A call to action on gender and humanitarian reform

From the Call to Action on Violence Against Women and Girls in Emergencies to the World Humanitarian Summit

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WHEN CONFLICTS OR NATURAL DISASTERS STRIKE, the impact of the crisis on men and boys, women and girls is shaped in specific and different ways by their gender. For example, women of reproductive age comprise a quarter of the people who are refugees or internally displaced as a result of war, famine and natural disaster. One in five is likely to be pregnant. Yet all too often frontline humanitarian staff are not trained or equipped to address their specific needs. Studies also indicate that men and boys are exposed to specific forms of violence and vulnerability which are often little understood or addressed by emergency response efforts. Fresh statistics drawn from the UN's financial tracking system for humanitarian funding[1] also indicate how little we know about whether aid effectively addresses gender and violence against women and girls, or not. To more effectively address humanitarian needs, we need to fix these gaps and weaknesses in our response.

CARE International believes that the Call to Action on Violence Against Women and Girls in Emergencies[2] offers an important platform to promote more effective global approaches to gender-based violence and gender equity in emergencies. The process has already brought together donors, NGOs and UN agencies on these issues at a senior level in an unprecedented fashion. To maximise this potential, we need to agree ways forward which broaden the list of stakeholders endorsing the Call to Action communiqué and translate the commitments into action at all levels. As states and multilateral organisations prepare for the World Conference on Disaster Risk Reduction and Resilience (2015)[3] and the World Humanitarian Summit (2016),[4] the Call to Action should put gender at the heart of wider reforms to the humanitarian system. This paper outlines practical recommendations on how to make this happen.

RECOMMENDATIONS

Integrate the Call to Action commitments into wider humanitarian reforms in the run-up to the World Humanitarian Summit

CARE International calls on states to:

- Convene further high-level events to sustain political leadership and broaden the list of state signatories to the Call to Action, for example in the margins of the UN Economic and Social Council (ECOSOC) and at regional inter-governmental events.
- Link the Call to Action process into policy deliberations towards the World Conference on Disaster Risk Reduction and Resilience (WCDRR, 2015) and World Humanitarian Summit (WHS, 2016) to foster a wider global consensus on humanitarian reform and gender, and integrate the 12 Call to Action commitments into WCDRR and WHS outcomes.
- Establish donor 'Call to Action Implementation Plans' to translate the Call to Action commitments into bilateral policies, funding and operational guidance for partners.

CARE International calls on states, multilateral agencies and NGOs to:

- Strengthen inter-agency coordination on each commitment in the Call to Action communiqué, building on existing relevant platforms, such as the Gender-Based Violence Area of Responsibility (GBV AoR)[5] and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG).[6]
- Convene senior technical officials meetings to share best practices and foster alignment on monitoring implementation of the Call to Action in rapid on-set crises (eg multi-cluster initial rapid assessments, Level 3 strategic response plans and inter-agency real time evaluations).

Strengthen accountability for gender equality and gender-based violence through an aligned and comprehensive approach to Gender Markers (Call to Action commitment 4)

CARE International calls on states to:

- Agree a standardised and more comprehensive approach by donors and implementing partners to using Gender Markers across project design, implementation, monitoring and evaluation.

CARE International calls on all actors to:

- Define clear roles and coordination between donors, UN agencies and NGOs on implementation of the accountability mechanism in the Inter-Agency

1. Forthcoming report from Development Initiatives: see http://devinit.org/
2. See www.gov.uk/government/uploads/system/uploads/attachment_data/file/256872/Final_Communique_v_11_Nov_4.pdf
3. See www.wcdrr.org/
4. See www.worldhumanitariansummit.org/
5. See http://gbvaor.net/
6. See http://iawg.net/

Standing Committee (IASC) guidelines on GBV interventions in humanitarian settings.[7]

Ensure that women and girls' sexual and reproductive health needs are addressed in all emergency responses, in particular plugging gaps identified by the IAWG global evaluation (Call to Action commitment 8)

CARE International calls on states, multilateral organisations and NGOs to:

- Address funding and implementation gaps in roll-out of the Minimum Initial Service Package (MISP) on Reproductive Health in Crisis Situations[8] building on recommendations in the forthcoming IAWG global evaluation of reproductive health in crises. Particular focus should be placed on the clinical management of rape survivors (CMR) component of the MISP.

Promote the voice and capacity of southern women's civil society groups in humanitarian assistance and protection (Call to Action commitment 11)

CARE International calls on states, multilateral organisations and NGOs to:

- Ensure participation by southern women's civil society groups in all the work-streams, senior technical officials meetings and high-level review events in the Call to Action.
- Ensure participation by southern women's civil society networks in deliberations on the World Conference on Disaster Risk Reduction and Resilience (2015) and World Humanitarian Summit (2016), and factor gender into their outcomes on empowering national and local actors in humanitarian response.
- Engage southern women's groups in processes to promote local NGO engagement in humanitarian leadership, coordination and pooled funding.
- Fund southern women's groups to engage in humanitarian assistance and protection, linked to wider NGO capacity-building strategies, towards building a cadre of southern gender specialists ready to deploy when crises strike. An innovation programme could be funded to support partnerships between southern women's groups and international NGOs towards capitalising on their respective strengths and fostering learning on both sides.

7. See www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv; www.unhcr.org/453492294.html

8. See http://misp.rhrc.org/

1. PROGRESS ON THE CALL TO ACTION PROCESS

At the Call to Action high-level event in 2013, donors, UN agencies and NGOs signed up to 12 global commitments to better address violence against women and girls (VAWG) in emergencies. Initial state signatories to the communiqué included Australia, Belgium, Canada, Finland, France, Ireland, Italy, Japan, Sweden, Switzerland, the United Kingdom and the United States of America, as well as the European Commission (ECHO[9]).

In September 2014 at the UN General Assembly, a high-level event is being convened to review progress and chart the way forward one year on. This will be followed by a technical meeting to plan next steps later in the year. The process has so far brought together donors, NGOs and UN agencies at a senior level in an unprecedented fashion to reflect on how emergency responses can improve. Yet CARE believes that to maximise the Call to Action's potential, there is a need to clarify and strengthen the way we collectively take it forward and bring new stakeholders into the process.

At the original high-level event, detailed implementation plans were provided only by a limited number of donors, UN agencies and NGOs. Specific donor plans to implement the commitments were put forward only by Switzerland, Canada, Ireland, USA, UK, Norway, Japan and ECHO (eight of the 13 donor signatories and 19 state signatories). A number of other donors have also undertaken important steps to enhance their efforts on VAWG in emergencies at the bilateral level.

Call To Action implementation in the Typhoon Haiyan response in the Philippines – key findings

Soon after the Call to Action high-level event in 2013, a meeting was convened amongst donors and UN agencies to discuss how the commitments in the communiqué might translate into practice in the Typhoon Haiyan response. In June 2014, the UK Department for International Development (DFID) convened a workshop to discuss lessons learned from this effort (9 June 2014). Key findings included:

- Low representation of protection and GBV concerns in the major guiding documents of the response (eg the first Multi-Sector Initial Rapid Assessment and the Strategic Response Plan).
- Under-representation of local organisations and local government in cluster meetings.

9. European Commission – Humanitarian Aid and Civil Protection.

Recommendations included the following:

- GBV sub-cluster should engage with OCHA (UN Office for the Coordination of Humanitarian Affairs) to regain ground on including protection/GBV issues in early assessments for future responses.
- GBV sub-cluster should prioritise sustained field presence for its surge staff, rather than the meeting of bureaucratic benchmarks at national level.
- GBV sub-cluster and the protection/GBV community should shift efforts towards practical support to mainstreaming. Surge staff at the field level could give direct mainstreaming support to sectoral clusters, and the use of revised tools that are shorter and more pragmatic (eg checklist-style) should support this.
- INGOs should connect local civil society organisations with the international community's coordination structures and international protection/GBV actors (eg accompanying local partners to cluster meetings, providing training on coordination structures).

In addition to the above, there is scope for the Call to Action to identify key moments in crises across the preparedness, emergency response and recovery phases at which donors and UN agencies could assess implementation and push to address key gaps at a more senior level, such as in the context of Level 3 strategic response plans, inter-agency real time evaluations, and financial decision-making processes linked to the CAPs[10] and other funding mechanisms.

Leadership on the Call to Action at global level in 2014 has been taken forward by the US government. To help identify ways forward, the US commissioned the Women's Refugee Commission to undertake a 'strategic visioning exercise.' A key moment in that process so far was a consultation workshop with UN agencies, NGOs and diplomats in June 2014. Proposals raised included the need to clarify how the Call to Action links to the GBV Area of Responsibility (AoR). Engagement by states through the Call to Action could help mobilise political support to champion institutional reforms and technical initiatives developed by the GBV AoR. Regular interaction between the Call to Action and the GBV AoR could be one means to enable this, for example pegged to the latter's annual retreat. In addition, the US NGO network, INTERACTION, undertook an NGO consultation which emphasised the importance of agencies holding themselves accountable to the Call to Action in a clear and time-bound fashion. CARE has actively fed into all these discussions.

At the Global Summit to End Sexual Violence in Conflict in June 2014, two high-level policy sessions and ministerial roundtables were dedicated to the Call to Action. A number of additional states announced that they would endorse the Call to Action communiqué, including Liberia, Mexico, Morocco, Occupied Palestinian Territories, Senegal and South Korea. John Kerry, US Secretary of State, made the keynote speech at the closing of the summit calling for additional endorsements of the communiqué and stating: "We need to hold ourselves accountable for assuring that gender-based violence is literally addressed in every single humanitarian response."

Good Humanitarian Donorship initiative – lessons learned for the Call to Action

The Call to Action can build on good practices and challenges faced by similar processes in the past, such as the Good Humanitarian Donorship (GHD) initiative.[11] The GHD involved a group of donors coming together in 2003 to agree a set of global principles on aid effectiveness – in that instance 23 commitments aimed at translating core humanitarian principles like neutrality and impartiality into donor policy and practice. The initial GHD group expanded to over 40 donor signatories and regularised interaction with UN agencies and NGOs. It also resulted in endorsement of the GHD principles by the OECD (Organisation for Economic Cooperation and Development) Donor Assistance Committee, a key donor institution promoting aid effectiveness, in 2006. Several donors also established GHD 'bilateral implementation plans' to integrate the agenda into their own approach to policy and funding.

In addition to learning from its achievements, criticisms of the GHD also have relevance for the Call to Action. A 2012 evaluation pointed to disconnects between GHD discussions taken forward by donor humanitarian specialists in Geneva and more senior donor decision-makers in their respective capitals, as well as the lack of progress made in monitoring implementation at field level. Furthermore, it was proposed that the GHD should clarify the role of its work streams and how they relate to the initiative's overall objectives. Lastly, the evaluation also recommended that the initiative's annual plan be regularised to consist of two to three plenary meetings and an annual high-level meeting in the margins of the UN Economic and Social Council (ECOSOC).

Building on all these efforts, there remains considerable scope for donors to share best practices on how they translate the Call to Action global commitments into their bilateral efforts. Different bilateral models for

10. Consolidated Appeals Processes – the UN coordination process to frame humanitarian funding appeals.

11. Good Humanitarian Donorship, 2012, 10 years on: How are donors implementing the Good Humanitarian Donorship principles?

integrating gender and GBV into donor humanitarian policies, funding mechanisms and operational guidance for implementing partners should be shared and standardised. Lessons learned from the Good Humanitarian Donorship initiative (see box) and other similar initiatives should inform how the Call to Action is taken forward at a global level. Good practices include establishing 'bilateral donor implementation plans' and undertaking peer review processes at global and field levels. For those donors that have a national action plan on UN Security Council Resolution 1325 on Women, Peace and Security, the 'relief and recovery' pillar in these could help to frame their Call to Action implementation plans within a wider government strategy.

> ***"I have been working on gender issues for practically all of my working life and what I have noticed is this: the minute that we think we have a success and we can stop talking about it, we slip back. So, we have to keep focused on these issues."***
>
> *Valerie Amos, UN Emergency Response Coordinator, in debate on the World Humanitarian Summit*[12]

Collectively, states and other stakeholders supportive of the Call to Action should explore how to integrate its efforts with wider reforms to the humanitarian system, such as the processes towards the World Conference on Disaster Risk Reduction and Resilience (WCDRR, 2015) and World Humanitarian Summit (WHS, 2016). Until now, the process towards the WHS has not factored gender into its deliberations on aid effectiveness, vulnerability or innovation despite its relevance across these themes. In the process towards the WCDRR, civil society groups are advocating for a gender-sensitive community-driven approach to strengthen local resilience capabilities.[13] The next phase of the Call to Action needs to build on these experiences to promote a shared way forward which takes gender and GBV out of siloed action by gender specialists and into the heart of wider efforts to better assist and protect people caught up in crises.

12. See http://phap.org/system/files/WHS%20Valerie%20Amos%20-%20The%20Future%20of%20Humanitarian%20Action%20-%20Event%20report.pdf, p9.

13. Global Networks of Civil Society Organisations for Disaster Reduction: www.globalnetwork-dr.org/

2. PROGRESS AND WAYS FORWARD ON THE CALL TO ACTION COMMITMENTS

While the Call to Action communiqué outlines 12 commitments, in this paper CARE highlights opportunities and recommendations in relation to three of these: implementation of the Minimum Initial Service Package (MISP) for reproductive health in crisis situations; accountability for addressing gender equality and GBV; and promoting meaningful engagement of local civil society, especially women's rights groups.

2.1 Implementation of the Minimum Initial Service Package for reproductive health in crisis situations

The eighth commitment in the communiqué is: "In recognition that health and medical services are life-saving and often the entry point for work to prevent and respond to VAWG, we commit to promote and support the implementation of comprehensive sexual and reproductive health, psychosocial and mental health services from the onset of an emergency and throughout the life of the humanitarian response. This includes promoting and supporting the implementation of the Minimum Initial Service Package for reproductive health in crisis situations."

Efforts to take forward this commitment have been amongst the most dynamic and well-organised strands of follow-up to the Call to Action process so far. As such, the work on the MISP commitment could serve as a model for relevant stakeholders to take forward the 11 other commitments in the Call to Action.

Follow-up to the MISP commitment has been led by the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) and specifically its sub-working-group on implementing and strengthening the MISP, which has put together a matrix to monitor what are the current gaps in MISP implementation (funding and human resources are the largest); proposed solutions to address the gaps; identified potential lead agencies; and identified the funds required to achieve these goals. All these efforts have been complemented by wider efforts in IAWG to promote MISP implementation and identify the key gaps and challenges to this happening. As part of this, a global evaluation of the MISP has been completed as well as a study on funding gaps for MISP implementation. Since its inception as a member and now as part of the steering committee, CARE continues to play an active role including support to its engagement with the Call to Action, and we are

implementing key aspects of the MISP in our response to the crises in the Democratic Republic of Congo (DRC), South Sudan, Pakistan and Chad.

Preliminary findings from the IAWG global evaluation of reproductive health in humanitarian settings point to the following areas of progress: improved institutional commitment to sexual and reproductive health (SRH) in crises; increased numbers of humanitarian health and protection proposals appearing to address SRH; a growth in overall official development assistance to conflict-affected countries; as well as enhanced implementation of the MISP. Persistent gaps pertain to SRH components, quality of care and funding. There is a disproportionate lack of funding and programmatic attention to family planning (long-acting methods and emergency contraception) and comprehensive abortion care in particular. Quality of services remains low due to logistics and supply chain gaps, limited community engagement, as well as challenges in transitioning from the MISP to more comprehensive SRH services. An inequity in funding for SRH is further observed between conflict-affected and non-conflict-affected least-developed countries, with countries in war receiving inadequate support.

South Sudan – Gaps in reproductive health provision

South Sudan illustrates the gaps in reproductive healthcare in emergencies. The country's total fertility rate is 6.7 births per woman and about 196,000 women are pregnant at any given time.[14] One in seven mothers dies from pregnancy and birth-related complications.[15] Yet in 2010, the country, whose population was about 10 million people, had only 19 registered midwives and 132 community midwives.[16] Furthermore, of the births occuring in hospitals, only 15% are attended by what the Ministry of Health defines as 'skilled' personnel, in other words a doctor, clinical officer, or certified midwife.[17]

14. UNFPA Health Cluster South Sudan Bulletin #29, 15 August 2014, http://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_health_cluster_bulletin_15august2014.pdf, p5

15. UNDP, The Millennium Development Goals in South Sudan, see www.ss.undp.org/content/south_sudan/en/home/mdgoverview/overview/mdg5/

16. South Sudan Ministry of Health, 2011, Health Sector Development Plan 2011-2015, www.gunneweg-imprint-consultants.nl/wp-content/uploads/2011/10/HSSDPL2010-2015-SOUTH-SUDAN.pdf

17. Hutton, K, 2013, How can health services in South Sudan be most effectively supported by NGOs with the aim of eventual transfer to full management by the Ministry of Health?, Integras Consulting, www.adhscourse.org/assets/grocery_crud/texteditor/plugins/filemanager/files/Health_Financing_in_South_Sudan_2013.pdf

Going forward, there is scope for donors to convene a senior technical officials meeting involving partners in the IAWG and other relevant stakeholders to review findings and identify next steps based on the global IAWG evaluation alongside the proposed actions in the MISP Call to Action implementation matrix. In addition, the model of structured collaboration and a clear matrix for implementation of this commitment could also inform efforts to take forward the other commitments in the Call to Action communiqué.

2.2 Accountability for gender equality and addressing VAWG

The sixth commitment in the communiqué is to "strengthen accountability at global, national and operational levels to address VAWG in humanitarian responses and promote gender equality."

Since the high-level event, NGOs, UN agencies and donors have taken various steps to strengthen accountability. At the global level, the GBV AoR has revised the IASC guidelines on GBV interventions in humanitarian settings and included a section on accountability. In addition, the IASC Gender Reference Group implemented a global evaluation of the IASC Gender Marker towards identifying more effective and aligned ways forward to hold agencies accountable through the use of Gender Markers to track spending on gender in humanitarian funding. Efforts have also been taken forward at the bilateral level. In the UK, for example, the government passed an Act of Parliament which obliges DFID to integrate gender equality across its aid policy and funding, and to work out the means to account for this. Individual aid agencies are also moving forward with different approaches to hold themselves accountable for gender in their humanitarian response.

Take use of the Gender Marker as an example. In principle, one of the most effective ways for donors to hold implementing agencies accountable is to track funding. Transparency in government funding is also a legitimate demand of parliaments, the public and media in donor countries. While gender and gender-based violence are complex, it should not be difficult to track which projects at least attempt to address these issues. In theory, this is what the UN IASC Gender Marker does. It encourages agencies to categorise at proposal stage whether a humanitarian project either mainstreams gender or addresses a specific gender-related objective, such as tackling GBV, or not. Yet both a new global evaluation of Gender Markers commissioned by the

Top 10 humanitarian donors ranked by lack of 2b funding (project's principal purpose is to advance gender equality)

Germany	0.0%
Norway	0.0%
Saudi Arabia	0.0%
Switzerland	0.2%
US	0.3%
Sweden	0.5%
Canada	0.5%
UK	0.7%
Japan	1.4%
EU institutions	2.9%

Source: Development Initiatives research (report forthcoming) based on UN OCHA FTS data

IASC Gender Reference Group[18] and a study of current reporting against it within the OCHA Financial Tracking System (FTS) by Development Initiatives, a research institute,[19] underline how far we have to go.

Coinciding with the launch of the Call to Action last year, CARE's analysis of global humanitarian funding using the IASC Gender Marker and the FTS found some shocking results.[20] For example, 54% of humanitarian projects in the DRC were rated 'gender blind.' New research by Development Initiatives suggests that, as of September 2014, 80% of funding to the DRC is now categorised as 'unspecified' in the FTS.[21] Given the huge amount of political and media attention to gender-based violence in the DRC, these statistics are worrying. If we are not getting this right in the DRC, then how are we doing elsewhere?

The situation in the DRC appears to be mirrored on a global level, as shown by the infographics included at the end of this paper. The first infographic shows that for nine out of the top 10 humanitarian donors in 2014, more than 50% of funding reported through the FTS was uncoded or unspecified in terms of how the projects address gender. The second infographic shows that for all of the top 10 recipient countries, more than 50% of humanitarian assistance funding (and more than 80% for all but three countries) was either uncoded or unspecified in terms of how the projects address gender.

Furthermore, new statistics from the Development Initiatives research also point to the surprisingly low level of funding aimed at advancing gender equality, categorised as '2b' under the IASC Gender Marker. The table shows that, according to FTS figures for early September 2014, a significant number of major donor nations allocate less than 1% of humanitarian funding to advancing gender equality in emergencies. While donors may rightly highlight that the IASC Gender Marker and FTS system do not capture all the projects they support, the point is precisely that if we want accountability for gender and GBV, then we need to strengthen our systems and tools to track this.

A forthcoming global evaluation of the IASC Gender Marker[22] and wider efforts at gender marking also acknowledges that our tools remain blunt ones and inconsistently implemented. The draft evaluation puts it simply: "[The] IASC Gender Marker has been relatively successful [at] integrating gender at the project design stage, but it is not clear what the results have been in terms of project implementation." The draft evaluation goes on to recommend that work to expand the IASC Gender Marker across the programming cycle should be integrated into the review of the UN Humanitarian Programme Cycle (HPC), including the development of fast-track guidance for trial in the 2014/2015 planning cycle and beyond.

Various donors are also experimenting with different approaches to track funding and hold agencies accountable on gender and GBV, including through gender markers. For example, ECHO introduced a Gender-Age Marker in 2014, which evaluates gender and age criteria at proposal and project implementation stage, and aims both to track ECHO funding and performance and to promote constructive dialogue on addressing the different needs of women, girls, men and boys. Looking forward, CARE believes that donors, UN agencies and NGOs need to come together to agree what we call a 'Gender Marker ++' system, which goes beyond

18. IASC Gender Marker Assessment – Findings and Recommendations, June 2014, unpublished as at September 2014.

19. Forthcoming report from Development Initiatives: see http://devinit.org/

20. CARE International, 2013, Donor Spending on Gender in Emergencies 2013: An investigation by CARE International UK into the UN data on donor aid to emergency appeals for 17 countries in crisis.

21. Forthcoming report from Development Initiatives: see http://devinit.org/

22. IASC Gender Marker Assessment – Findings and Recommendations, June 2014, unpublished as at September 2014.

the proposal stage across implementation, monitoring and evaluation. The box below shares experience from CARE's efforts to pilot such a system in the Syrian regional crisis and Mali.

CARE's experience of implementing a 'Gender Marker ++' across the full project cycle in Syria and Mali

CARE is piloting an innovative Gender Marker within its humanitarian response in the Sahel and Syrian regional crises which goes beyond the IASC tool to also monitor gender integration across design, implementation, monitoring and evaluation. The good news is that the first six months of the pilot indicate that it is possible to implement a Gender Marker ++ across the whole project cycle. An initial evaluation indicates that doing so has brought gender into project decision-making in a more deliberate fashion and keeps it present in the minds of staff in CARE and our local civil society partners. Key challenges arising from the pilot thus far relate to how implementation of gender in programming is graded and assessed on an on-going basis. Current wider tools for assessing humanitarian response in terms of the kinds of qualitative and complex issues at stake in gender tend to happen only after a response is completed. It has proven less easy to identify how best to assess the extent to which gender is integrated at the six-week, three-month and six-month stages.

So far the Call to Action has not yet brought together these different experiences or promoted an aligned approach to accountability across donors, UN agencies and NGOs. Without this, there is a risk that contradictory expectations might be imposed on implementing partners, which in turn would create confusion and duplication of effort.

Looking forward, the next phase of the Call to Action should bring donors, UN agencies and NGOs together to discuss best practices and identify ways forward on accountability. This could include an agreement on how donors support the accountability strategy and mechanism associated with the revised IASC guidelines on GBV in humanitarian settings. It could also build on the global evaluation of the IASC Gender Marker and experience of ECHO, CARE and others to design a Gender Marker ++ system. Through this, the Call To Action could promote a global consensus on "accountability at global, national and operational levels to address VAWG in humanitarian responses and promote gender equality"(sixth commitment in the communiqué) towards informing outcomes on aid effectiveness at the World Humanitarian Summit in 2016.

2.3 Engaging local civil society, especially women's organisations, on GBV and gender in emergencies

The 11th commitment in the Call to Action communiqué calls for "meaningful engagement of and partnership with local civil society, including women's rights groups, women human rights defenders, communities and faith groups, in the analysis, design and implementation of programmes and service delivery."

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 programme design and implementation. Yet all too often, this expertise or potential is not recognised by the international humanitarian system.

Indeed, inadequate engagement with local institutions – both government and civil society – is often cited as a wider challenge for the global humanitarian system. The convening of a World Humanitarian Summit in 2016 has been partly driven by a realisation that the humanitarian system needs to reform and become more inclusive if it is to be seen as legitimate.

Recent years have brought various initiatives to overcome the gap between international aid agencies and local groups. CARE played a leading role in the first phase of the 'NGOs and Humanitarian Reform' consortium which promoted reforms in humanitarian coordination and funding to enable participation by local civil society. Since then, the International Council of Voluntary Agencies (ICVA) has established regional hubs to support national NGO capacity-building and advocacy, with a particular focus on engagement at the humanitarian leadership level (eg Humanitarian Country Teams). The approaches of different UN agencies and OCHA to engaging with national NGOs vary at both global and national levels. For example, in the Middle East and North Africa region OCHA has actively prioritised partnership and outreach to local humanitarian actors, with a major conference planned for October 2014 in Kuwait. Several female staff from civil society networks in the global south have played prominent and important roles in humanitarian policy and practice. For example, the director of the World Humanitarian Summit secretariat, Jemilah Mahmood, comes from a national and regional NGO

network background in Asia. However, most of the initiatives aimed at building local NGO engagement in humanitarian reform have not included a specific focus on engaging southern women's groups as such.

So what are the ways forward? Since the launch of the Call to Action, southern women's groups have played a vocal role in debates on strengthening humanitarian GBV prevention and response, notably at the Global Summit to End Sexual Violence in Conflict (June 2014). 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, for example, CARE has partnered with ABAAD (Resource Centre 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 (eg refugee committees). Partnerships have also played an important role in our efforts to support the creation of safe spaces (eg through emergency education and livelihoods programmes) 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.

Several challenges present themselves which need to be worked through. International humanitarian agencies need to rethink their ways of working if they want to be seen as legitimate and effective by women's groups. This includes everything from addressing practicalities, like translating documents into local languages, through to investing in more sustained and comprehensive partnerships with local organisations on policy and practice, not just seeing them as implementing organisations to be sub-contracted on a project basis. Local women's groups may also face challenges to adapt to working on humanitarian assistance and protection. Ways of working that might be effective in times of peace or before disaster strikes need to be rethought in times of crisis. By their very nature, their programmes often address sensitive protection and human rights issues, which require discretion and pose challenges for partnering with others. National women's rights organisations also often hold political affiliations or work on sensitive topics related to governance. Engaging on such issues can prove risky or impossible for humanitarian NGOs attempting to work on a neutral and independent basis to negotiate access across the divides in a society. In some contexts, national women's organisations also focus mainly on women and do not prioritise a wider 'gender' approach involving men at the family or community levels. In contrast, humanitarian agencies generally take a community-based approach to negotiate acceptance for their work.

None of these challenges are insurmountable, and none excuse the continued obstacles faced by southern women's groups seeking to engage in humanitarian action. Looking forward, CARE believes the Call to Action and wider humanitarian reforms should put the voice and agency of southern women's civil society organisations at their heart. We all have far to go in realising this objective and the time to start is now.

3. PROGRESS AND WAYS FORWARD ON CARE'S COMMITMENTS ON THE CALL TO ACTION

CARE has been actively engaged in the Call to Action process, with a particular focus on promoting accountability for efforts on gender equality and gender-based violence in humanitarian programmes and on strengthening implementation of the Minimum Initial Service Package on reproductive health in emergencies.

Alongside other NGOs, UN agencies and several donors, CARE also made agency-specific commitments at the 2013 Call to Action high-level event. Progress on these is outlined in the table on the following page.

Commitment	Status	Reflections
Recruit a GBV Specialist and a Gender and Protection Advisor.	Amber	Gender and Protection Advisor recruited and is taking forward various strands of work on GBV, including support to activities outlined below. Further dedicated GBV capacity would help scale up these efforts.
Train 27 emergency staff on gender mainstreaming across humanitarian assessments, design and monitoring and evaluation by April 2014.	Green	Training undertaken with 25 participants (Senior Sectoral Specialists, Regional Emergency Coordinators, Rapid Response Team). Training also undertaken with staff and partners in all CARE Type 4 and large Type 2 responses (Syria, South Sudan, Philippines).*
Train international staff (minimum 50) on implementation of the revised IASC GBV guidelines by mid-2014.	Amber	The plan for this training remains but is delayed since the revision of the IASC guidelines has taken longer than anticipated.
Implement innovative VAWG prevention pilot projects in two emergency settings, focusing on building capacity of CARE, national partners, national and community actors. Document and share learning.	Amber	New innovative CARE projects focused on VAWG prevention are underway in more than two contexts. Examples include a CARE Balkans project with Promundo to support exchange between CSOs in Lebanon and CARE Balkans on engaging men and boys on GBV prevention; and a CARE South Sudan project entitled 'Peace Under Construction' which includes a focus on primary prevention of VAWG through the empowerment of women in peace-building. CARE is also part of a consortium project with International Rescue Committee (IRC) and George Washington University to promote learning and innovation on VAWG in emergencies with a particular focus on South Sudan, Nepal, Yemen, DRC and Kenya.
Promote implementation of GBV and gender mainstreaming best practices in the shelter, WASH and food security clusters.	Amber	CARE's leads in each of these sectors are developing guidance notes on gender equality programming, which will be shared with peers in the relevant clusters. A CARE review of progress in each of these sectors indicates significant internal progress on gender mainstreaming, especially in the WASH sector. The CARE shelter team will have comprehensive standards on integrating gender in shelter programming by the end of 2014, to be followed by additional concise guidance by July 2015. In addition, CARE's piloting of a Gender Marker ++ system across our programming in the Syria regional crisis and Mali has made important contributions to promoting GBV best practices, as well as promoting attention to GBV-related vulnerabilities and risk mitigation, in each of these sectors.
Scale-up implementation of the Minimum Initial Service Package on Reproductive Health in Emergencies (MISP) in five countries.	Amber	Key elements of the MISP (prevent and manage the consequences of sexual violence; prevent excess maternal and newborn morbidity and mortality; and plan for comprehensive RH services integrated into primary health care systems) are now being implemented in five countries (northern Syria, DRC, Chad, Pakistan, South Sudan), two of which are classified as UN Level 3 (Syria and South Sudan).
Recruit a specialist on Preventing Sexual Exploitation and Abuse (PSEA).	Red	Resources are not currently available to recruit a specialist. Support from donors on this would be appreciated.
Integrate gender mainstreaming and the revised IASC GBV guidelines across global CARE Emergency Protocols by 2015.	Amber	CARE Emergency Pocket Book has been updated making gender equality programming central throughout. It clearly articulates CARE's approach to gender in emergencies and the tools available for this, as well as updating sections on sexual and gender-based violence (SGBV) and protection. Gender has also been integrated in CARE's core sector strategies.

* In CARE's emergency typology, Type 2 is a major emergency in a country where CARE has a country office and where wider CARE global support may be required. Type 4 is equivalent to the UN system Level 3 category implying a higher level of global coordination and support being required.

Cover photo: Women carrying seeds distributed by CARE to households in Jonglei, one of the areas most affected by the conflict in South Sudan. Photo © CARE/Josh Estey

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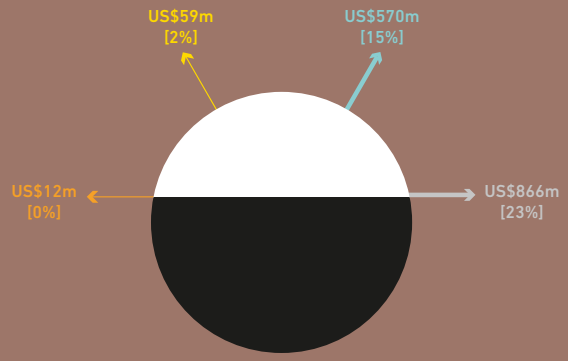
Registered charity number 292506

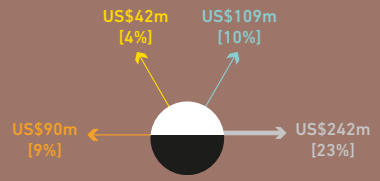
FUNDING FROM TOP 10 HUMANITARIAN DONORS AS PER IASC GENDER MARKER, 2014

UNITED STATES



Uncoded
US$2,196m
[59%]

UNITED KINGDOM



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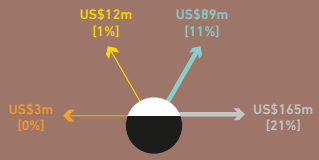
JAPAN



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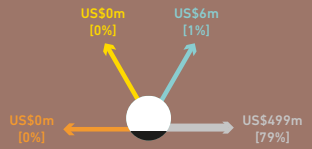
SAUDI ARABIA



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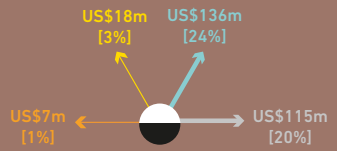
CANADA



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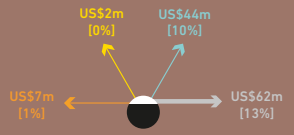
NORWAY



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US$350m
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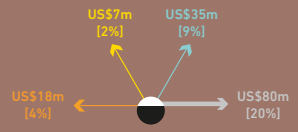
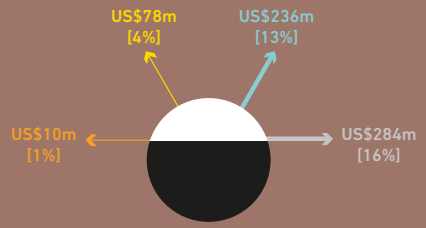
SWEDEN



Uncoded
US$256m
[65%]

EU INSTITUTIONS



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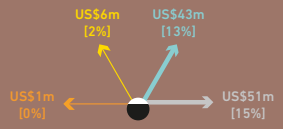
GERMANY



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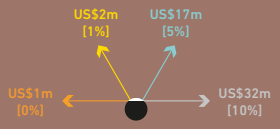
SWITZERLAND



Uncoded
US$274m
[84%]

Total funding is represented by full circles, and are drawn to scale.

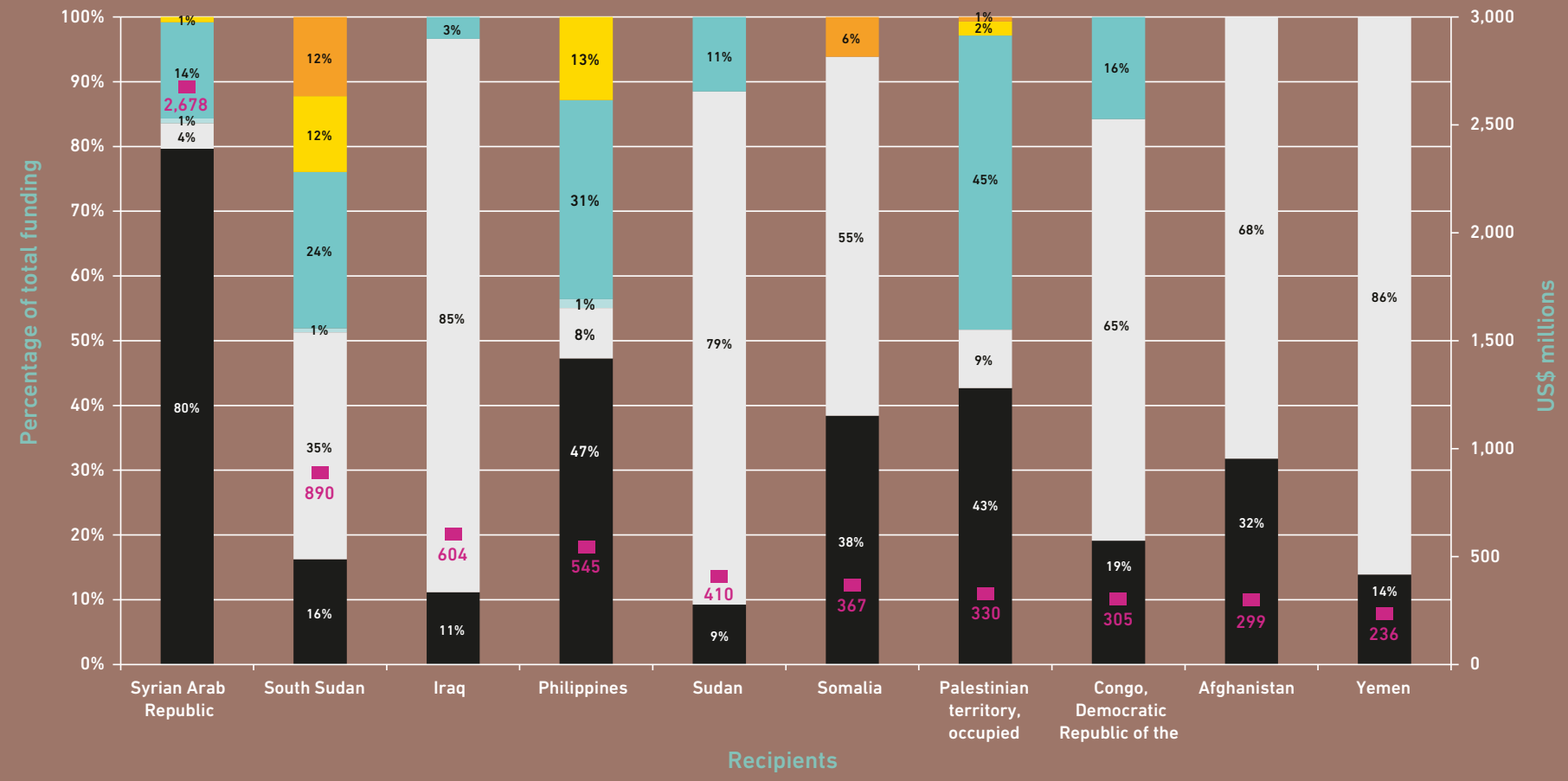
These codes are based on the Inter-Agency Standing Committee (IASC) gender marker:

- Gender issues not considered [0]
- Designed to contribute in some way to gender enhancement [1]
- Designed to contribute significantly or principally to advancing gender equality [2a+2b]
- Not specified or unapplicable [3+4]
- Uncoded
- Total coded

Top ten taken from all donors appearing in the top ten donors of total funding reported to FTS each year between 2011 and 2014. Source: Development Initiatives based on UN OCHA FTS data.

See more data on donor spending on gender in emergencies at www.globalhumanitarianassistance.org/report/donor-spending-gender-emergencies

FUNDING TO TOP 10 RECIPIENTS OF HUMANITARIAN ASSISTANCE, 2014, CODED BY IASC GENDER MARKER



These codes are based on the Inter-Agency Standing Committee (IASC) gender marker:

- % coded 0
- % coded 1
- % coded 2a
- % coded 2b
- % coded 3+4
- Uncoded
- Total funding received

Note: Top ten recipients of humanitarian assistance from all donors featuring in the top 10 donors 2011-2014. Source: Development Initiatives based on UN OCHA FTS data.

See more data on donor spending on gender in emergencies at www.globalhumanitarianassistance.org/report/donor-spending-gender-emergencies