



CARE Australia Supplementary Submission:

**Parliamentary Inquiry into the human rights
issues confronting women and girls in the
Indian Ocean – Asia Pacific region
April 2015**

Introduction

Conflicts and natural disasters affect men, women, boys and girls differently. Women and men respond differently in efforts to survive, resist violence, and support their dependents, prioritise different issues and have different needs in the aftermath of crises. Disasters affect power dynamics at all layers of society, whether at the political level, within communities or within households. And indeed, gender roles change, across age and over time, and a humanitarian crisis can lead to radical changes, both for people who stay in the affected region and for people who flee.

While there is rhetorical support for gender programming in emergencies, in practice many actors are still working 'gender-blind' – that is without considering the specific needs of women, men, boys and girls of different ages. If we neglect or ignore gender issues in emergencies, we fail to recognise the different needs, capacities and contributions of women, girls, boys and men, and operations that do not respond to gendered needs risk being discriminatory in their delivery. At best this means the work is less effective and at worst, it risks harming the communities we are supposed to serve.

This paper draws on the experience across CARE's global work as one of the world's largest and oldest non-governmental organisations working in emergencies, to identify recommendations on ways forward to improve preparedness and response to natural disasters and humanitarian crises.

Following a presentation in March 2015 to the Joint Standing Committee on Foreign Affairs, Defence and Trade on the Syrian crisis, the Hon Philip Ruddock invited CARE to provide another submission to the Parliamentary Inquiry with a particular focus on gender in emergencies. This supplements CARE's previous submission in May 2014.

Key messages

- A gender-sensitive approach to humanitarian response affirms the human rights of women, and ensures that protection and assistance are provided in ways that benefit women as well as men.
- The different needs of men, women, girls and boys must be considered from the beginning of needs assessment processes, and addressed throughout disaster preparedness and design and delivery of humanitarian responses. Much humanitarian programming still fails to do so, leading to less effective programming and risking harm to communities we seek to help.
- Programs that specifically address the needs of women and girls in emergencies, such as preventing and responding to gender-based violence, must be resourced.
- Dedicated resources are needed to increase the capacity and opportunities of local women's groups to advocate their own needs. This contributes to leaving a legacy of lasting change by building the capacity of communities, especially women, to participate in decision-making, advocate for their needs and rights, and hold those in power to account.

Barriers to addressing the needs of women and girls, as well as men and boys in emergencies

The humanitarian world has recognised the importance of addressing gender in emergencies in the last decade, with the publication of the Inter Agency Standing Committee (IASC) Gender Handbook in Humanitarian Action, Guidelines on Gender-based Violence and the Minimum Initial Service Package for Reproductive Health in Emergencies, the deployment of international gender (Gencap) advisers, the promotion of an IASC gender marker, the collection of sex and age disaggregated data and more. **On the international political and donor agenda however, the topic has received far less attention**, with the exception of sexual violence, which has seen high-level political commitments to address sexual violence in conflict.

Box 1: Kurdish Region of Iraq, February 2015. Northern Bersive 1 Camp was installing kitchens and bathrooms to be shared amongst families to improve cooking arrangements, which is occurring inside tents. The camp coordinator consulted with members of all the different ethnic groups within the camps to see what best arrangements could be made. However, while the consultations were inclusive of ethnic diversity, no women were included - despite the fact that women are primarily responsible for cooking. CARE's gender in emergencies adviser ensured the inclusion of women in the additional consultations so that their specific needs in the camp were met.

Despite all of these efforts, **in practice much of the support for attention to gender in humanitarian assistance does not materialise on the ground**. Unfortunately, many donors and other humanitarian actors are still working gender-blind. For example, research by Development Initiatives demonstrates that for 9 out of 10 top humanitarian donors in 2014, more than 50% of funding reported through United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)'s Financial Tracking Service was uncoded or unspecified in terms of how projects address gender. Even in the Democratic Republic of Congo, where so much media attention has gone to the issue of gender-based violence, 54% of projects are gender blind. In many crises, CARE staff are still spending a considerable amount of time convincing others that addressing gender issues (including gender-based violence) is life-saving and essential to ensuring high quality and effective programming.

Even when donors and agencies believe that gender issues are important to consider, gender analysis and adequate response are **often regarded as an 'add-on' which can wait until later in the response**, when matters perceived as more urgent have been dealt with. However, by then opportunities will have been lost to ensure that women are receiving appropriate services and have equal access to assistance. For example, once a refugee camp is built, it is too late to ensure that hygiene facilities are well planned so that women do not get raped when they need to wash or use lavatories because the toilets are unisex, because they have been built without locks, because they are unlit, and/or because they were built in outer areas of the camp where women do not feel safe.

Not only is accountability for gender in the international humanitarian system missing, there is a lack of investment in empowering women and girls in crisis-affected communities to have a voice in decision-making on humanitarian policies and programs, which is key for real accountability to the populations we seek to assist.

Another often heard argument is that this is a **western-driven 'neo-colonial agenda'** or that work on gender is **too sensitive** and agencies would risk becoming perceived as meddling in local social, cultural and political norms, thereby compromising their **neutrality** and potentially undermining their acceptance and access. However, a gender-sensitive approach to humanitarian response is about affirming the human rights of women, and ensuring that protection and assistance are provided in a way that benefits women and men equally, taking into account an analysis of their needs and capacities. It does not imply bypassing men or privileging women over men. CARE's experience demonstrates that it is possible to factor gender into humanitarian efforts and mitigate concerns regarding neutrality and access. Good programming depends on an informed understanding of the local context, which is as true for other program quality considerations in emergency response. In many contexts in which we work, CARE has promoted gender equality and tackling gender-based-violence for years before the conflict or natural disaster occurred.

CARE's approach to ensuring gender needs are met in emergencies

1. Integrate gender across emergency preparedness and response

CARE has invested in gender expertise to try to align the organisation's principles and activities to addressing gender issues across all our programs, including in emergencies. Adequately addressing gender issues in emergency preparedness and response is challenging, and CARE has developed a number of initiatives to improve our emergency work.

Our global humanitarian strategy specifically commits the organisation to meeting the needs of women, men, girls and boys affected by natural disasters and humanitarian conflicts in a way that also addresses the underlying causes of people's vulnerability, including those relating to gender inequality.

In line with the global discussions on this topic, it is clear that work on gender in emergencies must start before a crisis hits, in the **preparedness** phase. We seek to include gender into emergency preparedness planning by ensuring a capacity building session for staff, analysing secondary data to prepare a Gender in Brief, and integrating gender in scenarios for emergency response planning. Every country office has a designated gender focal point and more often a national gender specialist who can be further supported by an international stand-by gender expert team. Integrating gender is the responsibility of the entire emergency response team not just the gender team. Gender-sensitivity is also an element we strongly take into account when selecting partners to work with.

During the **response** phase, CARE seeks to properly understand the different needs of women, men, boys and girls through a Rapid Gender Analysis that brings together information from assessments, secondary data, and consultations with experts to develop a first set of analysis and recommendations for how to understand and meet different needs. This involves gender-sensitive assessments, during which we collect sex-and-age disaggregated data and consult with women, men, boys and girls. We therefore seek to systematically take into account the levels of vulnerability and capacities of different groups in the design of our programs. We also seek to communicate externally the diverse needs of women and men, and advocate on gender-related issues where applicable.

Using the **CARE gender marker** we keep track of how our assessments and analyses, activities and outcomes relate to gender throughout program implementation. All phases of the program cycle are graded using a ranking from gender blind (0) to gender sensitive (2), building on the United Nations'

Gender Marker for funding proposals and the European Union Humanitarian Aid and Civil Protection department (ECHO)'s Gender-Age Marker. CARE builds on these approaches and applies them internally across the entire project management cycle, from preparedness, to the design stage, during implementation and in monitoring and evaluation, to maximise accountability. This means moving away from a system which only takes into account gender needs during the proposal stage to one that incorporates a gender equality lens throughout the humanitarian project cycle, improving the quality and relevance of programming by ensuring that the needs of women, men, boys and girls are met equally and equitably.

Tools alone are not enough however. Nobody better understands the needs and concerns of women and girls in crisis-affected communities than they themselves. Yet all too often, humanitarian efforts are not as effective as they should be in **consulting with their intended beneficiaries**, including women. Moreover, if these consultations are to be more than a box-ticking exercise, both implementing agencies and donors must be flexible, as projects should be adapted as a result of these consultations. Currently this level of flexibility is rarely guaranteed by donors.

Recommendation 1: Humanitarian programming should meet the different needs of women, men, boys and girls and begin with an analysis of pre and post crisis gender relations. The Government should support the development of rapid gender analyses which provide practical recommendations for programming and can be used by all actors.

Recommendation 2: Greater accountability is needed to ensure Australian Government partners deliver work that meets the different needs of women, men, boys and girls. The Government should adopt the revised IASC Gender Marker as a simple system of ensuring that both design and implementation is gender sensitive.

Box 2: Cyclone Pam, Vanuatu

CARE's gender in emergencies work in Vanuatu began many years before Cyclone Pam made landfall. We integrated gender into emergency preparedness work with specific training on how crises affect women, men, boys and girls differently. In August 2013, CARE Vanuatu prepared a Gender in Brief: a summary of pre-crisis gender analysis including sex and age disaggregated data. This was updated again in late 2014. This focus on gender equality meant that CARE was able to understand and respond to different needs following the devastation of Cyclone Pam, and using our model of Rapid Gender Analysis we are able to rapidly update this information so that gender analyses are available throughout the crisis response.

Within the first hours of the crisis, CARE Vanuatu was already using its Gender in Brief to highlight the gender issues that would likely have an impact on the response to the crisis – such as the very high rate of gender-based violence, especially intimate partner violence, and the high work-load of women and girls before the crisis. The community development committees CARE established before the disaster and ensured included women, now includes one led by a woman, and are now able to communicate their needs and coordinate community participation and women's participation in the emergency response efforts (more information on these committees can be found in the Cyclone Nargis case study in Box 3).

2. Resource standalone gender-focused programs, especially for gender-based violence

In addition to mainstreaming gender sensitivity into other sectors, **standalone programs** for women and girls are crucial to address particular gaps, for example in capacity building of local women's groups and providing specific resources and services targeted at women and girls. We would like to see much more emphasis placed on funding gender-focused programs, which is currently very low on the priority list of most affected countries and donors.

A gender-sensitive approach to humanitarian assistance is also essential to enable effective **gender-based violence** (GBV) prevention and response. Dedicated GBV expertise and stand-alone GBV initiatives are essential to enable survivors to have a place to turn to for the multi-sectoral support they require, including medical services, psycho-social support as well as potentially legal, security and longer-term livelihoods assistance. However, too often agencies delivering programs in other sectors, such as WASH, food security, shelter, refugee camp management and so on, fail to factor gender into their efforts. The consequence is that opportunities are missed to mitigate GBV risks in their project design. Without that mainstreaming, we notice that even in cases where stand-alone GBV services are available, the numbers of survivors accessing these services are low in comparison to the levels of GBV reported through wider needs assessments. **Effective referral systems are crucial.**

In addition to this mainstreaming, the dramatic increase in incidents of all forms of GBV in crises (including both conflicts and natural disasters), means that **stand-alone GBV programming** should be better funded by donors and prioritised by implementing agencies, as addressing GBV requires specialised expertise which generalists do not necessarily possess. Tools are readily available, and humanitarian actors should implement the international guidelines on GBV, put together by the world's leading GBV experts and the Minimal Initial Services Package (MISP) on Reproductive Health in Emergencies, which contains clinical management of rape. **Not only response, but also prevention of GBV should be better funded.**

Recommendation 3: Earmark more funding for standalone gender-focused programs, including creating safe spaces for women and girls' participation in decision-making, preventing and responding to gender-based violence, and expanding access to sexual and reproductive services.

Box 3: Cyclone Nargis, Myanmar

Cyclone Nargis, which hit southern Myanmar in May 2008, was a catastrophic climatic event which caused the deaths of 140,000 people, the displacement of 800,000 people, and severely affected the lives of 2.4 million more.

An independent evaluation five years after the crisis found 'CARE's focus on gender and its effects in communities are among the most impressive and sustainable of CARE's achievements in its post-Nargis efforts.'

In addition to our work contributing to saving lives, recovering livelihoods, and increasing resilience, the evaluation found that our focus on gender improved the participation of women in village leadership; improved confidence among women and improved respect for women's role in decision-making at household and community levels.

Both men and women reported women's empowerment among the most significant changes

CARE's focus on women's empowerment and increased women's participation in village leadership has changed the social organization of villages as well as increased the effectiveness and accountability of village governance structures. In addition, women's perceptions of their own ability to recover from another disaster were slightly higher than men's.

CARE supported a number of initiatives to ensure the different needs of men, women, girls and boys were met throughout the different phases of the disaster response. CARE established village distribution committees and ensured women participated in them. This led to a significant increase in women's leadership and participation in public village life. Both mixed and separate women's focus groups noted the benefit of increased women's participation in village financial management and development planning, and appreciated women's ability to bargain, manage household income and food stocks, and to run their own business (e.g. small livestock such as pigs). Focus group discussions confirmed that for many, this committee model helped communities feel they were standing on own feet, reducing dependency on aid, and supporting community faith in their own capacity.

CARE's Gender Adviser provided gender and psychosocial training to all CARE staff and with affected communities. CARE also worked to support staff and community skilling around women's leadership in particular, and in the appointment and training of gender focal points. This improved staff awareness and responsiveness to gender issues in program implementation.

Beneficiary story: 'I gained profit by investing loss...'

I live in Pya Mut Village, Pyapone division. I am the eldest daughter in my family and I have younger brother and sister. My father passed away when I was 15 years old and at that time my mother was not in good health. I dropped out from school and sold grocery for survival as my younger brother and sister were in elementary grade.

My mother passed away when I was 18. One month after my mother's funeral we did donation for my parents. One man came and help during that occasion and he said he sympathize us that's why he accompanied us. At that night he got drunk and came to my house. My brother and sister fall asleep and only I had to talk with him. He insulted me and I was raped. I was so afraid as well as feeling shamed but I couldn't keep silent. I informed to village leader.... After all I received thirty thousand kyats as repentant.

No one in my village helped me instead they discriminate and gossip about me. I felt depressed but I have responsibility for my family. So I exchanged my shameful event with that repentant money. I invested that money in doing business. After three years I got married. My husband relatives dislike me.

I got one daughter and my husband left us three month before Nargis. During Nargis I struggled with my three years old daughter. My house was destroyed but I can rebuild it. I received food distribution from CARE. After three times food distribution, I got the chance to participate in CARE distribution committee as CARE encourages women to participate in committee. In the beginning I did not really understand about CARE activities and CARE is empowering women and defending people's dignity. I got many experiences from the various training: agriculture, energy saving stove, hygiene awareness and gender. What I like most is CARE's non discrimination approach and equal opportunity for both men and women.

At first people in the village... undermined me and they even told CARE staff not to go and work together with me due to my history and background. But CARE staff did not discriminate against me and treated me well. Moreover they explained to the community to support each other. I really thank CARE staff. From them I learnt a lot of things and educational songs such as 'Perceive in positive way' 'Serve as Lighting Candle' 'Soap for hand wash' etc. I think by singing 'Perceive in positive way' song people can understand me and they perceive me in positive way.

I will never forget CARE because participation in CARE activities could build mutual understanding between community and me. Although Nargis cause me loss but I gained profit from CARE.

3. Promote women and girl's empowerment throughout the response

Especially in long-term chronic crises as well as in post-disaster recovery periods, there is scope to **promote women's and girls' empowerment** through education and livelihoods programs, as well as to build from these towards supporting women's participation in post-crisis decision-making and good governance efforts. The humanitarian sector has long sought to promote a 'building back better' paradigm in early recovery efforts. While this is typically thought of in terms of physical rehabilitation, the same principle applies to how agencies support participatory approaches to women's involvement across all sectors. **Increased gender equality leads to better recovery and in the longer-term increases the resilience of populations.** As women tend to transfer improvements in their own lives to the lives of their children, families and communities, they are crucial partners for improving community resilience. Gender and GBV prevention should be integrated much more effectively into work on disaster risk reduction, resilience, and links between humanitarian aid and development. This is fully in line with UN Security Council Resolution 1325 (2000) and its successor Resolutions, in which states have committed to pay attention to GBV in conflicts and the role of women in conflict prevention and peacebuilding.

Lastly, in the drive towards more local ownership ('localisation') of humanitarian response, the **role of women's organisations** is critical. It cannot be assumed that initiatives on the role of local institutions in resilience, risk reduction, preparedness or response will automatically promote an inclusive or community-based approach, let alone ensure the participation of women and girls. **Women's empowerment should thus be integrated into any new mechanisms to strengthen the role of local actors in humanitarian action. This is another way of ensuring that lasting change occurs, by building the capacity of local communities to respond, advocate and hold those in power to account, including perpetrators of gender-based violence**

Strengthening the role of women's civil society groups also needs greater attention in global humanitarian reforms. Local women's groups have played critically important roles in humanitarian assistance and protection efforts in recent crises, including Typhoon Haiyan and Syria. Such groups often have excellent networks with crisis-affected communities and an understanding of local gender dynamics of high relevance to humanitarian program design and implementation. Yet all too often, this expertise or potential is not recognised by the international humanitarian system. Partnerships between international humanitarian agencies and local women's groups on humanitarian action do exist and various efforts to innovate on this have been piloted. In the context of the Syrian crisis, CARE has partnered with ABAAD Resource Center for Gender Equality to facilitate exchanges between civil society activists in Lebanon and the Balkans to share best practices on engaging men and boys on gender-based violence. In Afghanistan, DRC, Jordan and elsewhere, CARE has worked with local women's groups to facilitate women's participation in needs assessments and aid accountability processes (such as refugee committees). Partnerships have also played an important role in our efforts to support the creation of safe spaces (for example, through emergency education and livelihoods programs) in which women and girls can make their concerns, views and priorities heard both in relation to GBV and the wider impacts of the crisis. Yet much more can be done.

Recommendation 4: Create opportunities for local women's civil society groups to participate meaningfully in decision-making on policy and practice for humanitarian assistance.

Box 4: South Sudan

CARE has worked in South Sudan during periods of both violent conflict and relative peace and post-conflict recovery. For several years, we have supported women's economic empowerment programming, which was put on hold at the end of 2013 when fighting last erupted. CARE has since shifted focus to providing emergency assistance but retains the imperative to do so in a way that fosters the efforts of women and girls to claim opportunities for empowerment and the realization of their rights. CARE is providing sexual and reproductive health services to women and girls in the region. CARE reaches out, identifying women and girls in need of services, and ensuring that they can access them in an as safe and dignified a manner as possible. Furthermore, GBV officers are conducting anti-GBV campaigns, meeting with groups of people to facilitate knowledge sharing and open dialogue about GBV. By minimizing the silence surrounding this issue, even in a time of conflict, we can help to mitigate some of the worst manifestation of the conflict. For survivors of GBV, we have a system of referrals to dedicated services.

In addition, we have continued to work with two women's groups in Upper Nile State, who wanted to do advocacy on the crisis and response efforts. After training on their rights under the law, the groups went on to organise marches, cultural activities and discussion groups, all behind the themes of 'No to War', 'No to GBV', and 'Yes to Education'. One of the discussion groups engaged with local men, to get them to consider how they can be part of the solution of ending GBV and the war. In the words of one activist, *"Why should others speak for us, when we can speak for ourselves?"*

Summary of recommendations from CARE to the Australian Government:

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Recommendation 3: Earmark more funding for standalone gender-focused programs, including creating safe spaces for women and girls' participation in decision-making, preventing and responding to gender-based violence, and expanding access to sexual and reproductive services.

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References

- CARE humanitarian strategy (2013)
<http://www.careacademy.org/cheops/Documents/CI%20Humanitarian%20and%20Emergency%20Strategy%202013-2020%20ENGLISH.pdf>
- CARE (2013) From the Call to Action on Violence Against Women and Girls in Emergencies to the World Humanitarian Summit, <http://insights.careinternational.org.uk/publications/a-call-to-action-on-gender-and-humanitarian-reform>
- CARE International (2014) The girl has no rights, Gender-Based Violence in South Sudan, http://www.care-international.org/UploadDocument/files/CARE_The%20Girl%20Has%20No%20Rights_GBV%20in%20South%20Sudan.pdf
- Feinstein (2011) Sex and Age matter in humanitarian response, <http://fic.tufts.edu/publication-item/sex-and-age-matter/>, research commissioned by CARE and UNOCHA
- Development Initiatives (2014) Funding gender in emergencies: What are the trends, commissioned by CARE International UK, www.globalhumanitarianassistance.org/report/funding-gender-emergencies-trends
- IASC (2006) Gender Handbook in Humanitarian Action, http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsi-tf_gender-genderh
- IASC (2005) Guidelines for GBV interventions in humanitarian settings: [https://docs.unocha.org/sites/dms/Documents/GBV%20Guidelines%20\(English\).pdf](https://docs.unocha.org/sites/dms/Documents/GBV%20Guidelines%20(English).pdf) ~
- IASC Gender Standby Capacity Projects (Gencap): <http://www.humanitarianresponse.info/coordination/gencap>

Key contacts

- Isadora Quay, Isadora.Quay@care.org.au

CARE Australia

CARE is a non-religious and non-political international humanitarian aid organisation fighting global poverty, with a special focus on working with women and girls to bring lasting change to their communities. CARE is a confederation comprised of 14 national members, of which CARE Australia is one. CARE Australia undertakes activities in 23 countries in the Asia-Pacific, Middle East and Africa, as well as responding to humanitarian emergencies.

CARE has been operating in PNG for more than 25 years, with a current presence in the Highlands region and Bougainville. CARE PNG has over 100 staff, working in diverse areas such as local governance and community-led development, women's economic empowerment, sexual and reproductive health, climate-based adaptation and food security and emergency response. CARE's long-term experience in PNG has built a foundation of in-depth institutional knowledge of the complicated local contexts in which it operates. CARE brings a wealth of experience in approaches to building gender equality, empowering communities and brokering relationships between communities, local government, NGOs and the private sector. Our teams are experienced in overcoming barriers to working in remote areas. As part of a large international NGO, CARE draws upon expertise across the globe, including in gender equality, governance and private sector development.