Gender & Localising Aid:

The potential of partnerships to deliver

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About the research

CARE's programming experience has shown that working with local partners not only saves lives during emergencies but can also empower women and girls. Based on five recent emergency responses (Philippines, Pakistan, Mali/Niger, Lebanon, Nepal), this research draws out key lessons learned and proposes recommendations for INGOs like CARE to strengthen ongoing and future partnerships with local actors to foster gender-sensitive, and ideally gender-transformative, humanitarian action.

Acknowledgements

Photos
Front cover: Michelle Nunn visits CARE Niger and celebrating MMD@25© Josh Estey / CARE 2017.
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INTRODUCTION

This report, the result of internal research by CARE International, argues that **partnerships in humanitarian response not only meet lifesaving needs but can also address gender inequalities**. Based on the review of five recent emergency responses, the report explores which partnership models and practices can best foster gender-transformative humanitarian action.

Gender dimensions

CARE's focus on women and girls is based on overwhelming evidence of gender discrimination as an underlying cause of poverty and marginalisation, leading them to being more vulnerable to the effects of disasters than men and boys. Humanitarian programming that fails to account for the differing roles and power dynamics between men and women tends to exacerbate gender inequalities. At the same time, disasters often disrupt and displace social structures and relations, creating opportunities to promote gender transformational change, such as women taking on leadership roles in their household and community during relief and recovery. While urgent, lifesaving action is critical in crisis response, CARE firmly believes that gender-sensitive action is essential to an effective response. CARE is also convinced that humanitarian action can advance gender equality and transformation[1].

Partnership and Localising Aid dimensions

Partnerships are fundamental to CARE's work. CARE believes that saving lives in emergencies, and overcoming poverty, can only be achieved through the collective action of many. CARE has long promoted working with local institutions in development settings and is increasingly partnering in emergencies. CARE recognises that partnering with local actors leads to greater reach and sustainability as they are often the first responders when disaster strikes, with best access to local populations, intimate knowledge of the local context, and long-term presence. CARE believes that localised aid is not only more effective but also just and fair. As such, CARE advocates for more operating space and resources for local actors and disaster-affected communities. CARE recently strengthened its commitment to localising humanitarian aid by endorsing the Charter for Change and the Grand Bargain[2], espousing the call to 'reinforce – not replace – existing local and national capacities.' This approach compels CARE to move away from subcontracting towards more equitable, power-sharing partnerships, viewing local civil society as peers with common visions and purposes.

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[1] CARE defines gender-transformative programming as "actively striving to examine, question, and change rigid gender norms and the imbalance of power as a means of reaching [humanitarian or development] outcomes while also promoting gender equity." Rather than just addressing temporary needs or the provision of opportunities, transformative programming extends to the structural causes and symptoms of gender inequality. CARE uses a gender marker to assess its emergency programmes, ensuring they are at minimum gender-sensitive and ideally gender-transformative. CARE has also set a number of gender standards for humanitarian programmes; they include: gender and power analysis; data disaggregated by sex and age; explicit gender equality results; gender-sensitive indicators; a gender strategy or action plan; the identification of risks to women and girls from violence; partnering with women's rights organisations and movements; undertaking participatory gender reviews and sharing findings across CARE and with its partners.

[2] In particular Workstream 2 of the Grand Bargain: Increasing support and funding tools for local and national responders.

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CARE's Approach to Gender and Partnerships

CARE views partnerships with women's organisations[3] as central, not only to its goal of strengthening gender equality and women's voice, but also for transforming its own organisational culture to successfully deliver its focus on women and girls. While CARE collaborates with diverse actors (including civil society, private sector, government), it recognises the need to strengthen partnerships and focus them more explicitly on addressing the agency (capacities and aspirations), structures (enabling environment) and relations (power dynamics) that lead to gender equality, as prescribed by its Gender Equality Framework.

As part of its gender in emergencies (GiE) work over recent years, CARE has honed its understanding and practice of what it takes to deliver more inclusive and equitable humanitarian programmes in partnership with local civil society. CARE's Gender in Emergencies sub-strategy prescribes building capacity and accountability to ensure that CARE and its partners commit to gender-sensitive programming in partnership-based operating models. It also cautions CARE and its partners that

adopting gender-sensitive tools and approaches, and investing in appropriate gender expertise, can not be viewed as luxury. To this end, CARE has developed guidance to promote gender-sensitive partnerships. This tool assists staff to assess the interest and capacity of partners for gender-sensitive emergency programming and to promote gender-sensitive working relationships.

CARE also invests in building strategic alliances at all levels (local, national, regional, global) to bring about broad systemic change towards more gender-accountable and gender-equitable humanitarian policy and practice. At the World Humanitarian Summit, CARE reaffirmed its commitment to focus on empowering women and girls as change agents and leaders, and to further support women-led groups to participate in humanitarian action.

Findings and Recommendations

With this report, CARE seeks to deepen its understanding of how working with partners supports humanitarian action that goes beyond addressing lifesaving needs to also reach and empower women and girls in emergencies. Based on five recent emergency responses[4], this research generated a number of findings and recommendations:

Findings	Recommendations
Selecting partners more strategically	
CARE **tends to select partners** for their emergency response experience, geographic coverage, access to communities, and compliance capacity, **not for their expertise on women's empowerment, protection or gender equality**. The experience of partners with a women's focus (whether in advocacy, skills development, social mobilisation, legal and psychosocial support) received less consideration and was rarely identified as a priority criterion despite these capacities being critical for gender-transformative work. The five cases surveyed reported the presence of strong networks of women's organisations[5] with direct experience engaging and challenging the structures that perpetuate gender inequality, and clear understanding of the associated risks and achievable outcomes. Past emergency response evaluations also recommended that CARE explicitly partner with women's rights organisations to move towards more gender-transformative programming. Yet, **only in Lebanon did CARE adopt an intentional approach to partnering with women's organisations as part of its response strategy, valuing their unique contributions**.	*Look beyond the traditional rationale for selecting partners: **engaging with women's organisations from the outset often adds more value than training existing partners on gender.*** *Explicitly recognise the value of women's organisations within CARE's partnership narrative. **Identify, during the preparedness stage, local capacities in areas that can empower women and girls, protect women and girls against sexual exploitation and abuse and bring about lasting gender-transformative change**. Assess the value and possible roles of women's organisation and document them in country/regional Emergency Preparedness Plans. While briefly mentioned in CARE's GiE literature, provide further emphasis on the importance of partners' role in strengthening the application of GiE tools and approaches.*

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[3] This includes organisations that have women's rights, women's empowerment, gender justice and gender equality as their core purpose.
[4] The humanitarian responses reviewed as part of this research include: (1) 2013 Typhoon Haiyan Response, Philippines (2) 2013-2014 Response to Khyber Pakhtunkhwa IDP Crisis, Pakistan (3) 2011-2012 Sahel Humanitarian Crisis Response, Mali and Niger (4) 2015-2016 Syria Crisis Response, Lebanon (5) 2015 Earthquake Response, Nepal.
[5] These organisations were reported to address the specific needs of women and girls during disasters and to advocate for the protection of women and girls against exploitation and abuse.

Findings	Recommendations

Fresh perspectives on Capacity Building

CARE generally viewed **gender as an area where partners require training and support**. In reporting, capacity building was presented as a top-down process, with little reference to how partners enhanced CARE's technical capacity, influenced programme design, or advised CARE in key areas like gender-based violence and protection, areas in which their local knowledge could have been vital. **Achieving gender-transformative programming by building the capacity of organisations that do not have the internal gender commitment and vision requires extensive engagement** compared to partnering with established successful women's organisations, **and may not prove very effective**. Evaluations of the surveyed humanitarian programmes stated that CARE would have achieved greater success in both gender-based violence and women equality outcomes during the emergency response if it had partnered with local and national organisations already experienced and engaged on these issues.	*Build a new paradigm and narrative where CARE receives capacity development inputs from local and national partners, including on gender.* *Ideally,* ***CARE should select partners that add value to CARE and help advance the organisation's gender-transformative agenda.*** *Due diligence and capacity assessments, which tend to be one-way processes where CARE assesses partners and builds their capacity, should become two-way mutual assessments and capacity building processes, and result in capacity building plans for CARE as well as its partners.*

Partners' role and unique contributions

The respective roles of CARE and its individual partners were difficult to discern in most emergency response progress reports. **Reports tend to be 'partner blind'** (with partners referred to generically but rarely identified individually). **Partners' inputs, including technical and gender contributions, were rarely articulated** beyond the traditional 'facilitating access' and 'helping to understand local contexts'. The lack of reporting on the value partners bring and the credit they deserve hinders the building of equitable peer-based relationships and the promotion of local civil society (including women) as leaders. This lack of value for, and reporting on, partners' contributions is symptomatic of the reality on the ground where partners' technical inputs were not sought or often disregarded, which at times led to poor programming and targeting. Partners in the Nepal and Philippines cases reported that **the approach to gender did not adequately consider the complexity and diversity on the ground, and that CARE did not utilise their insights** during programme analysis design. This can be partly attributed to the rapid turnover of staff during large emergencies and the deployment of staff unfamiliar with contexts or partners. CARE staff need to ensure that existing GiE tools like the 'rapid gender analysis' (RGA) or 'Gender in Brief' better consider the contextual complexity and specificity, reflecting knowledge and insights of local partners.	*Clearly define the roles of partners vis-a-vis CARE and articulate complementarity and respective benefits.* *This is especially relevant as CARE strives towards a more partnership-based operating model and redefines its role as a promoter of 'locally owned and led' humanitarian response. This will also help CARE build peer-based relationships with partners by* ***acknowledging and attributing credit for partners' contributions.*** *This should be an explicit requirement in CARE's Partnership in Emergency guidelines related to reporting, proposal development and communications, as well as terms of references for external evaluations and studies.* ***Use GiE tools with partners. When conducting a gender analysis, CARE should partner with women's organisations that have extensive expertise and day-to-day experience addressing gendered norms and structures,*** *and an understanding of the associated risks in preforming transformative programming. While analysis often needs to be 'brief' and 'rapid' (both as part of emergency preparedness but also response), CARE should ensure that there is space to 'unpack' divisions that exist due to caste, religion, ethnicity, status, etc. within each gender identity and that these findings are incorporated into programme design and implementation. As partners indicated in several of the cases,* ***men, women, girls and boys should not necessarily be considered homogenous groups*** *(as is the case in most rapid gender analyses).* ***Partners can play a significant role in helping CARE break down and understand socio-cultural divisions within gender groups.***

Findings	Recommendations

The importance of flexible funding to empower women in restrictive environments

Most of the assessed partnerships reflected a traditional, CARE-centric approach, where CARE acted as donor. The urgency to respond often reinforced this position. **CARE's systems and procedures were viewed as not being 'partnership friendly', placing considerable burden on partners who had less robust structures and capacity**.

Good practice included the engagement of non-traditional partners and informal organisations better able to operate, navigate and deliver gender-responsive programming in insecure contexts. Without flexible funding arrangements, it would have been difficult for CARE to adopt innovative approaches to working with organisations on women's empowerment programming in highly restrictive and conservative settings. For example, **flexible funding allowed CARE Lebanon to build relationships with volunteers' and women's groups with less robust operations systems than normally required**; a more rigid funding environment that demands greater scrutiny and oversight would have compromised the trust, confidentiality and safety upon which the relationship and gender-responsive work of partners depended in this highly insecure environment.

Set standards for systems and procedures with partners that encourage a diverse range of partnerships, including with non-traditional or informal groups, with advocacy and social mobilisation groups, local CSOs or national NGOs. These partnerships are key to engaging existing women's leaders and organisations and capitalising on efforts to empower women and girls in restrictive and challenging environments. *Standards should minimise the burden on partners and ensure that partners have an active role in agreeing to processes of control and verification that minimise liability and risk*.

Extend the use of appeal funding and its flexible application to support non-traditional and informal organisations in insecure contexts. *Lobby donors for greater flexibility of institutional funding* to support these types of organisations in challenging contexts and for donors to accept procedures and controls that promote flexibility. Working with peer INGOs (like the UK-based 'Missed Opportunities' consortium and the START network) will be critical to strengthening lobbying efforts with donors. The Grand Bargain negotiated at the World Humanitarian Summit and the Charter for Change commitments provide new openings to address existing constraints to funding local organisations.

Ensuring protection and accountability in remote partnerships

CARE is increasingly using **remote programming** to respond to emergencies in fragile settings. This operating model has **challenged CARE's capacity to ensure accountability and protection** from gender-based violence, exploitation and abuse.

The effectiveness of traditional accountability approaches and tools (such as complaint mechanisms) is being tested. The partnership model relies on considerable trust between CARE and its partners since CARE's presence in communities is greatly reduced. Moving to lighter operating models will further distance CARE from being directly present in communities and from direct contact with beneficiaries.

Develop internal guidance and standards towards strengthening the accountability of partners to project participants, especially women and girls given their unique vulnerabilities. *Design accountability tools and approaches applicable to light or remote presence operating environments* (as will increasingly become the norm for CARE). Each case study country had developed their own partnership guidelines, with no strong evidence of sharing and learning amongst countries. Partnership guidance is critical for standardising approaches, but more importantly for ensuring accountability to beneficiaries in predominantly partnership-based models.

*Tools and approaches should not undermine the trust and acceptance that communities and authorities have in partners and with CARE. **Reinforce trust throughout the partnership cycle and via joint work and training**. Partners' participation in Emergency Preparedness Planning and in CARE humanitarian training is critical to fostering trust, socializing CARE's approach to gender-transformative programming, and strengthening joint accountability towards beneficiaries.*

Findings	Recommendations
Building understanding and capacity to deliver gender-transformative response	

Some CARE staff still question whether it is possible for programming to be gender-transformative in the heat of emergency response. Thinking beyond the short timeframes of emergency projects and the urgency of addressing immediate needs is challenging for many. In contexts with severe gender inequality and deeply embedded negative gender norms, the risks of transformative programming were often considered too high. These concerns were amplified by perceptions of partners' weak gender capacity (not surprising given they were primarily selected for their emergency, not gender, experience).

The success of most partnerships was rarely evaluated beyond the project output level. Moving beyond outputs to project outcomes and accountability to women, girls, men and boys, is a prerequisite for a programme to be gender-transformative. Under the old gender marker rating, most of the programmes surveyed were considered gender-responsive as, to some degree, they targeted men and women separately and addressed the specific needs of women through particular activities, training and opportunities. **Much rarer were projects and partnerships that presented a robust analysis of the power dynamics and related gender norms and structures of communities, and reflected the depth of understanding or commitment required to address gender inequality substantively**. CARE's new gender marker rating – raising the bar for what makes programming gender-responsive – helps clarify that, to be gender-responsive, programming also requires actions that challenge existing gender roles and relations.

Build awareness among CARE staff and partners, and present a convincing argument, that gender transformation is achievable in emergency response. *This requires stepping up investment in tools and capacities beyond those that were good enough to achieve previous gender-responsive ratings. Power analysis and do-no-harm approaches will need to become standard approaches for CARE and its partners.*

Invest in taking gender responsiveness to the next level, *building upon the positive steps throughout CARE in pushing for humanitarian programming to be gender-responsive at a minimum. Develop specific GiE guidance on what is required, defines and forms gender-transformative programming. Actively learn from others, including national women's organisations already successful in gender-transformative emergency programming.*

*Strengthen understanding and show the value of **integrating humanitarian and long-term development programming for lasting gender transformative change**. CARE's Emergency Planning Process should better articulate related approaches and leverage long-term women's empowerment programmes. Similarly, partnerships should capitalise on existing gender gains, assets and structures (such as improved women's capacities, confidence, leadership, and women's organisations).*

Findings	Recommendations

Changing attitudes towards gender-transformative programming

The humanitarian sector tends to be male dominated and to favour local actors with a similar make-up. Women often face social, cultural and political barriers to engaging in humanitarian work. **This bias undermines CARE and its partners' ability to reach women, work with women's organisations and move beyond gender-sensitive response**. While support exists for gender-transformative programming, staff often cited the lack of qualified female candidates or cultural restrictions on women working at field level. The gender-transformative agenda is still viewed as an externally imposed concept that can be disrespectful of local culture, religions or norms. There remains significant room for building and communicating an understanding of CARE's approach and rationale for gender-transformative programming internally and with partners.

In many cases, as in Pakistan, respondents felt that **women's rights organisations could positively challenge CARE's commitments, risk thresholds, attitudes and male-dominated humanitarian structures**, and push CARE outside of its comfort zone while helping CARE to better understand how to move from gender-responsive to gender-transformative emergency programming.

Work towards achieving gender balance in CARE's humanitarian team at senior leadership and field levels. CARE humanitarian training should continue to encourage strong women's participation and where needed provide financial incentives.

Invest in building the capacity of female humanitarian workers to address the fact that, in many countries, local women do not have the same level of experience as men due to past inequities. Explicit women leadership initiatives with a focus on the humanitarian sector have potential to reach more women for humanitarian roles.

Actively seek local knowledge and practice to shift attitudes on gender. When women's organisations with women staff operate in areas where CARE and existing partners believe it is difficult or prohibited for women to work, CARE should learn from their approach to overcoming the real and perceived barriers to women working in the field in various contexts, and look to gain evidence to validate or reject assumptions.

Do not shy away from partnering with organisations that might challenge CARE's commitment, approaches and risk position with respect to gender-transformative work. Gender balance within CARE will go some way towards overcoming internal discomfort and resistance.

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