



WHEN TIME WON'T WAIT

CARE'S RAPID GENDER ANALYSIS APPROACH

EXTERNAL EVALUATION

AUGUST 2020



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The views in this report are those of the authors alone and do not necessarily represent those of CARE or its programs.

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▲ Front Cover: **April 2019. Mozambique.** Guara, a village in the district of Buzi, was submerged after a river burst its banks causing catastrophic floodwater in the aftermath of Cyclone Idai. CARE's emergency staff worked around the clock to reach more than 2,000 families with rice, peas and oil within just two days. Marta João, 27, mother of three children was a farmer in Guara. Her fields were destroyed, "I am thankful for the food we received today, but I am worried about the months to come. "I hope with the help of the government and organizations like CARE I will be able to replant seeds and rebuild our house. All I wish for is standing on my own feet again." © Ninja Taprogge/CARE

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EXECUTIVE SUMMARY

Humanitarian crises can offer a ‘window of opportunity’ to transform unequal gender relations and shift harmful gender norms. Integration of gender into humanitarian programming ensures that the specific vulnerabilities, needs, capacities and priorities of women, girls, men and boys — related to pre-existing gender roles and inequalities, along with the impacts of the crisis — are recognised and addressed. Sound gender analysis and programming from the outset is critical to effective crisis response in the short-term, and equitable and empowering societal change in the long-term.

CARE’s Rapid Gender Analysis (RGA) approach and tool, developed during the humanitarian response in Syria in 2013, aims to drive a shift to locally driven and women-centered needs assessment which influences how needs are defined and responses are developed. The approach aims to provide essential information about gender roles and responsibilities, capacities and vulnerabilities together with programming recommendations in situations where time is of the essence and resources can be scarce. The ultimate goal of such an approach is to influence humanitarian response, program design and implementation to ensure that it supports not only the immediate needs of women and girls but also upholds their rights. CARE’s RGA has now been used in over 50 crises around the world, and is featured as good practice in the IASC Gender Handbook for Humanitarian Action. With rapidly increasing interest in and adoption of CARE’s RGA approach, discussion and questions continue as to whether increased awareness of gender, power and disaggregated data sets are translating into safer, more responsive and effective aid.

To answer these questions, CARE commissioned an external evaluation to ‘provide an analysis of the effectiveness and influence of the RGA approach on adapting programming to improve gendered outcomes for crises-affected communities.’ The scope of the evaluation was global and focused on rapid gender analyses and related humanitarian programming over the period 2015-2020. The evaluation was primarily qualitative in nature and undertook 1) a meta-analysis of program documentation based on a modified outcome harvesting approach and 2) a series of in-depth key informant interviews using appreciative inquiry. Combining these two techniques provided a means for exploring and addressing challenges and concerns of the RGA approach in ways that also built on the effective and energizing experiences of programmers, partners and peer agencies. It also allowed space for emergent and unanticipated outcomes and impacts (positive or negative) to be captured and analysed.

KEY FINDINGS

LEARN

Overall, the evaluation found strong evidence that the RGA approach has led to an increase in the availability of robust gender analysis and data on the different needs, roles, vulnerabilities and capabilities of women, girls, men and boys.

The evaluation found 37% of RGAs reviewed collected secondary data alone, whilst 63% collected both primary and secondary data. This suggests that the majority of RGAs are increasing availability and access to context-specific and localised data about social norms and gender dynamics in crises that may not otherwise be discerned from secondary data collection. For those that collected primary data the most commonly used tools were KIs (87%); FGDs (68%) and household surveys (56%) suggesting that the majority of RGAs are also collecting both quantitative and qualitative information. The majority of RGA reports (80%) touched on five or more of the recommended areas of enquiry under CARE’s Good Practices Framework, suggesting that RGAs are increasing the availability of information that is rarely provided through joint needs assessments or sectoral assessments.

RGA recommendations were almost exclusively framed in terms of what barriers or challenges need to be addressed or considered within response programming. Only a handful of RGA reports framed recommendations in terms of what shifts in gender dynamics could potentially serve as leverage points for future transformative change within response projects and activities, or entry points for broader gender equality programming during recovery.

Within the sample of reports reviewed differences emerged in the analysis for COVID-19 RGAs compared to RGAs for other crises. Non-COVID-19 RGAs tended to have a much wider scope in their analysis considering impacts on women and girls but also men and boys, and in some cases, also took an intersectional approach looking at gender plus disability and sexuality. COVID-19 RGAs, on the other hand, although making reference to the importance of analysis on the gender and intersectional impacts of the pandemic, tended to have a much narrower focus on women and girls almost exclusively.

The evaluation also found that overall, RGA is becoming increasingly institutionalised within CARE and, although there is no policy or protocol mandating its use, RGA is widely recognised as integral to humanitarian response and is considered common practice amongst country offices. Institutionalisation of RGA has been driven by a combination of country-level program demand 'pull' factors and institutional 'push' factors, resulting in a virtuous circle of increased adoption and implementation. Pull factors have included: the generation of real-time data needed for inclusive emergency response programming; mobilisation of resources and donor funding; and increasing CARE's profile in the gender space. Push factors have included: inclusion of gender analysis in CARE's Gender Marker for both development and humanitarian proposals/designs; a cadre of champions for RGA at the most senior levels of CARE International and within CUSA as one of the largest operational members; the expansion of the GiE team and provision of online training in the use of RGA. This virtuous circle of 'demand-driven push' and 'institutional pull' factors, together with socialisation of the RGA approach and toolkit by the GiE team, has led to growing interest and support and momentum for RGA at the country office level.

Although RGA is becoming standard practice and has been steadily increasing over the years, the motivations for undertaking them are diverse. Key informants noted a number of uses for RGA including: effective humanitarian programming; resource mobilisation; reflective practice for social change; establishing CARE's organisational niche and credibility in the Gender in Emergencies space and advocacy and influencing.

RESPOND

The ability of the humanitarian community to adequately respond to the needs of men and women of different ages and other diversities is contingent upon the consistency, quality and practical recommendations of gender analysis and the uptake of those recommendations.

The evaluation found consistent evidence that where RGAs have been undertaken, new and existing program/project activities and strategies have been adapted in ways that recognise the different needs, roles, vulnerabilities and capacities of women, men, boys and girls. Of the ten countries reviewed, all were able to articulate and give examples from RGA of gender differences that have impacted how assistance during the response is delivered. The evaluation found that these adaptations as whole focussed both on specific gender and protection needs and risks, and the equitable provision and adequate access to humanitarian aid and services during response.

INFLUENCE

Whilst use of the RGA has resulted in changes to the design and implementation of humanitarian programming across a range of contexts, there is limited evidence of improved outcomes for programme participants. This is not a reflection of CARE's program delivery but rather the fact that

CARE does not currently have a process for systematically tracking the integration and impact of RGA findings in its humanitarian programming. In other words, whilst RGA recommendations are improving response planning and programming, it is not yet informing decisions on the definition of indicators to be tracked and the mechanisms for collecting evidence on the outcomes/impacts. This finding reflects a wider organisational issue where CARE is yet to develop an overall framework for evaluation or outcome monitoring for humanitarian actions at the response level, which would specify – for example – what outcomes can or cannot be measured at response level; how gender markers applicable at response level; and what learning questions should be explored at response level that cannot be answered by individual projects.

The evaluation found that CARE has made progress in sharing RGA findings and recommendations in a coordinated manner through the cluster system to have a wider influence beyond its own programming. The approaches and strategies for advocacy and influencing have been diverse and included: being active cluster co-leads (especially for gender and protection clusters); undertaking joint assessments/analyses with coordinating bodies such as clusters or together with government ministries, peer agencies and local civil society partners; working in coalition with civil society partners.

There is also evidence that the RGA is being recognised and institutionalised beyond CARE, within the wider humanitarian sector. Working with partners and with peers has become more and more commonplace as CARE conducts joint rapid gender analyses with peer agencies, government and UN partners, particularly in the context of response to the COVID-19 pandemic.

Adoption of the RGA approach within the wider humanitarian sector is being supported by the part-time, low-cost on-line eight-week training course, 'Gender Scholar Level 1 certification in Rapid Gender Analysis' developed and delivered by CARE in partnership with the Geneva Learning Foundation. In the most recent course participants represented over 90 different organisations and included peer agencies; UN agencies; bilateral donors; private donors and national civil society organisations. The levels of internal and external participation meaning it is now self-funding and sustainable.

CARE's RGA approach and toolkit is also prominently featured as good-practice and a key approach in integrating gender into the Humanitarian Program Cycle (HPC) in the Inter-Agency Standing Committee's (IASC) Gender Handbook for Humanitarian Action. Inclusion of the RGA in the IASC Handbook is in itself a significant influencing achievement, which is encouraging wider external uptake of the approach by humanitarian organisations. Inclusion of the RGA in the IASC Handbook also offers opportunities for further influencing at the global level, such as the partnership between CARE and the Gender Standby Capacity Project (GenCap). In 2019 GenCap developed a Gender Equality Roadmap as a methodology to support the mainstreaming of gender equality programming in the humanitarian sector. The Gender equality Roadmap proposes to integrate the RGA approach as a collective, multi-stakeholder process carried out with the Humanitarian Country Team (HCT), associated agencies and partners.

CARE's Global COVID-19 RGA was widely publicized and distributed to a diverse range of stakeholder after its release in April 2020 and it has reportedly gone on to influence the UN Global Humanitarian Response Plan for COVID-19 and the UN Secretary General's thinking for the UN's global response to the pandemic.

ENABLING AND LIMITING FACTORS

The evaluation found that there are a number of factors that sit outside of the rapid gender analysis approach and tools, that can either enable or hinder the process and the subsequent integration of findings and recommendations in humanitarian programming.

Enabling factors

Teams can 'pick up and go' with the toolkit: the RGA toolkit is generally seen by country offices as a foundational piece, providing an easy 'pick up and go' set of resources outlining a clear step-by-step process, with simple tools that are easily adapted to different geographic and cultural contexts. The RGA toolkit is also viewed as providing front-end agreement between gender advisors and sectoral teams on when RGA should be done, what constitutes RGA and how the RGA should be conducted. Key informants noted that a key enabling factor behind other organisations adopting CARE's RGA approach is that the toolkit is seen to be unique and filling a critical gap and it is publicly available, meaning that it can be used by anyone or any organisation.

Participatory design process for recommendations: a number of country offices noted that where sector teams were involved in crafting RGA recommendations, they tended to be more relevant, practical and likely to be taken up in programming. The process of conducting RGA is reported to have increased the 'gender competence' of the users through: developing a better understanding amongst sectoral teams as to the relevance of gender and power dynamics for effective humanitarian programming and; ensuring gender differences and inequalities are among the key factors considered in day-to-day sectoral emergency response activities. This increased gender competence is seen to be supportive of the uptake and integration of findings in programming.

Collaboration leads to greater influence and impact: undertaking joint rapid gender analyses, although not 'branded' as being produced by CARE, are in fact a successful strategy in influencing and advocating for gender-equitable approaches within the wider sector as there is greater ownership by sector-based coordination structures and associated HNOs/HRPs as well as greater buy-in by civil society actors involved in the response. The growing interest in RGAs as a result of publicity around the Global COVID-19 RGA conducted jointly by CARE and IRC, has increased CARE's profile in the gender in emergencies space resulting in new opportunities for building strategic partnerships and for influencing policy and programming.

Strong leadership on gender equality: quality and integration of RGA findings and recommendations are strongly influenced by country office leadership and organisational culture. Examples of the effective use of the RGA for programme design and adaptation, resource mobilisation, advocacy, influencing and the establishment of strategic partnerships identified by the evaluation are all linked to contexts where senior leadership teams were reported as having ownership of and being strongly committed to the use of RGA as a core element of CARE's humanitarian programming. Whilst key informants report that CARE's gender values and goals have mostly been internalised by staff at all levels, some express concern about the sustainability of CARE's gender-focus if there are leadership changes.

Limiting factors

Marathon or sprint? Country offices reflected that in reality 'there is nothing rapid about the process' and it can sometimes take months from when the decision is taken to conduct RGA to when the report and its findings and recommendations are available. There are differences of opinion in decision-making on the scope of RGAs – currently there are internal discussions between those who favour slower more extensive gender analyses considered to be better quality (i.e. collection of both primary and secondary data at scale resulting in a more rigorous polished product) and those who are committed to the original intention and core principles of RGA to provide information that although 'imperfect' or 'good enough' is available quickly and which can be progressively built upon.

Data analysis - the missing middle? Limited capacity of teams to analyse quantitative and qualitative data collected was consistently raised as a constraint for both RGA process and quality across all

countries interviewed, with a number of countries needing to bring in external resources. Limited internal capacity for data analysis was considered to ultimately impact the effectiveness of RGA – with quality of analysis in turn determining the quality, relevance and practicality of recommendations.

Program output or program input? RGAs are described by country offices as becoming an emergency response programming activity or output rather than a programming input. The main reason for this was seen to be the growing tension between the original purpose of RGA as an internal tool for effective gender-equitable humanitarian programming, and the recent interest in RGA as a tool for external advocacy and influencing.

Think about people not just programs! Effective use of the RGA approach at country office level requires investment in staffing gender focal points and GiE roles and in building the technical capacity of staff in those roles. In-country gender advisers are important both for driving the RGA process operationally and for advocacy and lobbying to 1) ensure RGA is prioritised during a response and 2) ensure the recommendations are given proper consideration after the fact. In offices without dedicated gender positions there is likely to be stalled action on RGA recommendations and gender-adapted programming.

RGA and needs assessments aren't a zero-sum game: Decision-making on whether to undertake RGA can be presented as an either/or choice to undertaking multi-sectoral assessments and/or sector specific assessments. Significant advocacy is done by gender advisors on the importance of RGA and the complementarity and interplay of the data and analysis captured through RGA to sector leads and management. There are those that think CARE should be trying to improve the gender-sensitivity of needs assessments whereas elsewhere in the organisation there are those that highlight the value of RGA being a stand-alone approach.

Budgets are not gender-neutral: adequate resourcing of rapid gender analyses is the key to transforming theory and an understanding of good practice into reality. RGA should be budgeted as an activity that requires a dedicated team and a dedicated budget so then it is not seen as a distraction to other project activities.

RECOMMENDATIONS

It is hoped recommendations can support understanding of the opportunities and challenges involved in continuing to institutionalise the RGA approach both within CARE and the wider humanitarian system.

LEARN

Develop an information and knowledge management system: consider centralising all rapid gender analyses onto a single digital platform. Investment in a digital platform could go beyond a database to an RGA website dedicated to being a one-stop shop on the latest thinking on what works for RGA, innovations such as WLIE, RGA-P and the COVID-19-adapted RGA toolkit, and shared experience and lessons learned in advocating and influencing humanitarian policy and practice using policy briefs and other media. In the immediate-term, CARE's Evaluation e-library would seem to be a feasible platform to begin this work. Developing effective information systems will allow teams to build on what has been done, share information and coordinate between different parts of CARE, as well as ensure essential information is shared as appropriate with the media, the public, donors, UN agencies, local government and peer agencies.

Develop or adapt impact measurement systems for rapid gender analyses: establishing a process to answer the question of how RGA recommendations lead to programming adaptations which then lead

to improved outcomes should be considered as part of developing a wider organisational approach for evaluation and outcome monitoring of CARE's humanitarian programming. CARE could consider adapting PIIRs to collect data at the level of humanitarian response with the addition of questions about RGA into the annual data collection process. Questions might include: 1) whether RGA had been done and when (also when updated) and 2) how RGA was used with range of response options (for design of response/ to adapt ongoing programming for response/for resource mobilisation/for advocacy and influencing) with an open field a statement against each reported use. The additional data on use of RGA could then be analysed in relation to gender marker scale for the response to explore the influence of RGA on outcomes and the extent to which use of the approach is (or is not) associated with transformative interventions in different contexts. For RGAs using advocacy strategies, the PIIRs forms collect data on CARE indicator 20 (influencing policy, budgets and programs of others), which is similar to the questions in the AIR Tool, again this could be adapted for RGA.

RESPOND

Strengthen capacity for quantitative and qualitative analysis: invest in/support building data analysis knowledge and skills at the country office-level to ensure development of context-specific analysis and high quality (i.e. specific, clearly targeted) RGA recommendations. Capacity-strengthening should focus in particular on analysing and interpreting gender-specific qualitative and quantitative data and methods and approaches for qualitative data analysis. As gender focal point or GiE advisor positions within country offices are often dependent of project-funding and this changes over time, capacity strengthening efforts on analysis should focus on country office MEAL teams. This would continue and build on the process of investment and capacity-strengthening that has begun where country offices have increasingly been establishing positions for in-country GiE advisers trained in RGA.

Establish a Global RGA Community of Practice: consider actively promoting dialogue on RGA and deliberately bridging learning across teams that have done RGAs and ones that will do in the future. Establishing a global RGA Community of Practice (CoP) may be one option – the CoP should aim to provide a space for virtual mentoring, knowledge sharing and co-creation of knowledge and experiences from people involved in RGA. The RGA CoP could offer: blogs; discussion forums; learning events and training opportunities; sub-groups; video presentations/panel discussions and so on. The community could also host sub-communities of practice around monitoring and evaluation for RGA, advocacy for RGA and so on.

INFLUENCE

Establish decision-making protocols to ensure balance between programming and advocacy: COVID-19 has been a step change for RGA but has also brought the tension between the original purpose of RGA as a tool for effective gender-equitable humanitarian programming, and the recent interest in RGA as a tool for advocacy and influencing, to the fore. CARE is at an important juncture in setting the direction for future RGAs – it is recommended that protocols for consultation and decision-making between those working in gender in emergencies and those working in policy, media and communications be established. Developing intentional communications/dissemination strategies for RGA advocacy/ influencing combined with products such as policy briefs, press releases and summaries may be more appropriate for the policy messaging, advocacy and media work. CARE's Impact Knowledge Learning and Accountability team in collaboration with the Humanitarian Programming and Policy team and CEG, is currently piloting a number of products including policy briefs and global trends reports and documenting the learning and impact of these.

Collaborate but be prepared to go it alone: CARE should continue its work towards a systematic approach for undertaking joint rapid gender analyses and diversifying and consolidating its partnerships with women rights organisations, coordination bodies, government ministries and UN

agencies. However, at the same time CARE should be prepared to undertake and release RGAs independently in instances where CARE's values and those of a partner may differ, or administrative/signoff processes hinder the ability for RGA to be released in timely way.

Develop intentional communications strategies for advocacy/ influencing at higher levels: design of the RGA process needs to start from a clear understanding of how the product will be used – whether for influencing programming, for advocacy, for fund-raising or for a combination of those purposes (noting the tensions raised above) – and should include identification of the influencing spaces and key stakeholders to target during the sharing stage of the process. Ideally the dissemination plan (to the point of identifying the products, the purpose and the audience) should be considered during the development of the terms of reference for the RGA. Promoting the uptake of RGA findings at different levels requires the engagement of not just the operational staff leading the RGA but also senior management team members who can influence donors, partners and global actors, and programme staff involved in communications and advocacy at regional and global levels who can support the effective dissemination of RGA via the relevant spaces and forums.



▲ **January 2018. Bangladesh.** Cox's Bazar is currently the largest refugee camp in the world and is home to around 800,000 predominantly Rohingya refugees that have fled violent persecution in neighboring Myanmar. Cox's Bazar isn't only the largest camp in the world, it is also the most densely populated and has exceeded its capacity. Balukhali Camp houses more than 100,000 people. Most of the refugees have no adequate access to clean water, sanitary facilities, or healthcare. The impending monsoon season poses a huge threat to thousands of Rohingya families living in makeshift shelters in the camp. © Nancy Farese/CARE

INTRODUCTION

WHY DOES GENDER IN EMERGENCIES MATTER?

By the end of this year (2020) the world's population will approach eight billion people. Disasters, exacerbated by climate change, will be more frequent, more numerous, and have a more devastating impact on communities. The world is currently witnessing the highest level of human suffering since the Second World War and an unprecedented global refugee crisis, driven in large part by major chronic conflicts. It is estimated that the proportion of the world's poor who live in fragile states will increase by 20 percent to over 60 percent in total.

Natural disasters and other crises are not gender-neutral: they have different impacts on women, girls, boys and men. Beyond basic needs, crises often have hidden, long-lasting, devastating effects on a community based on pre-existing gendered differences. Power dynamics within households and communities, the gendered division of labour, and gender-based violence can all be worsened or changed by a humanitarian crisis.

Activities and approaches during a humanitarian response can increase and reinforce, or reduce, existing inequalities. With this in mind it is important that all humanitarian responses recognise these evolving power dynamics in a meaningful way, and plan interventions that account for these shifting realities with a Do No Harm lens. The integration of gender into humanitarian programming helps to ensure that the particular vulnerabilities, needs, capacities and priorities of women, girls, men and boys — related to pre-existing gender roles and inequalities, along with the specific impacts of the crisis — are recognised and addressed. Programmes need to be planned, implemented, monitored and evaluated with gender differences embedded in the design if we are to support women, girls, men and boys in the immediate term, and create lasting and transformational change to their lives.

Huge shifts have occurred in the humanitarian sector and humanitarian programme cycles over the past decade, including in standards and expectations for the integration of gender equality. Sound gender analysis and programming from the outset are seen as key to effective crisis response in the short-term and equitable and empowering societal change in the long-term.

WHAT IS CARE'S APPROACH TO GENDER IN EMERGENCIES?

CARE is a rights-based organisation with an explicit commitment to gender equality and women's voice throughout its work to tackle the underlying causes of poverty and social injustice, and to bring lasting change to the lives of poor and vulnerable people.¹ CARE's humanitarian work is guided by the CARE Program Strategy Humanitarian and Emergency Strategy 2013-2020, which strongly reinforces a focus on gender equality in humanitarian preparedness and response. The goal of the Humanitarian Strategy is to be a leading humanitarian agency known for its particular expertise in consistently reaching and empowering women and girls affected by humanitarian crises.²

Humanitarian crises can offer a 'window of opportunity' to transform unequal gender relations and shift harmful gender norms. Recognizing this, CARE's humanitarian mandate is to meet immediate needs of women, men, girls and boys affected by natural disasters and humanitarian conflicts in a way that also addresses the underlying causes of people's vulnerability.

CARE is actively working to transform the humanitarian system towards one which recognises the importance of locally driven and women-centered needs assessments in emergencies and shifts

¹ CARE International. 2019. Gender Equality and Women's Voice Guidance Note. Available at: https://insights.careinternational.org.uk/images/in-practice/GEWV/GEWV_guidance-note_english_2019.pdf

² CARE International. 2012. CARE Humanitarian and Emergency Strategy 2013-2020. Available at: https://www.care.at/wp-content/uploads/2016/05/CI_Humanitarian_and_Emergency_Strategy28June2012FINAL.pdf

power to local community leaders and organizations. When disasters strike, the international humanitarian community (UN agencies, donors, and international and national NGOs) currently implements large-scale time-intensive joint needs assessments that do not adequately reflect local or gender-balanced perspectives. CARE's Rapid Gender Analysis (RGA) tool aims to drive a shift to locally driven and women-centered needs assessment which influences how needs are defined and responses are developed.

WHAT IS CARE'S RAPID GENDER ANALYSIS APPROACH?

CARE's RGA approach, developed during the humanitarian response in Syria in 2013, aims to provide essential information about gender roles and responsibilities, capacities and vulnerabilities together with programming recommendations in situations where time is of the essence and resources can be scarce.³ The ultimate goal of such an approach is to influence humanitarian response, program design and implementation to ensure that it supports not only the immediate needs of women and girls but also their rights. The aim is for CARE's RGA methodology to become the gold standard of gender analysis in emergencies, and that its inclusion in early crisis assessments becomes standard practice across the humanitarian community in order to create more enabling environments for gender-transformative change, resilience and recovery.⁴

Previous to the global COVID-19 pandemic, CARE's RGA approach had been used in more than 50 crises around the world, and on average between 10-14 RGA reports were being prepared each year depending on emerging humanitarian crises.⁵ In the three months since CARE released its first Rapid Gender Analysis of COVID-19 in April 2020, the situation has evolved quickly and spread globally. CARE has continued to closely monitor this situation. At the time of writing this evaluation report, CARE and partners had published five Regional RGAs and 27 National RGAs, with 24 more in process.⁶

CARE'S RGA GUIDING PRINCIPLES

The approach used in CARE's RGA is based on three guiding principles:⁷

Speed: the first principle is about making gender analysis quickly available to inform initial humanitarian decision-making amongst practitioners and donors. To make this happen, RGA is prepared as a progressive analysis: information and analysis is shared as and when it becomes available, rather than waiting for a final report after all the required information is available. This is closely linked to the second principle of RGA: the imperfection principle.

Imperfection: in order to prepare and share RGAs quickly enough, teams must acknowledge the limitations of data collection in an emergency and the challenges of fully assessing changes to gender norms, roles, and relations, and yet share this imperfect information anyway, while committing to an iterative process of review as more information becomes available.

Practicality: RGA is committed to producing practical and operational recommendations based on the findings of the analysis that humanitarian actors can immediately apply to support decision-making. RGA commits to translating data directly into the hands of program teams to make the most appropriate decisions for the most vulnerable in emergencies.

³ CARE. 2017. Gender in Emergencies Guidance Note: Preparing a Rapid Gender Analysis. Geneva. CARE International. Available at: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis?highlight=YToxOntpOjA7czo0OiJyZ2EiO30=>

⁴ CARE. 2020. Draft RGA Theory of Change. Internal document.

⁵ CARE International Emergency Group (CEG). 2019. Emergency Deployment Tracker. Geneva. Internal document.

⁶ Janoch, E., July 2020. Global RGA Trend Report: Evolving Trends: Women in COVID-19. Accessed at <http://www.careevaluations.org/wp-content/uploads/RGA-Trend-Update-July-1.pdf>

⁷ Quay, I. 2019. Rapid Gender Analysis and its use in crises: from zero to fifty in five years, Gender and Development 27:2. 221-236. <https://doi.org/10.1080/13552074.2019.1615282>

CARE'S RGA TOOLKIT AND REPORTS

The RGA toolkit outlines a simple five-step process that explains how to carry out each step of a RGA and includes guidance notes and relevant tools for each step.⁸ These are: 1) reviewing existing secondary data; 2) conducting primary assessments using qualitative and quantitative methods; 3) analysing the information; 4) preparing recommendations and the report; and 5) sharing the report with others. The toolkit is designed for gender practitioners to adapt and use during a humanitarian emergency so that they can prepare RGA for a particular crisis within a specific context. There are six primary assessment tools: story-telling, community mapping, survey, sex- and age-disaggregated data collection, focal group discussion guidelines, and key information interview guides.

The RGA toolkit is publicly available via the Creative Commons, which means that it can be used by anyone or any organisation as long as there is a reference to the original source material.

RGA also refers to the body of reports that analyse gender roles and relations in countries affected by humanitarian crisis. This includes the RGA reports for particular contexts, plus the two-page 'Gender in Briefs' (GiB) that document existing secondary data for countries at high risk of humanitarian emergencies. All the Gender in Briefs and most of the RGA reports are publicly available.⁹ Recently, CARE has started developing two-page summary briefs for policy, advocacy and media work for policy, advocacy and media work. These are prepared on a case-by-case basis.

CARE has a number of approaches and tools to help program teams integrate gender effectively into their humanitarian work and the RGA sits within these as well as being a standalone approach in its own right. The first of these is the CARE Emergency Toolkit, open and accessible online, it provides comprehensive guidance and links to all of the relevant tools and information to taking a gender in emergencies approach. Rapid Gender Analysis is listed as the first of the key steps to guide gender integration into CARE's humanitarian work and is promoted as a tool that can and should be used throughout the Humanitarian Program Cycle (HPC) and that can be undertaken at any stage of an emergency.

Secondly, a new CARE initiative '*Women Lead in Emergencies*' (Women Lead), is working with women to increase their voice and leadership during crisis.¹⁰ CARE's Women Lead in Emergencies tool is designed to ensure women have an equal voice and leadership and participation opportunities, particularly in times of crisis. Through Women Lead, CARE partners with existing local women's groups, such as VSLAs or women's collectives, to plan for and respond to emergencies. The tool involves a CARE team going into a refugee camp or community, seeking out women's groups or leaders, finding out what they want to change in their communities and working with them to make the change happen. Women Lead acts like a tool box – bringing CARE's proven approaches in gender in emergencies together to promote local women's leadership in humanitarian settings. The process involves five key steps – the second of which is the rapid gender analysis on local power and decision-making (RGA-POW). The other steps include: 1) exploration of community and organizational changes required to enable women's participation and leadership in the given context; 3) co-creation, in which women collectively identify ways to address barriers and opportunities for emergency response; 4) action, where the identified activities are implemented; and 5) learning to adapt approaches as needed.

⁸ CARE. 2017. RGA Toolkit. Geneva. CARE International. Available at: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis?highlight=YToxOntpOjA7czo0OjJ2EiO30=>

⁹ CARE International Gender Wiki available at http://gender.careinternational.org/wikis/gender_in_briefs; CARE UK's Insights Development and Policy page: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis> and CARE's Electronic Evaluation Library: <https://www.careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/>

¹⁰ CARE International. 2020. Women Lead in Emergencies Brief. Available at: https://insights.careinternational.org.uk/images/in-practice/GEWV/GEWV_Women-Lead-in-Emergencies_Ext-Comms-NEW-1.pdf

IS CARE'S RGA APPROACH MAKING A DIFFERENCE?

An internal review of the RGA in 2019, highlighted that despite the approach being widely adopted throughout the confederation, an external evaluation was required in order to answer critical questions about its efficacy and influence on programming, for it “is critical not to consider the adoption of a tool as synonymous with achieving the changes we wish to see on gender and women’s rights in humanitarian programming.”¹¹

With rapidly increasing promotion and adoption of CARE’s RGA, discussion and questions continue as to whether increased awareness of gender, power and disaggregated data sets are translating into safer, more responsive and effective aid. An evaluation exploring whether CARE’s RGA approach is supporting improvements on the gender sensitivity of CARE’s responses, to what extent it is doing so or not, and how it may be improved upon, is now both timely and much needed.



▲ **April 2016. Ethiopia** faces its worst drought in 30 years, fueled by El Niño weather patterns. Crops have withered, animals have died and water sources have dried up in parts of northeastern Ethiopia following the failure of the last two rainy seasons. In 2016 CARE elevated the Ethiopian drought to Type 4 or “most severe” on its emergency scale. People collect monthly rations at a CARE distribution centre in Oromiya, East Haraghe. 60-year-old grandmother Kediya Shekeleh collects her monthly ration of 1.4 kg of split peas, 15kg of wheat and 0.45kg of oil. ‘This has been the worst drought I have seen in my lifetime.’ © Josh Estey/CARE.

¹¹ Quay, I. 2019. Rapid Gender Analysis and its use in crises: from zero to fifty in five years, *Gender and Development* 27:2. 221-236. <https://doi.org/10.1080/13552074.2019.1615282>

METHODOLOGY

SCOPE AND PURPOSE

The purpose of this external evaluation was to ‘provide an analysis of the effectiveness and influence of the Rapid Gender Analysis approach on adapting programming to improve gendered outcomes for crises-affected communities. In doing so the evaluation will document, learn, and improve the effectiveness of RGA in improving outcomes for participants of CARE’s humanitarian programming’.

Specific objectives of the evaluation included:

- Assess how, by whom and in what contexts the RGA is being used.
- Investigate the outcomes and effectiveness of RGA in influencing gender-adapted programming.
- Identify influencing factors that reduce or amplify the potential impact of RGA findings on adapting programming.
- Provide recommendations on improving the RGA Toolkit and processes.

The scope of the evaluation was global and focused on rapid gender analyses and related humanitarian programming over the period 2015-2020.

EVALUATION ANALYSIS FRAMEWORK

The evaluation analysis framework developed to guide the evaluation was based on 1) the research questions identified in the evaluation terms of reference, and 2) CARE’s emerging thinking regarding a Theory of Change and Conceptual Framework for the RGA.¹²

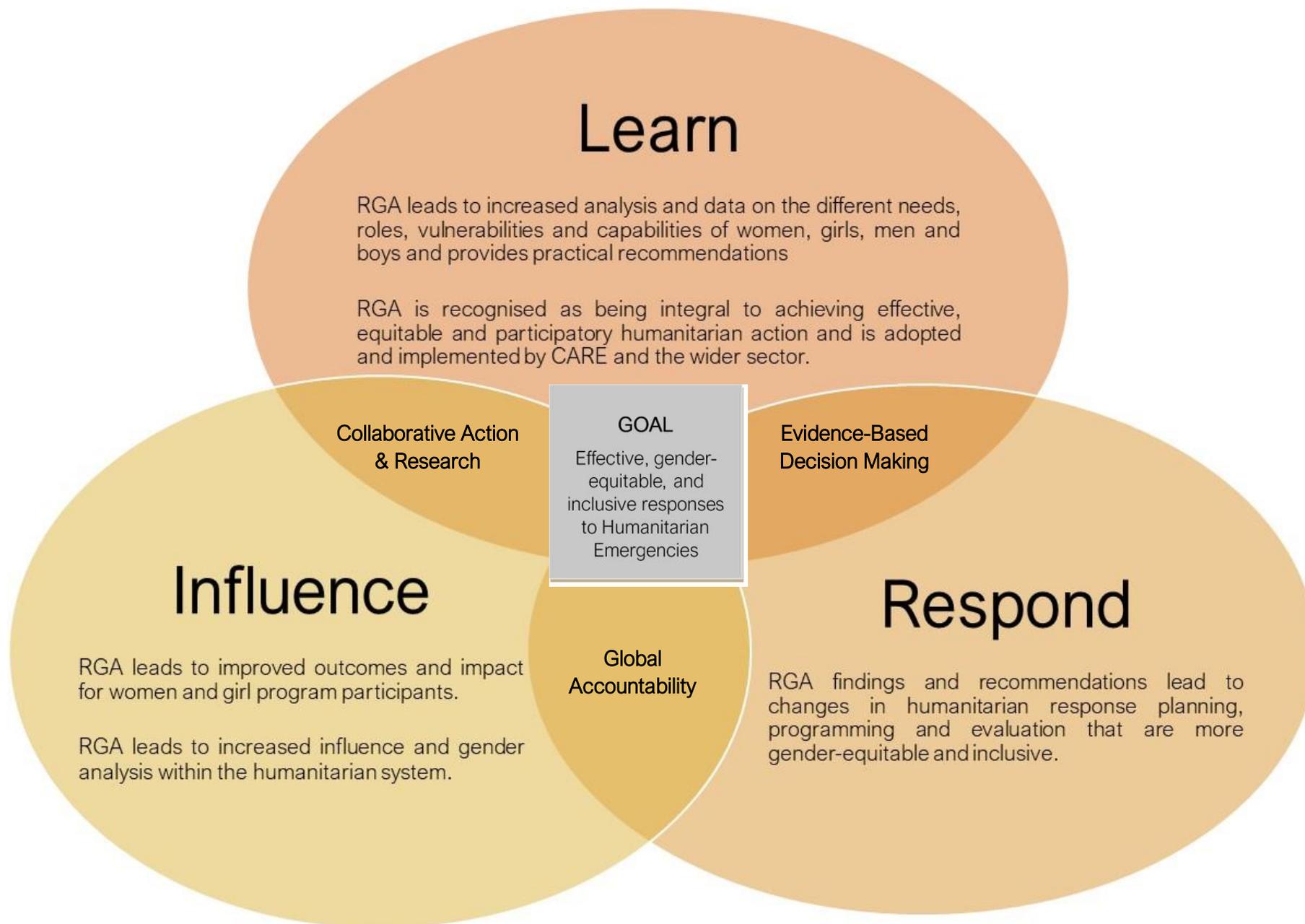
The evaluation analysis framework is structured in relation to the three domains of change articulated in the draft RGA Conceptual Framework – Learn, Respond and Influence. The evaluation research questions and the draft Theory of Change outcomes are in turn mapped against the domains of change.

The evaluation framework provides the basis for analysing:

1. the extent to which the RGA process is increasing the availability of robust gender analysis and sex and age disaggregated data (SAAD) leading to improved understanding of the needs, vulnerabilities, priorities and capacities of the women, girls, men and boys targeted in emergency response programming
2. the extent to which RGA findings and recommendations have influenced the quality of CARE’s humanitarian programming in terms of being more gender-equitable and inclusive
3. the extent to which RGA leads to improved outcomes and impact, especially for women and girl program participants
4. the extent to which CARE and its partners, and the wider humanitarian system recognise the RGA as being integral to achieving effective, equitable and participatory humanitarian action and are systematically adopting the approach.

The final section of the analysis identifies emerging good practice and recommendations for improving the RGA approach and toolkit.

¹² The RGA theory of change and conceptual framework were shared after the consultant’s submission of the original evaluation framework centred around CARE International’s Gender Equality Framework and CARE’s Gender Analysis Good Practices Framework. The final evaluation analysis framework outlined in this report was subsequently adapted and revised to reflect and incorporate elements of the draft internal RGA conceptual framework.



DATA COLLECTION AND ANALYSIS

To make the most effective use of available resources, **a sample of ten countries and their associated rapid gender analyses were selected according to criteria aimed at ensuring adequate representation of the diversity of CARE humanitarian programming, and opportunities to identify good practice.**¹³ Countries included: Bangladesh; Colombia; Ethiopia; Fiji, Mozambique; Niger; Syria, Yemen, Vanuatu, and the Global COVID-RGA. Table 1 in Annex 1 outlines the countries and RGAs that were selected for in-depth analysis in agreement with the CARE Global Gender in Emergencies Coordinator.

Analysis for the selected countries and their associated rapid gender analyses sought to better understand: **1) the implementation of the RGA approach and tools; 2) the extent to which findings and learnings have been embedded in adaptive programming** which supports not only the immediate needs of women, men, girls and boys but also their rights; and **3) the extent to which the RGA was able to influence the wider humanitarian response** through HNOs, HRPs, cluster plans and peer agency programming.

Evaluation tools were framed and designed using **appreciative inquiry and modified outcome harvesting techniques**. Combining these two techniques provided a means for exploring and addressing challenges, changes and concerns of the RGA approach and toolkit in ways that also built on the successful, effective and energizing experiences of programmers, partners and peer agencies. It also allowed space for emergent and unanticipated outcomes and impacts (positive or negative) to be captured and analysed.

Data collection and analysis for each selected country included:

1. **A rigorous and in-depth document review and analysis**, capturing available and relevant qualitative and quantitative evidence against the evaluation framework and key research questions. Program documentation included country-level RGA reports and Gender in Briefs and RGA-linked program/project documentation including but not limited to proposals, designs, reviews, evaluations and country program strategies/theories of change. A total of 28 RGA reports and 30 project documents were reviewed. Table 1 provides a breakdown of the coverage of the RGA reports reviewed by region.

The document review also informed the selection and development of **two in-depth case studies which highlight good practice and lessons learned across the RGA Learn, Respond and Influence domains of change**. The first case study focusses on **the Venezuela Migrant and Refugee Crisis in Colombia** as an example of firstly, the effectiveness of gender-equitable response programming based on sound gender-differentiated data and analysis and secondly, the power of evidence-based advocacy for transformative change within the wider humanitarian sector. The second case study focusses on **the COVID-19 pandemic and the opportunities and challenges it has presented resulting, in a significant step change for the RGA approach and tools**.

2. **Remote key informant interviews (KIIs):** with Country Directors (CDs); Assistant Country Directors Programs (ACD-Ps); national gender focal points/advisors; program and sector staff involved in conducting the RGA and/or involved in subsequent programming; and partner agency staff in the case of joint assessments.

In addition to these key informant interviews, **interviews were also held with CARE International Emergency Group (CEG); CARE Gender in Emergencies specialists; participants of the RGA training course; interagency assessment partners and UN agencies** ensuring a diversity of

¹³ The criteria included: geographical region; type of crisis; timeframe ('early' RGAs or 'recent' RGAs); type of assessment (interagency or CARE); type of data collection (secondary and/or primary); linkages to subsequent programming. Further detail on sampling criteria can be found in the evaluation plan.

informed perspectives on the RGA approach and toolkit. A total of 29 program and partner staff were interviewed for the evaluation.

The preliminary findings and recommendations were shared with the CARE International RGA Evaluation Advisory Group during a virtual workshop to allow for collective sense-making and contribution of further insights and data.

LIMITATIONS

COVID-19: around the world organisations such as CARE are quickly having to adapt their programme and project activities to respond to the COVID-19 pandemic and its consequences, and any evaluative work undertaken during this time needs to reflect this. With humanitarian teams facing multiple competing demands for their time, the evaluation approach was adapted to avoid placing additional pressure on already overextended teams. This meant stepping up efforts to maximise the potential of desk-based document review and analysis through the collection of additional secondary data and case-examples to support and validate evidence of effectiveness and impact from project documentation linked to RGAs such as proposals, designs, reviews and media.

Due to travel restrictions, shifting organisational priorities and access, the entire evaluation was conducted remotely (using platforms such as teams, zoom and skype). This had a number of implications for data collection and analysis. Choices had to be made as to which voices could be included in primary data collection – unfortunately it was not possible to collect primary data from program beneficiaries through individual stories of change as originally intended, due to the travel restrictions and the social distancing requirements associated with lockdown conditions. Consequently, the evaluation has not been able to explore the impact of rapid gender analyses on humanitarian programming outcomes directly – key informant interview data from interviews with a cross-section of CARE staff and external stakeholders are the main source of information on this question.

In the three months since CARE released its first Rapid Gender Analysis of COVID-19 (April 2020), the situation has evolved quickly and spread globally. The evaluation has occurred in parallel to the exponential scale-up of COVID-related RGAs (April – July). While it was not possible to review all the COVID-19 RGAs developed in that period, the evaluation includes a case study exploring the adaptation and use of the RGA process at global, regional and country levels in response to the pandemic, and the implications of that programming experience for the future use of the RGA within and beyond CARE. At the time of the research for the evaluation, much of CARE's programming in response to COVID-19 was still at the design phase and the case study therefore focusses mostly on exploring the learning and influencing aspects of the developing body of COVID-19 RGAs.

Availability and quality of secondary data: to compensate for the absence of primary data regarding the impact of the RGA approach on humanitarian programming outcomes, the evaluators worked with CARE colleagues to locate case examples to demonstrate the ways in which undertaking an RGA can translate into improved humanitarian programming for women and girls. There was however, a consensus of opinion amongst key informants at all levels, that the evidence base available to support this aspect of the analysis was limited. Various reasons were cited for the limitations in the available data, including the structure and organisation of existing information/knowledge management systems such as PIIRS; high staff turnover in the humanitarian space; siloed program/sector teams; and the absence of specified system or indicators designed for measuring the programming impacts of the RGA approach. As such the evaluation's analysis on this aspect of RGA is constrained by the coverage of the documentation and secondary data available. Throughout the following sections, the evaluation aims to discuss what can be validated and triangulated through the project strategies and activities as they have emerged through interviews and secondary documentation identified in the process of the evaluation.



▲ **January 2018. Syria.** Over the last nine years, intense fighting in Syria has forcibly displaced more people than any other country. At least 13 million – more than half the country’s population – remain displaced (in or outside Syria), are missing, or are in need of assistance. Over half of this 13 million are children. This camp is inhabited by about 350 families from villages and towns in Hama and Idlib. They are in urgent need of food, warm clothes and cash assistance to meet some of their most immediate needs. ©Violet Organization/CARE

FINDINGS

LEARN

ToC Outcome: RGA leads to increased analysis and data on the different needs, roles, vulnerabilities and capabilities of women, girls, men and boys and provides practical recommendations

Overall, the evaluation found **strong evidence that the RGA approach has led to an increase in the availability of robust gender analysis and data on the different needs, roles, vulnerabilities and capabilities of women, girls, men and boys.**

The RGA uses an abridged version of *CARE's Good Practices Framework: Gender Analysis*.¹⁴ The framework outlines eight key areas of enquiry to take into consideration when undergoing a gender analysis. These are: 1) sexual/gendered division of labour; 2) household decision-making; 3) control of productive assets; 4) access to public spaces and services; 5) claiming rights and meaningful participation in public decision-making; 6) control over one's body; 7) violence and restorative justice and 8) aspirations and strategic interests. The RGA approach adapts these areas of enquiry as its analytical framework in identifying the different needs of people of all genders, ages, and abilities during a crisis, and explores the impact of a crisis on gender roles and relations both in public and private spheres. The intention is that teams will select those areas of enquiry that are most relevant and practicable for their context (noting that not all areas of enquiry should necessarily be explored in every RGA given constraints and the rapid nature of the approach).

In terms of data collection and methodology, the evaluation found that 37% of RGAs reviewed collected secondary data alone, whilst 63% collected both primary and secondary data. Notably of those that collected secondary data alone, 70% of them were COVID-19 RGAs.¹⁵ **This suggests that the majority of RGAs are increasing availability and access to context-specific and localised data about social norms and gender dynamics in crises that may not otherwise be discerned from secondary data collection.**

For those that collected primary data **the most commonly used tools were KIIs (87%); FGDs (68%) and household surveys (56%) suggesting that the majority of RGAs are collecting both quantitative and qualitative information** (gender and protection audits 43%; individual story tool 31%; and community mapping 6%). Notably for COVID-19 RGAs that collected primary data, all were using the RGA-adapted toolkit and relying on the individual story tool and individual KIIs.

In relation to gender analysis areas of enquiry, the majority of RGA reports (80%) touched on five or more of the recommended areas of enquiry. The areas of enquiry most often analysed included: household decision-making (80%); control of productive assets (76%); sexual/gendered division of labour (68%); control over one's body (63%); access to public spaces and services (60%); claiming rights and meaningful participation in public decision-making (56%); and violence and restorative justice (52%). The area of aspirations and strategic interests was not explored by the RGAs reviewed. **These findings suggest that RGAs are increasing the availability of information that is rarely provided through joint needs assessments or sectoral assessments.** For example, in Ethiopia the 2016 drought crisis RGA generated important data and analysis highlighting the importance of including a focus on social norms change in humanitarian programming using Social Analysis and Action (SAA) and engaging men and boys to challenge harmful customary practices that were increasing as a result of

¹⁴ CARE International Gender Network. 2012. Good Practices Framework: Gender Analysis. CARE International. Available at: <https://www.care.org.au/wp-content/uploads/2015/02/Good-Practices-Brief.pdf>

¹⁵ Given do no harm principles and ethical safety considerations around data collection, country office teams were advised to minimise face to face data collection during COVID, influencing their selection of tools.

the crisis, and recommended programming capitalise on the crisis as an opportunity for promoting gender equality.

'At the time of the 2016 RGA in response to the drought crisis, no one in the HCT was talking about gender. The RGA meant that CARE Ethiopia could share data from three areas exploring issues not previously considered by the sector. A striking aspect of the 2016 RGA was its focus on social norms – which was a central approach in CARE Ethiopia's long-term development programming. The strength of the RGA was that one of the recommendations was for the use of Social Action and Analysis in the humanitarian setting, the point being that humanitarian crises are in fact opportunities for promoting gender equality. The 2016 RGA identified the need for challenging and changing social norms in the context of the drought crisis and this was totally new thinking in the humanitarian sector at the time'.

Within the sample of reports reviewed differences emerged in the analysis for COVID-19 RGAs compared to RGAs for other crises. Non-COVID-19 RGAs tended to have a much wider scope in their analysis considering impacts on women and girls but also men and boys, and in some cases, also took an intersectional approach looking at gender plus disability and sexuality. **COVID-19 RGAs, on the other hand, although making reference to the importance of analysis on the gender and intersectional impacts of the pandemic, tended to have a much narrower focus on women and girls almost exclusively.** Whilst there is no doubt that the pandemic is having a disproportionate impact on women and girls through their predominant employment in the healthcare sector and responsibility for care work, the gendered division of domestic duties, financial security, and domestic violence, the picture is much more complex and nuanced than this. When analysing how gender intersects with other factors such as race/ethnicity, sexuality, disability and class, other at-risk and vulnerable groups emerge based on context (e.g. migrant worker men working in construction and shipping industries).

In terms of practical recommendations, the evaluation found that for those RGA reports reviewed **recommendations were almost exclusively framed in terms of what barriers or challenges need to be addressed or considered within response programming.** Only a handful of RGA reports framed recommendations in terms of what shifts in gender dynamics could potentially serve as leverage points for future transformative change within response projects and activities, or entry points for broader gender equality programming during recovery. For further discussion regarding the relevance and practicality of recommendations see the [Respond](#) section.

ToC Outcome: RGA is recognised as being integral to achieving effective, equitable and participatory humanitarian action and is adopted and implemented by CARE, its partners and the wider sector.

Overall, the evaluation found **RGA is becoming increasingly institutionalised within CARE and, although there is no policy or protocol mandating its use, RGA is widely recognised as being integral to humanitarian response and is considered common practice amongst country offices.**

Institutionalisation of RGA has been **driven by a combination of country-level program demand 'pull' factors and institutional 'push' factors, resulting in a virtuous circle of increased adoption and implementation.** Pull factors have included: the generation of real-time data needed for inclusive emergency response programming; mobilisation of resources and donor funding; and increasing CARE's profile in the gender space. Push factors have included: inclusion of gender analysis in CARE's Gender Marker for both development and humanitarian proposals/designs; a cadre of champions for RGA at the most senior levels of CARE International and within CUSA as one of the largest operational members; the expansion of the GiE team and provision of online training in the use of RGA for CARE staff and others through partnership with the Geneva Learning Foundation.

This virtuous circle of 'demand-driven push' and 'institutional pull' factors, together with socialisation of the RGA approach and toolkit by the GiE team, has led to growing interest and support and momentum for RGA at the country office level. All ten countries interviewed report that the number of

RGAs being conducted as part of their standard emergency response has increased steadily since the toolkit was 'formally released' in 2016. For example, in Ethiopia, vulnerable to climate change induced disasters and communal, including ethnic, conflict and breakdowns in law and order, **RGA is recommended as an essential part or complement to any emergency needs assessments process.** The intention of the humanitarian program team in Ethiopia is to conduct an RGA prior to any emergency response intervention and six RGAs have been conducted since 2016.

In Syria, where the dynamics of the Syrian conflict constantly change, sometimes in regards to a particular area within Syria and sometimes in regards to the country as a whole, **RGA is seen as a continuous and critical programming tool to inform new programs and adapt existing programs.** Since 2016 the office has sought to ensure centralised and dedicated funds for RGA, including it as a standard activity and cost within all project proposals – ensuring that the decision to undertake RGA lies with the country office rather than being reliant on donor funding or CARE's Emergency Response Fund (ERF).

In Vanuatu, considered to be one of the world's most vulnerable countries to natural hazards, **RGA is seen as value-adding to an existing portfolio of long-term development programming already underpinned by rigorous gender analyses.** RGAs have been undertaken to complement information from existing gender analyses in rapid on-set disasters such as Cyclone Pam and Cyclone Harold.

For all country offices interviewed, **the RGA toolkit itself was viewed as the single most important strategy behind the widespread integration of RGA within country offices and best-practice emergency preparedness and response.**

'When you formalise and standardise something as a 'tool' then it becomes concrete in people's minds and something they can hold in their hands – the RGA toolkit was successful in moving us forward from this general principle of everybody agreeing that you should do gender analysis as part of a response, to this is what CARE does in an emergency and even better... this is how we do it.'

Since the release of the global COVID-19 RGA that was jointly produced by CARE and IRC in April 2020, another 58 COVID-19 RGAs have been completed or are in progress. **The number of RGAs done by CARE and by CARE with partners in response to the COVID-19 pandemic reflects the institutionalisation of the approach within CARE.** COVID-19 has created opportunities for promoting further awareness and institutionalisation of RGA within CARE. For example, the emergency situation reporting procedure for country offices now includes a requirement to report on RGA findings, recommendations and influence on program activities.

'The COVID-19 crisis illustrates the degree to which RGA has been institutionalised with CARE – the number of RGAs completed or in progress is huge – 50 plus. It's an indication of the value that country program teams believe RGA brings to their work and the organisational resourcing committed to it.'

Although RGA is becoming standard practice and has been steadily increasing over the years, the evaluation found the motivations for undertaking them are diverse. Key informants noted a number of uses for RGA including:

Effective humanitarian programming

This has always been the core intention of the RGA approach and toolkit and **all countries interviewed agreed that RGA findings and recommendations have supported improvements in the gender sensitivity of their humanitarian response programming.** For example, in Colombia and Syria RGA led to the establishment of new operational country offices and informed the design of country program strategies; whilst in Ethiopia, Mozambique, Bangladesh, Yemen, Vanuatu and Niger, RGA influenced and informed either the design of specific projects/proposals or adapted existing programs/project activities. In the case of global, regional and national-level COVID-19 RGAs, these have supported

both new designs and adaptation of existing programming at scale (see the [Respond](#) section for further discussion).

Resource mobilisation

For many country offices, RGA is seen as an opportunity and effective strategy for securing donor funding. For example, in Yemen RGA is seen to have been central in securing approximately USD10 million for response programming from a combination of donors including the European Union (EU) United Nations Population Fund (UNFPA), Global Affairs Canada (GAC), USAID/ Office of Foreign Disaster Assistance (USAID/ODFA) and United Nations Office for the Coordination of Humanitarian Affairs (OCHA). In Colombia, RGA has been used to secure USD 1.7 million for the migrant crisis from a combination of private donors, Venezuela pool funds, ECHO and the SAFPAC programme. In Vanuatu, RGA has leveraged in the order of AUD4 million for COVID-19 and Cyclone Harold response programming as part of the DisasterREADY consortium under the Australian Humanitarian Partnership (AHP) Response.

Whilst it is encouraging to see that donors are becoming increasingly supportive of and placing priority on understanding gender as a part of quality humanitarian programming, this can have implications for the nature and scope of RGA, depending on the donor's requirements. In some contexts, **donor-driven RGA processes have involved large-scale, lengthy and resource-intensive data collection processes which represent a shift away from the core RGA principles of speed, imperfection and practicality.** However, the evaluation notes that this is not always the case - key informants from the LAC region highlighted the interest of donors such as Norwegian Agency for Development Cooperation (NORAD) and GAC in the findings of the Colombia RGA, which was based on a light touch data collection process.

'To be honest with you RGA is something we do to get funding rather than something that supports our programming – it does both but in that order. The evidence for that is when we do it.... we do it BIG. There is a clear difference between how we do needs assessments, which are done quickly, frequently and in all our operational areas and the way we do RGA. If we thought RGA was essential for programming and to improve interventions, then we would also do it frequently. But we don't. We do it once as a stand-alone exercise, and we do it BIG because we are looking for BIG funding. We do it to convince the donor.'

'RGA is seen as valuable in our office but in all honesty, it is something that is donor driven – which is still important if it means it won't be done otherwise. It is done because the donor likes to see the data – so that is the challenge for the gender specialists in country – to make sure it is not just seen as a tick the box exercise for the donor but also as a valuable internal programming exercise.'

Reflective practice for social change

Again, although not articulated as an intention or outcome of RGA, half of the countries interviewed reported that **RGA is used to build staff and partners own ability to explore and reflect upon their own social values and assumptions regarding gender and power.** Country office gender advisors noted that often sectoral team members unconsciously hold biases and beliefs they've learned through their own socialisation processes. A facilitated process of sharing and reviewing RGA findings and recommendations often promotes self-reflection and encourages team members to become aware of and address these so that they do not reinforce or perpetuate these stereotypes when designing/delivering response programming. Staff members' own reflective practice helps increase their confidence and comfort talking about and facilitating discussions about gender, power relations and other social norms that are usually taboo. RGA appears therefore, to be enabling individual staff and communities to question and, challenge restrictive norms, envision alternatives, and act together to shift norms.

'I think RGA really woke up my staff actually. We're using the findings of RGA not just to refocus our programming, but also to have discussions with sector teams about gender equality issues. We are able to

point to RGA and say – look guys this is what you need to see when you are in the field. Because we sometimes look at communities through our own coloured lenses – so we are also using RGA to change the colour of our staff lenses. It's really critical to have the dialogue because they are the response's frontline workers – they are the project eyes and ears and hands and feet.'

'RGA is done to secure funding because donors like to see numbers, to see the data. The flipside of that is, that when RGA is being conducted there are some really good conversations that take place with sectoral teams about how the gender dynamics in the field are going to impact their activities – when we did our last RGA it brought people, who would have otherwise never engaged in gender analyses, into the conversation and it got them thinking differently and starting to see value in this type of information.'

Establishing CARE's organisational niche and credibility in the Gender in Emergencies space

RGA has been used to establish CARE's organisational niche and credibility as an actor in the GiE space. For example, CARE's RGA in Colombia in May 2019 was carried out as part of a scoping mission designed to explore whether or not CARE should have a physical presence in the country (see [In Focus](#) case study). The RGA report was widely shared via the Gender technical working group and inter-agency coordination platform in Colombia, Ecuador and the region. As such the RGA provided an entry point with humanitarian actors in Colombia who were not familiar with CARE as an organisation because CARE did not have an in-country presence in Colombia at that time.

'The sharing of the RGA was part of the LAC regional strategy for positioning CARE as a humanitarian actor in the region that could lead on mainstreaming GiE in response to the Venezuelan migrant crisis. The regional strategy was piloted in Colombia using the RGA report as a key product to show why it was relevant for CARE to respond there. It was a starting point for building recognition of CARE's identity and profile in the GiE space.'

Advocacy/Influencing

RGAs are increasingly being used for advocacy and influencing purposes with donors and global humanitarian actors, as illustrated by the example of CARE's RGA carried out in response to the Venezuelan migrant crisis in Colombia (see [In Focus](#) Colombia case study) and by several of the RGAs carried out in response to the COVID-19 pandemic. The growing interest in the RGA approach from within the wider humanitarian sector was sparked by the release of the CARE/ IRC global COVID-19 RGA and has led to discussions with OCHA about potential partnerships with CARE to integrate RGA processes into the annual humanitarian planning cycle for selected crisis-affected countries, and with the World Food Program (WFP) and Food and Agriculture Organisation of the United Nations (FAO) around the potential use of RGA in connection with humanitarian programming relating to food security in the MENA region. For further discussion see the [Influence](#) section.

These intended and unintended uses and motivations for undertaking RGA are a reflection of the approach's commitment to the democratisation of knowledge and effective use of the information generated through RGA that is not pre-determined and meets the different needs of country offices themselves.

'Since the very beginning I've been quite surprised how people have used the tool in their own ways - it's certainly not the case that every iteration of RGA or every use of the RGA has come from the GiE team, not at all, it comes from people in different parts of the organisation spotting an opportunity and a way of using this document or this toolkit, and going ahead and doing it. Our role has been to bring that learning back and integrate it into the approach whilst ensuring we stay true to the principles of quick, progressive and imperfect and practical.'

RESPOND

ToC Outcome: RGA findings and recommendations lead to changes in humanitarian response planning, programming and evaluation that are more gender-equitable and inclusive.

The ability of the humanitarian community to adequately respond to the needs of men and women of different ages and other diversities is contingent upon the consistency, quality and practical recommendations of gender analysis and the uptake of those recommendations. The evaluation found consistent evidence that **where RGAs have been undertaken, new and existing program/project activities and strategies have been adapted in ways that recognise the different needs, roles, and gender and power dynamics of men, women, boys and girls.** Of the ten countries reviewed, all were able to articulate and give examples from RGA of gender differences that have impacted how assistance during the response is delivered. The evaluation found that these **adaptations as whole focussed both on specific gender and protection needs and risks, and the equitable provision and adequate access to humanitarian aid and services** during response.

For example, **Bangladesh**, is home to the world's largest refugee camp at Cox's Bazar, which hosts some 850,000 ethnic Rohingyas who fled escalating violence and persecution in neighbouring Myanmar. RGA for Cox's Bazar was undertaken by CARE in October 2017 at the onset of the crisis in response to the influx of refugees and most recently in May 2020 in response to COVID-19 and the potential (and now building) outbreak in the camps.¹⁶ The 2020 COVID-19 RGA was undertaken by CARE, UNWomen and Oxfam in partnership with Inter-Sector Coordination Group (ISCG) Gender Hub using CARE's COVID-19 adapted RGA methodology. Based on RGA findings and recommendations, CARE Bangladesh has adapted its programming through introducing new COVID-19 response activities, that were not foreseen in the original response. For example, the RGA found that religion has been key to how Rohingya communities understand COVID-19, with many viewing it as a punishment from God. Consultations with Rohingya women and men highlighted that activities by women judged as "dishonourable", such as failing to observe purdah, were perceived as one of the causes of COVID-19. This has given rise to increased policing of women and girls, further restricting their mobility and access to services, and contributing an escalation of GBV. In response, CARE Bangladesh has started 'rumour tracking' systems and included specific activities aimed at working with religious leaders to reduce social stigma for women who may violate purdah rules (through standing in line with men whilst waiting to access WASH facilities) in upcoming proposals to DANIDA and DFAT.

CARE Bangladesh has also adapted existing programming based on RGA findings. For example, the RGA found that women have overall much less access to lifesaving information than men, with their access to it highly dependent on men. Many of information sources are mostly or only accessible by men, especially mobile networks, tea stalls and mosques. Consultations with older women highlighted that their only source of information were male household members, which would therefore leave them uninformed if the men were not inclined to share information. In response CARE Bangladesh strengthened its communication with communities (CwC) strategies to ensure critical up-to-date health information remains accessible to women and girls through training community health workers to provide door-to-door advice and messaging on the disease and its prevention, and has prepared a cadre of female volunteer health workers, who target women, older people and people with disabilities.

In **Mozambique**, in March 2019, Tropical Cyclone Idai made landfall near Beira City, leaving devastating loss of life and large-scale destruction of assets and infrastructure. In the days that followed, entire villages were submerged as floodwaters rose causing mass displacement. RGA was

¹⁶ As of 28 June, Bangladesh had reported 133,978 confirmed COVID-19 cases, 2,526 of which had been identified in Cox's Bazar District, including 50 Rohingya refugees. WHO Situation Report #160, 28 June 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

conducted in April 2019, immediately after Cyclone Idai hit, with the support of a gender specialist from the Rapid Response Team (RRT) and the national gender advisor. CARE Mozambique was no longer operational in Sofala Province, but was able to draw on the expertise of a previous partner, Associação das Mulheres para Desenvolvimento Comunitario (AMPDC or Women's Association for Community Development), to support the data collection. Although the RGA was conducted by CARE, the emergency response was coordinated through the COSACA consortium together with Oxfam and Save the Children and RGA findings and recommendations were shared amongst consortium members to inform subsequent proposals and designs.

CARE Mozambique based the design of its response program and operations (centred on shelter, food security and WASH interventions) on the findings and recommendations of the RGA. For example, in relation to WASH the RGA found that lack of lighting in communities and accommodation/transit centres was of particular concern for women and adolescent girls, who requested individual solar lights and neighbourhood lighting to improve safe access to basic services such as latrines and water collection points. Based on RGA recommendations, CARE procured and distributed solar lights to households and installed lighting at schools (many of which were also transit centres); health services and latrines and water collection points. Torches were also provided to women and girls as part of menstrual hygiene management (MHM) kits under a Sexual and Gender-based Violence (SGBV) prevention program funded by Novo Nordisk. The RGA also found that women within communities and accommodation centres expressed the need for social structures especially as many lost their social, business networks and participation in village savings and loans groups as a result of displacement. Adolescent girls also felt that they did not have their own space for social and cultural activities and expressed that they do not feel like they are coping. As part of a DFID funded intervention, in collaboration with a local partner, CARE established three women and girls Safe Spaces. Through these safe spaces, women and girls had a safe place to meet, access psychosocial support, legal advice and report issues relating to GBV.

Vanuatu, in 2020 had to face a new challenge – weathering a Category 5 cyclone (TC Harold), the highest measurement on the cyclone intensity scale, while facing the restrictive conditions and economic uncertainty brought on by the COVID-19 pandemic. Although Vanuatu has experience in preparing for disasters of this kind, COVID-19 made it especially difficult for government to implement swift and impactful relief and recovery efforts. RGA was undertaken for COVID-19 in March 2020 by CARE Vanuatu in partnership with the Ministry of Justice and Community Services (MoJCS) and the Department of Women's Affairs (DWA). In April 2020, RGA was undertaken by CARE in response to Cyclone Harold. Both the COVID-19 and TC Harold RGA findings and recommendations have been used to adapt CARE's existing project strategies and activities and to inform new response proposals/projects.

The RGA for COVID-19 highlighted that the course of the pandemic is unknown in Vanuatu and things are changing rapidly – in response CARE is using scenario-based planning to inform its humanitarian response. For example, the COVID-19 RGA found that women's economic opportunities are likely to be severely impacted by the pandemic, with many women running informal businesses in the handicraft sector and open air vendor markets catering to tourists – these markets and the tourism industry in Vanuatu have been significantly impacted by closing international borders and the banning of cruise ships meaning that women are facing an immediate loss of income and unpredictable economic prospects in the long-term. In response, CARE is adapting its women's economic empowerment programming in Tafea province under the AHP-funded COVID and TC Harold response project to complement a multiagency Cash Transfer Program and the Government's response to COVID to ensure women's livelihoods and groups are supported to adapt to COVID through village savings and loans associations. CARE has also shortened and simplified its Family Financial Management (FFM) training package for delivery to women's group members and their families in order to support them to develop a family financial management plan specifically focussed on TC

Harold and COVID-19 response and recovery – part of this involves supporting families to develop specific objectives and plans for utilising the CTP vouchers and mitigating risks of women being excluded from decision-making processes around the vouchers. The RGA also found that women and marginalised groups are likely to be voiceless in response planning and decision-making with women being significantly under-represented in formal government and customary structures. For women with disabilities, it was found that there are even less opportunities for inclusion and participation. In response, through the Australian Government funded partnership with the CDAC network, CARE Vanuatu is supporting the government to develop feedback mechanisms for humanitarian response which are integrated with women's leadership and action programming and help women to raise their voice on issues affecting them post disaster and to channel that feedback directly to government.

In **Yemen**, since the escalation of conflict in March 2015, the situation in the country has deteriorated to have some of the greatest humanitarian needs worldwide. Today, close to three quarters of the country's population (18.8 million people) is in need of some form of humanitarian assistance. Of these, 10.1 million people are considered to be in acute need - meaning they require immediate assistance to save and sustain their lives. Against this backdrop, CARE Yemen has initiated and completed several RGAs since 2015¹⁷ including a joint assessment between Oxfam, GenCap and CARE in October 2016, 'From the Ground Up: Gender and Conflict Analysis in Yemen' that analysed the impact of the conflict on gender dynamics – the analysis was the first of its kind since the conflict began. RGA has most recently been conducted in September 2019, when CARE Yemen undertook an RGA 'Gender and Conflict Analysis, Taiz and Aden Governorates'.¹⁸ CARE Yemen has used RGA to make decisions about the wider direction of programming as well as to inform humanitarian response project design. For example, the recommendations from the 2016 Rapid Gender Analysis (RGA) led directly to CARE Yemen's expansion into reproductive health and gender-based violence programming.

'The 2016 RGA gave us some really clear programming recommendations – based on that we started up our reproductive and gender-based violence programming. For the last four years we have had an active reproductive health portfolio of projects that we didn't have prior to the RGA so it was a really good process for us to go through – to realise from the analysis just how underserved reproductive health and women's and girls' needs were. In the field you hear stories of health clinics either destroyed or all the roads to the remaining clinics being destroyed ...so then we also realised the integrated nature of our work where our cash for work road rehabilitation projects really helps maternal health – we understand the connections between our sectoral work and the RGA has really helped with that.'

In **Ethiopia**, recurrent inter-ethnic conflict over a three-month period (April to June) in 2018 led to widespread loss of life, damage to property and the displacement of over 1 million people in the Gedeo and West Guji zones of the country. CARE Ethiopia conducted an RGA in July 2018 led by in-country Gender Adviser with support from a GiE team specialist. The Gedeo RGA findings highlighted the increased risk of SGBV for IDPs due to lack of access to basic services, overcrowded shelter conditions and insecurity; a lack of assistance/ support for unaccompanied minors, women heads of household, pregnant and lactating women and the elderly; women and girls' lack of access to essential items and safe facilities for personal hygiene and sanitation; widespread engagement by IDPs in negative coping strategies (survival sex, theft); lack of participation by women in decision-making around assistance. The RGA findings were taken up in the design of WASH and cash transfer interventions by CARE Ethiopia in response to the Gedeo crisis. For example, the stated objective of the IOM-funded project for 'Emergency Non-Food Item Response for IDPs in Gedeo Zone' was to enable IDPs to cover their immediate shelter/ NFI needs and reduce the risk of adopting negative coping strategies. The targeting and implementation strategies for those projects reflected recommendations of the RGA relating to the need to recognise polygamous households as separate

¹⁷ 1) CARE & GenCap. (2015). Different Needs, Hidden Needs: A scoping study of the inclusion of gender into assessments of the impact 2015 conflict in Yemen. 2) CARE. (June 2015). Rapid Gender Analysis of Yemen. CARE. 3) Oxfam, GenCap & CARE. (October 2016). From the Ground Up: Gender and Conflict Analysis in Yemen. (September 2019). 4) Gender and Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen.

¹⁸ Although this is still considered an RGA by the country office it was more comprehensive and therefore the process and findings are considered different to a 'typical' RGA.

households, and the need to promote women’s participation in decision-making bodies such as water user committees.

In **Syria**, over the last nine years, intense fighting has forcibly displaced more people than any other country. At least 13 million – more than half the country’s population – remain displaced (in or outside Syria), are missing, or are in need of assistance. RGA was undertaken in 2016 by CARE ‘Gender Dynamics in Southern Syria: An analysis of Gender, Protection, and Inclusive Governance Issues in Southern Syria’. This RGA had a significant impact: programmatically it was the impetus for establishing CARE Syria as a country office¹⁹ and prioritising gender and protection as one of four sectors under the Country Program Strategy, and it was the first gender analysis released for the crisis in southern Syria. In November 2018 as part of the Syria Resilience Consortium CARE jointly undertook RGA in North-East Syria and in February 2020, just as the COVID-19 pandemic took hold in the MENA region, CARE conducted an RGA in North-West Syria. Since March 2020, humanitarian programming has been redirected towards responding to the pandemic – this combined with the dynamic nature of the Syrian crisis has meant the window for the team to reflect on and integrate the findings of this RGA has been small.



▲ **February 2019. Taiz, Yemen.** Four years of war in Yemen have affected the lives of millions of people and created a dire economic situation. 24 million people are in need of humanitarian assistance and 20 million are food insecure. With economic decline, job losses, and the increase in prices, people like Shafeqa are not able to afford food, medicine and other basic items. Shafeqa’s is one of countless families in Yemen who suffer from poverty as a result of the relentless war. She often wishes she could go back in time. “Our life wasn’t perfect,” she says. “But we used to sleep with our minds at peace. Now, I sleep worrying about how we are going to survive tomorrow, and I wake up thinking about how we are going to end our day.” © Ahmed Basha/CARE

¹⁹ CARE had been programming in northern Syria from CARE Turkey since 2013 and in southern Syria from CARE Jordan since 2014.

INFLUENCE

ToC Outcome: RGA leads to improved outcomes and impact for women and girl program participants.

As outlined earlier, use of the RGA by CARE and partners has resulted in changes to the design and implementation of humanitarian programming across a range of contexts, which are expected to deliver more inclusive outcomes for programme participants, including women and girls. There is however, **limited evidence of improved outcomes for programme participants. This is not a reflection of CARE's program delivery but rather the fact that CARE does not currently have a process for systematically tracking the integration and impact of RGA findings in its humanitarian programming.** In other words, whilst RGA recommendations are improving response planning and programming, it is not yet informing decisions on the definition of indicators to be tracked and the mechanisms for collecting evidence on the outcomes/impacts. This finding reflects a wider organisational issue where CARE is yet to develop an overall framework for evaluation or outcome monitoring for humanitarian actions at the response level, which would specify – for example – what outcomes can or cannot be measured at response level; how gender markers applicable at response level; and what learning questions should be explored at response level that cannot be answered by individual projects.²⁰

At present, CARE's global system for impact measurement – the Programme Impact and Influencing Reporting System (PIIRS) – captures data on gender marker scores, and on 25 global indicators as the metrics for measuring outcomes and impacts across programmes around the world. However, the PIIRS data is collected at the level of individual projects rather than at the level of the overall humanitarian response. This is challenging in humanitarian response settings which often involve the implementation of multiple, short-term (i.e. 3 to 6 month) projects in quick succession. PIIRS data does not currently track where an RGA has been carried out. Using PIIRS data to explore the linkages or relationships between the findings of an RGA for any given crisis, how gender issues have been integrated into CARE's programming response to that crisis, and the outcomes of that programming is likely to be challenging. Key informants from CARE at country, regional and global levels consistently recognised the need to strengthen the measurement of outcomes and impacts of the organisation's humanitarian programming, to include developing a system or process for the more rigorous monitoring and evaluation of how RGA process are influencing programming impacts.

'We don't have much evidence for impacts of RGA at the programme level – so far it's anecdotal evidence. We would love to have 3-4 key metrics or indicators as a traffic light system to give a sense of impact. We feel that we have something special (impactful) here but we can't go to scale without evidence.'

'There is more to do – we need to look at the link between what has come out of the RGA, how we understand gender has been integrated in any CARE response and the relationship to outcomes. And I don't think PIIRS gives us that yet – the flow of information. We have the gender marker but we haven't got the analysis of the gender marker in relation to outcomes which is a gap. We also need to be able to look at the level of the response rather than at the level of an individual project from a programme quality perspective.'

The experience of CARE's Lifesaving Shelter, Protection and Health Support for South Sudanese Refugees in Uganda project does provide an example of programming impacts linked to RGA with supporting data from an external evaluation.²¹ This project is implementing CARE's Women Lead in Emergencies (WLiE) model to promote the increased ability of women affected by crisis to meaningfully participate in humanitarian decision-making. The WLiE approach starts from the use of the RGA on Power (RGA-p) methodology to identify barriers to and opportunities for women's meaningful participation, public decision-making and leadership. The RGA-p findings are then used to respond and offer support to women's groups as the basis for empowering women to act collectively in order

²⁰Monitoring and Evaluation Coordinator at CARE International. Personal communication. July 2020.

²¹ Note that RGA-p reports associated with this project were not included in the sample of RGAs selected for in-depth review by this evaluation.

to give voice to the issues they face and influence humanitarian responses. In the context of the CARE Uganda project, the findings from an iterative series of three RGA-p processes were used to develop and implement actions conducted with and by five groups of South Sudanese women and girls in the refugee settlement of Rhino Camp, West Nile region, which included: the organisation of Women's Conferences and exchange visits to encourage peacebuilding and inter-tribal reconciliation; the provision of psychosocial support and skills building; Functional Adult Literacy classes; VSLA and business skills training; and engagement with the project's Role Model Men and Boys initiative.

The final report for the project concluded that the project had ensured that design and implementation of activities had been informed by understanding of the vulnerabilities of women, girls, men and boys from the RGA-ps and other assessments. The final report also found that the WLiE approach, while a small financial part of the project budget, had resulted in real and tangible changes in the lives of South Sudanese refugee women. Impacts identified from the analysis of quantitative baseline and endline survey data included: increasing women's participation in leadership and decision-making at household and community levels; an increase in the proportion of women reporting confidence in their own negotiation and communications skills; and an increase in the proportion of women reporting they can work collectively with other women in the community to achieve a common goal.²² The project final report states: "By working with women, hearing from them directly, and supporting programming that responded to women's evolving needs, the project contributed to improved relations, shared care-giving roles, promotion of positive masculinity, and joint planning and decision making amongst women and men at both household and community level. For example, the Yoleta women's group in village 4 successfully leveraged to advocate for bringing the food distribution point closer to the community that was previously 10kms away. In addition, Nuer women of the Women's Faith Group in Village 6 managed to successfully convince their community leaders to take action in considering reconciliatory plans with the Dinka tribe that they previously clashed with'. This is a well-evidenced example of improved programming outcomes for crisis-affected women and girls that can be directly linked to use of the RGA-p approach in the context of the South Sudanese refugee settlements in Uganda.

ToC Outcome: RGA leads to increased influence and gender analysis within the humanitarian system.

Advocacy and influencing by CARE

The evaluation found that **CARE has made progress in sharing RGA findings and recommendations in a coordinated manner through the cluster system to have a wider influence beyond its own programming.** The approaches and strategies for advocacy and influencing have been diverse and included: being active cluster co-leads (especially for gender and protection clusters); undertaking joint assessments/analyses with coordinating bodies such as clusters or together with government ministries, peer agencies and local civil society partners; working in coalition with civil society partners.

For example, CARE **Bangladesh** made the strategic decision to undertake a joint RGA in partnership with ISCG Hub in order to have an influence on the sector-based coordination structure with the ISCG Secretariat as the central coordinating body. This has been an effective strategy in advocating for a gender-equitable response – for example, the Hub was able to influence the COVID-19 addendum to the 2020 Rohingya Humanitarian Crisis Joint Response Plan (JRP) which makes multiple references to the RGA in describing the specific needs and vulnerabilities of women and girls' sector by sector. Critically, the JRP also reflects a number of RGA recommendations in its sector-level objectives and response strategies – for example under WASH, a critical sector for the COVID-19 pandemic response, the RGA recommended designing targeted hygiene interventions for older women, who are more likely to use makeshift spaces in their shelters to bathe rather than accessing WASH facilities due to the practice of purdah and fear of violence and harassment. The JRP adopted this

²² CARE Canada. Final Report – Lifesaving Shelter, Protection and Health Support for South Sudanese Refugees in Uganda. March 2020.

recommendation and targeted support to women to reduce their risk exposure included the installation of handwashing stations outside older women's shelters as a key action. Another example comes from the Health Sector which developed their gender action plan based on the RGA – actions included from the RGA included: establishing gender-responsive Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITC) through sex-segregated areas/rooms and use of appropriate separators in the ITCs for male and female patients; providing basic awareness and training to health care workers in SARI ITC and non-SARI health care workers on gender, gender-based violence (GBV) and prevention of sexual exploitation and abuse (PSEA) and engaging women leaders, community leaders and religious leaders to raise their awareness of the SARI facilities among others.

Finally under the Central Emergency Response Fund (CERF) it was a requirement to fill out the IASC Gender with Age Marker (GAM) – as part of the most recent grant programme designs had to be based on updated needs assessment and consultations with communities in light of the changed COVID-19 context – the CERF Secretariat and the Selection Committee in Bangladesh specifically stated that this must include updated protection and gender analysis making specific reference to the ISCG Gender Hub/CARE RGA.

'What worked for our context was bringing the gender hub on board - if we had conducted RGA as a solo organisation, as CARE alone, we would not have had the same influence. Normally with RGA you release a report and then you go sector to sector making recommendations and presentations, but in reality, you have limited power to influence the action plans and activities. The gender hub has a critical influence on the response in setting the recommendations or requirements that should be included in sector plans. Based on this experience we have decided to ensure our RGAs are joint assessments from now on, because when you bring an influential organisation on board then you have an upper hand in influencing the response and sectors.'

'The fact that we have done this joint RGA has shown that people are taking gender seriously in the humanitarian space. Having the gender hub on board with the support of the ISGC has meant that the sectors are required to show how they are taking recommendations from the RGA and incorporating them in their COVID-19 response – the health sector shared their action plan which included most of the recommendations from RGA – this is a huge step forward because normally you literally have to fight the sector coordinators to include recommendations – it's a really impressive outcome.'

In **Vanuatu**, CARE Vanuatu has worked closely with the Department of Women's Affairs for over six years as co-lead of the Gender and Protection cluster to ensure that gender and protection concerns are addressed in emergencies. This was a strategic decision on the part of CARE as a mechanism through which to encourage other clusters/sectors to mainstream gender and protection into their planning and activities, and to provide technical support for this process. Prior to COVID-19, as a strong member of the Gender and Protection cluster, CARE Vanuatu's has focussed on supporting DWA and Cluster led assessment processes rather than doing an independent RGA. COVID-19, however, as a new and unfamiliar crisis, presented a unique opportunity for CARE Vanuatu to introduce RGA as a Gender and Protection Cluster exercise and use it as a platform to engage diverse sector clusters/sub-clusters and a wide range of stakeholders including agriculture, health and education government line ministries, UN agencies, Vanuatu Christian Council, and other NGOs. The COVID-19 RGA was co-authored with the Ministry of Justice and Community Services (MoJCS) and the Department of Women's Affairs (DWA), and as a result gained traction with the Director General of MoJCS presenting it to the Council of Ministers (national cabinet) as their input to the Government of Vanuatu COVID-19 mitigation measures. CARE Vanuatu has leveraged the visibility of RGA, together with its strong working relationships to directly influence the Gender and Protection Cluster and Communication and Community Engagement (CCE) sub-cluster to support the development of a COVID-19 family handbook and to identify opportunities to integrate GBV prevention and referral messaging within COVID-19 IEC material development, and any IEC material developed for the TC Harold Response.

'COVID-19 changed the profile and visibility of RGA – usually cluster members are very focussed on the NDMO sector-led assessments and the mandatory government processes – there are a lot of other processes happening parallel to RGA that are not owned or driven by CARE, but for COVID-19 the timing was right – RGA was done early when people were still trying to understand the scale and nature of the pandemic and what it meant, not just for women and girls but in general. The RGA received a lot of attention because it was giving a big picture analysis not just on gender but on the pandemic itself – information which just didn't exist in an accessible form at that time.'

Fiji, where CARE does not have a country office and programming is partner-led, provides an example of how undertaking joint assessments can have much wider influence than CARE alone. In Fiji, the TC Harold and COVID-19 RGAs were led by partner organisations including Adventist Development Relief Agency (ADRA), Live and Learn, Church Agencies Network Disaster Operations (CANDO); Fiji Disabled Peoples Federation, and Fiji Rainbow Pride Foundation. The diversity of partners involved meant that the analyses undertaken had an intersectional lens, going beyond gender, and as such RGA in Fiji is actually referred to as gender, disability and inclusion analyses. Although this process took much longer than the recommended two weeks, it was considered to be more valuable as partners themselves collected the data, and analysed and identified key findings which then provided the framework for key recommendations. It also meant that the final report was partner-branded rather than CARE-branded making it more relevant and useable by a broad range of civil society actors involved in the response. Partners actively used the RGA report as a lobbying tool with clusters and were 'fluent' in the key messages and findings because they had ownership and were part of the sense-making behind the report. Partners have successfully lobbied for gender and protection resource allocation and ensured gender aspects are considered across sector plans.

'We are always at the mercy of the UN system and government in terms of wanting the sector to collectively take on recommendations. That's where ensuring RGA is a joint exercise and partner-led or at least involves partners can make a difference - it's a really practical way of engaging other agencies in our sector and supporting them to realise the issues (because they are involved in the data collection and analysis) and then also to formulate the recommendations – the partners become the implementers of those recommendations, not just the CARE team, and that's how you get broader sector buy-in.'

In **Ethiopia**, CARE is the gender lead for the Cash Collaborative Delivery (CCD) platform - a coalition of 12 NGOs aiming to harmonise cash delivery for increased scale, efficiency, effectiveness and collective impact. In March 2019, members of the platform came together on behalf of the Ethiopia Cash Working Group to develop a proposal for ECHO funding for a multi-purpose cash project with 10,000 IDP households affected by conflict in the Wollegas region²³. Although CARE was not a member of the consortium for the ECHO project, the CCD requested technical support from CARE Ethiopia's GiE adviser to carry out a gender assessment in the Wollegas as part of the rapid cash feasibility assessment for the project using CARE's RGA toolkit. The CCD has subsequently expanded implementation of the project to Ethiopia's Somali region, with some overlap in areas where CARE has also been implementing humanitarian programming with drought and conflict-affected IDPs and host communities. CARE RGAs for the Somali region carried out in November 2018²⁴ and September 2019²⁵ have been used by the CCD to inform the design and implementation of the ECHO project in that region.

Beyond CARE: the journey onwards

There is also **evidence that the RGA is being recognised and institutionalised beyond CARE, within the wider humanitarian sector**. Working with partners and with peers has become more and more

²³ Collaborative Cash Delivery (CCD) Network in Ethiopia. Project Brief. Available at: <https://www.collaborativecash.org/ethiopia>

²⁴ Mekhon Afework and Geilla Kebede. CARE Rapid Gender Analysis: Somali Region, Ethiopia – Drought affected households and IDP response. November 2018.

²⁵ CARE Ethiopia. Rapid Gender Analysis Report: Drought and Conflict-Affected IDPs and Host Communities in Somali Region, Liben Zone, Ethiopia. September 2019.

commonplace as **CARE conducts joint rapid gender analyses with peer agencies, government and UN partners**, particularly in the context of response to the COVID-19 pandemic.

Adoption of the RGA approach within the wider humanitarian sector is being supported by the part-time, low-cost on-line eight-week training course, ‘Gender Scholar Level 1 certification in Rapid Gender Analysis’ developed and delivered by CARE in partnership with the Geneva Learning Foundation²⁶, which has been delivered both internally and externally. The course is designed to develop RGA as a key capability for both individuals - not only gender specialists – and organisations. The course been delivered four times and whilst the prime driver of the course is to meet CARE’s needs in building gender and rapid gender analysis skills at scale within the organisation, the courses have all included a growing number of external participants. For example, **in the most recent course participants represented over 90 different organisations** and included peer agencies (e.g. GenCap; Oxfam; Caritas; Concern; Plan; Danish Refugee Council; Norwegian Refugee Council; International Rescue Committee; Red Cross; Medicines Sans Frontiers; Tearfund; Save the Children; Anglicare); UN agencies (e.g. WFP; IOM; OCHA; UNFPA; UNICEF; UNWomen; UNHCR; WHO); bilateral donors (e.g. GAC; DFAT); private donors (e.g. Bill and Melinda Gates Foundation); and national civil society organisations (e.g. Rural Women’s Coalition in the Philippines). **The course is considered to be sustainable with the levels of internal and external participation meaning it is now self-funding.**

CARE’s RGA approach and toolkit is also prominently featured as good-practice and a key approach in integrating gender into the Humanitarian Program Cycle (HPC) in the Inter-Agency Standing Committee’s (IASC) Gender Handbook for Humanitarian Action.²⁷ Inclusion of the RGA in the IASC Handbook is in itself a significant influencing achievement, which is encouraging wider external uptake of the approach by humanitarian organisations. For example, in Syria the Norwegian Refugee Council and Mercy Corps have both conducted RGAs utilising the approach and in Uganda, Catholic Relief Services have conducted an RGA in West Nile refugee settlements using the toolkit. Inclusion of the RGA in the IASC Handbook also offers opportunities for further influencing at the global level.

A case in point is **the Gender Standby Capacity Project (GenCap)**, which is an IASC initiative created in 2007 in collaboration with the Norwegian Refugee Council (NRC) to build the capacity of humanitarian actors at country level to mainstream gender equality programming.²⁸ GenCap consists of a pool of gender advisers who deploy at short notice as an inter-agency resource to support the UN Humanitarian/ Resident Coordinators (HC/ RC), humanitarian country teams and cluster/ sector leads in the initial stages of sudden-onset emergencies as well as in protracted or recurring humanitarian situations. GenCap advisers who are deployed in-country report directly to the HC/ RC and so have an important influencing role in humanitarian response programming. The GenCap Lead became aware of the RGA as a result of involvement in reviewing the revised version of the Gender Handbook. She subsequently approached CARE’s GiE Coordinator to discuss the establishment of a collaborative partnership between GenCap and CARE to promote the use of the RGA as a participatory approach for ensuring that HCT planning processes are informed by gender analysis.

In 2019 GenCap developed a Gender Equality Roadmap as a methodology to support the mainstreaming of gender equality programming in the humanitarian sector. **The Gender equality Roadmap proposes to integrate the RGA approach as a collective, multi-stakeholder process carried out with the Humanitarian Country Team (HCT), associated agencies and partners.** The intention of the GenCap roadmap is to ensure that RGA outputs will be formally endorsed by the HCT as a point of referral for the humanitarian planning process at country level, thereby ensuring that appropriate gender analysis is available, that the HCT leadership understand the value of the analysis, and that the analysis is used by all agencies involved in the humanitarian response. **GenCap has since**

²⁶ Further details of the course can be found at <https://www.learning.foundation/rapid-gender-analysis>

²⁷ IASC. 2019. Online Updated Gender Handbook for Humanitarian Action. Geneva. Inter-Agency Standing Committee. Available at <https://www.gihahandbook.org>

²⁸ GenCap Frequently Asked Questions – IASC Gender Standby Capacity Project. <https://www.humanitarianresponse.info/en/coordination/genacap>

committed to ensuring that all gender advisers on the roster will have received training on the RGA approach by the end of 2020. Since 2019, eight advisers, including the GenCap Lead, have successfully completed CARE's online RGA training programme.

GenCap's first experience of operationalising the RGA as part of the roadmap process was in Niger where the GenCap adviser worked collaboratively with CARE on jointly developing an RGA for COVID-19 response. The Niger RGA has now been finalised and informally shared with OCHA and other UN agencies.²⁹ However, the RGA document has yet to be formally endorsed by the HCT. Although the original intention of this pilot initiative was to enable uptake of the RGA findings in the 2020 HNO planning process in Niger, transitions in the HC leadership and the redeployment of the GenCap adviser have meant that this may not be possible this year. GenCap is also planning to carry out RGAs in Yemen and Cameroon in the near future as part of the project's ongoing roadmap processes in those countries.

CARE's Global COVID-19 RGA was widely publicized and distributed to a diverse range of stakeholder after its release in April 2020 and it has reportedly gone on to influence the UN Global Humanitarian Response Plan for COVID-19 and the UN Secretary General's thinking for the UN's global response to the pandemic. For further detail on this please see the case study *In Focus: Elevating the Evidence: CARE'S Global Covid-19 Rapid Gender Analysis*.

Although in the early stages of development, key informants identified **other examples of collaborative engagement by CARE which have the potential to influence the uptake of the RGA by global humanitarian actors** including:

- **A regional partnership between CARE and UN Women in Latin America and the Caribbean**, which was developed in part as a result of RGAs done by CARE in connection with the Venezuelan migrant crisis (refer to case study here). The first output of the partnership was a regional RGA for COVID-19 which was jointly released and presented in May. This was the first time that CARE had produced an RGA in collaboration with a UN agency in the LAC region. As such the LAC RGA is considered to be a significant achievement in terms of establishing CARE's profile as an organisation leading on GiE in the region, with the partnership with UN women enabling the analysis to reach new audiences. For example, the LAC RGA has been shared with the Dominican Republic who currently hold a seat on the Security Council and there has been interest in the document from the Venezuelan representative to the UN.
- **A potential partnership with OCHA for CARE to produce RGAs for priority countries** – with the deliberate intention that the RGA findings would be available for and used to inform the 2020 annual humanitarian planning cycle in those countries.
- **Ongoing discussions relating to collaborative work with WFP/ FAO in the MENA region regarding the use of RGA in humanitarian programming around food security.**

²⁹ Alejandra Bernardo Andrés (GenCap) and Ahmet Dawalak (CARE). Analyse Rapide Genre pour COVID-19 Niger. GenCap + CARE 2020.

ENABLING AND LIMITING FACTORS

The evaluation found that **there are a number of factors that sit outside of the rapid gender analysis approach and tools, that can either enable or hinder the process and the subsequent integration of findings and recommendations in humanitarian programming, therefore influencing the overall effectiveness and impact of RGA.**

ENABLING FACTORS

Teams can 'pick up and go' with the toolkit

The RGA toolkit is generally seen by country offices as a foundational piece, providing an easy 'pick up and go' set of resources outlining a clear step-by-step process, with simple tools that are easily adapted to different geographic and cultural contexts.

'The fact that we had tools in place, it took us only one day to adapt the tools to our context rather than having to develop them from scratch which made it easy for all agencies to come together (UNWomen, Oxfam and CARE) and then we were ready to go. The other agencies were open and willing to adopt CARE's methodology because we are known for working in the gender space, it is standardised practice and one of the only methodologies out there.'

The RGA toolkit is also viewed as providing the 'energy' or 'fuel' required to start the process with front-end agreement between gender advisors and sectoral teams on when RGA should be done, what constitutes RGA and how the RGA should be conducted.

'The toolkit is the fuel needed to kickstart the process – there are no more delays because of disagreements and tensions about what RGA is trying to achieve and there are no more attempts by sector teams to dilute it and simply add two or three questions into their multi-sectoral needs assessments – it's been important for me as a gender advisor in making sure the RGA is prioritised and done properly. No more emails back and forth trying to explain what RGA is... and what it isn't!'

Key informants report that **the RGA ensures there is a stand-alone tool that speaks specifically to the gender dimensions of the crisis rather than having gender analysis as just one section of a multisectoral needs assessment.** The RGA offers a way of pulling together information on the gender dynamics and gendered impacts of a crisis into a coherent over-arching analysis to identify the sectoral issues that negatively impact on women, men, girls and boys, to then provide practical recommendations for those issues and gaps to be addressed in the humanitarian response. For example, RGAs in Ethiopia in 2016 and 2018 have consistently recommended targeting humanitarian support to polygamous households with distributions to wives rather than the household head based on the recognition that otherwise the husband may favour one wife over others. This is significant as a way of ensuring inclusive response to the specific vulnerabilities and needs of a particular group of the crisis-affected population in the Ethiopian context.

'The RGA is a powerful tool and a critical step for integrating gender into humanitarian programming because it is quick – you can use it in the first days of a humanitarian response. It's a way of building understanding of the issues, and needs and what needs to be done to start integrating gender equality from the beginning of an emergency response intervention.'

Key informants noted that a key enabling factor behind other organisations adopting CARE's RGA approach is that **the toolkit is seen to be unique and filling a critical gap and it is publicly available,** meaning that it can be used by anyone or any organisation.

'I first became aware of the RGA tool during the updating of the IASC Gender Handbook. The fact that the RGA has been taken up as an approved tool for gender analysis by the IASC offers a foundation for the approach to be used for wider influencing in the humanitarian sector. The added value of RGA comes from the process of using it collectively to encourage dialogue and reflection about what is needed to strengthen gender equality programming in humanitarian response. By using the approach to facilitate a multi-

stakeholder process we hope to encourage ownership of the findings and therefore increased influence and accountability in the humanitarian planning process.’

‘Donors are requesting stronger integration of gender into proposals. This is to do with increased recognition of the importance of the GiE approach and there aren’t many agencies working specifically on that. There aren’t many physical products associated with the GiE approach that can be shared. So, the value of RGA is definitely recognised by others at local, national and regional levels.’

‘The RGA is becoming a niche space for CARE – other agencies are not doing this kind of work and there is a gap in terms of the information available.’

Participatory design of recommendations

A number of country offices noted that **where sector teams were involved in the crafting of RGA recommendations, they tended to be more relevant, practical and likely to be taken up in programming.**

Recommendations of RGAs were seen as one of the only ways to identify the key actions or strategies required for delivering more inclusive, equitable outcomes in humanitarian programming. By focussing not just on vulnerabilities but also identifying capacities and opportunities and potential for engagement of crisis-affected populations, the RGA potentially also supports the localisation of emergency response initiatives based on the empowerment of local community leaders and organisations.

The process of conducting RGA is reported to have increased the ‘gender competence’ of the users through: developing a better understanding amongst sectoral teams as to the relevance of gender and power dynamics for effective humanitarian programming and; ensuring gender differences and inequalities are among the key factors considered in day-to-day ‘bread and butter’ sectoral emergency response activities. **This is increased gender competence is seen to be supportive of the uptake and integration of findings in programming.**

‘RGA is not a document to be left on the shelf – it works best when it forms part of the conversation amongst teams, is being used within teams, is owned by teams. Socialising the findings is critical – it helps people act differently, do the work differently, fund differently.’

Collaboration leads to greater influence and impact

As noted earlier, working with partners has become more and more commonplace as CARE conducts joint rapid gender analyses with peer agencies, government and UN agencies, particularly in the context of response to the COVID-19 pandemic. Key informants report that **undertaking joint rapid gender analyses, although not ‘branded’ as being produced by CARE, are in fact a successful strategy in influencing and advocating for gender-equitable approaches within the wider sector as there is greater ownership by sector-based coordination structures and associated HNOs/HRPs as well as greater buy-in by civil society actors involved in the response.**

The growing interest in RGAs as a result of publicity around high quality RGAs, particularly **the Global COVID-19 RGA conducted jointly by CARE and IRC, has increased CARE’s profile in the gender in emergencies space resulting in new opportunities for building strategic partnerships and for influencing policy and programming** (see In Focus: Elevating the Evidence: COVID-19). Nevertheless, some key informants commented that collaborative partnerships in the past have been ad hoc in nature and often driven by personal relationships. There is a need for CARE needs to take a more systematic approach for future collaboration to capitalise on the momentum generated from RGAs around COVID-19.

The GenCap partnership provides an example of an external stakeholder interested in partnering with CARE more systematically. GenCap’s Gender Equality Roadmap outlines a vision where RGA becomes an inter-agency operational tool being used by HCT (with facilitation support from GenCap

and in collaboration with CARE) to establish a reference point for the humanitarian process at country level. The recent RGA by GenCap and CARE in Niger is a pilot for the kind of collaborative partnership that would be involved. Nevertheless, it is also important to recognise undertaking RGA in partnership also brings new challenges as illustrated in the case of the Niger RGA and some of the COVID-19 RGAs (see In Focus: Elevating the Evidence: COVID-19). In these instances, the need to ensure buy-in and ownership of the RGA findings by partner agencies has caused delays in the publication of RGA reports. Staying true to the RGA principles of speed and imperfection becomes more complicated when partnerships bring together different organisations with different mandates, procedures, interests and values.

‘Collaboration and engagement with other actors has been really important – local civil society, international actors and the broader UN system. Colleagues have found engagement within different clusters very helpful to prioritise areas of engagement and different types of approaches that are more gender-adapted.’

‘As CARE we will deliver best service for women and girls if we aim higher and can use the RGA to influence systemic change, as improving CARE’s programming will only do so much – we need to have a level of humility.’

‘One of the richest aspects of the RGA is that it is a collective effort – it generates buy-in (for the findings) when other actors/ organisations are involved.’

‘We have to come to leaders with efficient solutions that can contribute to transformative change. To do that we need to strengthen partnerships around gender equality programming beyond standard relationships with donors. ... GenCap and CARE strategic interests align around the RGA. We need to build a partnership based on collaboration and communications.’

Strong leadership on gender equality

Key informants report that the **quality and integration of RGA findings and recommendations are strongly influenced by country office leadership and organisational culture**. Examples of the effective use of the RGA for programme design and adaptation, resource mobilisation, advocacy, influencing and the establishment of strategic partnerships identified by the evaluation (see the [Respond](#) and [Influence](#) sections for further discussion) are all linked to contexts where senior leadership teams were reported as having ownership of and being strongly committed to the use of RGA as a core element of CARE’s humanitarian programming. As one adviser commented ‘*If those at the top aren’t living the culture, the rest of your staff won’t either and RGA will not happen*’. **Whilst key informants report that CARE’s gender values and goals have mostly been internalised by staff at all levels, some express concern about the sustainability of CARE’s gender-focus if there are leadership changes.**

LIMITING FACTORS

Marathon or sprint?

Ideally for a rapid on-set emergency, an initial RGA report should be prepared (using a mixture of primary and secondary data) within the first two weeks of a response and shared with clusters, donors and CEG. Then within the first four weeks, the initial report should be revised including more primary needs assessment data and again shared with clusters, donors and CEG.³⁰ However, **country offices reflected that in reality ‘there is nothing rapid about the process’ and it can sometimes take months from when the decision is taken to conduct RGA to when the report and its findings and recommendations are available**. This was the case in the protracted crises of Yemen, where the 2016 ‘From the Ground Up: Gender and Conflict Analysis’ RGA was conducted over a period of eight months from data collection to the report being shared and the 2019 RGA ‘Gender and Conflict Analysis in Taiz and Aden Governates’ was conducted over six months. This is similar to the experience in Syria where the 2020 ‘Gender Dynamics in Southern in Syria: Analysis of Gender,

³⁰ Gender in Emergencies Guidance Note: Sharing the RGA reports.

Protection and Inclusive Governance' RGA was conducted over a period of eight months. These experiences **reflect differences of opinion in decision-making on the scope of RGAs – currently there are internal discussions between those who favour slower more extensive gender analyses considered to be better quality (i.e. collection of both primary and secondary data at scale resulting in a more rigorous polished product) and those who are committed to the original intention and core principles of RGA to provide information that although 'imperfect' or 'good enough' is available quickly and which can be progressively built upon.** Country offices also report that lengthy delays in sharing the report are also due to limited internal capacity for data analysis.

This tension in scope between simplicity and complexity requires teams to balance the time required to conduct RGA field studies and analysis with the humanitarian programme funding cycle - the intended step of using the gender analysis to influence operational and programming strategies and proposals may not always be achieved in the timeframe with proposals/designs already submitted by the time the report is available.

'There is a tendency and expectation at the moment that RGAs should be long and complex documents and it's becoming a real challenge. People start imagining that an RGA is a 30+ page document and that it's hard to get out the door quickly. How RGA appears and looks in people's hands starts to then influence what the next RGA should be and what it should look like. These expectations mean that team spend so much time collecting data that the natural tendency is to want to put it all down on paper – when they really need to spend less time on data collection and more time on analysis and interpretation of data.'

'For our most recent RGA the whole process from beginning to end took six months and for the one before that it took even longer – a year! Why? There are so many steps that are not captured in the tool – in our context you need government approvals every single step of the way, our teams have different levels of capacity, we need support on the data analysis, we need support on the report writing – it's not a linear process for us you know? So, when you have the report six months later you have to ask yourself, is the data still valid when it's finally available or released?'

Data analysis - the missing middle?

RGA materials and tools were generally viewed as being appropriate for use by staff members who may have experience in conducting assessments but not specialist monitoring and evaluation or gender expertise, but only to a point. **The limited capacity of teams to analyse quantitative and qualitative data collected was consistently raised as a constraint for both RGA process and quality across all countries interviewed, with a number of countries needing to bring in external resources (i.e. regional specialists or independent consultants to support this process – Yemen, Syria, Mozambique, Ethiopia).**

The limited internal capacity for data analysis was considered to ultimately impact the effectiveness of RGA – with quality of analysis in turn determining the quality, relevance and practicality of recommendations. Where analysis was weak due to internal capacity, recommendations tended to be quite generic or 'cut and paste', and where analysis was conducted by external specialists, recommendations lacked ownership by sector teams and tended to be less relevant to current programming and/or the donor landscape.

'We have the toolkit and the tools – our staff have strong skills as facilitators and collecting data – that's not the issue. The issue for us is the data analysis – I feel that as CARE we are not strong on analysis – it's a skills gap for us and we don't really provide much capacity-building or mentoring on that – how to analyse data, how to present it, how to write the report itself. If we don't do this capacity building step, we will never become an organisation that is good at evidence-based decision-making and knowledge management.'

'The RGA tool itself is easy to use but it's only as good as the analysis that comes out of it. We have struggled with analysis of data collected through RGA process and good analysis is crucial for developing practical recommendations. Where RGAs are carried out by project officers we need to build capacity for detailed, context-specific analysis. Our 2016 RGA was strong on analysis and generated helpful recommendations

as a result of support from a regional GiE advisor but our more recent RGAs have resulted in more generic recommendations.'

'There is so often a lack of specificity in recommendations. It seems like they are almost cut and paste from other RGA reports. Sector teams pick it up and they don't know what to do with it. This is a challenge we see all the time – the analysis has not identified the audience. Recommendations need to be clear – what is the action, how to do the action and who is expected to do this action. It needs to be a consultative process with programmers – you need the back and forth but it is not a guaranteed part of the process.'

Program output or program input?

Several country offices reported that RGAs are becoming less rapid, more extensive and more resource intensive, with particular reference made to the recent round of COVID-19 RGAs. **RGAs are described by country offices as becoming an emergency response programming activity or output rather than a programming input.** The main reason for this was seen to be the **growing tension between the original purpose of RGA as an internal tool for effective gender-equitable humanitarian programming, and the recent interest in RGA as a tool for external advocacy and influencing.**

COVID-19 has been a step change for RGA but has also brought this tension to the fore. Country offices noted that **RGAs are increasingly being demanded by both global teams and lead members for policy and advocacy, and are therefore becoming increasingly complex 'requiring a gender specialist', and requiring a level of 'sophistication and flashiness' beyond what is required for programming.** Whilst country office teams acknowledged the value in being able to influence the wider sector there is a need to explore this further and determine the balance.

'The RGAs have become a product of our program rather than a tool for improved programming. Now when there is an emergency response we say, right let's produce and disseminate an RGA to like-minded agencies and donors, rather than saying, right we're going to deliver a response program – quick what does the RGA tell us about what we need to do?'

'Gender and CARE as seen as a pair these days – it's part of our organisational identity or niche. So, it (RGA) becomes something that we look at not with an open, research-orientated learning mind, but instead it becomes more about producing an output, a product to occupy that niche and then because of this the findings stop being interesting or surprising...they feel repetitive.'

'We recently partnered with a UN agency to conduct an RGA – but it's taking a long time for the report to be released because they are investing much more into the branding and marketing of the report – which is a good secondary reason to do RGA but it's not the primary reason which is programming – we're creating a fantastic niche as CARE in being able to produce these reports but if we too caught up in the branding that's when it starts to become ineffective – it goes down a different route and I think people forget the reason we're doing this in the first place... we forget that our beneficiaries are women...we forget that the reason we do RGA is to benefit women... if you go down a branding route then you forget that quite quickly.'

'If you look at some of the recent RGAs that have been produced...they are amazing, very detailed and beautiful! But at the same time, they are dense and complex, lengthy and sophisticated. They are not rapid, imperfect and practical. This might be good for an external audience but here on the ground we need short, punchy and practical.'

The release of the Global COVID-RGA was widely publicised, raising the profile and visibility of CARE in the gender in emergencies space, an opportunity policy, media and communication teams are understandably keen to leverage. At the same time, **program teams have raised concerns that the increasing emphasis on branding and consumption by external audiences is leading to RGAs with only limited value for internal programming, and in the case of COVID-19 RGAs, it can actually shift attention away from other pre-existing gender inequalities that the pandemic only compounds.** Program teams report that the pressure and demand created by COVID-19 has seen RGA move away from its principles of speed, imperfection, practicality.

'I really feel like there is this constant push to link our RGA work to COVID-19. Yes, it needs to be considered in what we're doing, and we are, but it's not our biggest problem here. I get that it's the biggest problem for staff in developed countries where all the head offices are, but for where we work.... it's the wallpaper to our tragedy. It is not the biggest problem here. I can tell you, if you ask our beneficiaries, they would rather die of COVID19 than starvation. We've got other more pressing issues we need to create awareness for through RGA...and this push to do COVID-19 RGAs is drowning them out.'

'For COVID-19 we were told you must do a Regional-level RGA. You must do a Country-level RGA. You MUST do it! But we have 100 other things to do here...do you know how hard it was as the only gender advisor in the office to have that conversation with the team? I was left to have that conversation on my own. It leaves us feeling disconnected to the global GiE team – do they even understand our context?'

'We were pushed to do a regional COVID19 RGA which we did, then we were told that every country in the region must do one as well but of course no one had the capacity because we have other challenges we still need to work on, so consultants were hired. Before you know it, a proportion of our response money had been spent on RGAs. They are becoming a costly exercise and they are not supposed to be.'

Think about people not just programs!

As noted under enabling factors, the **quality and integration of RGA findings and recommendations are strongly influenced by country office leadership and organisational culture which in turn affects levels of investment and capacity.**

In terms of organisational culture, country office gender advisors reported that although CARE has a strong commitment and reputation for its gender work within the sector, this is not always mirrored within response teams. The **high rate of staff turnover in emergency response means that some staff are not aware/aligned with CARE's values and ways of working** and there was a greater need for internal opportunities for staff to reflect on concepts and experiences of power, inclusion and gender equality to ensure staff do not perceive gender as 'optional'. **Excessive staff turnover was also noted as reducing the effectiveness of RGA in informing programming as a result of discontinuity in staffing and loss of institutional memory.**

In terms of investment, key informants also reported **the absence of dedicated resources acts as an impediment to conducting an RGA and a general de-prioritisation of gender in programming and overall leadership.** Multiple key informants commented that the effective use of the RGA approach at country office level requires investment in staffing gender focal points and GiE roles and in building the technical capacity of staff in those roles. In-country gender advisers are important both for driving the RGA process operationally and for advocacy and lobbying to 1) ensure RGA is prioritised during a response and 2) ensure the recommendations are given proper consideration after the fact. This is not easy and gender advisors reported in some cases that this advocacy is currently 'invisible' or not recognised within the RGA approach, and therefore **in offices without dedicated gender focal points/advisors there is likely to be stalled action on RGA recommendations and gender-inclusive programming.**

'There is a lot of groundwork that needs to be done for an RGA to be impactful. I find myself spending a lot of time advocating internally for recommendations to be included in programs, which is not what you expect right? Because you expect that everyone working for CARE is a gender advocate by default. Then you realise a lot of sector specialists don't get it and they are not interested in getting it, and that your first battle ground as a gender advisor is not in the community...it's actually here in your own office!'

'As a gender advisor we step back and look at the RGA and we try and understand what is actually being done with it – what the impact is. And what I see is that we, the authors of it have successfully implemented this side of it (producing the report) but on the other side it is still waiting to be implemented (the recommendations). That's when you realise the first hurdle is internal.'

'Internally there is always hesitation. You cannot judge people for what they hold inside themselves, they have their own journey, but if you look deeply for the majority of staff the attitude is 'whatever it's gender – it's another headache we don't need right now – our plate is full. So, the easy way out is to make excuses about the security risks, the access issues, the approval from authorities rather than say they don't see it as a priority.'

RGA and needs assessments aren't a zero-sum game

Country offices report that in the urgency of an emergency response **decision-making on whether to undertake RGA can be presented as an either/or choice to undertaking multi-sectoral assessments and/or sector specific assessments.** Needs assessments are equally seen as constituting a main source of information on needs, laying the foundations for future better-informed decision-making related to sector workplans and projects. **Gender advisors report having to undertake significant advocacy on the importance of RGA and the complementarity and interplay of the data and analysis captured through RGA to sector leads and management.** Nevertheless, sector leads are the first to admit that the gender-sensitivity of needs assessments is highly variable across country offices and more often than not assessments are gender-blind, only considering needs and focusing on the practice of collecting data primarily from heads of households. Country offices indicated their willingness to strengthen the collection of qualitative and quantitative sex and age disaggregated data but currently there is no technical lead on needs assessments at a global or regional level within CARE to support practice. There is clearly a divergence of opinion on this issue – **there are those that think CARE should be trying to improve the gender-sensitivity of needs assessments whereas elsewhere in the organisation there are those that highlight the value of RGA being a stand-alone approach.**

'Increasingly RGA seems to be sidelining the needs assessments – needs assessments are said to be genderblind but then I think we need to influence how the needs assessments are being done rather than replace our needs assessments with RGA. RGA gives you an understanding of roles, responsibilities and to some extent needs and how those have changed during the crisis – like perceptions and attitudes around household water use/management but it doesn't tell you anything about the basic needs for water e.g. the % of population that has lost access to water. Needs assessments will tell you that. RGA won't tell you that. I think that is the risk – the team behind the RGA are doing a really good job – they are pushing it to the forefront but no team is pushing the needs assessments and they are the bread and butter of humanitarian programming.'

Budgets are not gender-neutral!

Adequate resourcing of rapid gender analyses is the key to transforming theory and an understanding of good practice into reality. Country office gender advisors report that teams often underestimate that if done properly, RGAs are actually quite resource intensive. Country offices need to budget for a dedicated team and gender expertise for RGA to fulfil its intended purpose of informing and monitoring humanitarian response programming. **RGA should be budgeted as an activity that requires a dedicated team and a dedicated budget so then it is not seen as a distraction to other project activities.**

'RGA is sometimes seen as a non-essential activity and approach so there is no luxury to have a dedicated gender person working on it – the funds will come from a pool of funds and someone wearing multiple hats will lead but they are taking care of gender as well as many other things. It is changing but it's a catch 22 – you need a dedicated gender advisor to advocate for funds to undertake RGA within the country office but then at the same time you need the funds to resource a gender advisor.'



▲ March 2015. Vanuatu. Category Five Tropical Cyclone Pam (TC Pam), one of the worst cyclones to hit the Pacific region, struck Vanuatu and other Pacific Islands. TC Pam brought destructive winds, storm surges, and flooding across huge areas of Vanuatu, destroying homes, schools, health facilities, crops, and livestock and affecting approximately 188,000 people, or 70% of the population. ©Ben Bohane/CARE

RECOMMENDATIONS

Based on the analysis and findings presented above, this evaluation proposes a number of recommendations for the RGA approach and toolkit going forward. It is hoped these recommendations can support understanding of the opportunities and challenges involved in continuing to institutionalise the RGA approach both within CARE and the wider humanitarian system.

LEARN

Develop an information and knowledge management system

Currently rapid gender analysis reports can be found on a number of different platforms including CARE's Evaluation e-library³¹, CARE UK's *Insights* Development and Policy page,³² and reliefweb.³³ Undertaking the meta-analysis for this evaluation proved initially challenging – to collate the research documentation, the team was required to draw on multiple electronic platforms and request specific reports from country office gender focal points and the GiE team. Some RGAs were not centrally available. Whilst the evaluation was eventually able to locate the documentation needed, it was a process that required time and follow-up, a process which may not be feasible in emergency contexts where programmers are seeking to draw on previous analyses to inform humanitarian action and proposal writing/project design in line with humanitarian programme funding cycles and timelines (this may particularly be the case in contexts where crises are recurrent such as natural disasters in Asia or protracted such as conflict and displacement in the Middle East i.e. to some extent the gender-differentiated impacts of the crisis are known and there is no need to wait for an RGA).

CARE should consider centralising all rapid gender analyses (and Gender in Briefs) onto a single digital platform that allows both internal and external users to search for RGA by country, year, type of crisis, and sectoral focus where relevant. Investment in a digital platform could go beyond a database to an RGA website dedicated to being a one-stop shop on the latest thinking on what works for RGA, innovations such as WLIE, RGA-P and the COVID-19-adapted RGA toolkit, and shared experience and lessons learned in advocating and influencing humanitarian policy and practice using policy briefs and other media. In the immediate-term however, CARE's Evaluation e-library would seem to be a feasible platform to begin this work. Developing effective information systems will allow teams to build on what has been done, share information and coordinate between different parts of CARE, as well as ensure essential information is shared as appropriate with the media, the public, donors, UN agencies, local government and peer agencies.

Develop or adapt impact measurement systems for rapid gender analyses

The draft RGA Theory of Change states that one of its strategic goals is 'to create improved outcomes for women, men, boys and girls during and after an emergency leading towards transformative change and positioning communities for resilience and recovery'. To know whether that reality is being ushered into existence, CARE needs to have the right metrics in place to make that ongoing assessment. The evaluation found that CARE does not have a process for systematically tracking the integration and impact of RGAs in its humanitarian programming. Establishing a process to answer the question of how RGA recommendations lead to programming adaptations which then lead to improved outcomes should be considered as part of developing a wider organisational approach for evaluation and outcome monitoring of CARE's humanitarian programming.

Using CARE's current impact reporting systems such as PIIRS, to understand the logical flow of programming from the rapid gender analysis, to tailoring or adapting activities in response to analysis,

³¹ Accessible at: <https://careevaluations.org/>

³² Accessible at: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

³³ Accessible at: <https://reliefweb.int/>

through to who benefits from the intervention is likely to require some adaptations to existing data collection tools and processes. For example, CARE could consider adapting PIIRs to collect data at the level of humanitarian response with the addition of questions about RGA into the annual data collection process. Questions might include: 1) whether RGA had been done and when (also when updated) and 2) how RGA was used with range of response options (for design of response/ to adapt ongoing programming for response/for resource mobilisation/for advocacy and influencing) with an open field a statement against each reported use. The additional data on use of RGA could then be analysed in relation to the gender marker scale for the response to explore the influence of RGA on outcomes and the extent to which use of the approach is (or is not) associated with transformative interventions in different contexts.

Starting in 2019, PIIRS has also been working toward capturing the impacts from advocacy and influencing work, capturing not only data on the actual impacts of such initiatives, but also the potential impacts into the future, were policies or other changes that we have influenced to be fully implemented. CARE's guide to MEL for advocacy outlines a set of different tools that can be used to determine the changes that CARE and partners' influencing work has contributed to. One tool in particular that has been helpful over the last few years is the AIIR tool (Advocacy and Influencing Impact Reporting Tool). This tool requires teams to outline the advocacy win they have contributed to, the nature and level of CARE's contribution, its potential and actual impact, and lessons learned about the most effective influencing tactics. For programs using advocacy strategies, the PIIRS forms collect data on CARE indicator 20 (influencing policy, budgets and programs of others), which is similar to the questions in the AIIR Tool, again this could be adapted for RGA.

RESPOND

Strengthen capacity for quantitative and qualitative analysis

The evaluation found that the limited capacity of teams to undertake rigorous data analysis can be a constraint for the quality and effectiveness of RGA. CARE should invest in/support building data analysis knowledge and skills at the country office-level to ensure development of context-specific analysis and high quality (i.e. specific, clearly targeted) RGA recommendations. Capacity-strengthening should focus in particular on analysing and interpreting gender-specific qualitative and quantitative data, and methods and approaches for qualitative data analysis. As gender focal point or GiE advisor positions within country offices are often dependent of project-funding and this changes over time, capacity strengthening efforts on analysis should focus on country office MEAL teams. This would continue and build on the process of investment and capacity-strengthening that has begun where country offices have increasingly been establishing positions for in-country GiE advisers trained in RGA.

Establish a Global RGA Community of Practice

Beyond having an online platform to access RGA documentation, CARE should consider actively promoting dialogue on RGA and deliberately bridging learning across teams that have done RGAs and ones that will do in the future. Establishing a global RGA Community of Practice (CoP) which aims to provide a space for virtual mentoring, knowledge sharing and co-creation of knowledge and experiences from people involved in RGA. The RGA CoP could offer: blogs; discussion forums; learning events and training opportunities; sub-groups; video presentations/panel discussions and so on. While blogs and presentations provide the opportunity to members to share their experiences, forums provide a platform to reach out to members to raise queries, seek information etc. The community could also host sub-communities of practice around monitoring and evaluation for RGA, advocacy for RGA and so on.

INFLUENCE

Establish decision-making protocols to ensure balance between programming and advocacy

COVID-19 has been a step change for RGA but has also brought the tension between the original purpose of RGA as a tool for effective gender-equitable humanitarian programming, and the recent interest in RGA as a tool for advocacy and influencing, to the fore. The release of the Global COVID-RGA was widely publicised, raising the profile and visibility of CARE in the gender in emergencies space, an opportunity policy, media and communication teams are understandably keen to leverage. At the same time, program teams raised concerns that the increasing emphasis on branding and consumption by external audiences is leading to RGAs with only limited value for internal programming, and in the case of COVID-19 RGAs, actually shifts attention away from other pre-existing gender inequalities that the pandemic only compounds. Program teams report that the pressure and demand created by COVID-19 has seen RGA move away from its principles of speed, imperfection, practicality.

Experience however, shows that country offices and program teams have always been able to effectively influence and advocate for gender as a component of quality humanitarian programming in the sector without shifting away from the principles of RGA. The evaluation provides multiple of examples across regions and countries where teams have successfully advocated for changes beyond their own programming using the RGA approach in its current form. For example, there is evidence that program teams, following the RGA itself, have gone on to produced quality summaries, presentations, press releases and policy briefs (based on RGA reports) in order to influence coordination bodies, clusters and sub-clusters. Developing intentional communications/dissemination strategies for RGA advocacy/ influencing combined with products such as these may be more appropriate for the policy messaging, advocacy and media work. CARE's Impact Knowledge Learning and Accountability team in collaboration with the Humanitarian Programming and Policy team and CEG, is currently piloting a number of products including policy briefs and global trends reports and documenting the learning and impact of these.

CARE is at an important juncture in setting the direction for future RGAs – it is recommended that a participatory process for establishing protocols for consultation and decision-making between those working in gender in emergencies and those working in policy, media and communications.

Collaborate but be prepared to go it alone

The evaluation found that RGAs can be more effective and impactful when done in collaboration with others. CARE should continue its work towards a systematic approach for undertaking joint rapid gender analyses and diversifying and consolidating its partnerships with women rights organisations, coordination bodies, government ministries and UN agencies. However, at the same time CARE should be prepared to undertake and release RGAs independently in instances where CARE's values and those of a partner may differ such as was the case for the 2020 TC Harold RGA in Vanuatu. The Ministry of Justice and Community Services requested that CARE remove all references to LGBTQI/SOGIESC communities in the report for a joint release. CARE Vanuatu ultimately decided to release the report independently based on CARE's values and the findings of the RGA that SOGIESC were facing increased violence and abuse and in evacuation centres and discrimination in accessing counselling and sexual and health service providers. CARE should also be prepared to release RGA independently where administrative/sign off processes hinder the ability for RGA to be released in a timely way.

Develop intentional communications strategies for advocacy/ influencing at higher levels

The design of the RGA process needs to start from a clear understanding of how the product will be used – whether for influencing programming, for advocacy, for fund-raising or for a combination of those purposes (noting the tensions raised above) – and should include identification of the influencing spaces and key stakeholders to target during the sharing stage of the process. Ideally the dissemination plan (to the point of identifying the products, the purpose and the audience) should be considered during the development of the terms of reference for the RGA. Promoting the uptake of RGA findings at different levels requires the engagement of not just the operational staff leading the RGA but also senior management team members who can influence donors, partners and global actors, and programme staff involved in communications and advocacy at regional and global levels who can support the effective dissemination of RGA via the relevant spaces and forums.

IN FOCUS: ELEVATING THE EVIDENCE

CARE's GLOBAL COVID-19 RAPID GENDER ANALYSIS

The humanitarian event – COVID 19 pandemic

The novel coronavirus 2019 (COVID-19) was first detected in China's Hubei Province in late December 2019 from where it spread rapidly and was classified by WHO as a pandemic on 11 March 2020. As of July 24th, there have been more than 15.6 million confirmed cases of COVID-19 globally, and more than 635,000 deaths³⁴. The spread of the virus has caused a global public health crisis, and has brought devastating economic and social impacts as a result of the lockdown, quarantine and social distancing measures imposed by governments around the world in attempting to slow transmission and infection rates. Based on the recognition that disease outbreaks affect women, girls, men, boys and persons of all genders differently, and that complexities of development and humanitarian contexts can be expected to compound the impacts of COVID-19 on vulnerable groups, in March 2020 CARE International identified the need to conduct an RGA exploring the gender and intersectional impacts of the crisis.

Adapting the RGA approach for COVID-19 response

There has been an exponential increase in use of the RGA approach by CARE and partners in response to the COVID-19 pandemic. Until the onset of the COVID-19 pandemic, CARE was carrying out eight to ten RGAs annually since 2015. Three weeks after the declaration of COVID-19 as a pandemic by the World Health Organisation on March 11th 2020, CARE and IRC released a global level RGA examining the potential gender impacts of the crisis³⁵. Since the publication of the global COVID-19 RGA on April 1st, CARE has developed regional level RGAs for Latin America, Asia-Pacific, Middle East and North Africa, East and Central Africa and West Africa, as well as country-specific RGAs covering 64 countries. To date 27 RGAs have been published and a further 24 are in process - a body of action research that has involved conversations and data collection with over 4,500 women³⁶.

The RGA toolkit has been adapted for use in response to the COVID-19 pandemic: this has involved **a strengthened focus on secondary rather than primary data** and the **adaptation and contextualization of the RGA tools for remote collection of primary data**. There have been various challenges around access and technology for remote primary data collection, for example in contexts where there is no signal or wifi (e.g. Cox's Bazar in Bangladesh) reaching the most vulnerable is incredibly difficult – particularly women who have more limited access to phones. Country office teams involved in remote data collection have also experienced difficulties using long questionnaires in phone interviews, and have – in some contexts – highlighted the benefits of using a shorter set of open questions for exploring RGA participants' experiences of the impacts of the pandemic on their lives. CARE is currently working with a partner on the development of a voice-recording app (to be called VoiceApp) which can work on low technology phones to support qualitative data collection.

The CARE and IRC Global COVID-19 RGA

The Global COVID-19 RGA produced by CARE and IRC was released at an early stage of the crisis and was one of the first published documents to explore the potential gender and intersectional impacts of the pandemic. **The process of the Global RGA started with the development of a policy brief reviewing secondary data** from a wide range of sources and lessons learned from previous public

³⁴ WHO Dashboard: <https://covid19.who.int/>

³⁵ CARE and IRC. Global Rapid Gender Analysis for COVID-19. 1 April 2020.

³⁶ CARE. Evolving Trends: Women in COVID-19. RGA Update. July 2020.

health emergencies³⁷. CARE and IRC then developed the Global COVID-19 RGA based on the findings of the secondary data review, including recommendations based on what were the expected gendered impacts of the pandemic at that time. The report was intended for humanitarians working in fragile contexts that were likely to be affected by the COVID-19 crisis. The key findings of the Global COVID-19 RGA identified a range of gender issues at the forefront of the emergency which included the potential increased care-giving burden for women, with particular risks for female health workers; reduced access to healthcare and SRHR services; sharply increased risks of gender-based violence associated with the crisis and measures being taken for its containment; women's needs for targeted access to information on COVID-19 and the lack of gender balance in global COVID-19 decision-making structures.

The Global COVID-19 RGA was shared soon after its release with the UN Secretary General's office and reportedly informed the Secretary General's thinking for the UN's global response to the pandemic³⁸. There are references to the CARE/IRC RGA in the UN Global Humanitarian Response Plan for COVID-19 that was published in May 2020. The Global RGA report was also widely publicized and distributed to other global humanitarian actors, including: the ECHO Director for Europe and Middle East and ECHO gender advisors, NEAR Gender advisors, EEAS gender advisor, the EU commissioner responsible for the COVID-19 response, DG JUST, DG EMPL, the Chair of EU Council working group on humanitarian aid and food aid (uniting humanitarian experts of all EU member states), the Act alliance (shared with all members), the Migrant Women Network, and the Department of State GWI. The document was shared on ReliefWeb and via the SEEP newsletter, and the RGA methodology was referenced in an online article by DevEx which highlighted how women bear the brunt of the impacts of emergencies and called for women's increased participation in prevention and response. The Global RGA was also widely profiled in various print media publications, including an exclusive feature article by Reuters³⁹ 'Coronavirus measures will hit women harder than men, charities warn', and a Newsweek opinion piece on "Here is What Working on the Ebola Frontline Taught us about Fighting the Coronavirus Pandemic"⁴⁰.

The sharing of the Global COVID-19 report set the stage for CARE regional and country office teams to carry out context-specific RGAs and to begin advocating with partners and other humanitarian actors for gender-adapted programming in response to the crisis. The strategic dissemination and high media profile of the Global RGA report also generated a huge amount of interest in the RGA approach from external actors. This has opened up new opportunities for CARE to establish inter-agency partnerships at country, regional and global levels with global humanitarian actors such as OCHA, UN Women, WFP and FAO, as illustrated by the experiences in West Africa discussed below.

The West African regional COVID-19 RGA

The West Africa regional COVID-19 RGA was conducted from April 6th to 23rd 2020 and was led by CARE's regional GiE Adviser working with a team of programme staff from all nine country offices⁴¹ and with support from the region's Deputy Regional Director for Programme Quality⁴². **Development of the RGA was identified as a strategic priority by the regional leadership** and this commitment at senior level encouraged significant buy-in to, ownership of, and involvement with the process by the country offices. The progress of the RGA was discussed at regional leadership team meetings, which encouraged engagement with the process by Country Directors⁴³. The involvement of programme

³⁷ CARE. Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings. CARE Policy brief. March 2020.

³⁸ Key Informant Interviews with CARE USA Humanitarian Director, CARE Emergency Group Head of Programme Quality, GiE Senior Adviser, June 2020.

³⁹ Available at: <https://www.reuters.com/article/us-health-coronavirus-women-trfn/coronavirus-measures-will-hit-women-harder-than-men-charities-warn-idUSKBN21J6N1>

⁴⁰ Available at: <https://www.newsweek.com/ebola-coronavirus-lessons-learned-pandemic-1494668>

⁴¹ In West Africa, CARE operates in Benin, Chad, Cameroon, Cote d'Ivoire, Ghana, Niger, Nigeria, Mali and Sierra Leone.

⁴² Fatouma Zara Louan. CARE Rapid Gender Analysis – COVID-19 West Africa. April 2020.

⁴³ Key Informant Interview with CARE West Africa Deputy Regional Director for Programme Quality (DRD-PQ), June 2020.

staff across all nine country offices in the RGA was a strength of the process also encouraged learning and ownership of the findings. Data collection for the RGA involved a review of secondary data conducted by specialists from the CARE gender cohort and Rapid Response Team (RRT) and primary data collected through individual interviews, questionnaires and personal stories from a total of 266 people (52% women and 48% men). The primary data was mostly collected remotely from a diverse range of participants including community leaders, individual men and women in communities, VSLA members and members of technical and health ministries, UN agencies, international NGOs and women's rights organisations.

Learning points from the experience of the West Africa RGA included the realization that the questionnaire used initially was too long for effective data collection by telephone interviews, while differences between countries in the data collection process meant that the data generated could not be aggregated for quantitative analysis. Release of the regional RGA took longer than expected due to the process for approval of the report by CARE's communications unit.

The West Africa RGA report presents **a largely qualitative analysis of this data using women's stories and perspectives** throughout as the basis for identifying serious ongoing economic, health and financial impacts of the crisis that would be especially severe for women and painting a mixed picture of impact on women's rights. In particular, **the regional RGA highlighted limitations of women's access to resources, and on their representation and participation in formal decision-making and increased incidents of gender-based violence.** At the same time however, **the regional RGA identified hopeful examples of women leading the response to the COVID-19 crisis and finding ways to negotiate equitable relationships with men in their communities, and with their husbands/ male partners at home.**

The findings of the West Africa RGA were used to revise and finalise CARE's regional strategy for COVID-19 response, which had been drafted prior to the RGA process⁴⁴. The RGA provided a robust evidence base for the regional strategy as a feminist strategy for COVID-19 response. **The findings of the West Africa RGA findings were also widely shared with humanitarian actors at the regional level** such as UN Women and the African Development Bank through an intentional strategy of talking points and personal emails sent out by the Regional Director. The regional RGA report was also posted on ReliefWeb and received attention on the news in several countries in the region. The sharing of the report in these ways resulted in significant discussion of and interest in the findings at the regional level, as a result of which **external actors approached CARE to carry out country level RGAs in several contexts.** In Nigeria, an RGA for COVID-19 response was carried out jointly by CARE, Oxfam and UN Women; in Niger (see below) GenCap approached CARE to carry out a joint RGA; and in Mali CARE is now working collaboratively with UN Women to produce a gender analysis for COVID-19 response that draws on the findings of an earlier CARE RGA carried out in to explore the gendered impacts of insecurity and conflict in that context⁴⁵. Overall, these experiences relating to the West Africa regional RGA suggests that **there has been a shift in mindset both within and beyond CARE in terms of the recognition of the value of RGA as a tool both for influencing both programming and policy in the humanitarian sector.**

'RGA has become a topic of discussion for CDs rather than something the gender adviser and M&E people work on that never gets looked at. It has got political recognition and the potential value of the approach for fund-raising and building CARE's credibility is now much clearer.'

Collaboration at the country-level: the Niger COVID-19 RGA

In Niger, the IASC Gender Standby Capacity Project (GENCAP)⁴⁶ requested CARE's engagement with and support for a jointly-organised country-level RGA process in response to the COVID-19 crisis.

⁴⁴ CARE. West Africa COVID-19 Strategy.

⁴⁵ Shantelle Spencer with CARE Mali. Rapid Gender Analysis Mopti – Mali. April 2020.

⁴⁶ GENCAP is an IASC initiative created in 2007 in collaboration with the Norwegian Refugee Council (NRC) to build the capacity of humanitarian actors at country level to mainstream gender equality programming.

The RGA process in Niger was led by the GenCap adviser deployed in-country with support from CARE Niger's M&E adviser, who facilitated access to communities and key informants for the research. The product of the partnership was a high-quality RGA report co-authored by GenCap as lead author with CARE, which had been developed through a participatory process involving members of the HCT in Niger⁴⁷. The objective of the process was that the RGA would be endorsed by the Humanitarian Coordinator to serve as a point of referral for the 2020 humanitarian planning process in Niger⁴⁸.

The collaborative action research process with GenCap in Niger illustrates the potential of such partnerships based around the RGA, namely that CARE has a powerful methodology to share and is able to facilitate connections and action research at the community level with organizations or actors that are well-placed for using the results for policy influencing at the global level. However, **while the RGA report has been informally shared with HCT members and has reportedly been well-received by OCHA in Niger, it has yet to be formally endorsed by the Humanitarian Coordinator due to an ongoing transition in the staffing of that post.** As such, the experience of the Niger COVID-19 RGA also illustrates the ways in which political and organizational factors can block progress towards influencing more inclusive humanitarian programming, despite the availability of high-quality gender analysis.

New Opportunities and New Challenges

The RGA has been and is being widely used by CARE and other humanitarian actors to generate context-specific information and analyses (the learning function) as the basis for evidence-based decision-making around programme design and implementation in response to the COVID-19 crisis (the response function). Within CARE there has been increasing involvement by staff at all levels in RGA processes, and reporting on the progress and findings of RGAs in progress has become a requirement of the sitrep process⁴⁹, which represents a further step towards the institutionalisation of the approach by the organisation. There has also been **a significant increase in collaborative action and research partnerships with external organisations from the wider humanitarian sector**, as illustrated by the experiences from West African outlined above. Global humanitarian actors such as OCHA and WFP/ FAO have expressed interest in adopting RGA more systematically for humanitarian programming in response to COVID-19. Discussions by CARE with those global humanitarian actors are ongoing and offer potentially **exciting opportunities for advancing the wider uptake and institutionalisation of RGA beyond CARE** as an approach for promoting increased global accountability and more inclusive humanitarian response (the influencing function).

However, **the rapid growth in awareness of and demand for GiE and RGA approaches associated with COVID-19 has also presented challenges.** The GiE team was not set up or staffed to respond to the level of demand for RGAs that has been experienced by CARE over the past five months, and capacity for the design and implementation of RGA processes at country office level varies. Consequently, **the pressure of delivering so many RGAs in a very short time period in response to COVID-19 has resulted in variable quality of the process and product in some cases and a shift away from the RGA principles of being progressive and practical.** Some country offices clearly felt obliged to invest human and financial resources in doing an RGA in response to the COVID-19 crisis at a time when they were already struggling to manage other programming priorities. Key informants from the GiE team and country offices flagged the risk of the RGA approach becoming a tick-box exercise under these circumstances, with RGAs at country office level possibly suffering from confirmation bias in terms of repeating findings from the global RGA.

⁴⁷ Alejandra Bernardo Andres & Ahmet Dawalak. Analyse Rapide Genre pour COVID-19 – Niger. GenCap and CARE. 2020.

⁴⁸ Key Informant Interview - GenCap Programme Manager, July 2020.

⁴⁹ Key Informant Interview – CARE Gender in Emergencies Coordinator, June 2020.

'The concern is when it (the RGA approach) gets too far away from its principles of being fast, available and practical and we've seen that with COVID. We are not set up to be able to deliver 59 RGAs in such a short space of time. ... RGAs are being done by many people who have never had training on the approach and the resources to support them to do a great RGA are not there. And the more people know about it, the more people want to have an RGA and the more they want it to be perfect – but you can't be perfect and fast.'

Another challenge highlighted by CARE's experience of RGA for the COVID-19 pandemic is that **there are different demands for RGA coming from different parts of the organization, and the needs of programme staff for RGA information differ from needs of advocacy and communications teams.** While RGA was originally developed as a rapid, imperfect and progressive approach for generating timely information on which to base programming decisions in rapidly changing humanitarian contexts, **use of the RGA for effective policy influencing requires ensuring quality standards of data, analysis and product.** This tension caused delays in the publication of some COVID-19 RGA reports due to the additional time required for obtaining sign-off from CARE's marketing and fund-raising teams. COVID-19 RGAs that were conducted in collaboration with external organisations were subject to additional sign-off requirements which caused further delays in the release of the findings.

Conclusion

CARE's experience of using the RGA at global, regional and country levels to identify the potential gender impacts of COVID-19 pandemic and develop programming recommendations in response to the pandemic has brought new opportunities and challenges for promoting the uptake and impacts of the approach within and beyond the organisation. This experience highlights the need for CARE to recognise and respond to the implications of the different uses of the RGA approach. It is of course likely that the RGA will continue to be used in different ways by different parts of the organization – i.e. as a tool for improving programming and/or for fund-raising and/or for building strategic partnerships and/or for policy influencing and advocacy. Building on the successes achieved through the recent use of RGA in the context of COVID-19 will require discussions within CARE to identify the structural changes needed to support effective future use of the approach in these different ways and at different levels of the organisation.



▲ **June 2020. Niger.** Aïchatou Cheitou, is a seamstress and the leader of her VSLA group Kyauta Mata. 'Covid-19 has brought about big changes in my social life and income. My children no longer go to school. My husband has lost work. My main concern is to maintain income to pay the rent and food'. As 'returnees' her VSLA group was able to obtain funding to set up a small business for making masks. Her group produces around 300 masks per day, for a total of 6000 masks in one month. Through the sale of masks Aïchatou has been able to maintain her contributions within the group. © Ollivier Girard/CARE

CARE's RAPID GENDER ANALYSIS INTO THE VENEZUELAN MIGRANT AND REFUGEE CRISIS IN COLOMBIA

The Venezuela Migrant and Refugee Crisis in Colombia

Since 2015 deteriorating political, economic and social conditions in Venezuela have resulted in large-scale flows of migrants and refugees into neighbouring countries of Colombia, Ecuador and Peru, resulting in a complex humanitarian crisis. Over 5 million Venezuelans have left their country, with Colombia hosting the greatest number of those refugees and migrants⁵⁰. The crisis associated with the influx of Venezuelan migrants and refugees into Colombia is further compounded by the historical mixed cross-border migration between the two countries, especially during times of heightened armed conflict in Colombia. Despite the 2016 peace accord between the government of Colombia and the FARC, the humanitarian situation in the country has deteriorated since 2018 due a combination of escalating conflicts with armed groups, large-scale returns of Colombians previously resident in Venezuela and the ongoing flow of Venezuelan migrants and refugees into Colombia. Seven million people were identified as being in need of humanitarian assistance in Colombia in 2019 – which figure included 5.1 million conflict-affected people and approximately 1.8 million Venezuelan migrants and refugees⁵¹.

The northern border regions of Colombia – namely the departments of La Guajira, Cesar, Norte de Santander and Arauca - have received a high proportion of the Venezuelan migrants and refugees⁵². Mixed migrant flows to the northern border regions include: i) transit migration of people known as *caminantes* who are passing through the border regions to settle elsewhere in Colombia or neighbouring countries; ii) permanent migration of Venezuelans who intend to settle in the border regions; iii) migrants who cross the border temporarily for short periods of time known as *pendulares* to engage in income-generating activities such as agricultural work, sex work or work in the informal sector, or who are members of binational ethnic groups. These **different categories of migrants experience differing intersecting vulnerabilities**: for example, the transit migrants walk hundreds of kilometres along the highways in hazardous conditions, carrying children and babies and sleeping rough in freezing temperatures and at high altitudes; permanent migrants often end up living on the streets or settling in informal peripheral areas with no access to basic services, where they face serious protection risks and have limited livelihood opportunities; cross-border populations lack full recognition as nationals of either country.

Many migrants however experience **common vulnerabilities in terms of being highly at risk of sexual harassment and violence and being unable to access basic services and livelihood opportunities**. **Documentation is a key factor influencing vulnerability** as undocumented migrants are forced to use informal border crossing points where the risk of SGBV is very high and have no legal rights of access to health or education services or the labour market in Colombia. During the early years of the crisis in Venezuela, most migrants were unaccompanied men who were leaving Colombia in search of income-generating opportunities and safety. More recently, there have been more women migrating, accompanied by family members and young children, for family reunification or for their own safety and income earning opportunities⁵³. **The collapse of public services in Venezuela has meant that many women and girl migrants who cross the border are urgently in need of sexual and reproductive health services**. While Colombia offers greater availability and accessibility of services than those available in Venezuela, the scale of migrants' needs for SRHR and health services has overburdened the country's health system. Furthermore, health and SRHR services are not provided by the Colombian health

⁵⁰ Colombia Joint Needs Assessment – COVID-19. R4V/GIFMM. May 2020.

⁵¹ UNOCHA Humanitarian Response Plan. 2019.

⁵² Anushka Kalyanpur. CARE Rapid Gender Analysis – Latin America & Caribbean: Venezuelan Migrants and Refugees in Colombia. May 2019.

⁵³ CARE. Rapid Gender Analysis Trends in the Venezuelan Migrant Crisis (under development – cited in CARE + UN Women. Latin America and the Caribbean Rapid Gender Analysis for COVID-19. May 2020).

system to people who are of irregular status – i.e. undocumented, and more than 60% of Venezuelan migrants and refugees in Colombia are of irregular status.

The Colombia RGA

CARE's RGA in Colombia was carried out in May 2019 alongside a scoping mission conducted to explore the potential role and added value of CARE opening a country office in Colombia to deliver humanitarian programming in response to the mixed migration crisis. The circumstances of the RGA were unusual in that the process was carried out without CARE having an organizational presence in Colombia at the time.

The Colombia RGA presents **an analysis of secondary and primary data collected from four locations across two departments (La Guajira and Norte de Santander) of the affected border regions** in northern Colombia and in Bogota⁵⁴. The primary data collection was carried out by a small, multi-functional team mobilized by CARE USA and led by the technical adviser for Sexual and Reproductive Health Rights in Emergencies from CARE's Gender in Emergencies (GiE) global team. The RGA team included CARE's regional Humanitarian Coordinator for Latin America and the Caribbean, a national consultant who had worked extensively in for a humanitarian INGO in the affected border regions, and a CARE USA intern who had also worked previously in the border regions, all of whom were Colombian nationals. The primary data generated for the RGA was qualitative and comprised a series of four FGDs and 15 interviews with migrant women, men, boys and girls and 30 key informant interviews with local authorities, community leaders, UN agencies and INGOs involving in humanitarian response programming in the border regions. The RGA report presents a qualitative analysis of the data collected with some secondary demographic data, with discussion of the sex and age disaggregated impacts of the crisis. The RGA recommendations were developed by the GiE adviser in consultation with other members of the team. As such **the Colombia RGA was conducted as a light touch initial assessment in line with the principles of the approach being rapid, progressive and practical.**

The Colombia RGA presented a striking picture of the Venezuelan migrant crisis as a gendered crisis characterized by very high levels of sexual violence and the normalization of GBV experienced by women and girl migrants during and after border crossings, the widespread incidence of transactional sex, domestic servitude and significant risks of human trafficking. The analysis also highlighted changes in the roles and responsibilities of women, men, boys and girls due to the crisis, the urgent needs of Venezuelan women and girl migrants for SRHR services, and the lack of any meaningful participation of crisis-affected populations in decision-making around the humanitarian response. **The recommendations of the RGA emphasized the need for improved mainstreaming of gender and protection issues across all sector responses, and identified specific recommendations for strengthening SRHR and GBV and protection programming.** The RGA report also recommended the adoption of **nexus programming approaches** to meet immediate humanitarian needs while also addressing structural issues of limited capacity of basic services and rising xenophobia.

LEARN: Has the RGA resulted in the increased availability of specific situational gender data, analysis and recommendations? Has the RGA increased awareness on need for and critical importance of gender data for all hum actors to more effectively do their job?

The Colombia RGA generated a powerful document, which identified significant gaps in the humanitarian response to the Venezuelan migrant crisis relating to the provision of SRHR and protection/ GBV response services, and highlighted the importance of context-specific factors such as a lack of documentation, ethnicity and the wider security situation in Colombia in shaping the vulnerabilities of migrants and refugees.

⁵⁴ Anushka Kalyanpur. CARE Rapid Gender Analysis – Latin America & Caribbean: Venezuelan Migrants and Refugees in Colombia. May 2019.

'The RGA report was a key product for CARE that was used as a way of creating awareness within the organization to show why it was relevant for CARE to respond in Colombia whereas previously programming had been managed from Ecuador. The RGA report showed that the problem was not just the migrant crisis but was also a problem of internal conflict and the resulting overlapping vulnerabilities of people affected by the crisis.'

Although the analysis was based on a relatively small, qualitative dataset, **the findings presented in the report rang true with other humanitarian actors involved in responding to the crisis.** The validation of the RGA findings with other humanitarian actors during the data collection and analysis phases of the exercise was highlighted by key informants involved in the work as a strength of the Colombia RGA process. This focus on encouraging external engagement throughout the RGA process proved effective as a strategy for ensuring the relevance of the analysis; for raising awareness of the RGA findings beyond CARE; and for establishing CARE's credibility as an organization with specialist capacity for GiE and the potential for adding value in the humanitarian response in Colombia to the Venezuelan migrant crisis. The inclusion of RGA team members who had extensive prior experience of working in the border regions affected by the migrant crisis and who were known to the local organisations involved in the humanitarian response facilitated the processes of data collection and analysis, thereby supporting the quality of the RGA outputs.

The RGA process in Colombia was subject to the following limitations:

- The **short timeframe available for primary data collection** meant that it was not possible for the RGA team to visit smaller, more distant areas from the border where migrants are likely to be more vulnerable with less access to services or humanitarian aid, or to visit settlements inhabited by indigenous, binational groups subject to overlapping vulnerabilities.
- The RGA was carried out by CARE as **an externally-led process**, in which local women's organisations were involved as informants rather than as active participants in the processes of data collection and analysis.
- The **RGA report was produced in English**, which – in the Spanish-speaking context of Colombia - is likely to have been a barrier to the understanding and uptake of the findings by local organisations.

Overall, however, the information and gendered analysis presented in the Colombia RGA was of interest to the reflection platforms where it was shared (discussed further below), despite the limitations of the primary data presented in the report, as the humanitarian community had identified the lack of a gender lens across clusters.

RESPOND: Is the RGA resulting in increasingly gender-adapted planning, programming and evaluation to meet the specific needs, vulnerabilities and capacities of Venezuelan migrants and refugees?

At country level **the RGA was used within CARE to make the case for opening a country office in Colombia** based on the argument that it highlighted significant gaps in the humanitarian response where an organization with strong capacity in GiE could add value⁵⁵. Following a multi-sectoral Programme Needs Assessment (PNA) carried out in August 2019 in response to a recommendation from the RGA, CARE opened the Colombia country office in November 2019. The PNA proposed a directly implemented humanitarian response focused on SRHR and GBV response, shelter, WASH and with CARE's GiE approach mainstreamed throughout. **The findings of the Colombia RGA and the PNA were used to define a phased start-up strategy for the new CARE country office**⁵⁶. The first phase of the start-up strategy proposed the establishment of a presence in Bogota for purposes of profile,

⁵⁵ Key Informant Interview – CARE Colombia Country Director, June 2020.

⁵⁶ CARE. Strategy for the Start-Up and Development of CARE Colombia in Response to the Venezuela Crisis. November 2019.

representation and coordination, and the implementation of a GiE response focused on SRHR and GBV prevention and response, shelter, basic needs and WASH activities targeting *Caminantes* (transit migrants) in the border department of Norte de Santander. It is expected that CARE's programming will be scaled up in subsequent phases to respond to the needs of additional target groups – including vulnerable displaced, returnee and host populations – as soon as possible depending on resource mobilisation. As such, **the recommendations of the RGA are clearly reflected in the strategic planning process guiding the geographic and thematic focus for CARE's programming in Colombia.**

The Colombia RGA findings and recommendations have also been integrated into funding proposals developed since the opening of the country office. Successful proposals since November 2019 have leveraged in the order of 1.65 million USD of programme funding for CARE Colombia from a combination of private donors, Venezuela pool funds, ECHO and the SAFPAC programme.

'We have been able to base the country emergency strategy and first proposals on some of the key findings of the original RGA which identified gaps in SRHR and problems of SGBV. The key pillars of our programme, which relate to SRHR and Protection with the SGBV component being most essential, have grown from that seed (of the RGA).'

CARE Colombia is currently piloting an integrated, locally led and women-focused humanitarian response programming initiative with funding from the Sall Foundation that brings together a combination of CARE tools and models, including the use of an adapted version of RGA to explore women's participation in terms of power and decision-making, market-based approaches such as VSLA and cash and voucher assistance, the Women Lead in Emergencies tool and an adapted version of the Community Scorecard (CSC) tool⁵⁷. Implementation of the Sall Foundation test lab programming initiative is still at an early stage of implementation, but the intention is that the iterative use of the RGA power toolkit, exploring the factors that influence the meaningful participation of crisis-affected women and girls in decision-making for humanitarian programming, will provide a cross-cutting approach to inform and influence all of CARE's programming in Colombia.

The Colombia RGA report was shared with peer organisations involved in the humanitarian response to Venezuelan crisis in Colombia and the region through the Gender technical groups and Inter-Agency coordination platforms led jointly by UNHCR and IOM at national level in Ecuador and Colombia as well as at the regional level⁵⁸. The sharing of the Colombia RGA report was part of a broader regional strategy to position CARE as an actor that could add value to the humanitarian response to the Venezuelan migrant crisis due to the organisation's focus on and capacity for GiE, SRHR and GBV prevention and response programming. The successful piloting of the regional strategy through the Colombia RGA confirmed the relevance of this approach and led to the decision by CARE's regional management team for LAC to carry out additional RGAs in Ecuador, Peru and Venezuela to explore the gendered dynamics and impacts of the crisis in those countries.

The process adopted for the RGAs in Ecuador, Peru and Venezuela differed in several ways from that of the initial Colombia RGA: firstly, the teams involved in the Ecuador, Peru and Venezuela RGAs were all Spanish-speaking and based in the region; secondly, those RGAs were carried out in partnership with local women's organisations, which organisations were actively involved in tool design, data collection and analysis; and thirdly, the data collection was more extensive and included some areas of sectoral needs assessment from a gender lens. **The findings of the four RGAs have been compiled into a regional RGA and were used to develop a successful funding proposal to ECHO for a one-year, 1.9 million Euro regional programme to be implemented from July 2020 in Ecuador, Colombia and Venezuela focusing on protection, SRH and WASH for refugees and migrants, with a particular focus on migrants in transit and/or with irregular migration status, Colombian returnees and vulnerable**

⁵⁷ CARE. Advancing Humanitarian Response to be Local and Women-Led: A Proposal for the Sall Family Foundation.

⁵⁸ The Grupo Interagencial sobre Flujos Migratorios Mixtos (GIFMM) is the inter-agency body responsible for coordinating the response to the situation along the border area of Venezuela and Colombia. The group is led by UNHCR and IOM and has 32 members, 31 implementing partners and local branches in 26 departments (Colombian local administrative units).

Venezuelans still living in their country, including those living in provisional settlements or communities seriously affected by the crisis. In short, the Colombia RGA carried out in May 2019 has influenced and is influencing gender-adapted planning and programming by CARE that is designed to meet the specific needs and vulnerabilities of defined target groups of Venezuelan migrants and refugees at both country and regional levels.

INFLUENCE: Has the RGA led to improved results/ outcomes for women and girl participants? Has the RGA resulted in increased capacity to ensure effective, targeted mitigation of gender specific risks in programming in response to the Venezuelan migrant and refugee crisis?

CARE's humanitarian programming in response to the Venezuelan migrant crisis in Colombia and the wider region has only recently begun implementation and to date there have been no evaluative assessments of the on-the-ground outcomes of that programming for women and girls affected by the crisis. The need to establish a mechanism for assessing the impacts of CARE's programming as it has been shaped by the RGA process was consistently highlighted by CARE programme staff interviewed for the RGA evaluation. One outcome that can be identified however is that **the RGA process itself has given greater voice to some of the vulnerable and marginalized groups affected by the crisis**. As expressed in the words of a 15-year-old adolescent girl consulted for the Colombia RGA in Integrated Migration Centre, Maicao: *"Nobody has consulted me or anyone I know about how I feel about these topics and my needs, particularly because I am a girl on the move"*⁵⁹. The fact that much of the programming now being implemented by CARE in Colombia includes a specific focus on strengthening women and girls' meaningful participation in the humanitarian response suggests that the RGA is likely to lead to improved outcomes for women and girl participants although empirical evidence to show whether that is happening has yet to be gathered.

The Colombia RGA does provide an example of influencing the capacity of the humanitarian sector at the global level for effective, targeted mitigation of gender-specific risks in the programming response to the Venezuelan migrant crisis. The US State Department requested a presentation of the analysis findings shortly after the release of the report in May 2019, in response to which CARE USA members of the RGA team presented the RGA to staff members of the Bureau of Population, Refugees and Migration (BPRM) at a meeting attended by multiple government agencies. CARE was subsequently informed by a US government colleague that **the BPRM had used CARE's RGA as the basis for a conversation to encourage IOM to develop a plan for addressing GBV prevention and response needs in Colombia** in a more robust way, and that **the PRM committed to funding 100% of GBV gaps identified in the IOM's revised plan** (as compared with the previous funding level of around 30%)⁶⁰. This shift in policy from the US government and IOM as a result of the sharing of the Colombia RGA report can reasonably be interpreted as an indication of increased capacity for gender-inclusive response by a global humanitarian actor with the potential to lead to improved outcomes for women and girl participants.

At the regional level, **the Colombia RGA and subsequent RGAs in Ecuador, Peru and Venezuela have also formed the basis for CARE to establish a strategic partnership with UN Women in the LAC region**, as a result of which in June CARE and UN Women jointly produced a regional RGA for COVID19 response⁶¹. This example of collaborative research and action can also be seen as a significant influencing win for CARE that has involved the uptake of the RGA by a global humanitarian actor to inform response to the pandemic. In these ways, CARE's use of the RGA in Colombia has influenced and is influencing policy and programming by external humanitarian actors in response to the Venezuelan migrant crisis at regional and global levels.

⁵⁹ Presentation by Anushka Kalyanpur to the Geneva Learning Foundation: Available at: <https://www.learning.foundation/gender-in-emergencies-special-event>

⁶⁰ Internal CARE email.

⁶¹ CARE + UN Women. Latin America and the Caribbean Rapid Gender Analysis for COVID-19. May 2020.

RECOMMENDATIONS: What can be done to improve the RGA and its capacity to ensure improved gendered and women's rights outcomes?

CARE's experience from the Colombia RGA has highlighted the potential of the approach for influencing processes of humanitarian response at a systems level as well as for ensuring the quality of CARE's emergency response programming. Some key lessons that can be drawn from this experience to inform CARE's future use of the RGA approach to ensure more inclusive humanitarian response programming and improved gendered outcomes, particularly for women and girls include the following:

- **Ensure the intentional design of the RGA process to promote uptake of the outputs and findings:** The design of the RGA process needs to start from a clear understanding of how the product will be used – whether for influencing programming, for advocacy, for fund-raising or for a combination of those purposes – and should include identification of the influencing spaces and key stakeholders to target during the sharing stage of the process. Promoting the uptake of RGA findings at different levels requires the engagement of not just the operational staff leading the RGA but also senior management team members who can influence donors, partners and global actors, and programme staff involved in communications and advocacy at regional and global levels who can support the effective dissemination of RGA via the relevant spaces and forums.
- **Encourage ownership of the RGA process by country office and programme teams:** In CARE Colombia and the wider region, there is strong organizational commitment to, and ownership of, the RGA approach by regional leadership team members as a core element of CARE's humanitarian programming approach. This valuing of the approach is reflected in the uptake of RGA findings in programme design processes by CARE, which findings have also informed the establishment of a strategic partnership with UN Women in the region. The need to build the capacity of country office teams for delivering quality RGA outputs by investing in focal points and/or programme staff with relevant technical expertise was highlighted by key informants interviewed for this evaluation.
- **Include local women's organisations in the RGA process:** CARE's experience of recent RGAs in Colombia, Ecuador, Peru and Venezuela has demonstrated the value of RGA being carried out jointly with local women's organisations. Including women's organisations as co-creators of the RGA process in those countries was found to ensure the relevance of analysis findings as well as contributing to the localization agenda for CARE's humanitarian programming in the region.
- **Gather evidence and document how the RGA approach is shaping outcomes on the ground for programme participants:** While the indications of this case study are that use of the RGA approach in Colombia is likely to lead to improved outcomes for vulnerable populations affected by the Venezuelan migrant crisis, to date there has been no empirical assessment as to whether that is happening. To build on the successful use of the RGA approach in Colombia to date, an approach for systematically assessing how implementation of RGA recommendations is or is not translating into gender inclusive outcomes for programme participants needs to be developed and operationalized.



▲ **May 2019. Colombia.** The border bridge of Puerto Santander linking Venezuela and Colombia, is the crossing for many pendulum migrants who cross daily. Karina Rios, 37, is pregnant with her third child. "We sleep on the street, because my husband isn't allowed in the shelters. My two kids, my husband and me. I'm eight-months pregnant. On the streets... we are not animals. I met a 14-year-old girl along our route who was continually sexually harassed by men. All offering her money for sex. No girl deserves that treatment." © Josh Estey/CARE

ANNEX 1

TABLE 1: COUNTRIES AND RAPID GENDER ANALYSES SELECTED FOR IN-DEPTH ANALYSIS

REGION	COUNTRY	RG A TITLE	YEAR	ASSESSMENT	DATA	CRISIS
Global	Global	Global RGA for COVID-19	May 2020	Joint International Rescue Committee CARE	Secondary	Slow-onset (Pandemic)
Asia and Pacific	Regional	CARE Rapid Gender Analysis COVID-19 – Pacific Region	March 2020	CARE	Secondary	Slow-onset (Pandemic)
	Bangladesh	COVID-19 Bangladesh Rapid Gender Analysis	April 2020	Joint Led by UNWomen in collaboration with Gender in Humanitarian Action (GiHA) member agencies: UNFPA, UNICEF, CARE, World Vision, Plan International	Secondary	Slow-onset (Pandemic)
		Bangladesh COVID-19 RGA – Cox’s Bazaar	May 2020	Joint ISCG Gender Hub in collaboration with UN Women, CARE and Oxfam	Secondary	Slow-onset (Pandemic)
		Myanmar Refugee Influx Crisis Rapid Gender Analysis Report	October 2017	CARE	Primary and secondary	Slow-onset (Conflict)
	Vanuatu	Rapid Gender Analysis COVID-19 Vanuatu	April 2020	Joint Ministry of Justice and Community Services Department of Women’s Affairs CARE	Secondary	Slow-onset (Pandemic)
		Tropical Cyclone Harold Rapid Gender Analysis	April 2020	CARE	Secondary	Sudden-onset (Cyclone)
		Rapid Gender Analysis Cyclone Pam	April 2015	CARE	Secondary	Sudden-onset (Cyclone)

REGION	COUNTRY	RGA TITLE	YEAR	ASSESSMENT	DATA	CRISIS
	Fiji	Fiji Gender, Disability and Inclusion Analysis COVID-19 and TC Harold	June 2020	Joint Australian Humanitarian Partner (AHP) agencies. ADRA Fiji Disabled Persons Federation Partners in Community Development Fiji Live & Learn Environmental Education Fiji Plan International Rainbow Pride Fiji Save the Children Fiji	Primary and secondary	Slow-onset (Pandemic)
West Africa	Regional	West Africa COVID-19 RGA May 2020	May 2020	CARE	Primary and Secondary	Slow-onset (Pandemic)
	Niger	Analyse Rapide Genre pour COVID-19, Niger	May 2020	Joint GenCap CARE	Primary and Secondary	Slow-onset (Pandemic)
East, Central and Southern Africa (ECSA)	Regional	CARE Rapid Gender Analysis for COVID 19 East, Central and Southern Africa	April 2020	CARE	Secondary	Slow-onset (Pandemic)
	Mozambique	Cyclone Idai Regional Rapid Gender Analysis	March 2019	CARE	Secondary	Sudden-onset (cyclone/floods)
		CARE Rapid Gender Analysis: Cyclone Idai Response, Sofala Province	April 2019	Joint Oxfam Save the Children CARE	Primary	Sudden-onset (cyclone/floods)
		Rapid Gender and Protection Analysis Cyclone Kenneth Response Cabo Delgado Province	June 2019	Joint Oxfam Save the Children CARE	Primary Secondary	Sudden-onset (cyclone/floods)
Ethiopia	Consolidated Gender Analysis for the Ethiopia Drought Response	July 2016	Joint	Primary and secondary	Slow-onset (drought)	

REGION	COUNTRY	RGA TITLE	YEAR	ASSESSMENT	DATA	CRISIS
		CARE Rapid Gender Analysis SNNP Region Ethiopia - Gedeo crisis response	August 2018	CARE	Primary and secondary	Slow-onset (drought)
		CARE Rapid Gender Analysis Somali Region Ethiopia - Drought affected Households and IDP response	November 2019	CARE	Primary and secondary	Slow on-set (drought/conflict)
		CARE RGA Report: Drought and Conflict affected IDPs and host communities in Somali region, Liben Zone.	September 2019	CARE	Primary and secondary	Slow on-set (drought/conflict)
		CARE RGA Report: Internally displaced population of Amhara region, West Gojam, Central and West Gonder Zones	December 2019	CARE	Primary and secondary	Sudden on-set (conflict)
Latin America and Caribbean (LAC)	Regional	Latin America and the Caribbean rapid gender analysis for COVID-19	June 2020	Joint UNWomen CARE	Primary and secondary	Slow-onset (Pandemic)
	Colombia	CARE Rapid Gender Analysis: Latin America & Caribbean - Venezuelan Migrants & Refugees in Colombia	March 2019	CARE	Primary & secondary	Slow-onset (Conflict)
Middle East North Africa (MENA)	Regional	Rapid Gender Analysis – COVID-19 Middle East North Africa (MENA)	June 2020	CARE	Secondary	Slow-onset (Pandemic)
	Syria	Rapid Gender Analysis North West Syria (Idleb and Aleppo)	November 2019	CARE	Primary and secondary	Slow-onset (Conflict)
		Gender Dynamics in Southern Syria An Analysis of Gender, Protection, And Inclusive Governance Issues in Southern Syria	October 2016	CARE	Primary and Secondary	Slow-onset (Conflict)
	Yemen	CARE Gender and Conflict Analysis Taiz and Aden Governorates, Republic of Yemen	2019	CARE	Primary and Secondary	Slow-onset (Conflict)
		From the Ground Up: Gender and Conflict Analysis in Yemen	2016	Joint	Primary and Secondary	Slow-onset (Conflict)