**CARE International Humanitarian Advocacy Strategy**

**“Nothing about us without us”**

**General principles and tactics**

May 2021 – DRAFT

In alignment with our commitment to localization, participation, leadership and accountability to affected people, including women and girls, and our overall vision and values, there are a number of **general principles** that we will strive to consistently apply when we conduct our advocacy under this new strategy to ensure we **“walk the talk”** and close the gap between our advocacy to others and our own behaviours and practices internally.

Firstly, we will always attempt to **open and create spaces and opportunities for organisations representing the most marginalized crisis affected people of all genders and in all their diversity**, with specific attention to women and girls, people with disabilities, displaced people, individuals from highly vulnerable groups **to directly participate and speak in relevant advocacy fora**. This will also imply **ceding space** and therefore less immediate visibility for CARE but this approach will increase our legitimacy and credibility with local and national actors, including women and affected people’s organizations.

Our advocacy will reflect a **needs-based approach** but will also be guided by **feminist principles**. While CARE is still defining what it means for us as a global Confederation, our humanitarian programs and advocacy **already centre the promotion of gender equality and the empowerment of women and girls (GEEWG) within a rights-based approach**, to a large extent already following feminist principles. Under this new strategy, we will strive to be more deliberate about adhering to feminist principles, particularly as defined by women’s organizations leading the response in humanitarian crisis and we will therefore refer to the principles defined by [T*he feminist humanitarian network*[[1]](#footnote-1)](https://www.feministhumanitariannetwork.org/a-feminist-humanitarian-system) that CARE is also in the process of joining. We will also be guided by **the views of our women led partners and of women leaders** we consult on advocacy priority issues and tactics, such as the She Leads in Crisis (SLIC) Campaign Women Advisory Board for Advocacy (WABA). We will analyse every single issue we advocate on with a gender lens, to bring out the gendered dimensions and implications as well as the specific perspectives of all affected women and girls.

Being guided by feminist principles also implies privileging collective advocacy, working with others, including with **social movements**. While working with social movements in the humanitarian context may at times come in direct tension with humanitarian principles of neutrality and impartiality (e.g. movements emerging from certain population groups in a conflict setting may be seen as a party to the conflict), we still need to engage with social movements in the humanitarian sector if we truly want to advance commitments around shifting power to local responders and on operationalizing the triple nexus. This may imply linking with movements that are not necessarily “crisis” but more “issue” focused (e.g. SRHR in emergencies), joining networks of CSOs promoting a feminist response as mentioned above or that bring together grassroot informal groups such as refugees, IDPs, migrant networks etc. **A mapping of relevant groups and movements to engage with will be undertaken in the first year of this implementation plan.**

Driven by our primary accountability to the people we serve, our humanitarian advocacy will be an instrument to **stand by our partners**, particularly women’s organizations of crisis affected people to speak **boldly** on human suffering and on abuse of crisis affected people’s rights while keeping their dignity, resilience, strength and power at the centre of our messages. In so doing, we will continuously weigh the expected positive effects of our advocacy **against safety and security risks** to staff, partners and participants and **against humanitarian principles to maintain access**. We will prefer **collaboration to confrontation** to keep the dialogue open and maintain influence over time. We will use our weight and authority to influence **responsibly and with humility**, recognizing the need for our own transformation and the possible unintended negative effects (backlash) our advocacy may sometimes have on the humanitarian community and people in need. Risks levels defer from one context to another and we will therefore apply a context specific case by case approach to what we can say and how on sensitive issues, relying primarily on the advice and expertise of CARE and our partners’ leadership at country / crisis level. Like risk levels, the sensitivity of issues is very context specific. Known sensitive topics include counter terrorism, sanctions, human rights’ abuses and impunity, including sexual violence, sexual and reproductive health rights in certain settings, etc Therefore, most times, **CARE will not advocate generically on sensitive issues** but we will ground our advocacy within robust evidence and **we will opt for collective, private and more quiet engagement over more public forms of advocacy**. While what we might be able to say in context A may differ from context B, we will ensure CARE has a common general position on sensitive topics reflecting the views of the entire Confederation, through the development and regular update of specific policy advocacy briefs and position papers. When an issue without such pre-existing consensus arises, the advocacy sign-off procedures will apply.[[2]](#footnote-2)

We will **prioritize specific declared large-scale crisis and protracted crisis** which will be regularly revisited[[3]](#footnote-3) as the context changes and based on organizational capacity. This will ensure that our advocacy is locally rooted while engaging at multiple and mutually reinforcing levels, from local to global. The evidence generated and CARE and our partners’ experiential knowledge in these specific crises will inform our advocacy both **on these humanitarian crisis** as well as **on prioritized issues.** This approach implies an iterative and organic process of strategy evolution as well as **agility and flexibility** to quickly adapt priorities based on needs. Selected priority crisis will be supported to develop advocacy strategies in line with this global strategy but the rapidly changing specific contexts in these priority crisis and other global trends will be continuously monitored to adjust our global advocacy agenda, as necessary. To facilitate the coordination of advocacy efforts on specific crisis, **crisis specific CI-advocacy groups** with representation of CMPs with an interest in the crisis will be convened. In the spirit of shared leadership, CMPs with a specific stake in a crisis / region will be invited to convene these groups. It is important to note that, for effective global advocacy on any specific crisis, information from country / crisis and regional level coordination structures (Humanitarian Country Teams and Clusters or equivalent) is critical. Therefore, **CARE country and regional teams must be prepared and be supported with resources to actively engage in these structures** and to negotiate space for CARE’s partners, and local and national actors in general, to also participate, in line with localization and participation commitments.

A critical dimension of our humanitarian advocacy is to influence the highest levels of the [Inter-Agency Standing Committee (IASC)](https://interagencystandingcommittee.org/the-inter-agency-standing-committee) which is chaired by the Emergency Relief Coordinator (also head of OCHA) and particularly the IASC Principals[[4]](#footnote-4) and the Emergency Directors Group ([EDGs](https://interagencystandingcommittee.org/the-emergency-directors-group)) whose roles it is to address “operational issues of *ongoing or imminent emergencies” and* [OPAG](https://interagencystandingcommittee.org/operational-policy-and-advocacy-group) (Operational Policy and Advocacy Group) given its mandate to “*drive the normative and strategic policy work of the IASC, including on system-wide policy matters with a direct bearing on humanitarian operations*”. OPAG oversees five Results Groups, each working on a specific set of issues, as described for each advocacy issue below. CARE has direct representation in some of the IASC RGs and is otherwise influencing IASC structures through the three NGO consortia we are members of, including [InterAction](https://www.interaction.org/) in the US (also covering USG influencing), [International Council of Voluntary Agencies](https://www.icvanetwork.org/) (ICVA) and [Steering Committee for Humanitarian Response](https://www.schr.info/) (SCHR) in Geneva. See [CARE’s representation and participation in the main global humanitarian technical and advocacy spaces](https://careinternational.sharepoint.com/%3Ap%3A/r/sites/Global-Advocacy-Hub/Shared%20Documents/Humanitarian%20Advocacy/Humanitarian%20Coordination%20%26%20Advocacy%20Spaces/CARE%20engagement%20with%20external%20humanitarian%20frameworks%20v.8%20April%202021.pptx?d=w166d4f6bbdbb40298257b62dd90ff269&csf=1&web=1&e=ySfG78) for more details.

At a more tactical level, we **will leverage existing recurring advocacy spaces, moments, policy processes of strategic humanitarian stakeholders and advocacy targets** to influence their agenda. At global level, the recurring events and spaces of strategic importance for our global advocacy include but not limited to UN annual [ECOSOC](https://www.un.org/ecosoc/en/) Humanitarian Affairs Segment (HAS), ECOSOC High Level Political Forum, UNGA annual General Debate, Commission on Status of Women, UNSC open debates (e.g. on Women, Peace and Security, on Sexual Violence in Conflict, on Protection of Civilians in armed conflict), 16 days of activism against GBV, Standing Committees / Executive Committees and regular consultations of UN agencies, main institutional donors’, IDBs’ and IFIs’ (e.g. WB and IMF Spring meetings) regular consultations, Global Humanitarian Needs Overview and Response Plan development and official launch events, CERF launch events, OCHA’s annual Global Humanitarian Policy Forum, Geneva Humanitarian Liaison Working Group with G12+ UN member States, regular events around specific agreements / frameworks (e.g. Annual Grand Bargain Conference, Global Compact for Refugees annual events, etc), events convened by the NGO networks and consortia we are members of (e.g. ICVA’s annual donor conference).

We will also be leveraging **specific days** such as International Women’s Day, International Refugee Day, World Humanitarian Day, etc. There are **existing recurring events for specific crisis** that we aim at systematically influencing, including H/JRP launches and pledging events, Senior Officials Meetings for priority crisis, “anniversaries” of specific protracted crisis, expiry dates of resolutions affecting a crisis or issue (e.g. X-border resolution for Syria, a UN Peace Keeping Force mandate expiry, etc). We participate as much as possible in **ad-hoc briefings** organized by UN agencies (and OCHA in particular), donors, peers etc, which we attempt to influence as well if strategic and when time allows. **We also organize events (private briefings, webinars, etc) ourselves**, on issues and / or on specific crisis, either as CARE but most times jointly with our peers and partners, particularly for UN member States in Geneva and New York but also with donors and key stakeholders in other capitals, as relevant.

While our advocacy includes **policy influencing** by reviewing and inputting into relevant policies, strategies, resolutions, guidance notes, tools and instruments of our advocacy targets, most efforts will go toward holding **duty bearers accountable for actually implementing policy commitments and unlocking political barriers.** Hence the importance of strong linkages between crisis affected people, CARE colleagues and our partners at crisis, regional and global levels but also across regions, horizontally, to ensure progress somewhere can be used to advocate elsewhere.

1. [A feminist humanitarian system — Feminist Humanitarian Network](https://www.feministhumanitariannetwork.org/a-feminist-humanitarian-system) [↑](#footnote-ref-1)
2. CARE Global Advocacy Sign off Procedures, 23rd April 2020 [↑](#footnote-ref-2)
3. At the time of writing this strategy, there are 6 priority crisis (Sahel, Venezuela refugee crisis, Rohingya Refugee crisis & Myanmar, DRC, Syria and Yemen) but the hunger pandemic and the conflict in Tigray are forcing a rapid expansion; [↑](#footnote-ref-3)
4. Chaired by the ERC, these are the principals / heads of UNHCR, UNFPA, UNICEF, WHO, WFP, IOM, FAO, UNDP, UNHABITAT and includes standing invitees from OHCR, the SR on HR of IDPs, CRS, ICRC, IFRC, ICVA, InterAction, SCHR [↑](#footnote-ref-4)