

HUMANITARIAN



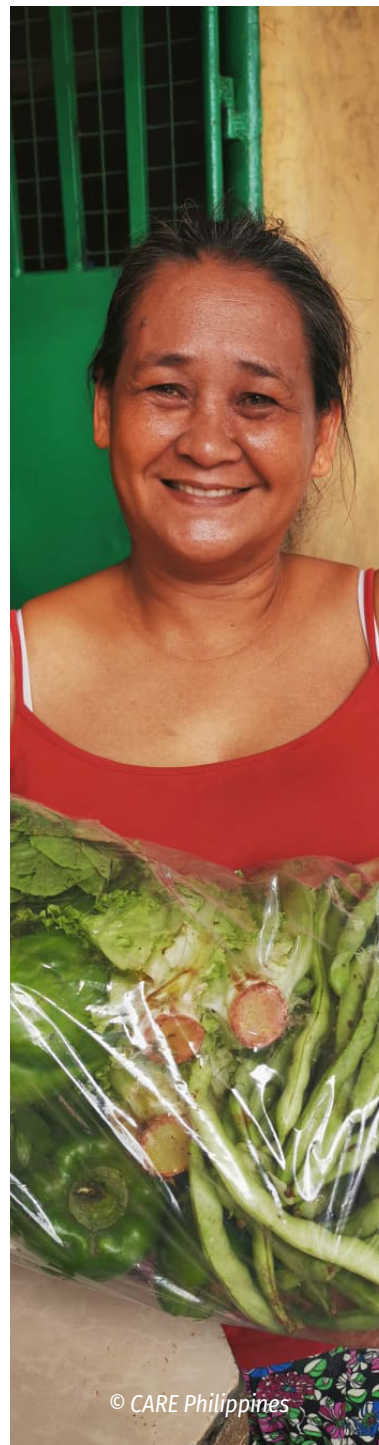
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INTRO

CARE International is a leading humanitarian responder and advocate of gender equality and women and girls' rights, including in humanitarian crises. Over the life of our 2020 Program Strategy, CARE and our partners together contributed in changing the lives of

157 MILLION PEOPLE
63% OF WHOM WERE
WOMEN OR GIRLS.

Around 25 million disaster-affected people received assistance from CARE or partners, and for an additional 45 million humanitarian assistance improved as a result of CARE's advocacy work.

GOAL: 10% of people affected by major crises receive quality, gender-responsive humanitarian assistance and protection which is locally-led.

WHY

Sadly, humanitarian need globally is at unprecedented levels, exacerbated by climate change, conflict and the ongoing COVID-19 pandemic. UNOCHA estimates that up to

207 MILLION PEOPLE ARE HUNGRY ON A DAILY BASIS¹

The number of people displaced globally stands at 72 million, the highest figure on record; of those, 26 million are refugees. Each one of these numbers is a person in need of life-saving humanitarian aid.

Women and girls are disproportionately affected by crisis and are typically left out of humanitarian coordination, assessments, decision-making, and planning procedures, despite the fact that women are often key frontline responders and have valuable knowledge and expertise. This is why CARE has a special focus on understanding and addressing the power and gender imbalances that affect women and girls in crisis situations and prioritizes working with women's organizations to lead the response.



¹Global Humanitarian Overview 2021 | Global Humanitarian Overview (unocha.org)

WHAT

Building on our 2020 Strategy achievements, CARE and partners will prepare for and respond rapidly, and at scale, to sudden onset natural disasters, protracted and complex crises (as well as shocks within them), and public health emergencies and their secondary impacts. Our programming will be:



CARE and partner programming will provide immediate life-saving assistance and protection while supporting people’s dignity and advancing gender equality. Our focus will be on emergency response in the areas of:



CARE and partner programming will mitigate, prevent, and respond to gender-based violence. We will implement through modalities best suited for the task at hand, including through market-based programming and the use of cash and voucher assistance.

As a result of our programs, often jointly shaped and led with local partners, people of all genders and ages affected by crisis will safely access and use humanitarian assistance that is in line with agreed standards of gender responsiveness and technical quality, to save and protect lives, especially of the most vulnerable. Whether we are fulfilling our humanitarian mandate in respect of humanitarian principles and standards will be decided by the participants in our programming and their level of satisfaction with the adequacy (composition, quality, quantity, timing, and ability to safely access) of humanitarian assistance provided by CARE and partners.

Our advocacy will aim to ensure that the diverse needs of all people affected by crisis are met and their rights under international humanitarian law are protected with specific attention to women and girls’ rights as articulated under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and reinforced in the legally binding Women, Peace, and Security normative framework and in the “UN member states’ central, transformative promise of the 2030 Agenda for SDGs” – Leave no one behind. We will strive to make the humanitarian system more agile, prepared for, and responsive to humanitarian crises and conflicts, more gender-inclusive, locally-led, and more accountable.

CARE accompanies people of all genders during crisis and supports them to recover with increased resilience to future shocks and to build back better. Leveraging CARE’s (and many of our partners’) dual humanitarian and development mandate and focus on gender equality and the empowerment of women and girls across the Humanitarian, Development, and Peace Nexus (or Triple Nexus) has become core to who we are, and has earned us a solid reputation in the sector and beyond.



²Leave no one behind not only entails reaching the poorest of the poor, but requires combating discrimination and rising inequalities within and among countries, and their root causes. A major cause of people being left behind is persistent forms of discrimination, including gender discrimination, which leaves individuals, families and whole communities marginalized and excluded. It is grounded in the UN’s normative standards that are foundational principles of the Charter of the United Nations, international human rights law, and national legal systems across the world.



CARE programming models like Women Lead in Emergencies (WLiE) bring together different elements of CARE's gender in emergencies work and will be applied by CARE and partners to transform social and gender norms in humanitarian action and across the Humanitarian Development and Peace Nexus. Various models (e.g., Rapid Gender Analysis, Village Savings Lending Associations in Emergencies, gender-sensitive cash and voucher assistance, etc.) that empower women and girls in emergencies, address gender-based violence in crises, engage men and boys, and promote broad community support for gender equality will henceforth be a critical part of all of CARE's humanitarian programming and be gradually integrated into sector and multi-sector preparedness and response. The approach aims to make the international humanitarian system itself more gender-inclusive, locally-led and accountable to people of all genders, directly promoting women's meaningful participation and leadership.

WITH WHOM

CARE will rely on evidence from [Rapid Gender Analysis](#) and participatory, joint multi-sectoral needs assessment to ensure that our humanitarian work is needs-based and takes an intersectional approach to serve the most vulnerable or at risk within a specific context, (e.g., women and adolescent girls, hard to reach populations in urban, rural and camp contexts, refugee and displaced populations).

CARE's programming principles have long enshrined the principle of equitable partnership. The concept of localization of aid has been present in the humanitarian sector for decades. However, it was only at the 2016 World Humanitarian Summit that it came to the forefront of discussions, culminating in the Grand Bargain Commitments and the subsequent Charter4Change, to both of which CARE is a signatory.

Since 2016, about half of CARE's humanitarian programming has been implemented fully or mostly with local partners, with increased attention now on the powerful role of local women's organizations in delivering locally led and gender-transformative humanitarian response. This has been a practical demonstration of our commitment to shifting power and decolonizing the aid sector.

Indeed, our sector is in need of structural changes. The injustices of COVID-19 and a global awakening around racism and discrimination in humanitarian work are now challenging us more than ever before to reflect on the deeply entrenched structural inequalities and power imbalances built into our very ways of working as international humanitarian actors.





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CARE will continue to partner with governments, UN agencies, international and national NGOs, (including NGO networks), academic institutions, and private sector actors in countries, regions, and at the global level. We recognize the importance of national and local partners in our mutual work, including the role and expertise of frontline partners, especially those led by crisis-affected people, women, refugees, and IDPs; it is vital to the success of each project or program, as we respond to the ever-increasing number of humanitarian crises around the world. We invite like-minded organizations, from social movements to inter-governmental organizations, to reach out to us for partnership opportunities that could strengthen our joint humanitarian response on the ground.

CASE STUDIES

Uganda

Don't plan for us, plan with us: CARE's Women Lead in Emergencies model is already showing powerful results in Uganda. The Yoleta Women's group, for example, collaborated with male leaders to organize a peaceful strike when no action was taken on complaints that they had to walk 10km to the nearest food distribution point. Dialogue with humanitarian agencies then persuaded them to move the distribution point closer to the community. Women who said they are confident in their own negotiation and communication skills more than doubled to 91%, while those who say they can work with other women to solve problems more than tripled to 92%.

Groups also responded to the COVID-19 pandemic and its impacts on Gender-Based Violence (GBV). One of the women's groups adapted their business to make face masks that were then purchased by CARE and distributed to women who needed them. Women's groups and Role Model Men were also able to respond to an increase in GBV, supporting survivors when many service providers were unable to access refugee settlements due to COVID-19 restrictions.



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Yemen

CARE's largest humanitarian response program has assisted in multiple crises affecting Yemen – conflict, cholera, drought, and floods – working with our partners to provide water, food, and cash support:

- Cash transfers to families in the European Union-funded Addressing Food Crisis in Yemen project ensured people were

 **5.6** TIMES MORE LIKELY TO HAVE ENOUGH FOOD, AT THE END OF THE PROJECT.

When cash transfers ended after 3 months, families were still 3 times more likely to have enough food compared to before. A staggering 70% of women said that they can now make more decisions.

- The Emergency Assistance for Conflict-Affected and Vulnerable Communities project, supported by the US Government enabled

 **31,000** PEOPLE TO ACCESS CLEAN WATER, AND CLOSE TO 440,000 PEOPLE TO ADOPT IMPROVED HYGIENE PRACTICES.

A total of 90% more people at the end of the project had more than the minimum requirement of 15 liters of clean water a day, and people were 3 times more likely to treat their water before drinking it.

- Also, the Dutch government supported the Yemen Joint Response program that enabled over

 **400,000** PEOPLE TO HAVE ACCESS CLEAN WATER, AND 30,000 PEOPLE TO ACCESS TO HEALTH SERVICES.



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The story of Mona

The [story of Mona](#) shows the power of the leadership, solidarity, and initiative that women show all around the world in humanitarian crises. This is why CARE has a particular focus on promoting gender equality at the heart of our humanitarian response.

Mona Ayash Hassan is a community health volunteer in the UN OCHA-funded Yemen Humanitarian Fund, working as part of a rapid response team to improve communities' preparedness and cholera prevention. With the help of her colleague, Nagib, she started a personal initiative to clean and sterilize water tanks at the distribution points. Savings from her allowance as a volunteer enabled her to build her own cottage for her family in the displacement camp where they live in Aden, Southern Yemen.