

GiE Guidance Note Series, April 2024



Gender in Emergencies: An Overview

Making Emergencies Work for Women, Men, Boys and Girls

This guidance note provides an overview of the key processes required to integrate gender equality into CARE's emergency programming. To ensure clarity of approaches and key messages, this guidance note has been developed by CARE's global GiE team, in consultation with the CARE Humanitarian Affairs Team, regional units and country offices. It may be updated periodically.

Background: CARE's Humanitarian Impact Area Strategy, part of Vision 2030, outlines high-level commitments to gender equality objectives for emergency work, the need for enhanced capacity on gender in emergencies, and the need to integrate gender across all emergency programming.

"CARE's impact goal is that 10% of people affected by major crises receive quality, gender responsive humanitarian assistance and protection which is locally led...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."

Introduction: Emergencies are not gender neutral. Crises impact women, girls, men, boys and people all of all/diverse genders with different needs, vulnerabilities and capacities There are a number of processes and tools used to strengthen gender-responsive programming across CARE's emergency work, for a more effective and inclusive humanitarian response. This guidance note aims to explain how these fit together in a coherent and complementary way, based on the core principles outlined in the <u>Gender in Emergencies Theory of Change</u>. It's important to note that the steps, tasks or processes described below aren't necessarily sequential and might be ordered differently in response to local contexts. Annex 1 provides a quick step-by-step check list that you can use to help guide your programming.

Emergency preparedness, planning, and design

Preparedness: Integrating gender into emergency preparedness and planning (EPP) means that we prepare to meet the different needs of women, men, boys, girls and people of all genders. The country office (CO) should



ensure there are gender-specific Minimum Preparedness Actions (MPA) and integrate gender into any EPP planning sessions or scenarios. The CO should also have an updated Gender Action Plan in place. The Gender Action Plan (GAP) is both a process and tool for planning a gender sensitive response. The GAP should be short, concrete and focused on the few things that the CO can do rather than an aspirational list.

Staffing: Each CO should ensure they have the capacity to respond to deliver gender integration in emergency programming. The CO should identify a gender focal point with clear terms of reference for the response. The country office should also put in place a gender-balanced response team, be able to work with affected people across diversities. All staff should be trained on GiE core principles.

Context Analysis: Having updated information on gender roles, vulnerabilities and capacities before a crisis arrives is critical to a timely response. To understand the gendered context, the CO should ensure they have an updated Gender in Brief that has been shared with the humanitarian team. The CO should also map women-led groups and identify any potential for partnerships.

Resourcing and budget: Ensuring adequate resources is important for committing to gender equality in programming. Country offices should ensure that donor proposals integrate gender throughout the proposal. They should also ensure that they have planned for adequate budget for their GiE commitments.

Program Implementation

All emergencies should integrate the core pillars of the <u>GiE theory of change</u>. The following are CARE's requirements to ensure that we are meeting our gender equality commitments throughout humanitarian programming.

Rapid Gender Analysis: Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of men, women, girls, and boys in a crisis. It is built up progressively and provides practical programming and operational recommendations, to meet different gendered needs and to ensure we 'do no harm' in CARE's programming. More info here.

Gender Sensitive Assessments: All needs and sectoral assessments should be gender sensitive. Assessment teams need to consult men, women, boys and girls about their needs, vulnerabilities, and coping strategies. This is a key space for collecting sex and age disaggregated data and understanding specific needs of different sex and age groups. The country office is encouraged to ensure that multiagency assessments collect gender sensitive information.

Minimum Gender Commitments: Gender mainstreaming and integration helps ensure the provision of equitable services and assistance. This should take place at all stages of the humanitarian program cycle. Minimum gender commitments for technical sectors such as FSL, WASH, SRHR and Shelter should be integrated across sectoral programming. More info here.

Gender-based Violence in Emergencies: Emergencies can increase gender inequality and exacerbate GBV risks. We do not need to prove GBV is occurring before taking action. The CO should respond to GBViE through risk mitigation, prevention, or response programming. GBV risk mitigation is a minimum requirement for all humanitarian programming and is the responsibility of all staff. More info here.

Women's Voice and Leadership: Women and girls are frequently first responders in crisis yet are rarely included in the design and delivery of the response. To ensure that the voices of women and girls are heard, the CO should



consult women and girls for program design and implementation, map and identify women-led organizations, and ensure specific feedback mechanisms for women and girls. Stand-alone models such as Women Lead in Emergencies may also be relevant to your context. More info here.

Emergency coordination: CARE should ensure that GiE is a standing agenda item on internal coordination mechanisms, such as CCA calls, sit-reps, and emergency strategies. The CO should also ensure there is representation on external coordination bodies, such as Protection or GBV cluster, Gender in Humanitarian Action, or regional gender working groups.

Communications & advocacy: External messaging should integrate the different needs, capacities and coping mechanisms of women, men, boys and girls. The country office should identify gender-related advocacy issues where applicable. Communications teams and CARE member partners should consider sharing rapid gender analysis and gender briefs with humanitarian stakeholders, donors and peer agencies.

Monitoring, evaluation, accountability and learning

Gender Marker: The CARE Gender Marker is an easy-to-use tool that tracks how gender is integrated into the emergency response project cycle on a scale from gender blind to gender transformative. The Gender Marker can be used during the design, implementation, or evaluation phase to reflect and assess the level of gender equality integration in your humanitarian programming. More info here.

Technical assistance: There is GiE support available at global, regional, and country level. Reach out to the GiE global team for technical assistance, GiE deployments, orientations, or guidance on how to ensure quality gender programming across the response.

Accountability to affected populations: Accountability systems are an essential component of CARE's organizational commitment to upholding the dignity and human rights of the communities it works with. This should include feedback mechanisms that are designed with and accessible to women, girls, boys, men and people of all genders.

PSHEA: CARE has strong global commitments to PSHEA and is committed to safer programming. While there may be some overlap between safeguarding and GiE, PSHEA is a separate component that needs equally dedicated resourcing (such as separate staffing and budget). See CARE's safeguarding hub.

Learning: Learning and reflection from GiE programming is essential for capturing good practice. Program teams should document and share lessons learnt, including with affected communities. CARE should also make space for local actors, women-led groups, and women's organizations to share their work and advocate for change.

Want more information?

Additional GiE tools, guidance, and resources can be found on CARE's Gender in Emergencies SharePoint page or the CARE Emergency Toolbox.

Key documents:

- Gender Equality Impact Area Strategy here.
- Humanitarian Impact Area Strategy here.
- GiE Theory of Change here.
- CARE's International Gender Policy here.



Looking for technical support or have a question?

The CARE Global GIE team is also here to support you!

For general GiE inquiries, reach out to leora.ward@care.org or heather.cole@care.org.

For inquiries on Rapid Gender Analysis, reach out to laura.tashjian@care.org

For inquiries on Women Lead in Emergencies, reach out to oneil@careinternational.org

For inquiries on GBViE, reach out to CARE Egypt Foundation (contact coming soon!) or erin.patrick@care.org



Annex 1: Gender in Emergencies Checklist

1. GiE in preparedness, planning and design
☐ Has gender been integrated into emergency preparedness plans?
☐ Are there Minimum Preparedness Actions in the CO's EPP that specifically highlight gender?
☐ Does the country office have a Gender Action Plan in place?
☐ Have emergency staff been trained on gender in emergencies?
☐ Are emergency teams gender balanced?
☐ Is there a dedicated GiE focal point?
☐ Is there an updated Gender in Brief, that has been shared with humanitarian teams?
☐ Do you have updated information on gender roles, responsibilities, vulnerabilities and capacities?
☐ Have you identified and mapped women-led and women's rights organizations?
☐ Is gender integrated into project proposals?
☐ Has the Gender Marker been used for program development?
☐ Has GiE been properly budgeted and resourced?
2. GiE in program implementation
☐ Has an RGA been conducted, and is being used to inform and update programming?
☐ Are gender-sensitive sectoral and needs assessments being conducted?
☐ Are minimum commitments being used across all technical programming (WASH, FSL, Shelter, SRHR)?
☐ Have GBV risks been identified, with actions in place to reduce harm (risk mitigation)?
☐ Will you include additional stand-alone GBV prevention, protection, or response programming?
☐ Are women and girls being consulted for program design and implementation?
☐ Are women led organizations and women rights organizations mapped and identified? Is there scope for
partnership with women-led groups?
☐ Will you include stand-alone voice and leadership programming, like Women Lead in Emergencies?
☐ Are there dedicated resources for gender in emergencies activities? This should include staffing, materials
and adequate financial resources.
☐ Is GiE included in CARE's emergency strategy, CCA calls, sit-reps, and advocacy messaging?
☐ Do you have representatives on key external coordination mechanisms (ex. Protection, GBV clusters)?
☐ Have you reached out to the GiE team for technical support?
3. GiE in monitoring, evaluation, accountability, and learning
☐ Are you identifying, monitoring, and responding to gender issues that come up in programming?
☐ Are you collecting sex and age disaggregated data?
☐ Is the Gender Marker being used to reflect and assess gender integration across the program cycle?
☐ Are women and girls participating in the design and implementation of monitoring activities?
☐ Have affected communities participated in the design of feedback mechanisms?
☐ Are feedback and complaint mechanisms in place and accessible for women and girls?
☐ Are there separate PSHEA tools and resources in place?
☐ Have program successes and lessons learnt been documented and shared, including with women, girls,
boys, and men from the affected communities?