GENDER TRANSFORMATIVE PARTNERSHIPS IN EMERGENCIES[1]

INTRODUCTION

At the May 2016 World Humanitarian Summit (WHS) in Istanbul, CARE reaffirmed its commitment as a leading agency that empowers women and girls to be change agents and leaders during times of crisis. Additionally, as a signatory to the Charter4Change agreement at the WHS, CARE also strengthened its commitment to the localisation of humanitarian aid by pledging to channel at least 20% of its humanitarian funding directly to southern-based NGOs by May 2018.

CARE's focus on women and girls is based on overwhelming evidence of widespread gender discrimination that denies women and girls their basic rights, is an underlying cause of poverty and leads to women and girls being more vulnerable to disasters than men and boys. At the same time, CARE understands that disasters often disrupt and displace social structures and relations thus providing opportunities to promote gender transformational change and for women and girls to take on leadership roles in the relief and rebuilding processes in their households and communities. CARE's development programming experience has shown that working with local partners to empower women and girls can bring about lasting change where women gain more control over their lives and societal structures and relationships become more equitable.

Study Aims and Methodology

The current study aims to strengthen CARE's understanding of how working with partners supports CARE's humanitarian programming in not only addressing urgent needs but also to be gender transformative. CARE engages in a wide range of partnerships that fulfil a variety of roles, this study largely focuses on national and local level civil society partnerships. Based on a sample of recent emergency responses it draws out key lessons and proposes actions for CARE to strengthen its on-going and future partnerships to at least consistently foster gender sensitive humanitarian action, but ideally to further gender transformative humanitarian action.

The study uses CARE's gender continuum as an analytical tool to assist in assessing where its programming and its partnerships lie along the continuum, and the required actions to move closer to the transformative end.

Harmful: Reinforces inequitable gender stereotypes, privileges men, disempowers and/or increases vulnerability of women and girls.
Neutral: Ignores gender norms and differences in opportunities and needs between women and men – misconstrued as the principle of being 'fair'.
Sensitive: Acknowledges and considers gender norms, roles and relations, but does not (or does little to) address gender inequalities.
Responsive: Acknowledges gender norms, responds to women's and men's specific needs, and targets specific groups.
Transformative: Builds equitable gender norms and structures, addresses harmful norms, considers specific needs and empowers women.

The study also used CARE's gender in emergency guidance notes on 'Gender Sensitive Partnerships' and 'Integrating Gender Equality into Project Design' to investigate how

[1] This study draws heavily on existing CARE documents either as direct quotations or paraphrased text. These documents are presented as reference at the end of this document.

partnerships have been established, engaged, strengthened and maintained; and the role partnerships play in positioning CARE along the gender continuum.

Study Limitations

A limitation in virtually all the evaluations used is the apparent lack of clarity on the role of the partners. Invariably, throughout the reporting and other documents, aside from initial mentions of the partners involved, references to the involvement of partners virtually disappears when describing the implementation of activities. On occasion partners are not even mentioned at all even though follow-up interviews with country staff revealed that they were involved in the emergency programming.

Thus the respective role of CARE and its individual partners associated with various activities proved to be difficult to discern from reports. Similarly, while partners may be referred to generically they are very rarely identified individually in reports. The inputs partners make and their technical contributions are also rarely clarified beyond the generically presented 'contextual understanding' and 'presence and access to communities and marginalised groups'. Although all the reports are clear on the 'capacity building' provided by CARE to partners there is no reference in any report as to how working with partners helped to build CARE's own technical capacity. Thus, to a degree, the analysis presented below is based on the assumption that issues raised in evaluations apply to both CARE and its partners unless they are specifically identified as separate.

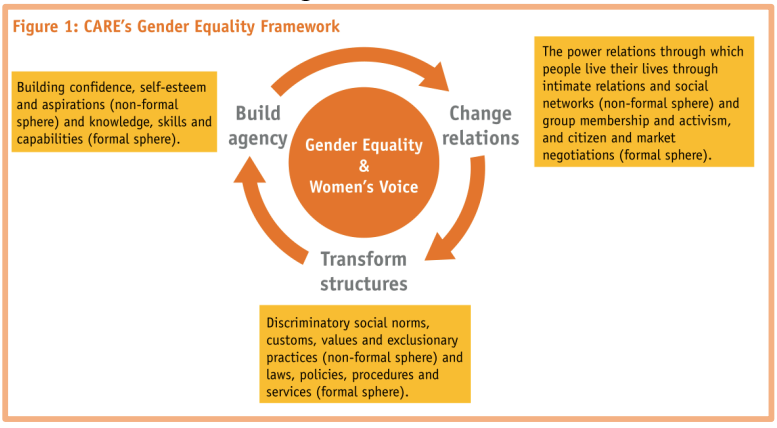
GENDER TRANSFORMATIVE PROGRAMMING IN CARE

What is Gender Transformative Programming?

CARE defines gender transformative programming as programming that "actively strives to examine, question, and change rigid gender norms and the imbalance of power as a means of reaching outcomes (in a particular sector) while also promoting more gender equitable objectives." For transformative programming to be successful requires that structural causes as well as the symptoms of gender inequality be addressed rather than just the temporary addressing of needs or the provision of opportunities. CARE bases its transformative programming on the theory of change that gender equality through the different stages of life is realised by building agency, changing relations and transforming structures for people of all genders and between genders. For programming to be transformative it must lead to sustainable and growing change in the control and options women have in their lives. Critically, CARE emphasises that addressing gender equality should not just be a technical response but must challenge and engage power structures to change unequal power relations.

CARE's Gender Equality Framework illustrates the theory of change behind transformative programming.

Figure 1: CARE's Gender Equality Framework



Gender transformation and emergency programming

Thus, CARE acknowledges that the addressing of gender inequality takes time, tends to follow a non-linear pathway and will raise risks. CARE's experience has shown that this at times presents a perceived paradox for emergency programming, which is traditionally based on the immediate addressing of urgent needs and providing technical solutions to repair damage and restore lost assets. However, CARE also recognises that disasters often exacerbate existing gender inequalities that can be further and severely increased by humanitarian programming that is blind to those inequalities and weak in understanding the power dynamics that cause women and girls to be more vulnerable in crises.

A foundational principle of CARE's updated (2015) Humanitarian and Emergency Strategy (HES) is "that gender equality and transformation **can be** achieved through humanitarian response in a broad range of settings." However, CARE recognises that this can only be achieved if its humanitarian programming (preparedness and response) explicitly focuses on achieving gender equality outcomes in its activities and approaches; and if the organisation sufficiently invests in building the capacity of its staff and partners to design and deliver transformational programming.

Therefore, CARE's Humanitarian Strategy and its Gender Equality and Women's Voice Guidance stress the importance of taking an approach to humanitarian programming that is able to understand and use the opportunities that crises present to empower women and girls, address the violence and exploitation they face and promote a more gender sensitive humanitarian system.

CARE's investment in gender in emergencies

CARE's recent work on Gender in Emergency (GiE) has significantly increased its investments in gender sensitive preparedness, vulnerability analysis, capacity building and the integration of humanitarian action with long-term programming. This is intended to alleviate the challenges of and address the perceived tensions in implementing gender transformative approaches alongside the meeting of urgent needs of typical crisis responses. The adoption of GiE tools and approaches continues to improve CARE's capacity and success in being gender sensitive at the very earliest and critical stages of an emergency response.

The gender standards CARE has set for its humanitarian (and development) work emphasise the level of investment needed to ensure that its approach is at the minimum gender sensitive and ideally gender transformative. The standards require the following: gender and power analysis and data disaggregated by sex and age, explicit gender equality results and gender sensitive indicators, a gender strategy or gender action plan, the identification of risks and the protection of 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.

PARTNERSHIPS IN CARE

Partners as peers in achieving gender equality

CARE's 2020 Programme Strategy stresses that partnerships are fundamental to achieving success in the three roles (humanitarian action, promoting lasting change and innovation, and

multiplying impact) CARE needs to take to fulfil its mission and goal. Establishing itself as a partner of choice for key stakeholders, who value CARE for its expertise, experience, approach and innovativeness, is also a key component of CARE's partnership model.

To fulfil its ambition of working in partnership, particularly with local civil society organisations, requires a need for change from the 'CARE-centric instrumentalist approach' that treats partners as contracted 'implementers', to strategic relationships based on mutual and equal power and influence. Viewing local civil society as peers with common purposes and visions is a vital role and attitude change that CARE acknowledges it must take to be a partner of choice and to realise the goals of its programme strategy.

CARE views partnerships with organisations that have women's rights, women's empowerment, gender justice and equality as their core purpose as central, not only to its goal of strengthening gender equality and women's voice, but also for transforming its own organisational culture, systems and processes to make them more relevant to mutual peer-based enabling relationships, as well as for defining its future role. While CARE presently partners with a diverse range of actors (civil society, private sector, government, etc.) it recognises the need to strengthen partnerships and focus them more explicitly on addressing the agency, structures and relationship changes that lead to gender equality, as prescribed by its theory of change.

Partnerships and emergency programming

CARE's Humanitarian and Emergency Strategy describes partnerships as critical to fulfilling its humanitarian mandate, especially in contexts where CARE's own capacity and presence may be limited or reduced as part of the organisation's ongoing transition to lighter operational models. The strategy acknowledges the need for sustained investments in partners to build and maintain preparedness and response capacity and strengthen relationships. The strategy also calls for building strategic alliances at all levels (local, national, regional, global) to bring about broad systemic change towards more gender accountable and equitable humanitarian policy and practice.

As part of its gender in emergencies (GiE) work over recent years, CARE developed a Guidance Note for Gender Sensitive Partnerships. The note provides a checklist to see whether partners have the capacity and interest for gender sensitive emergency programming. A key point raised is that effective partnerships must go beyond traditional sub-granting relationships and be based on long-term relationships that transcend the emergency in question. Recognising existing weaknesses, the 2013 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; and that adopting gender sensitive tools and approaches, and investing in appropriate gender expertise is not viewed as a luxury that can be overlooked by the need of the urgency of emergency responses.

The partner survey conducted as part of CARE's GiE Impact Report 'Empowering women and girls affected by crisis' (April 2016) found that CARE was generally viewed as a partner that is supportive, open, and equitable in its relationships, but also that it was at times rigid, overly complex and bureaucratic in its systems and processes. Partners often also expect CARE to be a stronger advocate for gender sensitive programming and also to have greater capacity and expertise at all levels (not just at the senior level) of the organisation.

CASE STUDIES

The following case studies are a sample of the broad and diverse range of partnerships CARE engages in during crises. These cases are not meant to be representative of all of CARE's emergency response partnerships, but rather reflect a snapshot of the organisation's humanitarian programming. The findings generally reaffirm those of other reports or guidance documents within CARE that have looked more specifically at either gender or partnerships, and also draw on those findings to analyse the links between gender and partnerships.

The information presented relies primarily on post-crisis evaluations and follow-up interviews with country office representatives, as listed at the end of this report. In most cases the latter were the humanitarian leads, gender advisors or partnership coordinators in the concerned country. When possible partners were also interviewed to provide their perspectives.

A) CARE Philippines Typhoon Haiyan Response, 2013

Context: When Super Typhoon Haiyan struck the Philippines in November 2013, CARE responded immediately to what it categorises as a Type 4 emergency[2]. CARE's response focussed primarily on shelter, food security and livelihoods. In the first year, working with seven local partners, CARE raised $27 million and reached almost 320,000 people in some of the worst affected areas. The number of women reached was nearly 153,000 or 48% of total beneficiaries.

Gender continuum position: Overall the response was viewed as generally meeting the criteria of being **gender responsive** (Grade 4 under the revised CARE Gender Marker, or 2a under the previous system) with a number of initiatives being **transformative** in challenging traditional norms and roles in the reached communities, at least in the short term.

Background: While it had not had a mission presence in the country since 2007[3], prior to Typhoon Haiyan CARE had continued to work with local partners implementing disaster risk reduction (DRR) and livelihood programmes, including in the areas devastated by the typhoon. The presence of these programmes was a factor in determining the locations CARE decided to cover with its response, and CARE's response strategy was based on "harnessing the capacities of local partners to scale up its response and recovery phase". The partners selected were primarily community development organisations that had a strong focus on disaster response and risk reduction. CARE also partnered with savings and credit cooperatives that had been part of CARE's programming prior to the closure of its office in 2007.

Faced with the enormity of the crisis and its lack of presence in the country at the time CARE's main criteria for selecting partners were as follows: their relevant programming experience in the sectors CARE prioritised; their emergency programming and financial capacity; their geographical presence in the target areas; and their previous experience with CARE or affiliation with a CARE partner. This approach served CARE well in the early

[2] Type 4 is CARE's highest rating for a disaster — more than 1 million people affected and 250,000 severely affected with extensive damage, loss and significant gaps in national response capacity.
[3] CARE USA officially closed its country office in the Philippines in 2007, while CARE Netherlands continued to implement projects (mainly DRR) through an 'alliance' of five local organisations.

response stages as the selected partners were instrumental in assisting CARE to respond within 72 hours, to scale up rapidly, and to reach remote communities (GIDA[4]) and the most vulnerable within those communities.

While the partners were selected for their presence on the ground in general they did not have detailed formal sex and age disaggregated data or baselines of beneficiaries and robust analysis of vulnerabilities and socioeconomic conditions that would have been invaluable in informing CARE's response and making its programming more gender sensitive. CARE itself conducted a rapid gender analysis (RGA), which it relied on during the programme design process, and the SADD collected during the response was used more for monitoring and evaluation than programme design purposes.

Gender sensitivity or a women's empowerment background were not key criteria for selecting partners, but were rather seen as areas that CARE would build capacity on during the response. None of the partners had a particular focus on women and girls or explicitly identified gender equality or women empowerment in their vision, objectives or approaches.

Challenges: The partnerships were generally short-term donor contract-based and output-focussed. Most partners found it challenging to meet CARE's financial, administrative and operational requirements. CARE's willingness to support and find mutually acceptable solutions helped maintain generally positive relationships with them. CARE's own evaluations recognised the advantages of working with partners although cost savings and ease of implementation were not viewed as clear obvious benefits.

The selected partners had varying degrees of awareness on gender dynamics and would likely fall into the category of being either gender neutral or gender sensitive on the gender continuum. Although the leadership and senior management amongst the partners was supportive of gender equality and recognised their organisational weaknesses on these issues, only one partner had gender policies in place. They all understood the need to empower women but were unclear on how to achieve this given their understanding of the risks they perceived in raising these issues in communities and with directly engaging women. Initially this uncertainty, compounded by internal cultural biases and pressure from influential individuals in the community, led to partners (unintentionally) excluding some of the most vulnerable from receiving immediate relief. Low awareness and confidence in complaints / accountability mechanisms failed to raise these exclusion errors in the early stages of the response.

Best Practises / Lessons: A key principle and approach in CARE's response strategy was to ensure that its programming contributed to gender equality, protection and women's empowerment not only as cross-cutting issues but as guiding objectives during beneficiary selection and the delivery of assistance. Therefore, CARE invested significantly in building the capacity of its staff and partners on gender and protection with a dedicated gender specialist providing training and coaching. Each partner was supported to develop gender and protection action plans and was trained on integrating and monitoring gender and protection in its programming. The partners supported CARE to conduct gender analyses and to collect sex and age disaggregated data (SADD) and vulnerability data, and established gender balanced roving teams.

[4] Geographically isolated and disadvantaged areas.

During the immediate relief phase an 'on-the-job' rapid sector-specific capacity building approach was adopted for partners, which centred largely on raising awareness on gender sensitivity and ensuring that women were targeted and their specific needs addressed. CARE produced sector-specific guidance notes and information, education and communication (IEC) materials for partners' internal organisational use as well as for using in communities as part of the programmes. Following the relief phase CARE conducted gender capacity assessments of its partners and subsequently designed and funded (budgeting approximately $60,000) a gender capacity development training programme for partners. It should be noted that the benefits of this investment (along with lessons learnt) transcended the Haiyan response as improvements in targeting and promoting women as build back safer (BBS) cluster leaders were noted in the response to Typhoon Hagupit, a year later.

The partners' understanding of the perceived challenges they would face in adopting approaches that empowered women provided valuable learning for CARE in developing its interventions and strengthening the participation of women on selection committees and activities from which women were traditionally excluded. This local knowledge supported the higher or equal to male participation of women on the various relief and recovery committees, though to a degree this was attributed to so many men being absent working away from home.

Long term pre-crisis engagement and investments had unfortunately not enhanced the gender sensitive capacities of the alliance of five NGOs, as this required a dedicated investment from CARE during the crisis period. A number of organisations indicated that the experience of working directly with CARE during the emergency had highlighted the need to mainstream gender equality throughout their work and to strengthen their accountability to beneficiaries, especially women and girls. One of the main NGO partners, ACCORD, noted that the introduction to SADD was particularly valuable and is now being used by the organisation throughout its DRR and community development work to strengthen its focus on social inclusion.

During the response it was evident that without consistent engagement and prompting by CARE, that partners would at times become complacent in ensuring gender sensitivity throughout the programming and operations, and gender would slip to the back of the agenda. Therefore, as a part of its latest emergency preparedness plan, CARE Philippines intends to include women's organisations as partners, particular those with capacity and knowledge on women rights and protection issues. CARE Philippines foresees the main role of these organisations as being to continue to build the gender capacity of the main response partners, and to support the production of rapid gender analysis and gender briefs. When CARE closes its presence in the Philippines these women's organisations, as part of the foreseen humanitarian partnership platform, will thus, to a degree, take over future gender technical roles and responsibilities that CARE assumed during Typhoon Haiyan.

It should however be noted that while partners may not have explicit objectives on gender equality, some like ACCORD focus strongly on social inclusion and ensuring that all marginalised and vulnerable groups (including women) are engaged and empowered by their work. Although ACCORD's engagement with communities and its use of existing approaches to build solidarity, like the 'bayanihan[5]', were key factors of success, there is very little clarity in the reporting on how ACCORD's specific capacities and expertise on addressing social inclusion added value to CARE programming. Based on its experience

[5] Bayanihan is a recognized part of traditional Filipino custom and refers to the spirit of communal unity, work and cooperation to achieve a particular goal.

ACCORD stressed the need for CARE to be flexible and open with respect to targeting vulnerable groups like women, as communities are "messy and complicated, each having a particular history with regards to cultural characteristics", and hence one approach does not fit all communities. In many cases in the Philippines communities have strong active women leaders and voices with the local power dynamics.

Though not specific to CARE, the findings of a study conducted by CARE UK on accountability on gender issues in humanitarian action in the Philippines can guide CARE's future partnerships to be more gender transformative[6]. The study found that an overemphasis on outputs such as 'gender mainstreamed', 'data disaggregated', 'capacity built' and 'analysis conducted', at times detracted from a stronger focus on outcomes and accountability to women, girls, men and boys. Accountability mechanisms were especially reported as weak in revealing gender-based violence or sexual exploitation, and for allowing individual women to express disapproving or opposing opinions regarding their needs. More clarity and standardisation on accountability to gender and gender outcomes was strongly recommended. CARE should look into partnering with the government on CRM/PSEA work with the suggestion that the government take the lead since it has a well-established complaints mechanism (gender desk) under the Social Welfare and Development Departments (SWDD) that is viewed as comprehensive, harmonised and trusted. The government also has established legal and political national mechanisms for disaster management and response that consider gender equality and women's empowerment.

The Philippines also has established women's rights organisations with proven success on advocating for gender sensitive laws and policies, which have had gender transformative outcomes. Thus the established national mandates and the presence of strong civil society actors that focus on gender equality provides CARE with excellent opportunities to advance its commitment to women and girls being in control and leading future emergency programming in the country. The almost inevitability of annual major typhoons in parts of the country provides a strong rationale and potentially generates resources (through appeals) to support CARE in maintaining the consistent support and investment needed to foster gender transformative humanitarian action over the long-term.

B) CARE Pakistan Khyber Pakhtunkhwa IDP Crisis Response, 2013-2014

Context: Over the past decade Pakistan's Federal Administrative Tribal Area (FATA) and Khyber Pakhtunkhwa[7] (KP) areas have experienced conflict that causes annual population displacements and disrupts and destroys livelihoods and homes. From a peak displacement of nearly three million people in 2009 (of which most have returned), each year 100,000 to 250,000 people are displaced while fleeing seasonal conflicts. The case load in KP and FATA of total recognised internally displaced people (IDPs) is roughly 750,000 per year[8] with a majority (80%) residing with host families rather than in camps. CARE's project reached 64,000 individuals – 59,000 in health care and 5,000 on cash for work. Approximately 50% of the health care beneficiaries were women and girls, while 90% of the cash for work beneficiaries were women.

[6]The study analysed enabling factors, challenges, and opportunities for increased accountability on gender in the Philippines. See Benasuly 2015 under references.
[7] Formerly the North-West Frontier Province or NWFP.
[8] Estimates are from the UN as the government of Pakistan does not 'officially' recognise IDPs. It should be noted that Pakistan is also hosting over 2.5 million registered and unregistered Afghan refugees who have fled conflict in Afghanistan over the past 40 years.

Gender continuum position: The project can be regarded as having been **gender responsive** both for its efforts to specifically reach and target women and for its work with men in building their understanding on the importance of women having personal identification documents so as to be recognised by the government and to be individually registered as IDPs.

Background: CARE Pakistan had responded to the 2009 IDP crisis in the Swat valley, but it only decided to initiate a project to support IDPs from the FATA and KP regions in 2013 following a rapid increase in the number of IDPs due to increased military operations to clear certain regions of terrorist organisations. All of CARE Pakistan's programming is with local partners, and the country office has an established partnership framework and a funded programme to engage and strengthen the capacity of partners in emergencies. CARE's 2013–2015 KP IDP health and livelihood assistance programme was unique for CARE Pakistan with respect to it partnering with a women's organisation specifically to strengthen the programme's success in reaching and empowering women.

KP and FATA are religiously and culturally very conservative areas in which 'purdah' (separation and seclusion of women) is often practised to it strictest interpretation. Men generally control access to women, as well as most daily decisions. Women are generally confined to their homes or very close proximity and when in public are accompanied by a male family member. Women also often don't possess personal national identity documentation and are mostly only mentioned on their husbands or fathers' identification documents. To address some of these challenges CARE partnered with SAWERA, a women-led organisation working in FATA and KP with a strong focus on women's empowerment. CARE had worked with SAWERA previously on a flood relief programme. CARE also partnered with its long-standing partner IDEA from the 2009 SWAT IDP crisis. IDEA is a community development and empowerment organisation.

Both partners were involved throughout the project cycle jointly working with CARE on intervention design, coordination protocols, the selection of areas to work in, shared office set-ups, capacity building and technical assistance needs, implementation and monitoring. SAWERA focussed on cash for work (CfW) programming for women (which was generally home-based) while IDEA covered both clinic-based emergency health care and cash for work for men (generally public works-based).

To ensure the meaningful participation of women, SAWERA and IDEA established mobile women services centres to create safe spaces for women to discuss and make inputs on planned interventions. For both partners this was only possible using female-only field teams. This led to interventions being flexible and responsive to their respective socio-cultural contexts and constraints and their household responsibilities. While the project didn't explicitly seek to address social norms or empower women it did lead to women having more decision making control on the use of household cash and on personal health issues.

The KP IDP project represented the first time that CARE Pakistan had divided a project between two partners based on the gender of the proposed beneficiaries in the belief that for certain interventions a women's organisation would be considerably more successful in the very religiously conservative context of the project. In this case the women's organisation, SAWERA, was a relatively new and small, predominantly women-led and staffed organisation with limited emergency response capacity and a focus on empowering women through literacy and education. The other partner, IDEA, was a much larger community

development organisation with considerable recent emergency response experience on both flood and conflict disaster responses.

Challenges: The project's design, however, focussed primarily on short term outcomes related to health and livelihood improvements, with the main benefits of the partnership with SAWERA being related to their capacity to safely and appropriately reach and engage women beneficiaries, rather than their potential to make project interventions that were empowering and transformational. CARE's main challenge in its partnerships with SAWERA were addressing its lack of emergency response capacity and the implications this had for the delivery of project inputs and for ensuring quality.

The cultural dynamics of both organisations presented challenges common to many of CARE's partners in Pakistan in terms of achieving gender transformational programming. Many of CARE's long standing emergency partners like IDEA (which are all male led) have accepted the importance of being gender sensitive in their programming and are gender balanced in their operations as criteria for their partnership with CARE. They nonetheless remain patriarchal in their internal cultures and decision making — a characteristic which is often reinforced by their female staff when delivering programming in the field. Conversely, strong women-led and women's empowerment organisations like SAWERA struggle with engaging with men at the community and household levels. They do however engage with men at the policy level.

In Pakistan, humanitarian action remains overwhelmingly male-dominated amongst national NGOs as well as within many international NGOs (CARE included) and to varying degrees reflects the patriarchy and gender biases of the local culture. The National Humanitarian Network (NHN)[9], which has a membership of nearly 170 NGOs is dominated by male leadership, and only recently was a female representative of a women's organisation elected to its central executive committee.

Despite its many years working with partners, with considerable investments in building relationships and an established and articulated partnership approach based on mutually equal associations, CARE still struggled with some fundamental complaints from its partners. Lack of trust and respect between all parties; male domination; ongoing struggles with rigid systems, processes and controls that partners found too onerous; top-down blaming for failures; and a lack of transparency, consultation and communication while making decisions were regularly raised by partners at joint meetings.

Following the massive floods of 2010 that affected most of the country, women's organisations have increasingly engaged in humanitarian responses primarily taking advocacy roles to lobby for the rights of women in disasters. In 2010 the larger organisations released a comprehensive study on the impact of the floods on women and a 'Charter of Demands for Women in Disaster Situations[10]. These organisations have been active lobbying the government of Pakistan; most recently on holding the government accountable to the commitments it made on gender issues at the World Humanitarian Summit. While CARE has been an active supporter of the advocacy undertaken by the leading women organisations in Pakistan, CARE has yet to be able to establish a clear role with these organisations and be valued by them other than for providing financial support.

[9] Over the past three years NHN was financially supported by CARE to strengthen its capacity to take a strong leadership role in humanitarian governance and action in Pakistan.
[10] Released by Aurat (Women's) Foundation and the Potohar Organisation for Development Advocacy (PODA) respectively.

CARE's default position has been to work with these organisations as traditional implementing partners with the danger of slipping into the similar output-oriented approach demonstrated in its work with SAWERA. This approach undermines the potential of the relationship to deliver gender transformative outcomes. Women's organisations, with their focus on rights based programming, often don't have the operational and support systems and capacities suited to work on emergency responses and hence fare poorly when evaluated as potential partners by CARE. This often becomes the basis for rejecting a partnership or establishing a hierarchical relationship that is male-dominated. At times this prevented CARE from seeing and gaining value from the expertise and experience of these women's organisation.

Due to the predominantly output orientation of the project, the potential gender transformative impacts that SAWERA could have fostered were, however, negated. IDEA with its all women field teams was equally if not more successful in targeting women beneficiaries due to its greater experience and capacity to deliver emergency inputs in a timely way. SAWERA's voice and contribution towards the project was also dominated by the larger and more established IDEA. This dominance was negatively reinforced by CARE's bias towards IDEA as the organisation that was more capable of emergency response work. Allocating IDEA the role of mentoring SAWERA unfortunately reinforced the inequality in the partners' relationships with CARE.

Best Practises / Lessons: For partners like SAWERA engaging in emergency response programming strengthens communities' acceptance and support, as well as providing access to vital funding. Since disasters occur almost annually in Pakistan and undermine empowerment efforts and perpetuate vulnerability, organisations like SAWERA need to respond and support vulnerable communities during disasters, and thus actively seek support from organisations like CARE in building their emergency capacity.

The project was renewed for a second year by the donor. In this second phase CARE put more emphasis on building capacity on the understanding and use of gender in emergencies tools and approaches and addressing gender-based violence. The division created by CARE only assigning a women's organisation (SAWERA) to work with community women was felt to have had a negative effective on SAWERA's acceptance in the communities. Many community men viewed SAWERA as unfairly only working for women, which in turn reinforced SAWERA's hesitancy to engage men at the field level in its programmes. Thus, in the second phase SAWERA and IDEA both targeted men and women equally in their cash for work programming. This strengthened SAWERA's willingness and capacity to engage men during community vulnerability assessments and at community meetings.

In the second phase SAWERA used its status and networks to engage a wide range of women's organisations to strengthen its protection work (which included training civil society organisations, holding community dialogues and raising awareness) and the provision of protection services (medical and psychosocial care and legal case referral) to survivors of gender-based violence (GBV). However, the project still fell short of being transformative or looking beyond outputs as it focused mainly on providing services and raising awareness, and did little to change social norms and practices. Due to the inherent difficulties and dangers of working in the project area, SAWERA chose to work within the accepted cultural norms and practices rather than challenge them directly.

C) CARE Mali and Niger Sahel Humanitarian Crisis Response, 2011-2012

Context: The Sahel region regularly faces devastating food and nutrition crises. These crises are mainly drought-related and affect millions of people across the Sahel every two or three years. Due to the perpetual erosion of coping strategies, the depletion of assets and growing vulnerabilities, less severe droughts are increasingly triggering major crises. As a startling example, the 2011–2012 crisis affected almost 19 million people despite a crop harvest that was reportedly only five percent less than the average of the previous five years. During the immediate relief phase in Niger, CARE, with approximately $16 million of programming, reached 305,000 people (47% women) of the estimated 3.5 million seriously affected people, mainly through cash-based responses (cash for work and cash transfers). A similar number were severely affected in Mali where CARE raised over $6.8m and reached approximately 210,000 people.

Gender continuum position: The evaluation of the 2011–2012 response states that, given CARE's extensive presence in Niger and Mali and its focus on women's empowerment, the emergency response lacked the depth and analysis to move significantly beyond **gender responsive** programming and the targeting of women for specific assistance. The use of gender analysis and sex and age disaggregated data (SADD) was seen as restricted to output (as opposed to outcomes) level design and monitoring. Both the Niger and Mali programmes identified the lack of capacity in partners to conduct robust assessments with SADD and to take gender analysis beyond the identification of differential needs. Despite outputs specifically targeted at women, both community organisations reported that they had reached roughly equal proportions of male and female beneficiaries.

Background: CARE has been present in both Mali and Niger since the 1970s and presently has a strong portfolio of development programming there aimed at empowering women. Working with partners in both countries hundreds of thousands of households are actively and sustainably benefiting from CARE's VSLA (village savings and loan) programme, which was originally launched in Niger in 1991. The programme has strengthened the individual capacity, confidence and collective voice of women as leaders and decision makers in households and communities.

During the 2011–2012 crisis, CARE Mali relied on its existing long-term partners, who were familiar with CARE's systems and approaches and the geographical area of the emergency. For CARE Niger, working with partners in emergencies had not been the norm as it had largely relied on direct implementation in the past, and continues to do so for complex crises when responding to displaced populations. While CARE Mali's approach to partners was mostly based on strategic relationships, CARE Niger's was largely in terms of short-term sub-contractual arrangements.

Although expertise and experience on gender sensitive programming were not explicit criteria for selecting partners, those selected were known to have awareness of and capacity in gender sensitivity programming through their working relationships with CARE. CARE invested in capacity building initiatives during the crisis as it recognised the weaknesses in its partners' capacity associated with moving beyond gender sensitive programming and with adopting and implementing the gender in emergencies tools and approaches.

Challenges: The evaluation report identified a weakness in transferring the analysis and understanding of vulnerability, gender roles and cultural norms from CARE's long term development work into designing more gender sensitive emergency programming. Thus, the need to continue to address the 'silos' (separation) between development and humanitarian

work was highlighted. The expectation that partners with a long-term presence in the area and in-depth knowledge on the factors that drive gender inequality would to a degree mitigate this weakness was not evident during the response. The short term emergency responses were in fact viewed as undermining the long-term resilience of local populations.

To varying degrees, the two country offices have established gender strategies, guidelines and tools, but the application of these remains inconsistent and unsystematic. This is partly attributed to the relatively low prioritisation initially placed on gender in emergencies approaches in the crisis with the field level view of gender issues being a 'luxury' when balanced against the urgent need to respond (despite the crisis having a slow onset), organisational capacity and resources. This could be somewhat due to both country offices having male dominated emergency teams, especially at the field level. This dominance was amplified amongst the partners. Often the partners reflect and accept the same level of prioritisation placed on gender that they observe and experience when working alongside CARE.

Evaluations stressed the need for gender focal points within emergency programming in CARE and its partners as a mandatory requirement to address weaknesses in accountability towards gender in emergencies approaches and tools, and for adherence to the gender action plans. Particular in Niger the scale of the response took the country office to new regions and initially overstretched its capacity and the capacity of its partners which further reduced the focus on gender issues.

For CARE and its partners, the cultural and social barriers that women face seriously challenged the establishment of gender-balanced emergency teams, especially at the field level where women need to be mobile and openly engage with communities. A reflection report claimed that there was no strong evidence amongst staff and partners to address the internal structural and cultural barriers that limited the number of women staff in emergency programming.

Despite having long-term relationships with many of the partners who were assigned to work on the crisis, CARE continued to struggle with the capacity weaknesses in partners to deliver gender responsive emergency programming. This was especially prevalent in the areas of analysis and advocacy where partners needed considerable technical support and staff orientation. CARE also faced the challenge of internal biases within partners where staff often originated from the same communities in which the response was programmed, and hence were hesitant to address or were blind to negative gender norms and practices in those communities. Thus, partners' contributions focussed more on understanding the local context and working with local committees to help target women and girls, and to identify specific needs, rather than to address gender inequalities.

In general, the partners suffered from the same internal shortcomings faced by CARE in these two countries, and to some extent these could be considered to have been transferred by CARE to its partners. Thus, the low prioritisation of gender, the separation of development and humanitarian work, male dominance amongst staff, a focus on outputs rather than outcomes and hesitancy to move beyond addressing needs to tackling harmful gender norms and cultural barriers in partners tended to all be reinforced by CARE.

Best Practises / Lessons: Both CARE Niger and CARE Mali have taken on board recommendations from the evaluation of the response to the 2011–2012 crisis to address these issues. Their emergency preparedness planning now has more of a focus on building the gender capacity of partners as part of the preparedness process, and of ensuring that gender

focal points are in place, as well as implementing gender mainstreaming plans for both CARE and its partners. The emergency preparedness plans (EPPs) propose training communities on gender and carrying out more in-depth studies of the impact of crises on women and girls. The gender action plans call for strengthening CARE and its partners' staff to meet minimum standards for gender in emergency issues, to have gender-balanced emergency teams, to monitor and promote gender equality in national level coordination activities and to build capacity and awareness of protection from sexual exploitation and abuse issues and sensitivities.

CARE Mali has developed a plan to strengthen the integration of its long-term programming with its emergency programming. The plan calls for strengthening the training of all long-term programme and partner staff on emergency procedures and preparedness planning. In addition, the plan identifies the need for staff and partners to build disaster risk reduction strategies into their development programming and to develop strategies for building on CARE's long-term empowerment work to ensure gender transformative responses and to influence related government policies.

CARE Niger has similarly strengthened its working with partners to move towards a more integrated and long-term approach for building resilience in its major areas of operation and based on its women's empowerment programming focus. It also recognises the need to change its internal culture and mind-set to move away from the sub-contracting hierarchical approach, and to strengthen the partnerships established during previous crises. A key aspect of this is to strengthen the capacity of partners on disaster preparedness and risk reduction by strengthening the links with long-term programming. Specifically, CARE Niger is looking at strengthening its partners' engagement with the large network of village savings and loan associate (VLSA) groups (in Niger known as MMD – Mata Masu Dubara) to build its capacity to promote women's empowerment during times of crisis and recovery.

Based on its experience of GBV work from its Men's Engagement Project and an understanding of the severity of GBV in Mali, CARE Mali also invested in building the capacity of staff and partners to implement GBV prevention programming during the emergency. However, subsequent evaluations indicated that rather than training existing partners, working with new partners who had a specific GBV focus and experience would have added more value in terms of improving capacity, attitudes and working approach, and enhancing CARE Mali's overall emergency GBV programme. Despite having a similar context in terms of GBV, this initiative was not taken up in Niger, and the post-crisis evaluation identified significant gaps in mainstreaming protection throughout CARE's response.

As recommended with the GBV work, there are significant benefits for CARE to partner with established GBV-focussed organisations to facilitate its programming. Similarly, since both Mali and Niger have strong networks representing approximately fifty women's organisations, CARE's offices could benefit from an explicit strategy to engage with these networks and their members. Although most of these organisations are rights-based, given the male dominance of CARE and its partners in existing humanitarian programming in these two countries, working with women's organisations would provide a possible option to address the challenges to achieving more gender transformative outcomes.

D) Syria Crisis – CARE's Lebanon Response, 2015–2016

Context: Over the past five years the civil war in Syria has led to nearly half a million deaths and displaced over 12 million people, 4 million of who have become refugees. Nearly a half of the 12 million have suffered multiple displacements. A resolution of the conflict is unlikely any time soon. CARE is responding to the crisis from its offices in Lebanon, Turkey, Jordan, and KRI supporting both refugees who have crossed the respective borders as well as working in Syria with local partners.

Gender continuum position: Despite the extreme operational challenges of working in war-torn Syria and the socio-cultural barriers to programming for women, CARE Lebanon's local partners have demonstrated through the pilots their ability to successful carry out the planned activities, meet programme objectives and deliver **gender responsive outcomes.**

Background: Due to security issues and the Syrian government's total restriction on non-registered NGOs[11] like CARE working in Syria and from across the border, CARE Lebanon's programming in Syria is entirely in partnership with local NGOs and through remote programming. To date CARE Lebanon has focussed on implementing a number of small scale pilot projects (3–4 months in length with up to $60,000 of funding) to test the partnerships and refine its remote programming procedures. Initiated in July 2015, the pilots with the initial five partners have focussed on addressing urgent basic needs (food and non-food items), and providing shelter, winterisation and livelihood support, with gender as a cross-cutting issue. In March 2016, CARE Lebanon launched gender and livelihoods programming with three additional partners on psychosocial support, recreational activities, educational courses and vocational training for women affected by the conflict.

Unlike CARE's operations from Jordan and Turkey, which retain a degree of control over procurement and logistics, due to the nature of the government restrictions CARE Lebanon's partners in Syria are fully responsible for all aspects of the programme including all procurement as supplies are unable to cross the border and hence must be procured locally. CARE Lebanon's approach to partnership goes beyond the objective of meeting the needs of the most vulnerable in Syria and is also aimed at strengthening Syrian humanitarian organisations and groups.

CARE Lebanon's approach is articulated in its 2016–2017 partnership programme strategy, which is based on working with Syrian partners to build resilience through locally sustainable agriculture-based livelihood interventions, and to contribute to the protection and empowerment of women and girls by supporting women-led organisations. Going forward CARE Lebanon expects to engage local partners to expand its women's empowerment and protection programming and its commitment to working with and strengthening women's organisations inside Syria.

The partnerships are usually identified on the basis of recommendations and subsequently through meetings to confirm common principles and purposes, and subsequently through a more formal capacity assessment process. Due to sensitivities and security issues, building trust and respecting risk thresholds and visibility profiles is critical to successful partnerships. The criminalisation of humanitarian work by the government of Syria requires that a very low profile and strict controls on the transfer of information and the nature of contact must be maintained throughout all aspects of the partnerships.

[11] Registered NGOs are restricted to working only in government controlled areas.

Challenges: A number of CARE Lebanon's partners have been forward thinking and sophisticated in their approach to taking forward women's empowerment and protection programming in the dangerous situation. Other partners do however demonstrate the same norms and practices within their operations and programming that at times discriminate and patronise women. However, CARE Lebanon's ability to monitor these issues from Lebanon is limited. The remote nature of working presents real challenges for CARE Lebanon in protecting against possible sexual exploitation and abuse or establishing reliable independent complaint response mechanisms.

Internally CARE Lebanon itself struggles with the commitment, institutionalisation and clarity on gender equality as a programmatic priority in a complex and challenging emergency context like Syria. This has constrained its desire and ability to fully engage in certain women's empowerment programming or with certain organisations that would put a stronger focus on advocating for women's rights.

Best Practises / Lessons: The threats and risks of the operating environment have forced CARE Lebanon to be flexible and innovative. The office has engaged with a diverse range of partners from large established organisations to informal grassroots organisations and volunteer groups. Relying largely on flexible funding has helped CARE Lebanon relax some of the normal stringent conditions and compliance requirements that CARE places on its partners, which has been vital for facilitating its ability to remotely programme in highly insecure environments. CARE Lebanon's initial approach of piloting (necessitated to a degree by the limited funding available) has allowed a progressive building of relationships, which CARE Lebanon hopes will lead to longer term strategic partnerships.

CARE Lebanon approach and the funding to date has allowed CARE Lebanon to remain flexible in both the type of partners and in adapting to the difficult programming context. Its ability to engage and build relationship with groups (including volunteer groups, women's groups, and local civil society organisations), which may have less robust operations systems and structures than normally required by CARE Lebanon, has contributed to its ability to deliver women's empowerment programming. A more rigid funding environment that demands great scrutiny and oversight could compromise the trust, confidentiality and safety upon which the relationships and gender responsive work of partners depends in the highly insecure operating context.

The considerable cultural diversity and conservatism that existed in Syria prior to the crisis has since been in a state of flux due to the massive displacement of entire communities and the dogma of the controlling factions in specific geographic areas. Within this complex and fluid context CARE's partners have played a crucial role in helping CARE understand to what degree and how women's empowerment and protection can be best implemented as well as the basic and livelihood assistance programming. For example, CARE's partners made possible a research study on women, war and work. This study strengthened CARE's understanding of how traditional livelihood roles and responsibilities have been severely disrupted and at times reversed due to the crisis, as in many cases men have lost their business or employment and women have become the main income earners.

CARE Lebanon has relied on both women's organisations and organisations and groups led by men for its empowerment and protection programming. It has also respected the limitations placed by partners on women-focussed activities and on women staff being active in the field due to the extreme dangers they would face. CARE Lebanon has also learnt to adapt its narrative when engaging with a number of Syrian partners, moving away from

discussing gender, which conceptually may not resonate with partners, to focus on the specific concerns of women and girls that are more readily appreciated.

E) 2015 Earthquake Response – CARE Nepal

Context: In April and May 2015 devastating earthquakes with magnitudes of 7.8 and 7.3 struck Nepal. The disasters killed nearly 9,000 people, injured more than 22,000 and destroyed or damaged half a million homes and thousands of public buildings. CARE's response targeted raising approximately $40 million and reaching 100,000 people with integrated shelter, livelihood, water and sanitation for health (WASH), and sexual, reproductive, and maternal health (SRMH) interventions. Gender equality, social inclusion and protection (GESIP) activities were to be mainstreamed across the implementation and all sectors, and direct GBV programming was to form a part of the overall response.

Gender continuum position: Having a strong focus on gender equality, social inclusion and protection, as well as GBV, CARE invested considerably in ensuring that gender in emergency tools and approaches were diligently applied throughout response activities it supported. Overall CARE's response was **gender responsive** having gender specific targeting and activities, with protection integrated across sectors. CARE Nepal also invested significantly in raising awareness and sensitise communities through media and volunteers on issues related to gender equality and rights, GBV, social inclusion and protection. Considerable gender expertise capacity was brought in during the initial response period, though this was not maintained throughout the response, which led to a reduction and an inconsistent commitment to gender in emergency work in the later stages.

Background: CARE's response strategy committed to working with national organisations and to building their capacity to directly engage in humanitarian coordination. The Nepali government mandates working with local partners for all aid programming in Nepal, though it did waive this condition in the early stages of the response.

Although CARE Nepal had established partnership procedures and principles, the scale of the crisis and the resultant increase and constant turnover in CARE staff created an inconsistency, frustration and lack of clarity regarding the management and application of procedures and principles. New partners who were unfamiliar with CARE were particularly affected. Most partners reported being overburdened by CARE's systems and policies (which were not considered partnership-friendly), and unsatisfied with their level of engagement on critical decisions and throughout the life cycle of the emergency.

The After Action Review (AAR) acknowledged that partners played an important role in 'enabling' CARE's response and supporting both the scaling up in areas where CARE had existing operations and partnerships, as well as reaching into new areas through new partnerships. While having a long-term presence in the targeted communities most of the local NGO partners had limited emergency experience and were not prepared to respond to an earthquake disaster. All CARE partners expressed a strong desire during the review for support to build their emergency preparedness capacity.

Challenges: The rhetoric of mutuality and equality was reported as not always being reflected in action as the attitudes (i.e. not all those personnel brought in by CARE to support the response believed in the partnership approach) and urgency pushed the relationships towards being top-down and directed by CARE. This was felt more strongly by new partners

and often rationalised as being due to the weak capacity of local partners. CARE's evaluations highlighted the need to expend sufficient time to sensitise new CARE staff on partnership principles and their application to systems and procedures.

Similarly, a multi-INGO partnerships survey entitled 'Opportunity Knocks' found that while most INGOs advocated for more leadership by local NGOs, in practice there was clear hesitancy to actually give up control. INGOs were also criticised for prioritising and investing more in building their own capacity rather than that of local organisations despite the fact that local NGOs were responsible for most of the programme delivery on the ground.

In general, CARE's partners were considered weak in gender capacity, principles and practice and the need for a gender capacity assessment and capacity building plan was identified early in the response. CARE's aspirations were towards gender transformative programming from the onset, yet this was deemed unrealistic due to the partners' limited capacities. The AAR highlighted that if CARE had established partnerships and engaged with women's rights organisation at the onset and as part of both the response and recovery phase it would have realised more progress on gender transformative outcomes. Similarly, CARE felt that weaknesses in terms of having consistent internal GBV capacity and expertise could have been addressed by working with women's organisations and groups with recognised GBV experience.

While not specific to CARE, 75% of women respondents to the Inter-Agency Common Feedback Project's first community survey stated that their specific needs had hardly or not been met by earthquake response activities, and the report recommended a stronger focus on gender and reaching the marginalised, especially lower caste people. The CARE-led Humanitarian Coalition (HC) review stated that partners' knowledge of deeply rooted local hierarchies and the depth of understanding of the diversity and factors of marginalisation and exclusion were not capitalised upon by the coalition members. This was blamed on the rigid application adopted during the collection and analysis of sex and age disaggregated data, and the narrow focus in using gender in emergency tools combined with the limited space for partners to input into decisions and to use their long-term experience in communities to inform the design of interventions.

The 'siloing' of gender inclusion as a separate initiative rather than mainstreaming it, and a focus on quantity in the technical sectors also led to weaknesses in meeting the needs of women with partners generally copying CARE's as well as other INGOs' approaches to projects. The influence of INGOs' approaches to programming on local NGOs was often underestimated as partners tended to mirror both good and bad practices, either based on the belief that the INGOs knew best or due to their weaker positions as funding recipients. The local NGOs had very limited direct access to funding since most donors, despite their commitments to fund local NGOs more, passed virtually all funds through INGOs knowing that INGOs were mandated to work with local NGOs. Local partners were also generally believed to have strong political biases which compromised the level of trust that donors had towards direct funding.

Best Practises / Lessons: As opposed to the more common approach of working with partners primarly on a geographic rationale and often designating a particular area to one partner, CARE Nepal worked with partners on both a geographical and on a sectoral basis thereby dividing roles. Different partners would assume responsibility for SRMH, WASH, shelter and FSN. Specific partnerships with women's organisation also placed a strong emphasis on GBV or protection. Throughout its programming CARE Nepal ensured a strong

participation and engagement of women in ward and village level development committees and mobilised women committees to support specific interventions such as those related to health and hygiene.

Based on CARE Nepal's long term presence and verified in its Gender in Brief and Rapid Gender Analysis, the response strategy highlighted the high prevalence of GBV, child marriage and trafficking in Nepal and the communities affected by the earthquake. In response, CARE worked with organisations with a strong focus on women and children, like Mahila Atma Nirbharat Krdra (MANK) and with a strong rights focus like Community Self Reliance Centre (CSRC), the goal was to establish a volunteer run community information program to raise awareness and sensitize communities on GBV and protection issues, as well as provide information on access and rights to humanitarian assistance and referral services.

Volunteers were trained on 4 keys areas of GBV: rape, sexual violence/abuse, child marriage and trafficking. The training included building skills on message dissemination and holding group discussions, and providing information on referral services. The program also involved mobilising the community as part of the 16 days of activism and holding a mass rally to further raise awareness on GBV, women's rights and protection against exploitation. In each case partners led the activities in the communities with CARE providing training and technical support.

CARE also worked with BBC media in an innovative program to establish a 'Lifeline Radio Program for Earthquake Affected Communities' to use media to provide messages and information to survivors and communities. The messages covered a range of issues including human trafficking, sexual and reproductive health, gender based violence, land rights. The partnership established a mobile app to gather feedback and concerns from communities and was tied into BBC's long running Milijuli program, which gives people a voice to share their needs, concerns and issues.

The initiative was successful in reaching a large number of community members with nearly 80% surveyed as being more knowledgeable on GBV and protection issues. In additional anecdotal evidence and feedback indicated a reduction in incidences of GBV.

RECOMMENDATIONS: QUESTIONS OF CAPACITY, ROLE, AND ATTITUDES?

Based on the above case studies (which represent only a small sample of CARE's global work with partners in emergencies), it is clear that CARE has a growing commitment to strengthen its partnerships with local organisations as part of it humanitarian programming. Most of the cases represent CARE country offices that are either working fully with partners on emergency responses or are increasingly moving in that direction. Additionally, it was found that most of the country offices desired to move beyond short-term contract and 'implementer' relationships towards longer-term more strategic partnerships. In a number of cases the partners were viewed as 'enablers' without whom CARE could not have achieved the scale, reach and timeliness of its responses. In several cases, working with partners was crucial in placing CARE amongst the first responders. In all cases there was recognition of the progress CARE has made towards working with partners to strengthen gender-responsive humanitarian programming. There was also acknowledgement of the changes that CARE and its partners need to make to progress towards more gender transformative programming.

1. The issue of capacity and partners as peers

Across the case studies, the strongest recognised advantages of working with partners were their emergency response experience and expertise, their understanding and access to communities and their ability to identify and engage the most vulnerable people (including women and girls) due to their capacity to build local relationships based on their socio-cultural knowledge. Much less common was partnering with local organisations because of their expertise and experience on women's empowerment or gender equality, especially in emergencies. It was noted in subsequent reviews and evaluations that engaging with women's organizations from the outset would often have added more value than training existing partners' organizations on gender. It was noted in subsequent reviews and evaluations that engaging with women's organizations from the outset would often have added more value than training existing partners' organizations on gender. CARE generally viewed gender as an area that it needed to build the capacity of selected partners on. And throughout progress reporting, capacity building was invariably presented as a top-down process with very little reporting on how partners enhanced CARE's technical capacity or specifically influenced programme design, or advised CARE in key areas like GBV and protection in which their local knowledge could have been vital.

Recommendation: CARE should develop 'Partnership in emergency' guidance notes to support a consistent and coherent approach and attitude to partnership across the organisations it works with. Setting minimum standards, as has been done under GiE, should also be considered to strengthen accountability to this approach. And a humanitarian partnership coordinator position should be a requirement for large scale responses to ensure standards and approaches are adhered to, staff sensitised and to support capacity building.

Recommendation: Strengthen the section on 'partnership arrangements' in the EPP guidelines to help emergency staff better understand the evolution of CARE's approach to partnership and civil society. The EEP should reflect CARE's commitment to locally-led responses and clarify a process for identifying roles, recognising the capacities and value of local organisations for achieving gender transformative programming. The EPP guidelines should strongly recommend the participation of partners throughout preparedness and response cycles, and encourage and explain the principles of peer-based relationships.

Recommendation: In-country and deployed staff need to receive awareness and training sessions on CARE's partnership approaches and principles. As CEG funding and strategy approval is based on certain commitments to GiE tools and approach, similar approvals could be made contingent on the adoption of partnerships tools and approaches that strengthen peer based and mutual value recognition relationships.

Recommendation: Similarly, a new paradigm and narrative where CARE receives capacity development inputs from partners needs to be built into the partnership process to drive attitude change. Ideally CARE should select partners that add value to CARE and help advance the organisation's transformative agenda and aspirations of women and girls as leaders and agents of change in humanitarian action. Therefore, due diligence and capacity

assessments, which are most often 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.

*2. **Clarifying roles to maximise partnership value***

A lack of emergency response expertise and experience and robust internal systems to deal with the level of activity required are often cited as reasons for not engaging with women's rights organisations and organisations that primarily work on women's empowerment, protection and gender equality, or even with CBOs that are frontline emergency responders. The selection of partners appears to have focussed mostly on identifying 'response experience' primarily in terms of geographical working area and CARE's key technical sectors (i.e. WASH, shelter, livelihoods and sexual and reproductive health). Although not across the board, geographical familiarity remains a prominent basis for partnership selection, with CARE providing the technical sectoral expertise. The expertise and experience of partners with a women's focus in terms of advocacy, capacity building, skill development, analysis, group formation, social mobilisation, and legal and psychosocial support has received less consideration and has rarely been identified as priority criteria despite these capacities being important for gender transformative work.

Recommendation: *CARE should look beyond the traditional rationale for selecting partners and value other areas of expertise and experience; especially those areas that can empower women and girls, protect women and girls against sexual exploitation and abuse and bring about lasting gender transformative change. Fewer partners may be preferred from an efficiency point of view and all partners are not suited for all roles. Therefore, the EPP or partnership in emergency guidelines should clarify CARE's approach and rationale for selecting partners and agreeing roles. Similarly, CARE's role in relation to its different partners should also be clarified as part of the EPP process and with partners during disaster preparedness planning.*

*3. **Acknowledging partners***

The respective roles of CARE and its individual partners who were associated with various activities are difficult to discern in most of the reports studied. Often these reports are 'partner blind', and while partners may be referred to generically they are rarely identified individually. Beyond facilitating access and helping understand local contexts the inputs partners have and the specific technical contributions they make was also rarely articulated. Thus the value partners bring and the credit they deserve is missing from most progress reports which hinders the building of equitable peer-based relationships and the promotion of local civil society as leaders. This is symptomatic of the reality on the ground in several of the cases where the technical inputs of partners were not considered, which at times led to poor programming and targeting.

Recommendation: As CARE strives towards a more partnership-based operating model and redefines its role, as well as being a promoter of 'locally owned and led' humanitarian responses (i.e. through the Charter4Change), it becomes increasingly important to clearly

define the roles of partners vis-a-vis CARE and to articulate complementarity and respective benefits. This will also help CARE build peer and mutual-based relationships with partners by acknowledging and attributing credit for partners' roles. This should be an explicit requirement in 'Partnership in emergency' guidelines related to reporting, proposal development and all communications, as well as terms of references for external evaluations and studies.

4. Partner inputs into the application of tools and approaches

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 their insights had not been capitalised upon during analysis and programme design. This can be partly attributed to the rapid turnover of staff and the deployment of staff unfamiliar with contexts or partners. It is also an area for possible improvement in the application of existing GiE tools by staff to ensure that gender in briefs and rapid gender analysis better consider the contextual complexity and specificity.

Recommendation: Gender in briefs and rapid gender analysis are required components of EPPs and should be conducted with partners. In particular, when conducting them, 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', 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 as homogenous groups, (as is the case in most gender briefs and rapid gender analysis). Again, partners can play a significant role in helping CARE break down and understand socio-cultural divisions within gender groups.

5. Flexibility to empower women in challenging contexts

Most of the assessed partnerships reflect a CARE-centric approach in which CARE dictated the relationship primarily due to its access to funds and role as donor. The urgency to respond often reinforced this position. In all cases CARE's systems and procedures were viewed as not being 'partnership friendly' and as placing considerable burdens on partners who had less robust structures and less capacity. Good practices here included more flexible funding arrangements thus allowing the engagement of non-traditional partners and informal organisations that were better able to operate and navigate and deliver gender responsive programming in challenging and insecure contexts. Without flexible funding 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 like Lebanon.

Recommendation: As CARE aims to channel more funding to local partners and have a lighter presence it needs to develop guidelines that set standards for systems and procedures

with partners that encourage a diverse range of partnerships, including non-traditional, informal, advocacy and social mobilisation groups, local CSOs and national NGOs. These standards for systems and procedures should minimise the burden, organisational and structural implications, and the impact on the nature of partners. Partners should also have an active role in agreeing processes of control and verification that minimise liability and risk.

Recommendation: CIMs should support the use of appeal funding and its flexible application to support non-traditional and informal organisations in challenging and insecure contexts. CIMs should lobby donors for the 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 the lobbying efforts on donors. The WHS's Grand Bargain and Charter4Change commitments by donors provide new openings to address existing challenges and constraints to funding of local organisations.

6. Accountability with lighter operating models

Evident in all the case studies, but highlighted most of all in the Philippines and Lebanon studies, lighter operating models and operating in fragile and insecure settings has challenged CARE's capacity to ensure accountability to gender responsive and transformative programming, and CARE's ability to ensure protection so that women and girls aren't exposed to violence, exploitation and abuse in the context of emergency responses. These contexts have also challenged traditional accountability tools and approaches, including complaints response mechanisms, and ensuring partners are accountable to humanitarian principles and CARE's values. The partnership model relies on considerable trust between CARE and its partners since CARE's presence in communities is greatly reduced when it works through partners. Moving to lighter operating models will further distance CARE from being directly present in communities and from direct contact with beneficiaries.

Recommendation: CARE should develop guidance and standards based on best practises towards strengthening the accountability of partners to participants, and design accountability tools and approaches applicable to light or remote presence operating environments, (as will increasingly become the norm for CARE). Tools and approaches should not undermine the trust and acceptance that communities and authorities have in partners and with CARE. At present there are very few if any standard guidelines on partnerships or on complaints response and accountability mechanisms. Each case study country has developed their own partnership guidelines, with no strong evidence of sharing and learning amongst countries. Partnership in Emergency (PiE) guidance notes similar to those developed for gender are not only critical for standardising approaches, but more importantly for ensuring accountability to beneficiaries in predominantly partnership-based models.

Recommendation: ELMP and CHEOPs should be opened up to partners with at least a third of participants being partners. Participation and inputs from partners will enrichen CARE's humanitarian leadership and overcome some of the attitudinal issues, as well as foster the trust and learning that is critical to strengthening accountability in these relationships.

7. Building capacity and understanding of gender transformative programming

Despite the clear statement in CARE's 2015 Humanitarian and Emergency Strategy that its emergency programming can be gender transformative, CARE staff still question whether this is possible. These doubts are often amplified by most partners' lack of gender capacity as they are primarily selected for their emergency response capacity and on-the ground presence. The view is often taken that implementing gender transformative activities makes emergency response tasks too challenging and risky, or that it requires more time than is typical in emergency responses.

Thinking beyond the short timeframes of emergency projects and the urgency of addressing immediate needs is challenging for many country office staff. In contexts with severe gender inequality and deeply embedded negative gender norms, the risks of transformative programming are often considered too high. The commonly perceived weak capacity of partners on gender responsive emergency programming amplifies the many existing challenges, and hence the success of most partnerships is barely evaluated beyond the output level. Moving beyond the emphasis on outputs to outcomes and accountability to women, girls, men and boys is a prerequisite for a programme to be transformative.

Although presented as a continuum on CARE's gender continuum the step from gender responsive to gender transformative programming is large (although there are steps along the way). Most of the case study projects 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 courses and opportunities. Generally, the gender assessments and analysis supported this level of programming. Much rarer were projects and partnerships that presented a robust analysis of the power dynamics and related gender norms and structures of working areas and communities, and reflected the depth of understanding or commitment to activities required to substantively address gender inequality.

The relative ease of a project being gender responsive questions whether the bar to achieve this rating for programming has been set too low in the past. CARE's new gender marker vetting criteria raises the bar and helps clarify that gender responsive programming also requires actions that challenge existing gender roles and relations.

Recommendation: Building off the positive steps throughout CARE in pushing for humanitarian programming to at the minimum be gender responsive, focussed investments now need to be made to take gender responsiveness to the next level. Preparing a specific GiE guidance note on what gender transformative programming means, looks like and requires in emergencies would help. CARE should learn from other international organisations as well as national women's organisations that are already successful in gender transformative emergency programming. CARE needs to build awareness and present

*a convincing argument that transformation **can be** achieved and **how it can** be achieved in emergency responses. This will require investment in tools, approaches and capacity development significantly beyond those that were good enough to achieve previous gender responsive ratings. For example, power analysis and do-no-harm approaches will need to become standard approaches and capacities for CARE and its partners. Once introduced, the new marker rating will (should) challenge the existing application of tools and capacities to achieve gender responsive ratings.*

Recommendation: The partnerships guidance note should strengthen understanding on the integration of humanitarian and long-term development programming towards lasting gender transformative change and in mitigating crisis impact on gains made through longer term programming. EPPs are relatively weak on promoting this and tend not to articulate related approaches and structures. However, several country offices have made progress on strengthening integration between humanitarian and development programming thus providing the opportunity for learning and sharing within CARE.

8. Changing attitudes towards gender transformative programming

In a number of cases, the humanitarian sector on the ground and at management level remains male dominated and tends to favour partners with a similar make-up. This bias also exhibits itself in how CARE male and female staff view CARE's own programming. A recent gender audit in MENA found male CARE staff perceived a higher level of commitment by CARE to gender equality in the selection of local partners, and in the use of training and tools related to gender planning, analysis and evaluation than women staff.

While some of the case countries have responded to recommendations to make their programming more gender transformative, others have cited the lack of qualified candidates or cultural restrictions on women working at field level. Leadership and attitude were also raised as barriers to such commitments. In addition, some CARE and partners staff still question the gender transformative agenda, viewing it as an externally imposed concept that is disrespectful of local cultures, religion and norms. Clearly there remains significant room for building and communicating an understanding of CARE's approach and rationale for gender transformative programming internally and with partners.

Recommendation: More effort and support is needed to strengthen and ensure gender balance in CARE's humanitarian department at both the senior leadership level and field level. CARE needs to invest in building the capacity of women on humanitarian response to address the fact that in many countries women may not have the same level of experience as men due to past inequities. Explicit women leadership initiatives with a focus on the humanitarian sector may well repeat the recent gains made by other CARE women leadership programmes. ELMP and CHEOPS should continue to encourage strong women's participation, and access and subsidy to these trainings should be used as incentives to promote recruitment of women to senior humanitarian roles.

Recommendation: At times women's organisations with women staff already operate in areas where CARE and existing partners believe it is difficult or prohibited for women to work.

CARE should learn from their approaches on the real and perceived barriers to women working in the field in various contexts, and look to gain evidence regarding any assumptions concerning associated challenges.

9. Partnering to build CARE's gender transformative capacity

A number of emergency response evaluations have recommended that CARE should explicitly partner with women's rights organisations to strengthen its ability to move toward more gender transformative programming during emergencies. In all the case study countries strong networks of women's organisation and women's rights organisations exist that are advocating for protecting women and girls against exploitation and abuse and that address the specific needs of women and girls during disasters. Many of these organisations have direct experience engaging and challenging the structures that perpetuate gender inequality and have a clear understanding of the associated risks and achievable outcomes. Yet, among the case studies, only in Lebanon did CARE adopt explicit strategies to partner with such organisations in their response strategies or was a clear understanding evident of the shared value of partnerships.

In many cases, as in the example from Pakistan, the 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 zones while helping CARE to better understand how to move from gender responsive to gender transformative emergency programming.

Though across all the cases CARE has evaluated the need to build the gender capacity of its existing partners, in most cases the related training has at best supported the implementation of gender responsive programming. Alongside this there is the need for consistent engagement and monitoring to maintain programming at that level and prevent slippage back towards the gender blind direction of the gender continuum. Because of the large step required to go from responsive to transformative programming, achieving gender transformative programming by building the capacity of organisations that do not have the internal commitment, vision and culture may not be as effective and require extensive engagement when compared to partnering with established successful women's organisations. Several evaluations of the case study programmes stated that CARE would have achieved greater success in both GBV and women equality outcomes during the emergency responses if it had partnered with local and national organisations that were already experienced and engaged on these issues.

Recommendation: The value of women's rights organisation and women's organisations in general needs to be explicitly recognised within CARE's narrative on partnership. While briefly mentioned in its GiE literature, the importance of their role in strengthening the application of the GiE tools and approaches needs further emphasis and explanation. As already mentioned, changing attitudes and gender balance within CARE will go some way to overcoming the resistance and discomfort felt in working with organisations that might challenge CARE's commitment, approaches and risk position with respect to gender

transformative work. In strengthening the section on partnership arrangements in the EPP guidelines, the value and possible roles of women's organisation should be presented and promoted as a required component in EPPs.

CONCLUSION

Most of the above recommendations support the guidance, standards and rationale within CARE's International Resource on Civil Society Collaboration & Partnerships (2016). Heeding its 'call for change' would go a long way to addressing most of the issues raised by this study. Achieving gender transformative partnership will require a cultural and structural change in CARE's approach to both partnerships and gender transformative work.

Using this resource as a framework for developing 'Partnership in Emergency' guidance notes similar to the GiE guidance notes, and enhancing the 'partnership arrangement' section in EPP Guidelines would help humanitarian practitioners in CARE, and in partners in addressing many of the challenges identified in this report. Replicating the controls, incentives and support associated with GiE tools and approaches will play a key role in strengthening the accountability of peer based partnerships in emergencies.

Overall, greater investment and commitment is required to build CARE and its partners capacity and understanding of gender transformative programming in emergencies. Similarly, it will be vital to strengthen internal accountability to achieving CARE's ambition of being a 'leading agency that empowers women and girls to be change agents and leaders during times of crisis'. To a degree this requires a concerted organization wide effort in promoting women's leaderships and gender equality within CARE's and its partners' humanitarian departments. Recognizing, reaching out to and respecting organisations (especially women's organisations) that add value to CARE and have the lengthy demonstrated dedication and expertise to gender transformative programming will be crucial in helping CARE take the very significant leap needed to advance its own programming.

As the case studies demonstrate CARE has had considerable success of late in working with partners in achieving gender responsive emergency programming. To varying degrees in all the case studies the support of partners contributed to assessments being gender disaggregated and the specific needs of women and girls being met. Several cases reflected positive examples of partner's local knowledge being crucial in empowering women as decision makers during emergency responses. Similarly, throughout the cases evidence was strong of an increased focus by CARE and its partners on protection against sexual exploitation and abuse. Maintaining progress and scaling up efforts with respect to partnerships and gender in emergencies will be essential in moving the CARE's emergency programming further along towards the transformative end of the gender continuum.

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