



Making Gender Central to EU Humanitarian Action:
CARE reflections and recommendations on ECHO gender policy and programming

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We applaud ECHO for having adopted a [gender-age marker and a gender policy](#)¹. The [2013 policy](#) was an **important milestone**, spelling out why gender matters in humanitarian crises, and how it would be implemented in line with humanitarian principles and a do no harm approach, while being people-centred.

It also made clear the **limits of the policy**, as the goal was first of all to improve the quality of ECHO's response. The policy did not represent an ECHO commitment to advance gender equality in crises; while the policy promoted a gender-sensitive approach, the opportunity to make ECHO's humanitarian response gender-responsive and, ideally where possible, gender-transformative, was missed.²

Gender-responsive: "Programming that challenges inequitable gender norms. Responds to the different needs and constraints of individuals based on their gender and sexuality. Opens space for discussing, challenging, and engaging with inequitable gender structures, systems, divisions, and power relations. Provides the opportunity for participants to question, experiment and challenge gender inequities."

Gender-transformative: "Policies and programs that change inequitable gender norms and relations to promote equality. Not only has the ambition to transform gender, but has the resources, willingness and capacity to institutionalise transformative programming."

¹ Webpage [ECHO gender- and age-sensitive aid](#)

² For more information on the gender integration continuum, the CARE gender marker guidance document provides a good outline: https://insights.careinternational.org.uk/images/in-practice/Gender-marker/CARE_Gender-Marker-Guidance_new-colors1.pdf.

In 2014, the **gender and age marker** was introduced, which was to be implemented through-out the project cycle. However, it was made clear from the start that the gender marker would **not be a funding criterion**. In other words: though a key aspect of the marker was to ensure discussions on the gender dimensions of projects through-out the programming cycle, a gender ignorant programme did not risk not getting funded. This was later, in principle, rectified by the EU Gender Action Plan II³, which requires beneficiaries of EU external funding to explain why a programme is gender ignorant. By 2017, 89.1% of ECHO-funded programmes were said to have integrated gender and age concerns, at least to some extent⁴.

In practice, CARE has often had gender-responsive activities removed from proposals by ECHO field staff, e.g. due to a lack of understanding that risk mitigation of Gender-Based Violence (GBV) is the responsibility of all humanitarian actors. We often observe that ECHO's gender policy was only translated into practice, and thus led to impact throughout the programming cycle, if the relevant geographical desk or field-based staff has an interest in it, and many partners consider the marker to be a tick-box. **Genuine implementation remains personality-driven rather than a mandatory organisational imperative.**

This changed to some extent with the launch of new protection guidelines⁵ in 2016 as well as ECHO chairing the Call to Action on Protection from GBV in emergencies in 2017. As a result, ECHO demonstrated an **increased focus on protection, including on GBV**, on which a paragraph was included in all Humanitarian Implementation Plans (HIPs) since 2017. Yet this **did not systematically translate into the inclusion of gender in regional or country-specific guidelines**, as noticed for example when examining the West-Africa HIP⁶, nor was it systematically included in programming.

Leadership from senior management is very important to make sure opportunities to advance gender-responsive humanitarian action are leveraged, as is sufficient and ongoing **training of all field staff** (not just protection officers)⁷.

Recommendations

- **Institutionalise the gender policy** by having structures, rules, and norms that are driven by senior-level management with financial *and* human resources committed to implementing gender equality policies. There must be a commitment and accountability at all levels, beyond gender focal points only and beyond protection and GBV response only;
- **Train all ECHO staff** on gender-responsive and -transformative programming. The decision-tree to decide on whether or not to fund a proposal should reflect this, and ECHO staff should have to justify internally when removing gender/GBV responsive activities from projects;
- **No ECHO funded project should be gender ignorant.** Before funding any projects marked with gender marker 0, there should be a robust justification for this, based on the findings of a gender analysis, and as committed to in the EU Gender Action Plan. This also accounts for unearmarked funding to UN agencies and the Red Cross;

³ [Gender equality and women's empowerment: transforming the lives of girls and women through EU external relation 2016-2020](#)

⁴ ECHO [factsheet gender and age sensitive aid](#), Febr 2020

⁵ ECHO (2016) [Protection guidelines](#)

⁶ CARE internal desk review of gender-sensitivity of 2017 and 2018 EU humanitarian implementation plans, March 2019.

⁷ See e.g. recommendations made after the [ECHO-led Call to Action- field workshops in 2018](#)



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It is essential that the whole humanitarian community, including donors, recognise that **impactful gender mainstreaming is not free**⁸. Donors, including ECHO, often seem to assume that the application of a gender marker itself is the solution. CARE has experienced cases where ECHO took the small budget allocated for gender advisors and analysis out of our proposals.

If we are to move beyond lip service to real gender responsive / transformative programming and impact, **gender mainstreaming requires dedicated human and financial resources** to be included in project budgets. A gender ignorant budget cannot support a gender responsive or transformative action. Gender mainstreaming requires forethought, consultation, expertise, and an ongoing communication to inform programming and adapt in real time.

In addition, as a leading humanitarian donor, ECHO and partners have an **advocacy role** to ensure buy-in from other humanitarian actors at country level, to ensure that a gender analysis is taking to account for all kinds of programming across clusters. Gender analysis should also be integrated into all conflict analysis, which is also critical to inform programming. We should **no longer accept that any outcome of an inclusive process, such as the Humanitarian Response Plan (HRP), is gender ignorant or missing GBV risk mitigation strategies in all sectors**.

We also need **particular attention to Prevention of Sexual Exploitation and Abuse (PSEA)**, which was already covered in the 2013 policy, yet got a lot more attention since the Haiti scandal a few years ago. And ECHO indeed stepped up, asking partners to report at project level and now discussing annual reporting.

While all of the above is key for gender mainstreaming, there also remains a need for **standalone programmes** to address specific gender gaps, for example to build capacity of local actors with priority to women-led and women rights' organizations at various levels, and to provide specific resources and services targeted at the

⁸ CARE International (2017) [A common vision, a shared mission: CARE reflections and recommendations on EU humanitarian aid and partnership](#)

most vulnerable women and girls, such as Menstrual Hygiene Management.

Recommendations

- **Take into account rapid gender analysis as part of ECHO funding decisions;**
- **Ensure partners budget human and financial resources for gender mainstreaming and gender-specific work.** The extent of funding requested for specific gender activities and resources should be considered as part of the gender and age marker analysis;
- Ensure partners' gender experts **inform the response planning *from the start***;
- Ask for the systematic and mandatory collection of **Sex and Age Disaggregated Data (SADD)**;
- Ensure partners identify and mitigate unintended negative consequences ('**do no harm**') specifically related to gender and GBV;
- Support **training of humanitarian actors on PSEA**, and support training and investing in accountability and in **robust complaints, feedback and reporting mechanisms** where cases can be safely and confidentially reported;
- **Also foresee funding for standalone, gender-focused programmes in emergencies.**

Example

CARE's **Rapid Gender Analysis** process has recently been validated by the Inter Agency Standing Committee (IASC), and we have used it across the globe, including in response to COVID-19. The tool provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. It does this in part by examining the relationships between women, men, boys and girls. An RGA is built up progressively, providing an initial but incomplete analysis of gender relations in an emergency, and links to more in-depth Gender and Power Analysis later on. Because the RGA is built into project cycles during emergency response, and can happen quickly, it also provides an excellent tool for adaptive management—regularly getting gender issues at the forefront of conversations about improving emergency response. We know it has informed discussions at the level of protection and GBV clusters as well as Humanitarian Country Teams.

For example, in **Uganda**, ECHO supported CARE to do a bi-annual RGA, assessing the impact of crises on gender, power relations, women's participation and leadership. The results of that analysis were first of all reviewed and validated by participants (women of different ages and social groups), and subsequently shared with not just GBV clusters and other sectors, but also the Humanitarian Country Team (HCT) and even on national television.



INTEGRATING WOMEN'S VOICE, PARTICIPATION AND LEADERSHIP IN HUMANITARIAN DECISION-MAKING

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It is essential that humanitarian actors **acknowledge women's and girls' roles as service providers and agents of change, as well as the best representatives and spokespersons of their own needs and capacities** in humanitarian crises⁹. Whether women and girls have organised themselves into a women-, youth- or girl-led group, or they come forward through a community initiative, women and girls need to be consulted and their voices, specific needs and hopes need to be heard.

Particular efforts should be made to reach marginalized women and girls, including women with disabilities, indigenous women, elderly women, and women of diverse sexual orientation and gender identity and characteristics, engaging them as active partners, and building on their needs and capacities. To put this better into practice, CARE is currently piloting a new approach called 'Women Lead in Emergencies'. It entails reflecting together, doing participatory analysis of gender, power and public decision-making, co-creating solutions, and then acting and learning together¹⁰.

Both to ensure quality programming, and given the huge importance of social capital and the frequent change in gender norms during crises, it is essential to create formal as well as informal and safe opportunities for women and girls to meet, share experiences, and support each other, and create a **platform through which women can influence humanitarian decision making**¹¹.

As also noted by OECD-DAC in their gender evaluation: "*Donors often missed significant opportunities by isolating gender equality programming from broader processes where decisions about power and resource allocation are negotiated. These disconnects raise significant questions about the potential impacts of interventions*".¹² Gender equality in humanitarian programming is most effectively achieved if women and girls

⁹ CARE Canada et al. (2019) [Joint NGO position 'Women's and girls' rights and agency in humanitarian action'](#)

¹⁰ [CARE's approach to Women Lead in Emergencies](#), and learning from the [pilot in Tonga](#)

¹¹ CARE Syria (2020) [Supporting women in Syria- Women's Experience of conflict and the new normal](#)

¹² OECD-DAC (2017) [Gender Equality and women's empowerment in fragile and conflict-affected situations: a review of donor support](#), p.14

actively participate, and are empowered to choose how to participate, in decisions on how to meet their needs.

While mentioned in the gender policy, **in practice ECHO pays little attention overall to participation**, let alone leadership of women and girls in emergencies. Instead, ECHO, prioritises heavily in both policy making and narrative the so-called ‘upwards accountability’, to taxpayers, and by extension member state leaders, European Court of Auditors and OLAF, rather than accountability to people in need. There are exceptions of course, as the example demonstrates.

Recommendations

- Create **gender-balanced response mechanisms** at all levels and support **women’s meaningful participation by accounting for gender-specific barriers to decision-making spaces**, across design, implementation, monitoring, and evaluation of humanitarian response¹³. This must happen **regardless of the modality**, including cash transfers, vouchers, in-kind and service delivery;
- Promote ‘whole of programme cycle’ accountability for gender and Leaving No One Behind, **measuring outcomes, not just processes**, in humanitarian programming and funding;
- Ensure **funding for safe spaces** accessible to women and girls where they can think through the issues facing them and develop strategies for addressing them, as well as influence humanitarian decision making;
- Enable the **development of cadres of gender equality in emergencies specialists from the Global South**, with support from GenCap.

Example

In response to Typhoon Mangkhut in the **Philippines** in 2018, ECHO funded a consortium with CARE, ACF, Oxfam and Plan, and implementing partner Cordis. The project was accompanied by a training package, including gender sensitization for households, gender equality, and women’s involvement in decision making and public spaces. The Cash and Voucher Assistance (CVA) project had been designed with a specific gender focus¹⁴. Households were given the opportunity to discuss and decide which family member should be registered and receive cash transfers on behalf of the household. Recipients were also involved in discussions on the best times of day to release cash transfers—an important consideration for those with other responsibilities such as household chores. In these cases, women were as likely to receive the CVA as men. In other projects, such as those providing government assistance, those discussions did not take place and men were the primary recipients of assistance.

¹³ CARE International (2020) [Where are the women? The conspicuous absence of women in COVID-19 response teams and plans and why we need them.](#)

¹⁴ CARE International (2020) [What does gender-sensitive cash and voucher assistance look like?](#)



LOCALISATION AND PARTNERSHIP: HOW TO SUPPORT AND BUILD ON THE LEADERSHIP OF WOMEN CSOs

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Localising aid is defined as ‘a shift from international to national/local leadership of humanitarian response’. The intent is to bring ownership of humanitarian action closer to those receiving and delivering aid. Enshrined in the Grand Bargain, it calls for making aid “as local as possible and as international as necessary... engaging with local and national responders in a spirit of partnership and aiming to reinforce rather than replace local and national capacities”. The objective is improved response through quality, quick and sustained assistance; to achieve these outcomes, local actors are key for access, acceptance, effectiveness and efficiency.

Grand Bargain signatories committed to channel 25% of humanitarian funding directly to local and national actors, and CARE believes that women-led and women’s rights organizations (WLOs and WROs) should be prioritised in this effort, due to their leadership, roles and capacities in humanitarian settings. However, funding to local organisations is too limited overall, standing at 3.1% in 2018, and 0.4% going to local and national NGOs¹⁵, with funding to WLOs and WROs not being measured, yet estimated as representing a tiny fraction of this small portion. Not only do they receive very little funding, they also receive less support, have less robust support structures, and are actively marginalised in local power dynamics.

As well described in a recent UN Women-UNFPA report: “Often treated as a delivery arm of larger NGOs, they (local women’s organizations, ed.) are not consulted on how best to respond to women’s needs and are not engaged in the design and monitoring of programs. Even more so, they are often asked to work in the hardest to reach places, with high levels of insecurity, with small budgets and inconsistent funding flows, and yet this knowledge and expertise is not fed into wider decision making and design of programs.”¹⁶ In short: **funding to WLOs and WROs and their inclusion in decision-making structures at all levels is painfully inadequate** and we all need to step our efforts immediately, including CARE.

At present, ECHO’s legal basis does not allow financing local organisations directly, nor does it have the capacity (personnel-wise) to deal with a large amount of small contracts. But even within that reality, a lot more could

¹⁵ Development initiatives (2019) [Global humanitarian assistance report](#) 2019, p. 64.

¹⁶ UN Women and UNFPA (2020) [Funding for gender equality and the empowerment of women and girls in humanitarian programming](#), p.56.

be done, also to **promote localisation by ECHO's partners**, for example by encouraging diverse partnerships or ensuring that unearmarked funding to UN agencies is also conditional upon sub-granting to local organisations. Moreover, there is little attention for localisation and **consulting with local NGOs when drawing up the HIPs**¹⁷- ECHO's annual programming- and in ECHO daily practice.

As CARE, we recognize there is **often too much of a focus on short term technical support, and too little on longer term core support, organisational development and institutional strengthening of local partners**. But the reality is that despite commitments, we really struggle to find the funding to provide this support to local partners. Most humanitarian funding is still not multi-year but short term, and even then, not all donors allow for a percentage to be reserved for capacity-building within a particular project. For example, ECHO recently disallowed the costs of a capacity building workshop which CARE organised with a partner at the start of a project. They claimed it should be covered by the 7% foreseen for 'indirect costs', which is required to cover the costs to manage the project. **Capacity building of local actors is a genuine direct cost** that not only enhances the performance and impact of partners during a specific ECHO- funded action but also contributes to the much-needed longer term development of local partners.

In contrast to many humanitarian donors, development donors do have long-term funding and have more experience in working with local organisations, but they are not prioritizing capacity-building or preparedness for humanitarian response, evidencing the **need for capacity-building for humanitarian response to be tabled into the nexus conversations**.

In addition, to make localisation a success, donors such as ECHO **should move away from an over-focus on compliance, to a sincere effort to enhance localisation of humanitarian aid**.

Recommendations

- Actively work towards an **internal culture shift** on engaging with local actors, getting less risk averse, hiring staff who have experience in working with local CSOs, and pro-actively seeking the views of local actors in how to work out localisation and when defining new policies and programming;
- **When working on localisation, purposefully include WLOs and WROs** in that process;
- Advocate in-country for the **inclusion of WLOs and WROs in coordination and decision-making structures** such as clusters and HCTs, for example using IASC Interim Guidance on localisation in context of COVID-19¹⁸, and pro-actively address barriers to their participation;
- **Hold NGOs and UN agencies accountable for the quality and inclusivity of partnerships** and collaboration with WLOs and WROs;
- **Finance pooled funds**, which are increasingly more accessible to local partners, ensure that WLOs/WROs have a seat in the management committees of these pooled funds and push UNOCHA to improve access to country-based pooled funds for women's organisations, including those that are not capital-based;

¹⁷ CARE internal desk review of gender-sensitivity of 2017 and 2018 EU humanitarian implementation plans, March 2019.

¹⁸ For more details, see e.g. [IASC Interim guidance on localization in the context of COVID-19](#), which spells out how WLOs/WROs need to be included in HCTs, in clusters, how to ensure HCTs are gender balanced etc.

- **Transparently track financial resources for WLOs and WROs, and how much funding delivers gender-responsive or transformative programming**, using the existing reporting system for ECHO partners;
- **Foster partnerships between local women’s groups and humanitarian agencies** to promote learning in both directions and leverage these partnerships to become drivers of change for women’s participation, gender equality and GBV prevention and response in each sector¹⁹.
- **Include capacity building** and preparedness for humanitarian response as well as **multi-year funding for gender-transformative programming in nexus conversations** and funding mechanisms.

Example 1

ECHO has recently decided to fund a multi-country and multi-faceted CARE-COOPI project in **Venezuela, Colombia and Ecuador** on SRHR. The project aims at strengthening sexual and reproductive health services for people on the move or settled in vulnerable locations and case management for GBV survivors in Colombia and Ecuador, as well as supporting local women and community CSOs who deliver humanitarian services in Venezuela.

Example 2

In 2017-2019, ECHO funded an NGO consortium ‘Accelerating localisation’, headed by Christian Aid and for which CARE was the lead in **South Sudan**, and which made a deliberate effort to include women CSOs. It was part of the ERC budget line for innovation, and led to significant lessons learnt for the sector, including the development of the ‘Pathways to localisation report’²⁰.

¹⁹ CARE UK (2018) [Women responders: Placing local action at the centre of humanitarian protection programming](#)

²⁰ Christian Aid, CARE et al. (2019) [Pathways to localisation](#): A framework towards locally led humanitarian response in partnership-based action.



ENSURING SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN EMERGENCIES

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Maternal death is a leading cause of mortality for women of reproductive age globally. Every day, more than 500 women and girls in countries with emergency settings die during pregnancy and childbirth, mostly due to the absence of skilled birth attendants or lack of emergency obstetric procedures, as well as from complications of unsafe abortions²¹. Already **high rates of sexual violence** historically increase in humanitarian settings during crises. In addition to being a serious human rights violation, sexual violence can also lead to increased rates of unintended pregnancy, unsafe abortion, maternal death and low birthweight, miscarriage, premature labour, and sexually transmitted infections for women and girls.²² **Contraception is critical in emergencies, as is menstrual hygiene management**, as a lack of access to menstrual hygiene items is hugely disturbing and can lead to women and girls engaging in high risk strategies, such as transactional sex, to be able to access them.

Sexual Reproductive Health and Rights (SRHR) is a core humanitarian need and a right: “Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.”²³ However, it is a need and a right that is often unmet due to a variety of emergency-related barriers that come on top of pre-existing legal, policy and social barriers. UNFPA estimated that in 2019, out of nearly 132 million people in need of humanitarian aid and protection, 35 million women, girls and young people required life-saving SRHR services and interventions to prevent SGBV and respond to the needs of SGBV survivors.²⁴ Yet **conflict-affected countries receive 57% less funding for reproductive health** compared to non-conflict affected countries, and also the response to COVID-19 demonstrated a de-prioritisation of SRHR.

At the same time, evidence and experience show that **there is acute need and fierce demand for sexual and reproductive health (SRH) care in crisis-affected settings**, and that it is feasible to provide this care even in the most challenging of settings. The global humanitarian community has also endorsed a core set of life-saving,

²¹ UNFPA (2019) [State of the World Population Report 2019](#), p.6.

²² IAWG (2020) [COVID-19 and SRH](#), Advocacy statement', p.2.

²³ Definition [UNFPA](#)

²⁴ Countdown 2030 Europe (2020) [Humanitarian Aid Funding to Sexual and Reproductive Health and Rights by European Donors](#)

SRH services that must be provided at the onset of every humanitarian emergency– the **Minimum Initial Service Package for SRH, or “MISP”** ²⁵. Despite these facts, **ECHO does not currently have a policy or accountability systems to ensure that life-saving sexual and reproductive health care is included** as a core component of the humanitarian services that ECHO funds and supports.

When it comes to **funding to SRHR in humanitarian settings**, a recent study by Countdown Europe confirmed that there is neither reliable nor consistent knowledge on the extent of the funding gap²⁶. According to ECHO’s internal calculations, ECHO funding to SRHR within the health sector is slowly increasing, up to 22 million euro in 2017 and in 2018, and at least 16.5 million euro in 2019²⁷. In parallel, funding to GBV is also going up (see below). While this presents a welcome and much-needed increase, it still represents a small fraction of an annual budget that is around 1.8 billion euro annually.

ECHO’s support is of course complemented by development funding: the EU invested 216 million euro on SRHR in 2017²⁸, part of which went to conflict and fragile states, yet we do not have exact figures.

Recommendations

- **Adopt a clear mandate and strong accountability systems to ensure that gender-responsive and adolescent-friendly sexual and reproductive health services are treated as a core element of a non- negotiable, basic healthcare package** in every humanitarian response, in line with global standards²⁹;
- **Hold all partners accountable for the implementation of the MISP at the onset of every crisis** using any modality that is appropriate and feasible including cash and voucher assistance, and with a particular focus on reaching adolescents and the most marginalized;
- **Ensure continued and flexible funding** for preparedness, early action efforts and implementation of the MISP, by **ensuring both humanitarian and development funding that allow for continuity of SRH services** -including contraception, intrapartum care for all births, emergency obstetric and newborn care, post-abortion care, safe abortion care to the full extent of the law, clinical care for rape survivors, and prevention and treatment for HIV and other sexually-transmitted infections;
- Ensure funding and accountability systems that lead to **reliable delivery of all essential health supplies, including sexual and reproductive health supplies**, to avoid service disruptions, by overcoming (for instance COVID-19 related) bottlenecks in global and local supply manufacturing, procurement, transit, import and export, customs clearance, and pharmacy management. This must include the removal of regulatory barriers that impede the flow of life-saving supplies³⁰;
- **Hold partners accountable for ensuring GBV risk mitigation**, including the development of robust and confidential referral systems to ensure that survivors receive comprehensive care.

²⁵ The **MISP** is the minimum, life-saving sexual and reproductive health needs that humanitarians must address at onset of an emergency (within 48 hours wherever possible).

²⁶ Countdown Europe (2020) [Humanitarian aid funding to sexual and reproductive health and rights by European donors](#).

²⁷ 2019 figure incomplete though. Answer to [Parliamentary question MEP In 't Veld](#)

²⁸ Countdown Europe (2020) [European donor support to SRH and family planning](#)

²⁹ Both [the 2018 SPHERE humanitarian standards](#) and the [2018 Interagency Field Manual for Reproductive Health in Crisis](#) (IAFM) call for provision of a minimum set of life-saving, reproductive health services within 72 hours of the onset of an emergency (called the Minimum Initial Service Package in the IAFM). The IAFM also calls for transition to comprehensive SRH services as soon as feasible (within 6 months)

³⁰ Inter-Agency Working Group on reproductive health in crises (2020) [COVID-19 Pandemic further threatens women and girls already at risk in humanitarian and fragile settings](#).

Example 1

In **Uganda**, ECHO funds a CARE menstrual hygiene management pilot using menstrual cups in refugee camps, with very promising results, as also recognised in the Lancet, and a clear CARE eagerness to take this pilot to scale.

Example 2

Canada is considered a role model in terms of SRHR monitoring and fund-tracking, with all proposals not just requiring a gender analysis, SADD, and gender-sensitive results and indicators, but also having specific SRHR sections mainstreamed throughout the proposal templates. SRHR key performance indicators were made mandatory for partners to use in proposal logframes.³¹

³¹ Countdown Europe (2020) '[European support to SRH and family planning, Trends analysis 2018-2019](#)', p.18.



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SUPPORTING WOMEN'S ECONOMIC EMPOWERMENT IN EMERGENCIES

While discussion of the 'Humanitarian, Development and Peace Nexus' continues within the sector, there remains debate as to whether women's economic empowerment is a luxury, or even feasible in humanitarian contexts where the priority is to keep people alive³². In countries where embedded gender inequality is compounded by humanitarian crises, conflict, or displacement, limited humanitarian funding often prioritises traditional life-saving responses, leaving women's economic empowerment as an issue to focus on in more stable times, suggesting that women's economic and social rights rank below the threshold necessary to be classed as humanitarian needs. This can happen not least because economic empowerment, which gives women both access to and control over money, is complex. And while it can mitigate some forms of gender-based violence (GBV) such as early marriage or transactional sex, it can also put women at risk of backlash and other forms of GBV if not carefully implemented.

Increasingly, however, humanitarians are seeing **interventions aimed at women's economic empowerment in emergency contexts as a key tool to increase protection and support people in crises to live in dignity**. Women's economic empowerment programming such as cash programming linked with savings groups, other income generation activities and market approaches can provide a gender-responsive solution to cover basic needs and reduce negative coping mechanisms. It can also lay the foundation for linking humanitarian efforts to early recovery and longer-term development in a gender transformative manner, which can sustain positive changes to gender norms and relations emerging out of displacement and societal change³³.

While ECHO does **not put a lot of focus on their support to livelihoods interventions, they do have an extensive focus on scaling up cash** (including as a lead of the Grand Bargain workstream on cash), which **could be more effective if intentionally gender-responsive or transformative**. Moreover, they are providing some support as part of the **nexus approach**, for example supporting a cash programme linked up to the social protection system or supporting access of refugees to employment opportunities³⁴, all of which could be supporting women's

³² CARE International (2019) '[Women's economic empowerment in emergency contexts. Niger: A Case Study](#)'.

³³ See e.g. [VSLAs in Niger](#), how long term predictable unconditional cash transfers contributed to flexibility, livelihood improvements in [Yemen](#), and lessons learnt on the [6 elements needed](#) to support women's economic empowerment via cash programmes.

³⁴ See e.g. ECHO Factsheet (2020) '[Resilience and humanitarian-development-peace nexus](#)'.

economic empowerment if deliberately aimed for. But overall the amount of nexus funding by ECHO remains limited, and they tend to refer partners to approach the development arm of the Commission for nexus-related work, which more often than not ends up in a funding gap for these needs in humanitarian contexts.

Recommendations

- **Gender analyses need to be meaningfully included in market assessments and vice versa**, to inform all basic needs assessments, and both should be updated regularly;
- **Step up funding for cash support that works for women**³⁵, which entails it is gender-sensitive, designed with women, based on a robust gender analysis, designed to sustainably transform gender roles and relations, increases their financial literacy and is designed to protect them;
- **Support Village Saving and Loan Associations (VSLAs) in emergencies**, as accompanying measure of social protection and safety net for the most vulnerable groups³⁶, and explore linkages with cash programming where appropriate;
- **Encourage partners to account for the specific needs of female-headed households**, who might for example need childcare to be able to go to work.

³⁵ CARE (2019) '[A brief from multi-country study: What does gender-sensitive cash and voucher assistance look like?](#)'.

³⁶ See e.g. SEEP (2020) '[Savings Groups and COVID-19 recommendations](#)', which provide a roadmap for how to support VSLAs and other savings groups in the acute phase of COVID-19 emergency. Currently, there are more than 15 million members in Savings Groups in more than 73 countries around the world, supported by hundreds of development organizations in Africa, Asia and Latin America. These groups are overwhelmingly made up of poor, rural women; they are a critical engine for economic opportunity, a source of social solidarity and a safety net for many families in vulnerable situations. These groups have proven that they are resilient and resourceful. Often, they are at the frontlines of the local response to crisis.



GOING FROM GENDER-SENSITIVE TO GENDER-TRANSFORMATIVE APPROACHES

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We applaud that **ECHO has been funding an increasing amount of GBV targeted programming** (62 million euro in 2017-2018, 52 million 2018-2019³⁷) as well as GBV as part of protection programmes (for example on case management, documentation etc.) and GBV health programming (e.g. on mental health and psychosocial support), while doing some promotion of **GBV risk mitigation** – although the extent of effective inclusion of GBV risk mitigation into ECHO-funded programmes is unclear to us and should be examined.

Where ECHO support remains limited, as seen from an analysis of 2017-2018 HIPs³⁸, is in terms of wider **GBV prevention in emergencies**, such as combatting early child marriage or domestic violence in refugee settings, which requires working on root causes and therefore changing social norms.

Humanitarian crises should be seen as a window of opportunity to transform unequal gender relations and support ongoing efforts at local level by feminist groups and civil society to that purpose. EU policy commitments (in GAP II, Consensus on Humanitarian aid, G7 Declaration, Grand Bargain, Women, Peace and Security Strategy, IASC, etc.) and tools already exist. What is needed is action to translate commitments into practice and to use tools at hand to ensure every single humanitarian action is gender-sensitive and where possible gender-transformative. And while it may be difficult to go beyond gender-sensitivity in some acute crises, protracted crises certainly allow for gender-responsive and gender-transformative programming.

As noted in a recent UN study: *“Gender transformative work is fundamentally reliant on transforming the norms and behaviours that maintain discriminatory gender roles, and yet social norms work is one of the least funded areas. While these types of activities are not seen as “life-saving” and often fall well outside a short-term humanitarian remit, a lack of funding in this space is directly affecting the ability of women and girls to access basic services. Multi-year humanitarian funding to work on gender transformative programming should receive*

³⁷ Individual figures not available, [Annual ECHO report 2018](#), p.10 and ECHO website: https://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en [https://www.europarl.europa.eu/RegData/questions/reponses_qe/2020/001049/P9_RE\(2020\)001049_EN.pdf](https://www.europarl.europa.eu/RegData/questions/reponses_qe/2020/001049/P9_RE(2020)001049_EN.pdf)

³⁸ CARE internal desk review of gender-sensitivity of 2017 and 2018 EU humanitarian implementation plans, March 2019.

significantly more attention and investment”.³⁹

Reducing the risk of GBV and transforming social norms fundamentally includes **engaging sexual and gender minorities as well as men and boys**. It requires coming together to reflect on gender relations and expectations men/boys face (masculinities) and taking action for transforming oppressive gender norms and promoting gender equality. CARE developed a model for work on engaging men, which has been successfully tested in contexts such as the Balkans⁴⁰ and Rwanda.

Recommendations

- Ensure that **access to comprehensive survivor-centred GBV response services** is explicitly addressed and funded from the onset of every humanitarian response;
- Ask for **GBV risk mitigation analysis for all sectors and response modalities**;
- **Invest in long-term capacity and push for accountability across the wider humanitarian sector for GBV prevention and risk mitigation**. Both GBV prevention and risk mitigation should be seen as an integral part of humanitarian action as well as being necessary to a just and sustainable recovery;
- Develop a **joined-up approach across the humanitarian-development-peace nexus** to address GBV prevention and response in emergencies;
- Support programmes to **challenge harmful gender norms and stereotypes**, for instance encouraging people of all genders to share caregiving duties;
- Support **approaches to engage with men and boys and shift social norms** that lead to GBV;
- **Promote women’s and girls’ empowerment** through education and livelihoods programmes, by promoting decent work and eliminating legal, social and policy barriers preventing women from participating fully and safely in society.

Example 1

In **Uganda**, ECHO exceptionally funded a CARE pilot to work with men and boys on transformative, GBV prevention work. The Role Model Men approach is usually implemented as part of development programming, spanning several years. However, CARE wanted to learn more deeply how this can work in a refugee setting, building upon previous experience from an ECHO and UNFPA funded project. CARE Uganda has trained over 2100 Role Model Men and Boys across the multiple refugee settlements. To date, the Role Models have mentored and supported over 11000 fellow men and boys. As a result, the families of the involved men were happier and safer, the Role Model men inspired others to change, violence was going down, women had more free time, and also social cohesion with the host population improved.⁴¹

³⁹ UN Women and UNFPA (2020) [Funding for gender equality and the empowerment of women and girls in humanitarian programming](#), p.59.

⁴⁰CARE (2018) [Engaging Men and Boys in Emergencies](#).

⁴¹ CARE Uganda (2019) [Positive Masculinities in a Refugee Context: A Case Study from Uganda](#).

Example 2

Since 2015, CARE International **Balkans** has been providing urgent humanitarian assistance to refugees and migrants as they pass through Serbia on their way to EU countries. During the emergency assistance, CARE and its local partners have recognized the need to protect young male migrants – mostly unaccompanied minors – as the major group in need. Building on CARE’s decade-long experience of engaging boys and young men in the Balkans in programmes on violence prevention, healthy lifestyles, and gender equality initiatives, we created a tailor-made programme for working with young male migrants. One of the direct outcomes of the project is Manual for Engaging Men and Boys in Emergencies⁴².

Conclusion

In conclusion, ECHO has made substantial progress since the introduction of its 2013 gender policy, yet should fully embrace its role and take ownership of the EU Gender Action Plan, by explicitly seeking to advance gender equality in emergencies by promoting and supporting gender-responsive and gender-transformative programming. In this paper, we have suggested multiple ways how to do that, in sync with partners and local women CSOs. We look forward to engaging in further dialogue with ECHO and indeed EU Member States, on the implementation of the recommendations we have made.

⁴² CARE (2018) [Engaging Men and Boys in Emergencies](#)