



WHEN TIME WON'T WAIT

CARE'S RAPID GENDER ANALYSIS APPROACH

EXTERNAL EVALUATION

AUGUST 2020



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 Inter-Agency Standing Committee’s (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

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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 KIIs (87%); focus-group discussions (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 referring 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 CARE-USA as one of the largest operational members; the expansion of the Gender in Emergencies (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 United Nations (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 IASC's 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 Humanitarian Needs Overviews and Humanitarian Response Plans, 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 the International Rescue Committee, 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.

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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 Women Lead in Emergencies, 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.