **Flexible emergency funding**, e.g., the CI Emergency Response Fund (CI ERF), needs to grow to enable CARE and partners to respond immediately to shocks, and to leverage other funding resources. Committing to equitable partnership also requires CARE to advocate with donors for **fair coverage of partners' core costs**. Identifying and leveraging our added value in a decolonized aid system will also mean a shift in resources and a need to reflect upon, and recalibrate, our measures of success to address tensions between financial growth and direct access to donor funding for partners. In a time of increasingly stretched resources and a distracted media, we need to invest in our capacity to support people affected by crises to tell their story with dignity.

Our strategic ambitions require **experienced and well-trained CARE and partner staff available where and when they are needed most** – across all disciplines, and from country programs to regional and global levels. There are urgent asks to **increase capacity in GiE/GBViE** for global coordination and technical support in countries and regions. More **agile, flexible, efficient program support** structures, systems and processes are needed to support our program and partnership aspirations. Consistent, long-term **resourcing of safeguarding policies**, systems, processes, and staffing is required so that CARE and partners can continue to fulfil our commitments to protection from sexual harassment, exploitation, and abuse. We must invest further in dedicated HR capacity for, and effective, gender-sensitive, preventive and responsive approaches to, both physical safety and security, and mental health for CARE and partners. **CARE's culture and systems must continue to adapt to support and reinforce equitable partnerships including a shift in power and a strengthened, networked approach**. Further investment in digital technology will be required to ensure CARE and partner humanitarian programming is efficient, effective and reaching those most in need. Increased investment is needed in monitoring, evaluation, accountability, knowledge management and learning to facilitate faster, more insightful analysis of program data for evidence-driven program design and advocacy, and enable CARE and partners to continually learn, adapt, and scale.

Rationale

CARE is a dual-mandated organization: with partners, we deliver, adapt and incrementally combine life-saving humanitarian assistance and development support for innovative programming at scale, particularly in fragile and complex contexts. The Humanitarian Impact Area Strategy outlines CARE's aspirations to

contribute to realizing SDG 1, 3, 5, 10 and 11[1] as well as to CARE's Vision 2030 – **CARE and our partners support 200 million people from the most vulnerable and excluded communities to overcome poverty and social injustice.** CARE's approach to saving lives, to protecting people's dignity, and to placing gender equality at the center of our approach and anticipated impact is enshrined in International Humanitarian Law, humanitarian principles, the protection of civilians and displaced populations (including International Refugee Law, and Guiding Principles for Internally Displaced Populations) as expressed in the Core Humanitarian Standard. We refer to women's human rights articulated in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Beijing Platform for Action, and reinforced in resolutions adopted by the UN Security Council for Women, Peace, and Security (UNSCR 1325, 1820, etc.) as the fundamental international laws guiding our work. At a more operational level, we influence and adhere to all relevant Inter Agency Standing Committee (IASC) guidelines and policies (e.g., IASC gender policy, gender-accountability framework, GBV Accountability Framework, Common Preparedness, and Coordination frameworks), and pursue our commitment to decolonizing aid and equitable partnership (Charter for Change and Agenda for Humanity (Grand Bargain)).

Context Analysis

The last decade has seen an increased need for humanitarian action due to **disasters, conflict and protracted crises**, and **public health emergencies driven and/or exacerbated by climate change and political crises**. Associated **displacement** and **denial of human rights** combined with shifting priorities of public actors and reduced global solidarity further contribute to unprecedented unmet humanitarian needs which will likely be exacerbated in the years to 2030.

Humanitarian need has grown exponentially in 2020, exacerbated by COVID-19[2]. For almost 25 years, extreme poverty has been steadily declining. For the first time in a generation, this decline has suffered a significant setback. While violent conflicts and climate change have been threatening poverty reduction for years, COVID-19 is reversing development gains and highlighting deep inequalities. The COVID-19 pandemic could drastically increase the number of people living in extreme poverty from between 88 and 115 million to the new range of between 119 and 124 million[3] according to recent figures from the World Bank. The 2021 Global Humanitarian Overview reports **235 million people in need of humanitarian assistance**[4] by the end of 2020, the number of acutely food insecure people was predicted to reach 270 million by WFP. The COVID-19 pandemic has had a devastating impact on global food security, with 130 million potentially facing famine (including in *South Sudan, Yemen, north-east Nigeria, and Burkina Faso)* according to the latest figures from WFP. The secondary impacts of the pandemic and climate change are seriously affecting food systems worldwide.

The last decade saw the highest-ever number of people internally displaced by conflict and violence, with many locked in a state of protracted displacement. According to UNHCR, there are an **estimated 45.7 million IDPs**, and the **number of refugees has more than doubled to 26 million**.[5] Displaced populations' (refugees, IDPs, migrants, stateless) rights and protection of civilian populations are under increased threat. Women and girls' and LGBTQI+ people's rights continue to be particularly at risk, only exacerbated by increased risks associated with COVID-19 related movement restrictions and subsequent reductions in available services and service providers.

Women and girls are disproportionately affected by crisis but typically left out of coordination and planning mechanisms[6] despite the fact **that women are key frontline responders**. Furthermore, humanitarian responses can inadvertently cause harm, increase risks and reinforce gender inequality if

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[1] In many humanitarian responses we focus on and often combine interventions that more specifically contribute to SDG 2, 3, 6, (maybe 4, 7, 16, & 17). SDG 13 may be contributed to via early action and preparedness.
[2] COVID-19 GHRP progress report, OCHA Nov-20
[3] https://www.theguardian.com/global-development/2021/feb/03/decades-of-progress-on-extreme-poverty-now-in-reverse-due-to-covid
[4] Felt by SCHR to be an underestimate
[5] UNCHR, Figures at a glance, June 2020,
[6] 'Who holds the microphone?' UNWOMEN

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needs and capacities of people of all genders are not appropriately considered.

Our strategy recognizes that **gender inequality is a key predictor of the occurrence and recurrence of large humanitarian crises**, as people in countries with weak human rights standards and patriarchal societies are more likely to experience violence and armed conflict.

The October 2020, Inter-Agency Humanitarian Evaluation of Gender Equality and the Empowerment of Women and Girls concludes that there remains a **lack of a systematic and consistent approach to gender in emergencies in humanitarian contexts**. This combined with the lack of systematic gender action means that **the different needs of women, men, boys and girls remain poorly understood and often unaddressed amongst competing priorities**.

> *'In response to growing and evolving humanitarian needs, social movements, and the increasing funding gap, the* **formal humanitarian sector has been changing and there is increased recognition of the need for reform**. *While some of these changes have been around for years and continue today, including the push for locally-led response, "shifting the power", integration of humanitarian and development efforts, climate change, and increasing evidence-based aid, others have emerged relatively recently.* **Efforts to decolonize aid[1] and increase focus on anti-racism work and diversity and inclusion all have profound implications for the humanitarian sector.** *INGOs in particular are being asked to look internally at how they live the values that they espouse externally, such as justice, equity, and non-discrimination.' [1]*

The nationalism and protectionism trends, combined with the global economic crisis also referred to as "the Great Reversal"[7] brought about by the COVID-19 pandemic, is fuelling a concerning trend of reduced humanitarian and development funding, despite ever increasing humanitarian needs. Recent announcements from donors, like the UK government[8], raise concerns about global solidarity and a reliance on the traditional institutional funding relationships that have sustained the humanitarian system for decades.

CARE's Added-Value

CARE's focus on gender equality and our commitment to women and girls across the Humanitarian, Development, and Peace Nexus (HDPN or Triple Nexus) is core to who we are. CARE accompanies people of all genders during crisis, supporting them to recover from crisis with increased resilience to future shocks and to build back better. This has earned us a solid reputation as a **leading humanitarian responder and advocate on gender equality and women and girls' rights in emergencies**.

The size and diversity of our global humanitarian portfolio, increasingly co-designed and led with our national/local partners, including women's organizations on the frontlines, is a significant asset given the scale of today's humanitarian needs and skyrocketing protection concerns, including GBV- and conflict-related sexual violence. Our existing presence, partnerships, ability to rapidly mobilize funding through our internal Emergency Response Fund (ERF) and a range of donors allow us **to deploy and respond quickly to rapid onset emergencies**. At the same time, our dual development and humanitarian mandate and presence in most Fragile and Conflict Affected (FCA) settings, including in the most insecure and hard to reach locations, allow us and our partners to **support crisis-affected individuals in protracted situations** across the Triple Nexus. CARE and our partners are able to leverage our expertise and adapt our experience from more typical development models such as Climate Change and Resilience, Inclusive Governance and Peace Building, Women's Economic Justice, etc. **to build resilience and contribute to more durable solutions in gender-responsive / transformative ways**.

CARE has a **diverse range of partners in the Global South and North**. These partnerships are essential to creating the conditions to realize our organizational commitment to **redistributing power and to working toward greater local and women's leadership in response and within the humanitarian system**.

Our ability to **design, pilot, adapt, and scale up models, approaches and tools that promote gender**

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[7] Mark Lowcock speech of 2021 GHNO launch
[8] https://commonslibrary.parliament.uk/spending-review-reducing-the-aid-commitment/

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equality, many of which have been adopted by other key humanitarian stakeholders, continues to make a considerable contribution to the global humanitarian community. In particular, CARE's **GiE approach**, including CARE's **RGA** and our **WLiE** model, responds to a key gap in the humanitarian system. Our RGA methodology has been adopted by the humanitarian sector (IASC Gender Handbook) and is recognized by the UN as a cutting-edge approach to ensure a more gender adequate[9] response. It has resulted in a significant increase in the availability of gender analysis for emergencies.[10] CARE and our partners will continue to play a critical role to ensure that, at a minimum, interventions are aligned with the **Minimum Commitments to Gender, Diversity, and Inclusion** and **GBV-sector-specific guidance, particularly in our core sectors of interventions (food and livelihood security, shelter, SRHR, and WASH)**, but our unique value lies in delivering gender-transformative interventions, building on our social and gender norms change body of work, including (WLiE, Engaging Men and Boys in Emergencies (EMBiE), GBViE, etc.). Specifically, on GBViE, CARE has established itself as a global advocacy leader, taking active part in key fora (GBV Area of Responsibility, GBV CVA, etc.).
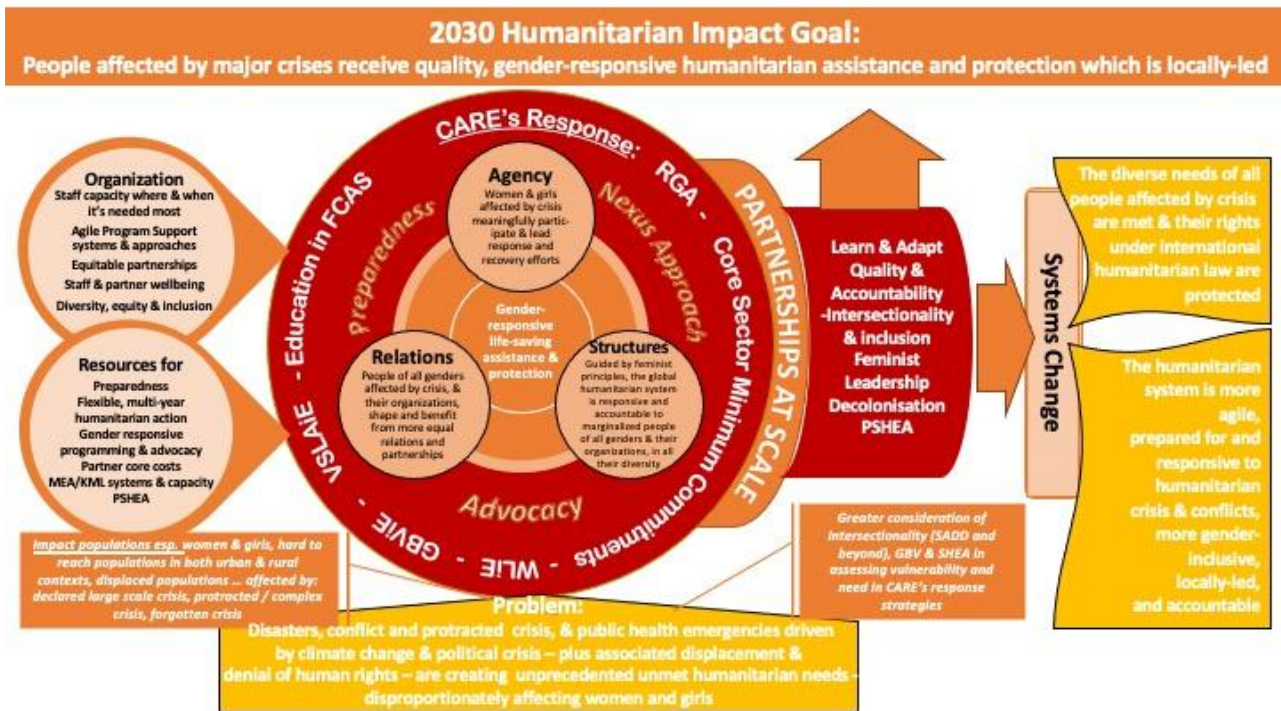
Our CVA work supports a truly gender-transformative approach to emergencies. As co-lead of the gender and cash sub-workstream of the Grand Bargain Cash Workstream and as a member of the Collaborative Cash Delivery Network (CCD), CARE has **demonstrated leadership in integrating gender and GBV into CVA**. CARE has a unique opportunity to capitalize on this leadership role to further scale up the use of gender-responsive CVA and explore how CVA can adapt to a safety net modality. Our **expertise and large-scale experience with Village Savings and Loans Associations (VSLAs)**, including the more recent adaptation of the model to the humanitarian context (VSLAiE approach), if combined with cash, are a unique value proposition for a combined financial and protection platform at scale that supports women's leadership and contributes to life-saving response.

CARE's gender expertise and demonstrated experience advancing gender equality across the Triple Nexus adds significant value to the humanitarian advocacy community at all levels. Few INGOs are able to speak with the same level of authority and evidence to most key humanitarian policy issues with a **consistent gender lens and focus on women and girls' rights**, as CARE does. Our legitimacy as an advocate for a gendered humanitarian response is firmly embedded in our **partnerships**, and our **ability to convene and connect our partners in strategic humanitarian spaces** and across the Triple Nexus. Though our practice does not yet entirely reflect our vision for equitable partnerships and our commitment to feminist principles, the growing Confederation-wide **political will to redistribute power inside CARE and with our partners**, and prioritize progress over our own comfort in conversations on discrimination and racism, will add significant value to our advocacy on localization and decolonizing aid, particularly with a commitment to humbly share lessons learnt, progress, and challenges from our own organizational transformation.

The Theory of Change

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[9] We recognize that, during the first days immediately following a disaster, the response cannot be gender-transformative, but it needs to always at least be gender-responsive. We also recognize that emergencies very quickly offer opportunities to change social and gender norms and will therefore advocate for gradually adopting a more gender-transformative response in core sectors. In protracted crisis, gender-transformative responses should be the norm.

[10] CARE's online RGA training has been running since 2015 and has reached more than 800 people, across 60 countries and 50 agencies.

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2030 Humanitarian Impact Goal:
People affected by major crises receive quality, gender-responsive humanitarian assistance and protection which is locally-led

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Impact Goal: 10% of people affected by major crises receive quality, **gender-responsive** humanitarian assistance and protection which is **locally-led**.

Objectives

People of all genders affected by crisis:

- **Safely access and use humanitarian assistance** provided by CARE and partners that is in line with agreed standards of gender responsiveness, and technical quality, to **save and protect lives** especially of the most vulnerable.

- In CARE (or partner) presence areas are **satisfied** with adequacy (composition, quality, quantity, timing, and ability to safely access) of **humanitarian assistance** provided by CARE and partners.

CARE and partner programming and advocacy will influence change in the wider humanitarian system with the following objectives:

- The diverse **needs** of all people affected by crisis are **met and their rights under international humanitarian law are protected**.

- The humanitarian system is more **agile, prepared for, and responsive** to humanitarian crisis and conflicts, **more gender-inclusive, locally-led, and accountable**.

CARE and partners will respond at scale through safe, high quality, gender responsive, humanitarian programming that provides immediate[11] **life-saving assistance, dignity, and protection**, and is increasingly locally-led and locally-tailored. Our focus will include life-saving emergency response and protection in **Food and Livelihood Security, Shelter, SRHR, and WASH**. We commit to responding through appropriate

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[11] Immediate – within 72 hours for sudden on-set crises and/or peaks in protracted crises.

modalities, including market-based programming and the use of cash.

The **GiE Approach** provides a gender lens for all CARE's humanitarian work. It is underpinned by the key concepts of CARE's Gender Equality Framework – building agency, transforming structures, and changing relations. To achieve our intended impact, we must ensure that:

- **Agency:** Women and girls affected by crisis meaningfully participate and lead response and recovery efforts.

- **Relations:** People of all genders, and their organizations, shape and benefit from more equal relations and partnerships.[12]

- **Structures:** Guided by feminist principles, the global humanitarian system is responsive and accountable to marginalized people of all genders, and their organizations, in all their diversity.

CARE uses its GiE approach to understand the different needs, capacities, and vulnerabilities of people of all genders in all their diversity through **RGA**, and to provide practical gender-informed humanitarian programming. In addition, to using a **gender lens in all multi-sectoral and sectoral response programming**, CARE and partners will maintain a specific focus on gender-transformative work designed to accompany the broader response programming.

- CARE and partners are committed to ensuring the prevention, mitigation, and response to **GBV** and **protection** needs.

- CARE and partners will address the specific gaps on women and girls' meaningful participation in decision-making through gender-transformative initiatives like **WLiE**.

- CARE and partners will work across the Triple Nexus prioritizing gender-transformative approaches within **GBV, VSLA, and Education** programming.

CARE and partners will emphasize emergency **preparedness** and anticipatory humanitarian action to include early warning and early action, building resilience, and durable solutions, particularly in protracted crisis. Operationalizing the **Triple Nexus** will help ensure that **CARE and partners have the right programming and capacity in the right context and can quickly and effectively shift between interventions**. We will deploy and link our **advocacy**[13] **from local to global levels** in support of our humanitarian programming and our ambitions to contribute to transforming the wider humanitarian sector.

Decolonized humanitarian action and equitable partnership are central to CARE's efforts to address power imbalances in our own organization and the wider humanitarian sector. We will embrace **feminist principles**[14] and promote and support **feminist leadership** inside CARE and in the wider humanitarian community. We will work with youth-led/women-led/women's rights organizations, and those working to address inequality and injustice, respecting humanitarian principles.

This effort will be complemented and reinforced by:

- Robust monitoring, evaluation, accountability, and learning (MEAL), complemented by targeted research, to facilitate **evidence-based program design, adaptive management**, program quality, and data-driven advocacy.

- **Internal and system wide mechanisms of accountability** against CARE's values and sector wide laws, principles, and standards.

- **Anti-racism action, feminist leadership, diversity and inclusion, and protection from sexual**

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[12] The logic extends to the idea that more equal relations and partnerships supports more peaceful societies.

[13] CARE's advocacy priorities are described in brief starting on page 13 with additional detail coming in the annex: Humanitarian Advocacy Strategy.

[14] Adapted from https://www.feministcovidresponse.com/principles/ – responses must center the well-being of all people in an intersectional manner, ensure the health and safety of all, including ensuring sexual and reproductive health and rights, promote a comprehensive paradigm shift, relying on adequate and equitable financing, be based on and strengthen democratic values, be a down payment on a just and equitable transition towards an equal and healthy planet, be guided by cooperation, multilateralism, and global justice.

harassment, exploitation, and abuse (PSHEA) in the humanitarian sector.

- **An intersectional and inclusive approach** to GiE by appropriately considering other forms of diversity and discrimination, e.g., based on age, disability, race, ethnicity, sexual orientation, status (refugee, IDP, migrant, stateless), to most effectively meet the needs, and support the capacities, of people of all genders affected by crisis.

CARE Focus

Impact populations: CARE and partners will base our response on the **humanitarian principles** of humanity, impartiality, independence, and neutrality. CARE will rely on evidence from **RGA** and **participatory, joint multi-sectoral needs assessment** to ensure that our humanitarian work is needs-based and takes an intersectional approach to serve the most vulnerable or at risk within a specific context, (e.g., women and adolescent girls, hard to reach populations in urban, rural and camp contexts, refugee and displaced populations). CARE and partners will

- Support and complement the wider efforts under **UN Humanitarian Response Plans** (HRPs). CARE is committed to ensure that HRPs adequately consider gender and intersectionality.[15]
- Respond to **protracted and complex crises** (as well as shocks within these crises)
- Prepare for and respond to **rapid on-set natural disasters** and **public health emergencies.**
- Draw attention to **forgotten and low-attention emergencies** and mobilize resources for adequate responses to unrecognized humanitarian and protection needs.

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Results & Measurable Indicators

The annual impact goal target is **10% of people affected by major crises,** in countries where CARE and partners work, mainly as defined by HRPs/RRPs/flash appeals. Humanitarian needs can vary significantly from year-to-year so the actual number of people targeted will shift over the life of the strategy – which aims to achieve impact for at least 50 million people. The contribution of other Impact Areas to the humanitarian targets will shape the three-year target, as well as the specific contribution of the Humanitarian Impact Area to the Gender Justice target of 50 million people by 2030.

The top humanitarian outcome **indicators**[16] that are part of the Vision 2030 MEAL framework and aligned with the three pillars of the GEF include,

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[15] **Intersectionality** refers to how gender inequality intersects or overlaps with other forms of discrimination and oppression such as race, ethnicity, class, caste, sexual orientation, gender identity, religion, etc. Gender is therefore differently experienced for people in these difference categories.

[16] Data collection for all indicators referring to impact populations or participants is expected to follow CARE's MEAL standards regarding ethical and responsible data collection and disaggregation by sex, age (SADD), and other relevant elements of intersectionality.

- # and % people (SADD+) satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance and/or protection services provided by CARE and partners.
- # and % people (as % of People in Need where applicable) who obtained (directly/indirectly) humanitarian support and/or protection services provided by/with support from CARE and partners in line with global standards of lifesaving & quality assistance.
- # and % of people whose humanitarian and protection needs (esp. GBV, SHEA, civic rights, livelihood, access to basic services) have been addressed/covered/reduced as a result of CARE and partners' influencing of humanitarian systems, structures and programs (ref: HRPs where appropriate and available).
- # women (through women led organizations or women rights organizations) represented and actively participating in humanitarian decisions, leadership, and coordination.

The impact goal can only be achieved if CARE and partners contribute significantly to **systems change underpinned by the key concepts of CARE's Gender Equality Framework** and that reflect the **shift in power to local organizations and to people, in particular women, affected by crises**. Therefore, we will also measure **outcomes of CARE and partner advocacy** and the **quality and equity of our partnerships**.

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Gender Equality at the Heart: Pathways to Impact

CARE's **GiE approach** is underpinned by the key concepts of CARE's Gender Equality Framework: building agency, transforming structures, and changing relations. CARE's **GiE approach** forms the **main impact pathways** to delivering on CARE's Impact Goal and comprises of the following areas:

<u>RGA</u> will continue to help CARE and the sector to understand the different needs of people of all genders, ages, and abilities. The analysis from RGAs will be used to inform program design, implementation, and monitoring. CARE will continue to **localize resources and foster local expertise to conduct RGA**. This will include supporting future online RGA training, linkages between RGA practitioners around the world, and maintaining RGA technical advisory capacity. Systems level work will continue with partners to ensure that RGA is available as **standard practice to inform humanitarian**. CARE will continue to invest in **technology to improve the data quality and availability of sex and age disaggregated data**. Future work will include tracking the impact of RGAs on operations and response for CARE and for the sector.

<u>WLiE</u> will become a standard part of CARE and partner's humanitarian response. There is a planned expansion of WLiE programming to cover all regions and over-time become a **critical part of all of CARE's humanitarian programming**. The findings from the multi-country evaluation will be used to inform future programming and to secure additional funding. It will be a **key part of the advocacy agenda around the need for women's voice and leadership,** working closely with women-led and women's rights organizations.

> CARE is aligning its shelter work with the WLiE steps of: *1. Reflect, 2. Analyse, 3. Co-create 4. Act and 5. Learn,* including adapting tools. WLiE engages with existing women's groups in a pre-crisis setting, increasing women's participation in decision making in their community. Activities vary from literacy classes to infrastructure improvements and can be seen to directly influence the strengthening of women's voices and the increase of their agency when it comes to shaping how shelter support is delivered. By building on WLiE as the foundation for a gender-transformative shelter response, CARE could lead the way for the Global Shelter Cluster with 'Women Lead in Shelter Self-Recovery'.

Gender-responsive and transformative locally-led and locally-tailored response and protection at scale: Food and Livelihood Security, Shelter, SRHR, and WASH programming that strongly integrates gender will remain essential to advancing work on gender equality at scale. CARE will continue to work to shift power, decision-making, and direct access to funding, to **locally-led response and to support solutions that are locally-tailored**. All sectors will continue and scale-up their work: i) with the use of **RGA** to identify critical risks, needs, vulnerabilities, and capacities that must be addressed/utilized to improve sectoral outcomes; ii) **minimum commitments to Gender, Diversity, and Inclusion**; iii) to ensure **protection, including GBV risk mitigation and from SEA,** is prioritized across all programming; and iv) to adapt the **WLiE** approach for each sector. There will be deliberate work to look at the critical importance of **education** (formal and informal) within each sector, and the role it plays in protection and in supporting gender-responsive and transformative outcomes.

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Food and Livelihood Security (FLS): CARE and partner programming will **improve access to food and livelihood assistance** for the most vulnerable people of all genders and prioritize immediate life-saving and early recovery activities. CARE and partners will focus on **food assistance,** inclusive of the use of gender-sensitive **cash and voucher assistance** where appropriate, to prevent loss of life. **Livelihood activities** will be introduced as early as possible**.** The choice of livelihood activities will be based on rapid gender analysis and participatory needs assessment. Major activities will include **agricultural** (seeds and tools), and **economic** (business, savings (VSLAs), wage labour, and life-based skills for employment support) activities that consider the unique needs and risks of people of all genders. Livelihood recovery activities will also include **strengthening of markets** applying the market-based approach.

Health: CARE and partners will work to i) enhance **preparedness** efforts on SRHR and Public Health in Emergencies (PHE) through capacity strengthening of governments, local partners and other humanitarian actors; ii) enable **agile, rights-based, people-centered, gender-sensitive emergency response efforts guided by the MISP** for SRH in crisis-settings; iii) support community-based **RCCE** approaches that increase access to critical information, combat rumors and stigma, and address barriers to continued access to essential services; iv) support transition to **comprehensive SRHR services in FCAS** by **strengthening government health systems** that have been weakened by crisis; v) support **locally-led** efforts to amplify voices, enhance accountability and **shift power** and resources to leaders, particularly women and adolescent girls; and vi) enhance GBV integration, including clinical response to rape.

Shelter: Restoring housing improves physical and mental health, reduces risks and improves safety, provides protection from exploitation, and empowers people to provide for themselves through livelihood activities. Supporting vulnerable people **to recover adequate, safe and dignified housing after disaster** will remain central to CARE's work. CARE and partner shelter programming will focus on **community-led, self-recovery processes**. Rebuilding better, safer homes to reducing vulnerability and increasing long-term resilience to future shocks is vital. A **holistic, multi-sectoral and integrated approach to shelter programming** will result in more durable and suitable homes that respond appropriately to the local context and actively mitigate certain GBV risks. This can be achieved in many ways; through direct construction, by providing CVA and/or NFIs items, by supporting incomes and livelihoods, by giving people access to secure tenure and ownership rights, and technical assistance and training.

WASH: CARE and partner's Emergency WASH programming will provide critical **life-saving support** across all humanitarian contexts. By 2030 CARE's **gender in WASH approach** will be the standard across CARE WASH programs and will deliver evidence-based results of impact on gender equality, GBV risks and other vulnerabilities. The most effective, impactful WASH is planned and implemented locally. RCCE and work on technical and quality standards for hardware design will continue to be key priorities. WASH has an important role in reducing the disproportionate impact that climate change has on the most vulnerable disaster-affected communities; **adaptation and resilience** will be standard features of WASH design and community mobilization. Gender-responsive WASH is also critical for increasing resilience to epidemics and diseases. A high proportion of global WASH need is in protracted crises, and CARE and partners bring added value with our collaborative approach between emergency and development WASH, with complementary strengths in **response, preparedness and WASH governance**.

CARE and partners are committed to the use of **market-based approaches**—addressing both supply and

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demand—especially in fragile contexts. **CVA**[17] is a core component of CARE's humanitarian and, increasingly also, our development work. Gender-responsive CVA, when feasible, appropriate, and safe will be used to support humanitarian outcomes, including specific sector outcomes. CARE and partners are using CVA modalities for FLS, WASH, shelter, education, general protection, and multipurpose cash transfers that meet a range of needs. CARE will intentionally expand the use of CVA in GBV case management and SRHR. CARE adheres to best practice in market-based recovery (e.g., the Sphere Minimum Standards for Economic Recovery).

VSLAiE: CARE and partners will expand work to engage and support the formation and growth of VSLAs. We will test and scale a VSLAiE model, aiming to both better engage existing groups as informants and central actors in guiding CARE's humanitarian action and supporting new group formation to empower affected populations to recover from crisis. **Integrating VSLAs, CVA, and gender-transformative approaches**, will support people to better react to, respond to, and recover from crisis. **GBV-risk mitigation** will be incorporated within all VSLAiE programming.

Market-based approaches, particularly CVA approaches, are dependent on market conditions which cannot always be met. In these cases, CARE and partners need to be able to procure, transport, and distribute appropriate commodities essential for saving lives. **Logistics and Supply Chain** capacity needs to be sustained and grown in CARE and partners to support humanitarian response.

Preparedness, the Triple Nexus, and Advocacy

Preparedness

With partners, CARE will ensure preparedness and an ability to adapt our programming to quickly respond to humanitarian needs. CARE will work to have the **right programming and capacity in the right context that we can quickly and effectively shift to provide a rapid humanitarian response when required**. To do so, we must emphasize early warning/early action, reducing risk and building resilience, and durable solutions within all our programming. Our **emergency preparedness and planning process must become a priority and be further strengthened to institutionalize working with national and local strategic partners to both mitigate the effects of crises and improve the speed and quality of response**.

Anticipatory action in CARE's approach means emphasizing the importance of holistic, upstream **prevention efforts going beyond the frequent focus on protection**. CARE recognizes the increased risks of conflict and violence at multiple levels due to the growing pressures on social relations especially by protracted crisis and conflicts. Building collective social capital and facilitating social cohesion for greater resilience to shocks will therefore be critical aspects of CARE's humanitarian strategy.

The Humanitarian, Development, & Peace (the Triple) Nexus

As a dual-mandate organization, we embrace the Triple Nexus – reducing demand for humanitarian assistance by addressing its root causes which lie in poverty, inequality, climate change, poor governance, and denial of human rights. We will prepare and adapt our development programs and partnerships to support humanitarian outcomes that contribute to gender equality.

Gender Programming in the Nexus will help CARE and partners to achieve gender-transformative change at scale. The three areas of focus: **GBV, VSLA, Education**. CARE and partners will invest in adapting these approaches to rapid and slow-onset emergencies. **GBV prevention and mitigation** work in emergencies, including integration across sectors as well as ensuring that all staff and partners can safely and appropriately respond to GBV disclosures, will draw on evidenced-based GBViE and GBV development work and align with global best practice. **VSLAs** are first responders, offer community and household safety nets, serve as change agents, and powerful vehicles for women's leadership as well as build social cohesion. They need to be taken to scale in crisis settings as part of CARE and partner's multi-sectoral response.

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[17] CVA is programming where individuals, households, or communities receive money either in place of or in addition to in-kind goods or services. This allows crisis-affected people to fulfil their needs in a more dignified manner, while contributing to the local economy. Whatever the modality or mechanism, the transfer distributed allows people access to the products, medicines, food, or services they need.

Finally, CARE has world-class and rigorously-evaluated work on **Education** in FCAS. This needs to be adapted and expanded throughout our multi-sectoral response. This will involve looking at how our education work currently supports preparedness and response to crisis, offers opportunities for women and girls to lead, and engages boys and young men as part of the wider affected community.

Advocacy

To support the objectives of the strategy, our advocacy will be delineated along two main, mutually reinforcing objectives, as follows:

> **The diverse needs of all people affected by crisis are met and their rights under international humanitarian law are protected.**

CARE and partners will advocate for **increased funding to HRPs/RRPs for large-scale and protracted crisis** (e.g., currently Yemen, Syria, Rohingya/Venezuela refugee crises, DRC, and Sahel). Given how disproportionately women and girls continue to be affected by crisis[18] (increase in GBV, drop in access to SRH services, hunger and famine[19]), combined with the gap between women and girls' needs and **funding for Gender Equality and the Empowerment of Women and Girls (GEEWG)**[20,21,22], CARE will specifically advocate for funding for GEEWG in these crisis, including for GBViE, SRHRiE, gender-"adequate"[23] protection, shelter, WASH, livelihood, food and nutrition assistance (e.g., VSLAiE, CVA), and education.

Needs cannot be met without humanitarian access and if civilian populations' right to protection, under international humanitarian law (IHL) and International Refugee Law (IRL), are not upheld. Prompted by the escalation of conflicts,[24] coupled with the almost systematic violation of IHL, CARE has the ambition of stepping up its advocacy on **protection of conflict-affected populations in priority geographies and specific crisis.** Given our gender and GBV expertise, CARE can add significant value to the international protection and humanitarian community on this increasingly important dimension of our work.

Ranging from Counterterror regulations and sanctions to direct attacks on humanitarian workers, **access issues** are growing in number and complexity, regularly reaching red lines and testing humanitarians' ability to continuously adapt delivery modalities. CARE and partners will continue advocacy efforts to **maintain principled humanitarian access generally and specific to protecting humanitarian workers.** We will also link advocacy on principled humanitarian access to localization to ensure risks are not simply transferred to national and local actors and they are fully knowledgeable of their responsibilities and obligations under IHL.

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[18] See CARE's numerous reports and policy briefs highlighting the gendered dimensions and impacts of COVID-19: https://reliefweb.int/report/world/global-rapid-gender-analysis-covid-19, https://reliefweb.int/report/world/gender-implications-covid-19-outbreaks-development-and-humanitarian-settings, https://care.org/news-and-stories/news/she-told-us-so/, Girl-Driven Change: Addressing the Needs of Adolescent Girls During COVID-19 and Beyond.

[19] https://care.org/news-and-stories/press-releases/conflict-and-covid-19-push-millions-to-brink-of-famine/. https://reliefweb.int/report/world/policy-report-left-out-and-left-behind-ignoring-women-will-prevent-us-solving-hunger.

[20] https://reliefweb.int/report/afghanistan/closing-funding-gap-women-focused-organizations-responding-covid-19-asia-and

[21] Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming.

[22] Inter-Agency Humanitarian Evaluation (IAHE) of Gender Equality and the Empowerment of Women and Girls.

[23] We recognize that, during the first days immediately following a disaster, the response cannot be gender-transformative, but it needs to always at least be gender-responsive. We also recognize that emergencies very quickly offer opportunities to change social and gender norms and will therefore advocate for gradually adopting a more gender-transformative response in core sectors. In protracted crisis, gender-transformative responses should be the norm.

[24] In 2020, more than 30 violent armed conflicts are raging across the world – from Syria to South Sudan, from Nagorno-Karabakh to the Philippines (IISS, 2020).

> **The humanitarian system is more agile, prepared for and responsive to humanitarian crisis and conflicts, more gender-inclusive, locally-led, and accountable.**

CARE and partners will significantly scale-up and deliberately link advocacy efforts on three distinct but mutually reinforcing advocacy streams. i) CARE and partners will continue to prioritize advocacy on **women's meaningful and direct participation in humanitarian, conflict, peace and recovery coordination and decision-making bodies at all levels**. This includes women's individual and collective participation through scaling-up tested models (e.g., WLiE, VSLAiE). This will include work to address barriers to their participation as well as CARE ceding space. ii) Continued advocacy on **gender-transformative localization and equitable humanitarian partnerships** will help create enabling conditions for women's direct and meaningful participation and for funding for GEEWG (under the first objective). This implies advocacy for a redistribution of power towards local actors, prioritizing women's organizations, calling for recognition of their role, expertise, and legitimacy and **for substantial quality funding** to enable them to lead humanitarian efforts, deliver on their mission and invest in their longer-term institutional development. iii) CARE and partners (where relevant) will leverage our dual mandate, our multi-sector approach and presence in Fragile and Conflict Affected (FCA) settings to add our voice to advocacy on **operationalization of the Triple Nexus** as a fundamental approach to bridge the growing gap between humanitarian needs and funding. This will include calling for: i) expanding **the financing base,** including asking development donors to contribute to collective outcomes[25] to prevent and recover from crisis, while asking all donors to finance **durable solutions** for protracted crisis, conflict and forced displacement situations; and ii) greater **agility** and **efficiency** through continued advocacy on harmonization and simplification of donor and UN agencies' funding mechanisms and processes.

Women, Peace, and Security (WPS): Given the large number of FCA contexts where CARE and partners work, our advocacy on participation and leadership, on gender-transformative responses, on GBV, protection and operationalization of the Triple Nexus will often be done under the umbrella of the **WPS normative framework** given its unique binding character to hold actors and States accountable.

CARE will co-design and leverage the "**She Leads in Crisis**" (SLIC) campaign, initially for a three-year period, and its Women Advisory Board, to roll out advocacy efforts on women's participation and leadership, and for funding for GEEWG and to women's organizations.

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[25] IASC, 2020. Light Guidance on Collective Outcomes (https://interagencystandingcommittee.org/system/files/2021-02/UN-IASC%20Collective%20Outcomes%20Light%20Guidance.pdf).

> ## The Humanitarian Impact Area will focus on scaling-up:
>
> - **RGA** – see the above content on the GiE Approach which includes plans to localize RGA for scale-up.
>
> - **WLiE** – Initial evidence from the WLiE Approach is promising. An evaluation in the second half of FY21, will allow CARE to refine the approach. A focus on women's leadership will become a core part of all of CARE's humanitarian response.
>
> - **VSLA** formation and engagement will play a growing role in CARE's humanitarian response efforts. As the VSLAiE model is developed and tested over the next two years, key insights on linking CVA, WLiE, and VSLA will be integrated into new program design and delivery.

Systems Strengthening & Social Accountability

Ensuring **inclusive, responsive, and accountable local/national governance institutions are in place to support prevention, preparedness, response, stabilization, and recovery is critical for building durable solutions** to crises. This is central to sustainable Triple Nexus programming, particularly in fragile and conflict-/crisis-affected contexts, state presence in local delivery systems can be absent, and/or include a mix of informal and formal institutions. These "hybrid governance" systems require capacity, coherence, and (at times), joined-up incentives to build resilience, to better prepare, respond, and recover from crises in a way that "builds back equal."

CARE and partners aim to support local systems as part of durable solutions to humanitarian crisis by i) supporting **local governance structures and inclusive planning**, ii) prioritizing **women's voice and leadership**, iii) promoting **equal access to information**, and iv) building **trust, accountability**, and **social cohesion**. CARE is well-placed to support systems strengthening and social accountability in immediate and protracted crises across our Impact Areas through institutionalization of a) rapid gender and power analysis; b) technological solutions for inclusive access to information (e.g., through CARE's Community Score Card (CSC) Digital approach); c) locally-led and inclusive planning and financing mechanisms (such as delivered through our WLiE model and our CSC in Emergencies approach); d) rapid feedback and response mechanisms (such as through the Constituent Voice model); e) performance monitoring mechanisms (e.g., through community-based monitoring to track budgets and assess services allocation and dispersion), and f) community peacebuilding and recovery approaches (e.g., conflict-sensitive CSC to build trust, accountability, and joint actions around shared interests).

Building on decades long experience in enhancing **social accountability**, CARE and partners will expand the implementation and reinforce the promotion of the following approaches: i) Engaging Men and Boys to change social norms, ii) Social Analysis and Action, iii) gender-sensitive Climate Vulnerability and Capacity Analysis, and iv) the CSC.

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Localization, Partnership, & Social Movements

CARE's programming principles have long enshrined the principle of partnership. The **concept of localization of aid** has been present in the humanitarian sector for decades. However, it was only at the 2016 World Humanitarian Summit that it came to the forefront of discussions, culminating in the Grand Bargain Commitments and the subsequent Charter4Change.

CARE has actively sought to advance localization and partnership approaches, building on Vision 2020 and later our Charter4Change and Grand Bargain Commitments. Since 2016, about half of CARE's humanitarian programming has been implemented fully or mostly with local partners, with increased attention now on the powerful role of local women's organizations in delivering a locally-led and gender-transformative humanitarian action. In addition, as part of the Agenda 2030 process, CARE set a vision of saving lives through locally-led humanitarian responses that shift power dynamics and advance gender equality.

This was timely, as the injustices of COVID-19 and a global awakening around racism and discrimination in our sector is now challenging us more than ever before to reflect on the **deeply entrenched structural inequalities and power imbalances built into our very ways of working as international humanitarian actors**. Despite commitments to localization and partnership, we rarely named the underlying factors preventing us from truly advancing this agenda and we almost never acknowledged the reality that this injustice is rooted in colonial legacies, systemic racism, and oppression. In addition, our operational experience continues to highlight several **recurrent operational challenges that continue to hamper our ability to deliver on the localization agenda**, undermining our timeliness and the quality of CARE's responses also deeply tied to these underlying issues and realities.

To this end, a strategic commitment to gender-responsive localization and partnership as a cornerstone of our humanitarian strategy going forward is fundamental. This will seek to see CARE be **as local as possible and as international as required** in our humanitarian programming.

More specifically, building on the *Seven Dimensions of Partnership*, it will require that we set clear targets around local partnership and the flow and control of resources and that we **invest in partnership as part of our emergency preparedness** efforts; it necessitates that we **shift our partnership approach away from sub-contracting and towards more equitable and meaningful partnerships** and that we put in place systems and processes that enable and facilitate partnership on these terms. It challenges us to invest in capacity strengthening of local actors and **stop undermining local capacity**. It also requires that we **shift our policy and advocacy approaches to give space and voice to our partners** to influence international policy debates, and to have direct access to power brokers without CARE in the room. Finally, it's an opportunity for us to live our participation and accountability commitments, **by naming our local partners and giving them appropriate credit and visibility**, while also creating space for participants to lead, with **CARE following and stepping aside where appropriate**. Partnership in CARE[26] provides a common approach to partnerships for CARE.

CARE will also continue to partner with governments, UN agencies, INGOs, including INGO networks (SCHR, ICVA, InterAction, Voice, CHS-Alliance, Sphere, etc.), academic institutions, and private sector actors in countries, regions and at the global level. A process of prioritizing partnerships at the global level will be undertaken and linked to appropriate relationship managers within CARE.

Social Movements: While CARE recognizes that working with social movements in the humanitarian context may at times come in direct tension with **humanitarian principles** of neutrality and impartiality, we also recognize that **to advance commitments around shifting power to local responders, we need to rethink our approach to social movements in the humanitarian sector**. This may take the form of linking with movements that are not necessarily "crisis" but more "issue" focused, in the humanitarian context. It can also mean working with network organizations that bring together grassroot informal groups at regional and even global level.

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[26] January 2021, CARE International.

Accountability Mechanisms

With its **Humanitarian Accountability Framework (HAF)**, and alignment with the Core Humanitarian Standard (CHS), CARE makes a public commitment to uphold and promote global standards of quality and accountability. Compliance with the HAF/CHS requires meaningful engagement with people affected by crisis, partners, and CARE staff.

CARE relies on independently-collected and verified data to ensure that scope and scale of our humanitarian work is needs-based and serves the most vulnerable or at risk within the specific context. In line with humanitarian principles, CARE puts strong **emphasis on assessing vulnerabilities, needs and capacities** of people and communities affected by crisis, using tools like:

- RGA
- Commonly used and/or jointly-implemented needs assessments (e.g., GEGA, MIRA)
- Information, Communication, & Accountability assessments (e.g., RICCA)

Sex and Age matter and so do other characteristics of identity. Therefore, CARE and partners will consider and respect **the influence intersectionality** has on vulnerabilities, capacities, and needs. The Gender Marker is one of the key tools supporting the monitoring of program quality.

Response level performance monitoring and reporting is designed to monitor how well CARE performs against agreed commitments and targets within a humanitarian crisis. It also allows for individual response performances to be compared with one another. Key components of humanitarian program reporting in CARE is therefore:

- **Standard Situation Reports and Humanitarian Updates** from the CARE Country Teams managing a response – frequency depending on type of crisis and duration of response.
- **CARE's Program Information and Impact Reporting System – PIIRS** – annually (FY).
- **UN global Humanitarian Reporting** (OCHA Humanitarian Program Cycle reporting tools).
- **Donor required reports**.

Through **PIIRS** as well as quarterly and annual **Emergency and Humanitarian Overviews**, CARE generates synthesized data on the scale and scope, quality and outcomes related to CARE's **humanitarian mandate**.

Accountability Monitoring: CARE publicly recognizes its obligation to give voice to and be held to account by all stakeholders, for the quality and relevance of its humanitarian programming.

- **Feedback and Accountability Mechanisms** allow people not only to voice their opinions and raise complaints, but also to be involved in shaping our interventions.
- **Post-Distribution Monitoring (PDM)** is the most common approach to assessing the satisfaction of crisis-affected people with direct assistance while community-based tools (e.g., CSC) allow to monitor the performance of basic services especially in a protracted crisis.
- The **Rapid Accountability Review (RAR)** is the central tool for accountability monitoring during humanitarian responses because it generates findings and recommendations that are used to make immediate adjustments to the response.

Protection from sexual harassment, exploitation, and abuse (PSEA) is an essential issue of accountability. Accountability mechanisms therefore must ensure that crisis-affected people, especially women and girls, can exercise their rights to protection and access to humanitarian assistance within and despite existing asymmetries in the balance of power. Furthermore, CARE supports **system-wide accountability systems and mechanisms** across humanitarian and development programming in line with IASC recommendations (see above section on Social Accountability).

CARE regularly assesses its **operational and organizational efficiency** following CARE-wide protocols. **Key operational management mechanisms and tools include:**

- **Crisis Coordination Group (CCG):** reviews response-specific performance and accountability data to inform immediate management response action.

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- **Accountability Matrix and Response Performance Summary (RPS)**: self-assessment tools used by the CCG to monitor key areas where collective management efforts are required in large crisis.

- **Real-Time Review (RTR)/After Action Review (AAR)** are performance review and lessons learned exercises that bring together key/partner staff who have been involved in the response. They generate prioritized lessons and recommendations to CARE and partner management.

The findings from CHS verification processes conducted every two years also support reporting on CARE's **organization-wide performance against principles and commitments** outlined in this strategy. Furthermore, CARE regularly reports on its organizational performance against global commitments outlined by the **Charter4Change, the Grand Bargain** and **the Call to Action to end Violence Against Women and Girls**.

Evidence of change based on results generated by monitoring, evaluations and, accountability mechanisms is critical for the verification of CARE's commitment to be an effective learning organization and to implement more impactful programming. CARE's Electronic Evaluation Library (EEL) provides public access to reports from response evaluations and reviews. The growing pool of evidence summaries in the EEL constitutes a strong basis for learning within CARE and beyond.

Learning

Humanitarian action is embedded within all the Impact Areas and collaboration will be essential to ensuring a nexus approach to life-saving response, long-term development and peace, but strong emphasis must also be placed on learning from efforts **to transform CARE** in-line with commitments to localization and equitable partnership, Member diversification, and decolonizing aid. All Impact Areas aim to align with a learning agenda aimed at understanding how CARE and partner programming contributes to gender equality. CARE and partners will collaborate and share learning with the wider humanitarian community.

Concretely, CARE is committed to expanding the evidence base for GiE. CARE and partners will shift from learning how to do GiE work to CARE and partner work with people of all genders in all their diversity, and their organizations, to support a **collective "What works for GiE"** learning agenda.

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Resourcing our Impact

Total needed to deliver the initial three-years of the strategy – **US$450 million per year**.[27]

The next 10 years will be characterized by uncertainty and will see profound changes in the way CARE and partners work. We will have to be prepared and adapt to an ever-changing context. This will require adequate resourcing of **emergency preparedness**; access to **flexible, multi-year funding for gender-responsive and transformative humanitarian programming including advocacy**; and investment in **nexus approaches**, to enable effective and timely transition between interventions in response to contextual

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[27] This is a guesstimate based on global humanitarian need, the growth of CARE's humanitarian reach in FY20 and CARE's FY19 humanitarian expenses (FY20 financial data was not available for the Confederation as of end of Feb 2021).

shifts, including building crisis modifiers into development program budgets where possible. **Flexible funding**, like the **CI ERF**, needs to grow to enable CARE and partners to respond immediately to shocks, and to leverage other funding resources. In a time of increasingly stretched resources and a distracted media, we need to invest in our capacity to support people affected by crises to tell their story with dignity.

CARE recognizes that the existing international aid system is deeply inequitable to the detriment of organizations based in the Global South. To play this role effectively, CARE must critically examine its power and privilege within the humanitarian system and actively deconstruct and transform the attitudes, social norms, practices, and structures that produce and perpetuate inequality. This will require a diversification of our funding to invest more in partners with greater flexibility. Committing to equitable partnership also requires CARE to advocate with donors for **fair coverage of partners' core costs**. Identifying and leveraging our added value in a decolonized aid system will also mean a shift in resources and a need to reflect upon, and recalibrate, our measures of success to address tensions between financial growth and direct access to donor funding for partners.

Key donors that have previously been significant contributors to our humanitarian programming are the Canadian, Dutch, German, UK, and USA Governments, the European Union (including ECHO), the UN, and various Foundations (including the Bill and Melinda Gates Foundation). We anticipate that these will continue to be priority funding sources although there may be challenges due to the economic impacts of COVID-19 that could see a drop of some of these funding sources (e.g., UK Government).

Further investment will be required in **digital technology** to ensure CARE and partner humanitarian programming is efficient, effective, and reaching those most in need. A focus on the opportunities (e.g., local technology solutions) and the risks (the "digital divide") of utilizing digital technology will be required. Increased investment is needed in **monitoring, evaluation, accountability, knowledge management, and learning**. This includes staffing and digital tools to facilitate faster, more insightful analysis of program data for evidence-driven program design and advocacy and enable CARE to continually learn, adapt, and scale.

Consistent, long-term resourcing of safeguarding policies, systems, processes, and staffing is required so that CARE and partners can continue to fulfil our commitments to **protection from sexual harassment, exploitation, and abuse**.

Institutional Arrangements

Vision 2030 and the Humanitarian Impact Area Strategy lay out ambitious impact goals that are dependent on deep and lasting organizational change – to decolonizing aid, to shifting power to local responders, to bridging humanitarian and development silos and to living our values to addressing gender inequality within (and beyond) CARE.

The impact that we wish to achieve in the Humanitarian Impact Area will only be possible if we continue to evolve our ways of working. We need experienced and well-trained CARE and partner staff to be available where and when they are needed most – across all disciplines, and from country program to regional and global levels. There are urgent asks to increase capacity in **GiE/GBViE, particularly in country programs**, and including risk mitigation capacity across sectors. It will be key that teams including the Rapid Response Team (RRT) become more diverse, more inclusive, and as regional / local as possible. There is a need for **program support structures,** including, systems and processes **to become increasingly agile, flexible, efficient, and supportive of our program and partner aspirations**. We must invest in **dedicated HR capacity** for, and effective, gender-sensitive, preventive and responsive approaches, to both physical safety and security, and mental health. CARE's culture and systems must continue to **adapt to support and reinforce equitable partnerships** including a shift in power and a strengthened networked approach. Our internal decision-making processes must be as clear as possible to enable rapid and efficient response.

The Humanitarian Impact Area will continue to be led by the CARE Emergency Group (within the Secretariat) with support from the broader CARE. Leadership and Coordination capacity in the Secretariat will include,

program quality, MEAL, advocacy, GIE, partnership (and locally-led humanitarian response), humanitarian communications, regional/global humanitarian information and coordination, and surge coordination support (including the RRT).

Role of Members, Affiliates/Candidates: Sector and approach leads (including WASH, Shelter, SRHR, FLS, GBV & Protection, Conflict sensitivity, CVA, logistics, digital, program support, preparedness) will continue to be led and coordinated by Members and we aspire to increase co-leadership and leadership from programming offices in the Global South.

Role of an Advisory Board External: Under the "She Leads in Crisis" (SLIC) Advocacy campaign focused on women's direct and meaningful participation and leadership in humanitarian crisis, CARE has established a Women Advisory Board. The Board members were nominated by CARE staff from all regions where CARE works (in both the Global North and South) based on their track record influencing the humanitarian aid system particularly on gender and women and girls' priorities. While currently focused on advising the campaign, there is potential to expand its mandate in the future to advise on broader humanitarian issues.

Role of a Steering Committee: During the initial years of Vision 2030 there will be a review of the Asia /Pacific Hub, looking at an approach to decentralized leadership of the Humanitarian agenda with members, candidates, and affiliates in the region. This can be a pilot for regional steering committees in other regions and build on the experience of CI-wide global teams during the COVID-19 response. A Steering group of the Humanitarian Working Group will be considered (with links to other impact area teams) once the Impact Area strategies are agreed.

Role of Surge Capacity: CARE will maintain surge capacity and deliberately transition to a more diverse, localized/regionalized RRT model that is supported by global mechanisms, including a robust roster with functionality at global, regional/local levels.

Communities of practice / working groups

- Humanitarian Working Group (representatives of all members, candidates, affiliates, sectors, and regional teams)
- Humanitarian MEAL working group
- Humanitarian Advocacy working group
- Sector-specific global and regional working groups
- GiE team

CARE will work through 2030 to localize the leadership of the GiE approach while maintaining a consistent focus on innovation and supporting response at scale. For example:

1. RGA will seek to become an independent partner of CARE working at local/regional levels to provide RGA to CARE and to other organizations through an RGA Cooperative.

2. GBViE work will use a distributed technical assistance model to ensure regional/local provision of GBV technical assistance.

3. WLiE will identify a meaningful participative governance structure that gives women engaged in the project the ability to take decisions about the WLiE model and its projects.

4. The GiE Training Institute will be based in a Global South office leveraging global technical expertise.

CARE also needs to establish structures that bring together colleagues working to program across the Triple Nexus as well as across multiple disciplines of programming, finance, HR, etc.

Core Deliverables of the Global Team

The following table outlines key deliverables of the Impact Area Global Team for the initial three-years of the strategy:

1) Leading, connecting, and coordinating the implementation of the impact area strategy
Lead and coordinate the HWG, the CEG+ team, and associated collaborative spaces across CARE
Coordinate confederation-wide response to crises, in-line with protocols, including CCGs and information management
2) Technical assistance and facilitating a network of experts
Facilitate access to technical expertise and surge support, including RRT and a functional RED Roster
Local/regional surge model designed with funding mechanisms and processes in place for implementation in year 2
3) Advocate & Influence
Develop and lead on the impact area advocacy strategy
Ensure consistent, appropriate, and timely messaging directed to key external audiences (coordinate talking points, press releases, media, participation in global events, etc.)
Lead/coordinate leadership on the key networks and alliances in which CARE takes part globally
4) Fundraising & Communication

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Coordinate COMWG for external communications/media for the impact area + major crises
Coordinate and manage the ERF, funding matrix, and pooled funds for major crises
5) Measuring impact, managing knowledge and learning
MEAL framework developed and in place by end of year 1
Analyze PIIRS data and other relevant evidence to produce and disseminate an annual report about the progress of the impact area
Produce and/or disseminate relevant technical guidelines and tools, CARE-specific and external
Produce and disseminate regular learning products (5 minutes of inspiration, webinars, case studies, RARs/AARs. evaluations)

Resources for the Global Team

The minimum costs for the global team are the following:

CARE Emergency Group – Leadership & Coordination	US$1.7 Million
Rapid Response Team	US$0.5 Million
Sector Leadership (including GiE)	US$1.3 Million
Humanitarian Advocacy & Communications	US$0.2 Million
Total:	**US$3.7 Million***

*This is less than 1% of the annual budget of $450 Million annual funding target needed to deliver on the Impact Goal.

Not included in these above costs are the current gaps in coordination and leadership in GBViE and Protection, in Conflict Sensitivity, and in Digital technology and solutions. These figures do not include costs for increasing capacity in country programs or the costs for strengthened regional capacity, building on the successful experience during 2020 of the regional task teams set up during the COVID-19 pandemic. Increasing key humanitarian capacity in regions (including but not limited to communications, advocacy, GiE, and MEAL) is critical to support the growing humanitarian need. The RRT will have a new cost structure, to be developed, in FY22, that will support a more local/regional model, including a focus on partner support and engagement.

Annexes

Annex 1: Humanitarian Impact Area leads (table)
MEAL Framework/Indicator guidance (to be developed)
Fundraising Strategy (to be developed)
Advocacy Strategy (to be developed)
Acronym list (to be added)

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Annex 1

Area	Lead/Co-Lead (Cost Centers)	Current commitment until:
Humanitarian Impact Area	CARE Emergency Group	
Humanitarian Response Coordination	CARE Emergency Group	
Humanitarian MEAL	CARE Emergency Group	
Humanitarian Advocacy	CARE Emergency Group	
Humanitarian Media/Communications	CARE Emergency Group	
Gender in Emergencies	Secretariat	
Women Lead in Emergencies	Secretariat/CARE UK	
Humanitarian Partnership	CARE Philippines	June 2021
Humanitarian Info.: Knowledge Mgmt	CARE Emergency Group	
Humanitarian Surge Support	CARE Emergency Group	
Rapid Response Team	CARE Canada	June 2022
WASH	CARE Australia	
Shelter	CARE UK	
Health – SRHR & Public Health in Emergencies	CARE USA	
Food & Livelihood Security	CARE USA	
Preparedness	CARE USA	
Climate change and resilience	CARE Climate Change Resilience Platform (CCRP)	
Cash & Voucher Assistance	CARE USA	
Supply Chain/Logistics	CARE USA	
GBV and Protection	Secretariat (***TEMPORARY***)	June 2021
Conflict Sensitivity	** NO CURRENT LEAD **	
Program Support	** NO CURRENT LEAD **	
Digital	** NO CURRENT LEAD **	

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