



2015 Report on Progress Towards CARE International Gender Policy Commitments

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Photo: Evelyn Hockstein / CARE

The aim of this report is to highlight significant progress and issues arising for the period September 2014 to September 2015. Thirteen CARE International Members (shortened hereafter to “CIMs”) provided information towards the report. This report concludes with three key recommendations to strengthen CARE’s results towards its Gender Policy commitments.

1. Highlights

A highlight for this year is the work to progress the CARE 2020 Program Strategy. The Program Strategy emphasizes the promotion of gender equality and women’s voice (GEVV) as a core part of how CARE works everywhere and across all areas, including the outcome areas. Another key element of the Program Strategy is the right to a life free from violence as part of an Outcome Area. After wide consultation, CARE’s first Gender Based Violence (GBV) strategy was finalized in March 2015. In June, CI Gender Network (CIGN) and the CI Secretariat (Head of Gender Equality) developed draft GEVV guidance which has been circulated for comment and is currently being finalized. There is momentum across CARE to align to the Program Strategy and contributions include:

- CARE Norge and the Secretariat began planning to strengthen CARE-wide collaboration on **gender equality and women’s voice**.
- CARE USA led a successful cross-organizational process on the **life free from violence** outcome.
- CARE UK led a CARE-wide process for the **women’s economic empowerment (WEE)** outcome and guidance for **inclusive governance** with a strong gender focus.

Since 2011, CIGN has been advocating for central gender capacity to support transformational change, improve program quality and impact, and achieve institutional policy and practice changes, as a core element of CARE’s identify and foundational to CARE 2020. This was also one of three recommendations to the Board in the 2014 Report. The new position of Head of Gender Equality commenced in June 2015 to advance the gender equality outcomes of the CARE 2020 Program Strategy, as well as strengthen accountability and engage strategically with partners and coalitions.

CIGN provided suggestions for the CI Supervisory Board nominations process. This aimed to provide nominations with strong expertise on gender equality, women’s empowerment and/or engaging men.

2. Progress in Organizational Capacity and Human Resources

Training and Learning: Consistent and continuous professional development is a foundational element of CARE's work. Five CIMs (Australia, Österreich, India, UK, USA) and CEG reported on staff capacity building activities on gender equality and diversity, gender in emergencies, gender based violence and gender in program management. We note an increased focus on staff capacity building on gender in emergencies before and during disasters and crisis. There is a will to do more but resources hamper the extent to which all staff have undertaken capacity building. It is noteworthy that CARE USA is expanding organizational expertise by offering consulting services to CARE and other NGOs through an internal social enterprise providing gender-specific technical assistance and training to peers, donors, and government clients.

Gender Audits and Health Checks: Conducting gender audits remain a key way of identifying the levers and barriers to institutionalizing CARE's gender commitments and systematizing effective action. Two members reported implementing recommendations of gender audits or supporting organisational policy and practice that supports gender equality (India, USA). For example, CARE India's policy manual was reviewed with a gender lens and a policy on sexual harassment in the workplace developed. CARE USA followed up on their 2014 gender audit including developing a gender equality and diversity (GED) training curriculum for managers and evaluating GED integration into recruitment, on-boarding and advancement processes. Three CIMs reported building flexible work arrangements for staff (Japan, Norge, UK).

Human and Financial Resources: Two CIMs report establishing dedicated gender units to increase organizational capacity in gender (Australia, Canada) and three members ensure that technical gender capacity is in place (Norge, France, Nederland). Three CIMs report a focus on improving the representation of female staff and/or developing women's leadership skills (Canada, India, USA). Two members are strengthening work processes to incorporate gender (Canada, USA). A number of members identified resource gaps; for example gender in emergencies capacity and better links between gender perspectives in humanitarian response and development programming (Norway).

Representation: Research shows that organizations are stronger, see a greater return on investment and see more gender equal outcomes when boards and senior management show equal gender representation. Of the two CIMs who reported quantitatively on Board representation (Österreich, Deutschland), there is 43% and 40% representation by women respectively. Two CIMs reported on SMT representation (Österreich, UK) with 17% and 60% representation by women. Three CIMs reported on staff representation (Österreich, India, UK) with 74%, 25% and 68% representation by women. Additionally, Raks Thai reported a balanced gender staffing at Board, senior and middle management levels.

3. Progress in Program Quality

Strategic focus: Six members describe their gender commitment at strategy level (Australia, Danmark, France, India, Nederland, UK). For example, India identified gender transformative change as one of six annual objectives, UK's new strategy focuses on Women's Economic Empowerment and Inclusive Governance, and Nederland's Program Strategy names Social Justice and Gender Equality as one out of three domains.

Program Strategy: A significant programming contribution this past year was drafting the Gender Equality and Women's Voice (GEVV) approach guidance that pulls together all the resources and thinking from the past and present, to reflect what we collectively across CARE think are the key elements of a gender approach. The development of CARE's first GBV strategy is also a major milestone to helping us achieve the ambitions of the Program Strategy. We expect both pieces will

considerably assist members and country offices to strengthen gender equality and women's voice and address gender based violence in programming, advocacy and policy dialogue, partnerships and within our institutional practices.

Gender Analysis and Program Design: A number of good practices in gender-integrated program design were cited. CARE UK developed a political economy analysis note to mainstream gender power analysis. CARE Japan introduced a gender responsiveness check sheet for every project across the project cycle. CARE France applies the gender marker to all projects. CARE Deutschland's program in Northern Iraq is based on gender analysis that aids understanding of dynamics in the camps and host communities and focusing on the needs of women and girls. CARE Australia annually measures its portfolio to strengthen gender equality and women's empowerment in its projects through a new process that draws on PIIRS reporting. CARE Canada continues to include a gender analysis, gender sensitive and gender specific outcome level indicators and a gender strategy in all programming.

Technical and Special Areas of Program Focus: A number of CARE members described their gender focus. CARE Österreich focuses on women's empowerment, economic empowerment, engaging men and boys for gender equality, women's engagement for conflict transformation, and girls' empowerment. CARE Norge is developing a new framework agreement with NORAD with a focus on gender transformative interventions. Engaging men and women's economic empowerment are key foci. CARE Nederland addresses harmful gender norms including through *Umugore Arumvwa* project in Rwanda to fight gender based violence reaching 2+ million vulnerable women and girls. Raks Thai focuses on economic empowerment for widows and an economic empowerment program for women of highland ethnic populations. CARE Canada has begun to position itself as a gender equality programming advisor of choice with private sector and extractive industries partners.

Advocacy and Outreach: CIMs outline the advocacy and policy opportunities they have engaged in including: CARE Japan's collaboration with the Royal Norwegian Embassy and local government gender centres in a learning seminar to share CARE's best practices in gender. CARE Deutschland reports that gender equality remains a focus topic for media, communications and advocacy and supported CI's advocacy efforts including for the German G7 summit presidency. CARE UK's Charter for Inclusive Finance will be signed by UNCDF at the margins of the UN General Assembly in September 2015. CARE Österreich continues to advocate on UNSC Resolution 1325 (Women, Peace & Security), and lobbied to include CI's policy demands into the outcome document for the 15 year Global Review. CARE Norge participated in the Norwegian delegation to Commission on the Status of Women and contributed inputs into Norway's National Action Plan on 1325.

Humanitarian Programming: Several members cited gendered responses to crisis. CARE UK provided gender protection analysis and assessment to CARE's humanitarian response in Kobane, Nepal, Yemen, Jordan and Southern Syria and developed innovative gender programming e.g. information volunteer program to reduce gender based violence. CEG's Gender in Emergencies team has been working with UN Agencies to multiply impact. E.g. the Office for the Coordination of Humanitarian Affairs is drawing on CARE's Rapid Gender Analysis approach for their global toolbox. ECHO's gender team has invited CEG to present its Gender Marker as part of limited consultations with UN agencies and two INGOs (CARE and Oxfam). With support from CEG, a number of CIMs and backstopping from CARE Australia, CARE Vanuatu was part of a strong response to Cyclone Pam with a consistent focus on engaging women and girls and promoting women's leadership in the Community Disaster Committees set up.

Monitoring, Evaluation, Learning and Research: Opportunities to learn from, measure and share CARE's gender approach were described by a number of CIMs. Three members cite use of

monitoring and evaluation systems to systematize gender integration (Australia, India, Norge). CARE UK's Financial Inclusion Maturity Model which emphasizes women will be published in October after eighteen months of research. CARE Canada produced three meta-evaluations of the gender equality results of its health portfolio and a mid-term evaluation of the gender equality results of one of its key food security programs. CARE Australia described an increasing priority on generating knowledge with two research pieces produced on dignified work and economic empowerment of ethnic minority women in the Mekong.

4. Challenges and Recommendations

The CIM reporting shows progress in the commitment to integrating gender in programming and describe strengthened capacities amongst staff. Most CIMs have a strategic focus on gender in their advocacy and communications work. However, CIMs report that obstacles remain in implementing Gender Policy commitments. These include a lack of time and expertise within country offices, as well as sometimes a reduced level of willingness of country offices to meet Gender Policy commitments. There is a gap in the provision of technical assistance to programs that request help for **gender programmatic support**. There are also unmet needs in building capacity of CIMs and country offices to assess and address **gender integration into institutional policies and practices**. CARE USA's new consultancy model may help staunch the loss of gender experts leaving CARE and provide a mechanism for CARE professionals to provide expertise in other geographic areas while meeting technical needs requested.

Recommendation 1: CARE members formally strengthen efforts to advance the Gender Equality and Women's Voice Approach and Life Free From Violence commitments in line with the CARE 2020 Program Strategy. Gender Equality and Women's Voice is led by the Secretariat with support from CARE Norge and Life Free From Violence is led by the Secretariat with support from CARE USA. Other CARE members, regional offices and country offices are encouraged to: [1] identify ways that they can contribute and align current resources to connect these areas in more linked up ways, [2] formally allocate a percentage of relevant staff to contribute to global priorities, and [3] secure funding that better connects our global expertise, knowledge and learning in these areas.

Recommendation 2: CI Secretariat to support the implementation of a coherent framework of indicators (including quantitative indicators) to better monitor progress of the Gender Policy. Currently, we are receiving inconsistent and disparate data across CIMs on their progress implementing the Gender Policy, which greatly hampers our ability to know where progress has been made and where gaps remain. The CI Gender Network has been mapping and identifying different benchmarks that require indicators – including the Gender Policy, PIIRS, and the Gender Equality and Women's Voice approach in the Program Strategy. This foundational work can be further refined by the Secretariat for CIM reporting on the Gender Policy.

Recommendation 3: Review and agree on what resources are needed to assure consistent implementation and monitoring of the CARE Policy on the Prevention of Sexual Abuse and Exploitation. The CARE Policy on the Prevention of Sexual Abuse and Exploitation was approved by the Board in 2009 and is separate from the Gender Policy. To date, limited resources, structures or expertise are committed to implementing the policy and we continue to lack a CI-wide dedicated expert and mechanism to respond to, investigate and prevent sexual exploitation and abuse of beneficiaries by staff, leaving CARE at significant ethical and legal risks.