

# NATIONAL STRATEGY on *Gender* in **EMERGENCIES**

Developed by  
CARE India



## OUR VISION

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people.

In India we seek a society which celebrates diversity, where rights are secured, citizenship realised, and human potential fulfilled for all.

## OUR MISSION

We fight poverty and exclusion by empowering women and girls from the poor and marginalised communities.

## OUR PROGRAMME GOAL

Five million women and girls from the most marginalised communities in India have the power to realise choices in personal and public spheres to advance their positions.

CARE India will accomplish this goal by working with 50 million people to help them meet their health, education and livelihoods entitlements.

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## PREFACE

CARE International is a leading humanitarian development and relief organisation with poverty-fighting projects in 84 countries across the world reaching 122 million people. In India, CARE has been working for more than 60 years, focusing on fighting poverty and exclusion by empowering women and girls from the most poor and marginalised communities through health, education, livelihoods and disaster preparedness and response. CARE India's programme goal is to ensure social justice for five million women and girls to enable them to realise their full potential. Through this outreach, CARE aims to reach 50 million people to help them realise their full entitlements, allowing them to live their lives with dignity. CARE is also committed to gender equality at a global level, reinforced in the recent document CARE International Humanitarian and Emergency Strategy 2013-2020, where gender sensitive response is highlighted.

One of ways CARE India addresses poverty is through implementing well planned and comprehensive programmes in disaster preparedness and response. Our experience in disaster relief undoubtedly reiterates that disasters tend to have varying impacts on different sections and communities within society. A primary reason for this is the socio-cultural norms and roles that individuals follow and perform. CARE's experience clearly demonstrates that gender plays a crucial role in the extent to which disasters impact the lives and livelihoods of the most vulnerable. Hence, any disaster response (as well as emergency and preparedness initiatives) should be gender sensitive and promote gender equality.

The preparation of this document is testimony of the organisation's belief that a gender sensitive response to disasters is not only mandatory, but and will assist in attaining social justice through gender equality in the greater sense. Further, it is hoped that this document will increase the quality of our interventions and improve overall accountability to the disaster affected communities we work in.

In order to prepare this document, an assessment was conducted to understand the existing levels of knowledge of CARE staff and important external stakeholders like members of the Inter-Agency Group and representatives of other national and international humanitarian aid agencies on gender and emergencies, and to identify gaps in current response procedures. This involved extensive discussions and interviews with CARE staff and external stakeholders.

On behalf of CARE India, we wish to acknowledge the contribution of Ms. Meera Sundararajan (Manager, Monitoring and Evaluation) in leading the process of writing this document. We would also like to thank Mr. R.N. Mohanty, Chief Operating Officer, CARE India, Ms. Jasveen Ahluwalia, Senior Gender in Emergencies Specialist, CARE International, and Ms. Rashmi Singh (Director, Gender Equity and Diversity) for their valuable insights and inputs.

**Disaster Management Unit**  
CARE India





## EXECUTIVE SUMMARY

The national strategy on Gender in Emergencies is grounded in the premise that women, girls, boys and men have different practical and strategic needs particularly in emergencies. This document sets out in detail how CARE India will analyse and address gender dimensions during emergency preparedness and response.

Covering various aspects of the topic under study, the document comprises different focused chapters – each describing the relevance of gender-based analysis during emergencies and disaster management situations.

**Chapter 1** describes the impact of disasters particularly on women and goes on to establish linkages between social marginalisation and disaster vulnerability. While discussing the gender-based disaster vulnerability issues, this chapter details the facts about increased disaster vulnerability for women.

**Chapter 2** covers gender dimensions in the pre and post-disaster events. It discusses the opportunities and constraints in accessing information along with coping strategies from a gender perspective. Moreover, this chapter emphasises the need of studying gender-related issues while distributing relief to the affected communities.

**Chapter 3** provides additional learning from CARE's international strategic plan towards addressing gender issues in emergencies. While detailing CARE's Gender Policy, it describes

the rationale for a strategy to strengthen its gender approach in emergencies. Additionally, CARE's policy on prevention of sexual exploitation and abuse is also covered in this chapter.

**Chapter 4** particularly discusses Emergency Preparedness Planning (EPP) from the gender perspective. It shows how gender can be integrated in a EPP related to water, sanitation and hygiene (WASH) areas. Physical and economic preparedness are also among the areas discussed in this chapter.

**Chapter 5** is the concluding chapter. It summarises the points discussed in the previous chapters.



## CHAPTER

# 1

## GENDER IN EMERGENCIES



It is an established fact that vulnerability to disasters cannot be separated from vulnerabilities of everyday human experiences. In a way, disaster vulnerability has become an integral reality of normal human existence.

Today, it is a common belief that disasters have equal impact on all those who live in vulnerable areas. However, a careful analysis shows that the poor, marginalised social groups and disadvantaged women are hit more severely than the affluent classes of society.

Particularly, the damaging impact of disasters is more on women than men. Thus, the unequal power relations demand bespoke gender-focused strategies for preparedness to deal with disasters as well as for making post-disaster recovery plans.

Over the years, there has been a better understanding in terms of the vulnerability approach to disaster preparedness and emergency response.

Although we understand that the poor and the marginalised social groups are among the worst affected in the event of a disaster, we have not been able to take this understanding in the realm of gender inequality. Moreover, all women, irrespective of their social and economic statuses, are considered as a single large group of affected people. However, there is a need to devise disaster response systems for women taking into consideration the castes, social and economic factors.

## The linkages between social marginalisation and disaster vulnerability

Societies, over the years, have developed a fairly good understanding of disaster vulnerability in both macro and micro situations while developing physical and market-directed solutions for risk protection. However, these solutions are always dependent on the resource availability and the ability to make decisions in a given situation.

Poverty is another factor that points towards a correlation between social marginalisation and disaster vulnerability. As they lack resources to migrate at safer places, poor people keep living in disaster-prone areas. It is seen that social exclusion in our country also results in physical exclusion. Therefore, you can see dalit colonies keep existing in disaster-prone areas such as canal banks and flood plains of rivers.

In this context, gender comes as a new level of marginalisation.

## The gender-based disaster vulnerability issues

It is a fact that the disaster experiences of men and women are totally different because their social roles are different. As compared to men, women have limited resources and they are mostly engaged in tiresome drudgery. Along with their work, they have to take care of the family. These factors become more severe in a situation of overall socio-economic marginalisation.

For example, in a socially marginalised dalit context where portable water sources are reserved for upper castes, women have to walk to distant places to collect water. This becomes more difficult in the event of disasters.

Thus, because of social and cultural restrictions, women are not quite prepared to face disasters. Moreover, they have limited access to early warnings because of factors like poor literacy and limited mobility.

Moreover, limited freedom to take decisions leaves women more vulnerable, as they cannot take protection measures and evacuate in disaster situations.

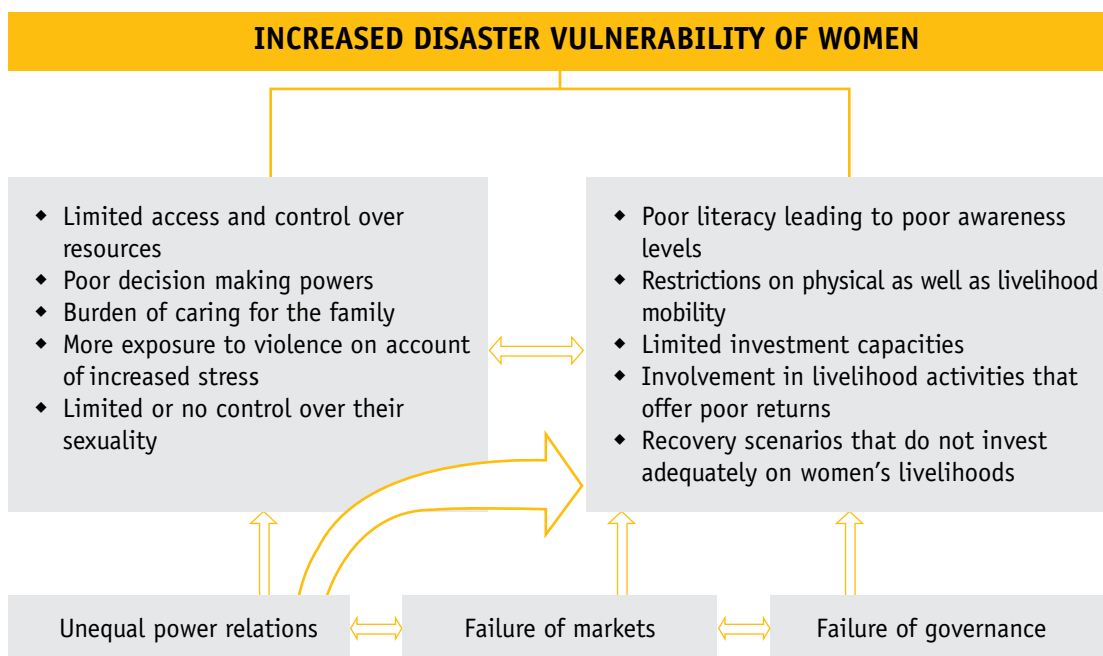
Once affected by a disaster, the rates of recovery are lower among women. The sexual division of labour often places women in those livelihood related tasks, which may have even lower returns after disaster when compared to the pre-disaster period. As they also handle the role of a “care giver” within the family, women cannot and do not migrate. They keep living in low-resource conditions just to survive. This takes its toll on their already poor health and nutrition status.

Today, persistent and pervasive gender disparities continue to exist all across the world. Women and men do not enjoy an equal level of political representation, freedom of association and expression (‘voice’).<sup>1</sup>

<sup>1</sup> Gender Equality in Good Governance, Danida-2008.

However, it is not that only women are vulnerable; in certain situations men are more vulnerable than women. This can be seen particularly around conflict zones where men move around and are mostly targeted by other groups.

If disasters debilitate the poor, then it is also clear that disaster situations further accentuate the gender inequalities, making women the worst affected.



Given the fact that gender and other socio-economic vulnerabilities increase during and after a disaster, it is important to have a response strategy that recognizes these vulnerabilities and addresses them at each stage of the disaster response cycle.

## The need to focus on gender issues in preparedness activities

While recognition of vulnerabilities around gender and caste is important, it is necessary in terms of action to ensure that it gets translated into strategies and activities in community-based disaster preparedness planning. The planning may include certain conscious steps or differentiated grouping such as inclusion of more women in community-based task forces and giving them necessary training to empower them to tide over the gender-based gaps.

This will help them gain greater confidence to cope with an emergency situation. If these steps are taken during peace time, they generally help in overcoming a number of gender-based constraints and challenges during emergencies.

For example, after the Indian Ocean tsunami in the Andaman and Nicobar Islands, CARE enhanced the capacities of a group of women on Disaster Risk Reduction (DRR) and response. Moreover, it institutionalised this step by ensuring that women are recognised by the government as resource persons for the community. They were called community-based resource persons around preparedness activities. One of the biggest outcomes of this activity was not just their increased confidence but the overall increase in participation of other women in all preparedness activities.

Another effort in this regard has been CARE's micro insurance offerings. It is a risk protection strategy where women were encouraged to take an insurance product especially designed by an insurance company based on risk profiling of the communities done by CARE.

It showed that women moved from being "risk averse" to being "risk aware." The compensation received by many of them for loss to house and household assets after the Cyclone NISHA of 2008 had an interesting gender outcome at the household level. Women reported a feeling of greater respect from the spouse when they got the claim amount towards reconstruction of a damaged house. They also said that it helped them feel less vulnerable when compared to previous occasions when they were dependent on relief and compensations from the government and NGOs.

## CARE's Humanitarian Mandate

CARE's Humanitarian Mandate states as its goal:

***"Responding to Humanitarian emergencies is an essential part of CARE's work to fight poverty and injustice and we recognize that emergencies are a cause and effect of both. CARE helps people cope with crises through disaster risk reduction, emergency relief, preparedness and post crisis recovery."***

### Given below are the specific objectives of CARE's Humanitarian Mandate

- The primary objective of humanitarian response is to meet the immediate needs of the affected population in the poorest communities of the world. Recognizing that people have the fundamental right to life with dignity, CARE also strives to address the underlying causes of people's vulnerability.
- CARE is a major force in humanitarian response and has the responsibility as a leader in the sector to demonstrate the highest standards of effectiveness and quality.
- While discharging our duties, we are accountable to all of our stakeholders. However, our primary responsibility is to provide our services to disaster-affected women, men, boys and girls. CARE works with the affected communities to ensure their ownership and participation in disaster preparedness and response operations.



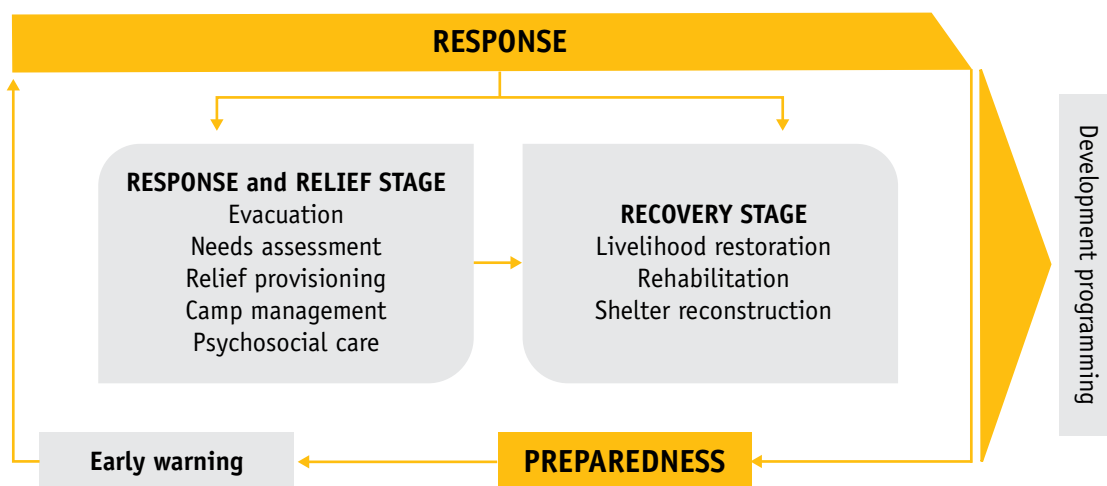
- Humanitarian response through CARE is based on the principles and standards of Humanitarian Accountability Partnership (HAP), The Sphere Humanitarian Charter and Minimum Standards for Disaster Relief, The People in Aid Code of Conduct, The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and the Good Enough Guide: Impact Measurement and Accountability in Emergencies.

Principles of Humanitarian Response mentioned in the Mandate state that CARE holds itself accountable to accepted international humanitarian principles, standards and codes of conduct. Impartiality in provision of assistance irrespective of the race, creed, caste or nationality is another important principle. However, while impartiality is a stated humanitarian mandate, CARE also keeps in mind the principles of equity while addressing the emergency requirements of an affected community. CARE's principles mention its commitment to addressing the rights of vulnerable groups particularly women and children in times of crisis.

Therefore, it becomes clear that we, as an organisation, are committed to respond to emergencies in a manner that recognises the rights of the vulnerable and that such a response is critical in our fight against poverty and injustice.

This document strives to put together strategies that will help in the achievement of the goals of our humanitarian mandate with specific reference to gender-based vulnerabilities.

Much of this is a collation of previous learning from emergency situations handled by CARE teams across India.



The above diagram is a representation of how CARE has been responding to emergencies in India. While Response and Preparedness activities are directly undertaken by CARE, evacuation is usually done by the government.

Often, early warning systems may be initiated using CARE's previous preparedness work with communities. Emergency response may or may not lead to long-term development programming in the region and it depends on the magnitude of disaster. If there is already a CARE development programme operational in the region, the recovery efforts can be mainstreamed into interventions for the specific development programme.

The above schematic demonstrates an ideal situation of response. But in reality, the cycle may be smaller, covering fewer stages. Much of this depends on the extent of disaster and the availability of resources.

Therefore, the integration of gender in the emergency response strategy needs to take all the above into consideration – from the best case scenario in terms of response to the worst one.

In the subsequent chapters, we will discuss the gender issues that arise within each stage in the response cycle and suggest strategies that CARE needs to follow in order to address the needs of most vulnerable and marginalised communities as indicated in our Humanitarian Mandate.





## CHAPTER

# 2

## PRE AND POST DISASTER EVENTS



### The Pre-disaster phase

Alerts and early warnings are useful in a disaster situation. Their timely and effective use can control the damage to a great extent. As a norm, the sub-national administration is responsible to issue alerts and warnings. But more importantly, it is the traditional wisdom of the communities that helps them get prepared beforehand in case of disasters.

### Opportunities and constraints in information access

Access to information is often a key determinant of how quickly people respond to alerts. If we look at this fact from the gender perspective, we find that men and women have differential access to such information.

Whether it is traditional knowledge or information received from the government office or nearby villages, it is usually men who are the recipients of such knowledge and information. Certain livelihoods, like coastal fishing, which are dependent on day-to-day weather conditions make those involved in it very knowledgeable about an impending cyclone or a storm.

However, the gender-based division of labour within the fisheries sector provides only men with the opportunities for seafaring while restricting women to the shores. Therefore, women,

unlike men in fishing communities, who have never gone into the sea on a boat, cannot predict the weather from the strength of the waves or the wind speed.

Similarly, restrictions on mobility prevent women from obtaining information from nearby villages or from government offices about impending emergency situations. Men, on the other hand, obtain such information more freely as they move around in public places. Often poor literacy levels also act as barriers for women in getting information, as they may not be able to read news bulletins.

## Acting on information related to early warning

While access to information regarding alerts is important; what really matters is if people are able to act on the information provided to them. It involves ability to make decisions with the information obtained. This is one area that makes women really vulnerable because the way our patriarchal society works, women are not allowed to take any decision even in such crucial situations. Mostly, women are dependent on men in a household to take this decision for them irrespective of the consequences.

## During the disaster

### Coping strategies – the gender-based differences

While coping strategies depend on the type of disaster and the socio-economic vulnerability of the community, they cannot be dissociated from the gender factor.

Data published by the Government of Tamil Nadu on the losses that occurred in the 2004 Indian Ocean Tsunami states ***“75 per cent of the fatalities were women and children.”*** The reason for this is evident from the fact that women were the ones who were shore-bound during the tsunami while men were at sea where the impact was not felt much. When the killer waves hit, women found it difficult to run because of their constrictive clothing. Women, unlike men, also lack physical survival skills such as climbing or running. It makes them extremely vulnerable in such difficult situations.

It has also been observed even in cases of relatively slower onset of disasters like floods that women are more affected, as they do not know how to swim. Besides, even in this context, the problem of constrictive clothing and the fear of being seen with clothes askew increase the risk of drowning for women.

Similarly, in certain other disasters, like earthquakes, women may be more vulnerable than men because they are usually inside the house while men are outside. When such disasters occur during nights, the casualties in terms of women and children are likely to be higher as they sleep inside and are, therefore, trapped.

However, in certain other disasters, men are more vulnerable. During cyclones, for instance, fishermen are more affected as they may be on sea exposed to high-speed winds.

Similarly, during conflicts, men are targeted first because they are the community interface with the outside world. The roles that men play as the saviours of a community make them targets of attacks by others.

Therefore, the evacuation plans must consider these gender-related differences and first reach out to those who are more vulnerable in a given situation.

This again takes us back to the issue of preparedness. When gender concerns are mainstreamed into disaster preparedness, we are able to establish specific protocols around them.

## Response to disasters

We can, therefore, conclude that any disaster response plan cannot ignore the gender factor. Rather, we need to understand the impact of gender in a society and carry out our plans accordingly.

### Situation and need assessments

Situation assessment is a crucial step while responding to a disaster. It helps us take the firsthand account of a situation. We should plan our future response in terms of relief provisioning and related interventions based on the firsthand information.

Needs are usually of the following types:

- Individual needs
- Family needs
- Community needs

Needs can be classified into tangible and intangible categories.

Table 1      Need analysis		
	Tangible needs	Intangible needs
Individual needs	Food Clean water Clothing Hygiene kits	Psychosocial care and support Privacy Safety and security Health care
Family needs	Shelter Kitchen kits	Psychosocial care and support Privacy Restoration of livelihoods
Community needs	Water supply and sanitation Repair of damaged community infrastructure	

These are some points that should be considered for situation assessment. These are based on experiences gained in the past.

- a. ***Maintaining a gender balance in the assessment team:*** CARE usually follows this practice of having both men and women in the assessment team. This practice is extremely useful, as it helps us gather information from both men and women who find it easier to speak to a person of the same sex. However, it is also important that the persons in the team have a good understanding of handling gender issues.

The situation assessment for the Kosi flood response in Supaul in September 2008 had two women staff members in the team. The presence of women helped in accessing parts of the relief camps that housed women only. It also strengthened face-to-face interactions with women who were able to share their requirements more freely without any interference from men.

- b. ***Ensuring that the tools and methodology used to assist collection of data are gender sensitive:*** This may involve reviewing the information collected from a gender perspective to know if the information reflects the specific gender-based vulnerabilities. While trying to understand gender-based vulnerabilities, the tools should be flexible enough to gather data on different vulnerable categories around the same gender so that we could get a nuanced understanding.

For example, instead of looking women as a category, we should look at women of different age groups, women in different physical conditions like pregnant women, lactating women, disabled women and so on. Similarly, while looking at men too, it may be useful to look at young men, elderly men and disabled men.

The methodology should also be reviewed similarly while collecting information from a survey or a focus group discussion, etc. For example, it may be easier in some cultures to get women to speak as a group rather than interviewing them individually as the women fear speaking to strangers even when they are also women.

It is also observed that when surveys are undertaken for situational assessment, men tend to dominate while refusing to allow women to speak. Therefore, it may be more practical to speak to men separately at the same time so that they are not intervening when women are speaking.

- c. ***Collation of secondary data:*** Collation of secondary data is useful in terms of understanding the magnitude or scale of damage. While collecting such data, it is also useful to look for some gender-based secondary data that might strengthen our understanding of primary data that we have collected. While secondary data in a categorised gender form may not be readily available from government sources, it may be good to explore with other organisations like women's groups.

We can also build capacities internally within teams that do assessments so that they are able to use specific secondary data and relate it with primary findings to arrive at some sort of gender-based findings. Alternatively, it could also involve information collection from specific departments like Integrated Child Development Service (ICDS) centres that

maintain records of pregnant women. We can do an inspection at the camp sites to know if the women are safe and their special requirements.

Some key gender-based information that we can collect during assessments:

- Number of women and men affected: This can be known after determining whether the village is damaged and getting the information from the village census records or from other NGOs who may be working there.
  - Number of pregnant and lactating women among the affected women: We can obtain this information from ICDS centres.
  - Number of women who are heads of households: We can get this information from other NGOs working in the village and from government departments that implement schemes for single women.
  - Number of physically challenged men, women, boys and girls.
- d. **Joint needs assessment and coordination:** In the aftermath of a disaster, concerted humanitarian action is of paramount importance. With many actors striving to reach out with disaster relief, the situation warrants strengthening of humanitarian coordination in order to prevent the duplication of efforts and, thus, to achieve greater effectiveness. While doing a joint needs assessment with the Inter-Agency Group (IAG) or any other NGO, it is recommended to share the tools and methodology and develop common formats. In some cases, it may not be possible to carry out a joint assessment. In such cases, it is always helpful to speak to other actors, share information and coordinate with them, including Government, NGOs, international humanitarian agencies and affected communities. It helps in:
- Triangulation of data collected.
  - Prevention of duplication in terms of relief operations.
  - Saving the affected communities from providing data.
- e. **Preparation of report:** Interpretation of data collected and communicating it accurately for decision making is also important. Every report should clearly mention the gender issues observed as part of the situation. (Annexure 1 gives a template)

## Maintaining gender sensitivity in the provision of relief material

### **Putting together relief kits that address gender needs**

The situation and need assessments help CARE decide the type and quantity of relief material. Understanding of gender needs is extremely important to put together a balanced relief kit. For example, a general understanding of the social context might help a team to suggest culturally appropriate clothing. But a clothing kit in India with only a saree without a blouse or a petticoat is an incomplete one and would not serve the needs of the women.

A learning from the Thane cyclone relief operations was the inclusion of sanitary napkins in the hygiene kits. When these kits were distributed to women, most of the women did not know how to use the napkins as these napkins, commonly available in urban centres, require the wearing of an undergarment to use them. Unfortunately, none of us realized that women in their thirties and above in the region do not wear undergarments. Therefore, these napkins could not be used by them. Thus, the learning has been that when such items are to be included, it is important to hold a discussion with the women in the community to understand their practices around menstrual hygiene and try to replicate it with local resources as far as possible. This is particularly important when we are reaching out to a community that we have not worked with earlier.

Similarly, kitchen kits without proper cooking utensils will also be inappropriate. Kitchen kits call for a deeper understanding of the food habits and the way food is usually cooked. For this, speaking to men and women separately for understanding their needs can be helpful.

A woman may not reveal her need for a petticoat or a blouse in a mixed group. Similarly, there is a need to talk to women to understand the cooking conditions. The same may hold true when we need to know the requirement

of pure drinking water or halogen tablets. Traditionally, women collect water. Therefore, they have an understanding of the water requirement for the family. So, water purification systems through tablets or purification machines need to involve women's participation.

There is also the issue of quality versus quantity. Often in an attempt to reach out to more numbers within a given budget, we may compromise on the numbers that go into a kit. For example, a hygiene kit may have just one bar of soap for a family of five – which is grossly insufficient. These are some of the issues that we need to consider even before the finalisation of relief materials for distribution.

## Distribution of relief materials

The actual system of relief material distribution is fairly complex. Often, access to relief material becomes a problem for some groups. In cases where the infrastructure like roads have suffered serious damage and vehicles cannot enter a village, it may become necessary to distribute relief outside. However, if the relief distribution is taking place outside a village, then older people or women with very young children may find it difficult to come.

Therefore, it becomes important to have a strategy to address their specific needs. In some cases, it may be appropriate to have a temporary shed under which children, pregnant women or lactating mothers or the elderly can sit while they wait for receiving relief. Sometimes in our social context, it is useful to have separate queues for men and women so that women feel less threatened by the presence of men around them.

Often, as in the case of Kashmir earthquake, CARE had experiences that were different and unique. The state of Jammu and Kashmir has been in turmoil for a number of years owing to various reasons – many of which involve the continuous presence of India's defence personnel in the region.

This state, having a disputed territory with a neighbouring country and with internal tensions, experienced an earthquake in 2005. CARE undertook relief operations in the affected villages on the Indian side of the border. However, given the sensitivities in the region, free movement was not allowed and relief distribution was only possible in the villages identified by the military.

Besides this, there was a general feeling of a mutual lack of trust between communities and the military as well as the government. Facing this humanitarian situation, relief distribution took a different dimension, as CARE had little or no control to provide relief in the affected areas. For security reasons, the Kashmir earthquake relief operation had the participation of fewer women staff members. Therefore, we were not really sure if we could address all the vulnerabilities of women and girls in the region. It is, therefore, important that when a natural calamity hits regions that have sensitivities around national security and internal unrest, we need to have special protocols around relief operations so that gender-based vulnerabilities are not compromised.

## Relief camp management

Sometimes, CARE organises relief camps for providing nutrition. It sets up temporary shelters, water and sanitation (WATSAN) facilities and manages the camp on a day-to-day basis. Under these situations, our experiences have shown that there are some points to be kept in mind in order to address the specific needs of men and women. These are:

**Nutrition:** The nutritional requirements for each category of the affected people for the corresponding age group need to be kept in mind. Pregnant and lactating women as well as young girls require greater attention. Their overall poor nutritional status often makes them more vulnerable in conditions of nutritional stress induced by a disaster situation. These points are important while running the community kitchen or providing supplementary feeding.

**WATSAN facilities:** Adequate WATSAN facilities are crucial for efficient relief camp management. There should be sufficient number of toilets as prescribed by SPHERE standard and sufficient drinking water supply. Since camp sites are often away from the main village and sometimes in surroundings alien to the community that is accommodated there, it is important to have the safety and security issues in mind while physically locating these structures. Besides, locating women's toilets along with men's toilets in the same area often poses a problem for women, as culturally women do not want to be observed using a toilet.

**Drinking water supply:** Supply of purified drinking water through large filters or through supply of halogen tablets is important in any relief camp. However, while demonstrating the

use of the tablets, it may be necessary to meet women and ensure that they understand how the water is to be purified because they are traditionally the managers of water within a household. Similarly, when we use large portable water purification systems, it is important to make sure that they are located at a central point in the camp site – which is easily accessible to women, as they are responsible for collection of water.

**Addressing special needs of pregnant and lactating women:** Besides nutrition, there are other special needs related to health care for pregnant and lactating women in a camp situation. It may be necessary to have adequate child delivery kits available in a camp site because often disasters cut off links through roads.

## The issue of trauma and psychosocial needs

Trauma is described as a “natural reaction to an unnatural situation.” Usually any kind of disaster situation induces stress in those who are affected. Trauma is the extreme case in quick onset, high impact disasters like tsunami or earthquakes. Men and women react differently to psychosocial stress and trauma. Socially constructed roles make it easier for women and girls to give vent to their feelings than men. Therefore, it is easier to identify symptoms in women than men. Pregnant and lactating women face greater vulnerability in terms of stress. Miscarriages and interruption of lactation normally occur when women face such stress.

Psychosocial stress among men is often manifested in the form of violence – both domestic violence and community-level violence – making a difficult situation worse. For example, the tsunami of 2004 saw, within weeks of the disaster, a steep increase in alcohol sales in the affected areas.

Therefore, it becomes important to assess the situation in terms of the need and extent of psychosocial care and support, and plan to provide that for men and women efficiently. For example, many humanitarian organisations have involved men in physical activity around relief camps to help them deal with their grief and trauma around loss. Women, on the other hand, have been used to help run the community kitchen. These activities follow traditional gender roles and work well in a camp situation immediately after a disaster.

## Addressing safety and security issues

An emergency situation results in breakdown of normal systems of security. Women and children are particularly vulnerable under these situations, as often they live away from their homes in camps or travel long distances for collecting relief items. There is hardly any privacy for toilets or bathing making women more vulnerable to sexual abuse. With relocation of families into camp sites or other places, it is necessary to address these issues proactively. While some of the issues regarding such threats can be addressed by physical means, others require setting up of good systems.



Some simple physical measures that can offer greater security to women and girls may be:

- Providing toilets for women in places that are well lit and close to the camp.
- Planning camp shelters to ensure privacy as well as security from the presence of other families.

Some systems that can be set up are:

- Registering all those who are living in a camp.
- Having community-level groups of men and women that take up security reviews.
- Setting up an effective complaints mechanism and forwarding real security threats to the law and order machinery.

While these are general issues related to external threats to safety and security, there are more serious threats that may come in from the humanitarian workers themselves. CARE, as an organisation, has policies that deal with such behavioural issues very seriously. Chapter 3 discusses it separately in greater detail.

### The issue of transparency and accountability

Transparency and accountability are the key guiding principles of CARE's work in emergencies. In order to address them effectively, CARE believes in setting up complaints mechanisms by which beneficiaries can complain about various issues ranging from quality of relief material supplies, timeliness and behaviour of CARE and partner staff.

In the Andhra Pradesh, Karnataka floods of 2009, telephone numbers of key contact persons from CARE were prominently displayed so that complaints could be filed by those who had a cause.

In the case of Cyclone Thane, CARE received calls from some people on relief distribution and the complaints were registered and addressed.

An effective complaints mechanism is one that is:

- Easily accessible to all.
- Takes into account the constraints faced in registering complaints within that context.
- Easily understood by everyone.
- Managed by sincere persons who receive the complaints.

If we look at some of these criteria closely, we can see that it applies differently to men and women. The established complaints mechanism in the 2009 floods addressed the constraint of illiteracy by making available telephone numbers for people to lodge oral complaints. It had also provided phone number of a senior woman manager that took care of the constraint of women hesitating to complain to a man.



However, if we were to change the context to another Indian state like Bihar, we may find that even access to telephones may be an issue for many. While men may be able to use a mobile phone or go to a public booth to lodge a complaint, women in Bihar would be unable to access any kind of phone.

This requires an operations team to interact with the assessment team to understand the social context especially around the gender-based constraints.

## Conclusion

The gender differences play an important role in our ability to respond effectively at each step of the pre-response and relief phase. As we can see, ability to target vulnerability effectively is key to a good response and gender as vulnerability is a determining factor of efficient response that in turn would translate into quick recovery.



## CHAPTER

# 3

### CARE'S INTERNATIONAL STRATEGIC PLAN TOWARDS ADDRESSING GENDER ISSUES IN EMERGENCIES

This chapter deals with issues internal to the organisation in terms of gender – issues relating to our own capacities, values and attitudes.

CARE International has identified gender as a priority issue within its emergency strategy, which outlines specific actions to implement and mainstream this priority within CARE's broader emergency capacity-building efforts. CARE's work in development and emergencies around the world is guided by its policies on gender. These policies commit CARE to promote the equal realization of dignity and human rights for girls, women, men and boys in all of the countries where CARE works, within our programs, in our advocacy and within our own organisation. These policies apply to all of CARE's work – during emergency as well as for general development.

In practical terms, the complex context of emergency response operations presents particular challenges in relation to gender, both in terms of programmes and organisations. Such complexities demand creative and specific strategies to ensure that global gender policy commitments are met in emergencies. This is the rationale for including this specific, targeted gender policy in emergency strategy.

## CARE's gender policy

CARE's gender policies, across various countries where it works, emphasise the importance of gender mainstreaming throughout CARE's organisational planning, programming and management by ensuring commitment to:

- Consistently conducting gender analysis.
- Collection of sex and age data separately.
- Developing an understanding on socio-cultural construct.
- Explicitly stating expected gender-related results and indicators.
- Assessing resource requirements, work plans and budgets required to meet gender requirements.
- Tracking and reporting on staff balance and demonstrating strategies to male/female representation.
- Reporting on progress while promoting gender equality in CARE's work.

## Rationale for a strategy to strengthen CARE's gender approach in emergencies

The complex context of emergency response operations presents particular challenges in relation to gender, both in terms of programmes and organisations. Recent evaluations and experiences have identified some of the key challenges to mainstreaming gender within CARE's emergency response work:

- During the early focus on 'life saving assistance,' the urgency of emergency response often challenges efforts to analyse and adequately address the different needs of women and men.
- An emergency creates complex and high-risk changes in gender dynamics and power relations. Good gender awareness and training of emergency staff is required to ensure that teams are equipped to develop appropriate programming strategies.
- During rapid mobilisation of emergency personnel, if gender balance is not prioritised in selection of the emergency response team, this results in low representation of women on teams. Having an adequate representation of women on teams is key to both a gender-balanced organisation and to ensuring access to women in communities we are assisting.
- Traditional gender biases and perceptions around roles, skills, safety and security of women and men contribute to imbalanced representation of women and men in particular positions.
- Challenging conditions associated with emergency response work such as poor housing, unaccompanied status of posts, and the challenges rapid deployments pose to

work/life balance and family commitments often act as deterrents to women's participation in emergencies.

- The somewhat chaotic nature of the emergencies' culture is characterised by a lower level of accountability to gender standards, extending to organisational culture and resulting in a higher risk of workplace harassment and discrimination.

Therefore, mainstreaming of gender in CARE's emergency work is a crucial factor to the success of CARE's broader strategy of strengthening its emergency response capacity and achieving its humanitarian mandate. Based on the issues outlined above, there is a clear need to take targeted action to address the particular challenges related to gender during emergency responses.

CARE International's gender in emergencies strategy takes into account the emerging issues from reviews of CARE's emergency work and seeks to mainstream gender across emergency responses within the organisation, as given below:

<b><i>Strategy goal</i></b>	To strengthen CARE's gender approach in emergencies in order to ensure a positive impact on women and men, boys and girls affected by emergencies.
<b><i>Strategy objectives</i></b>	<b><i>Actions to achieve the objectives</i></b>
1. To strengthen CARE's capacities to effectively address gender issues for emergency response and preparedness programmes	<ol style="list-style-type: none"> <li>1. Develop better awareness and understanding of women's empowerment in emergencies and how CARE's work can either contribute to or strengthen women's empowerment through the Strategic Impact Inquiry. For example, when we try to build a women's agency through an emergency preparedness programme by teaching them a skill like swimming, then it is important to involve their husbands and community leaders in this activity explaining to them the need for women to learn these survival skills. If possible, involve them also in the process.</li> <li>2. Document and share case studies or models of good practice for gender equity in emergencies.</li> <li>3. Include Tsunami gender evaluations, Cigee stories, ARMU research.</li> <li>4. Distribute the IASC Gender Handbook for Emergencies to all COs while mandating that all CO emergency programmes must meet the IASC requirements.</li> <li>5. Mainstream gender within the CARE Emergency Toolkit to ensure that gender-sensitive guidelines (incorporating do no harm principles) are available for all programmes and operational areas.</li> <li>6. Improve the gender awareness and skills of emergency staff through training initiatives.</li> <li>7. Promote greater involvement of gender experts and advisers in emergency response teams.</li> <li>8. Ensure that gender analysis &amp; planning is undertaken as part of emergency preparedness planning.</li> </ol>



<p>2. To create conditions to support more equitable representation of women and men across CARE emergency teams</p>	<ol style="list-style-type: none"> <li>1. Increase the number of women deployed in emergency teams.</li> <li>2. Increase the number of women selected to fill roles in ERTs during Emergency Preparedness.</li> <li>3. Plan and identify actions to increase staff capacity as necessary.</li> <li>4. Analyse gender-based data of staff included in CARE's emergency rosters and develop specific recruitment campaigns or targeted strategies to address critical imbalances in representation of women and men.</li> <li>5. Specifically target women to be selected as participants in training for non-traditional roles such as logistics.</li> <li>6. Pilot a mentor programme to support entry of women into emergencies work and career development.</li> <li>7. Establish standards within CARE's programme support guidelines for workplace and accommodation requirements to accommodate women and men in emergency deployments.</li> <li>8. Encourage employing CARE members to review policy measures to address work/life balance barriers to women's participation in emergencies. For example, child care allowances, family support for single parents deployed for emergencies can be considered.</li> </ol>
<p>3. To promote an accountable and gender-aware culture in the management of emergencies within CARE</p>	<ol style="list-style-type: none"> <li>1. Develop a gender awareness and orientation package that addresses issues such as code of conduct, prevention of sexual exploitation mechanisms and gender standards mandatory for all staff deployed or engaged to work on an emergency. It can be based on already developed materials.</li> <li>2. Ensure that measures to address prevention of sexual exploitation and discrimination are in place and applied during emergency responses (in accordance with CARE's policies and guidelines for the prevention and response to sexual exploitation). In particular, ensure that mechanisms are in place to report sexual harassment and discrimination in the workplace in any emergency operation.</li> <li>3. Consider key gender indicators to be reviewed in all After Action Reviews and evaluations.</li> <li>4. Collect baseline data against indicators established in Gender Strategy Implementation Plan.</li> </ol>

In the above table, we can see CARE's commitment to addressing gender issues through a rigorous attempt at identifying gaps and bridging them through the organisational policies and systems. Many of these are linked to the core values of the organisation itself. Therefore, they can be seen as a reflection of how they are practiced. This issue is very critical because emergency situations are probably the conditions where communities are most vulnerable having suffered breakdown of their existing social support system along with the physical damages. How an organisation addresses these special needs of the most vulnerable among the vulnerable is often a reflection of its systems and procedures as also its core values.

While the chart given in Annexure 1 summarises all the issues discussed earlier, the next section discusses the issue of abuse of power by humanitarian workers.

## CARE's policy on prevention of sexual exploitation and abuse<sup>2</sup>

The vulnerability brought about by a disaster often exposes women and children to the problems of Sexual Exploitation and Abuse (SEA). In an emergency context, there is often a breakdown of normal protective institutions such as the family, community, government, police and so on. Sustainable means of livelihood are affected and there are huge psychosocial implications on the lives of affected people. In such a scenario, the likelihood of exploitation or abuse, especially of a sexual nature, increases due to increased vulnerability and powerlessness experienced by those who survive the emergency situation. The urgent nature of work in emergencies also creates additional challenges in addressing sexual exploitation and abuse.

Mostly, sexual exploitation and abuse is the direct result of power inequality within work and community relationships. Emergencies have the ability to shift the power balances that previously existed within communities. This shift in power can increase the vulnerabilities of certain groups of the population. For example, an emergency may result in a large number of children being separated from their parents. As a group, children (boys and girls under the age of 18 years) and women are the most vulnerable to harassment and exploitation.

There are many sources of power, including position and level of formal authority, gender and education that create power imbalances between humanitarian workers and beneficiaries. In addition, the massive resources (food and non-food items) that come with the emergencies contribute heavily to tip the scale by further increasing the power that humanitarian workers have. These resources contribute not only to increased likelihood of sexual exploitation, but also to other ills, such as corruption and conflict. Humanitarian workers must therefore be held accountable for ensuring that there is no abuse of that power.

### The term SEA is used specifically to refer to incidents of sexual misconduct committed by humanitarian workers<sup>3</sup> against beneficiaries of CARE programmes

Examples of sexual exploitation and abuse include, but are not limited to:

- Using gestures, looks, remarks or physical contact, which is overtly sexual and used as means to intimidate or frighten beneficiaries from receiving their relief entitlements and rights.
- CARE staff or members of partner organisations asking boys, girls or other members of a beneficiary group for sex in return for food and other necessity items.
- Community leaders working on behalf of CARE or its partner asking for sexual favours, resistance to which could lead to the non-inclusion in the beneficiary list for relief packages.

<sup>2</sup> Much of this section is drawn from the document CARE emergency toolkit chapter on preventions for sexual exploitation and abuse.

<sup>3</sup> This would include CARE staff, volunteers, partner NGO staff and interns.

In an environment of perceived power imbalances, beneficiaries may be reluctant to report sexual harassment/exploitation for any of the following reasons:

- Fear that source of income/support may be cut off
- Fear of reprisal or further abuse
- Fear of backlash on their family members
- Lack of support from family
- Lack of education
- Inherent hierarchy between CARE staff and beneficiary group
- Fear of being disbelieved
- Lack of information about the complaints and response mechanisms
- Mistrust/lack of confidence in the system
- Fear of losing status/loss of reputation
- Cultural norms and practices
- Acceptance of behaviour by minimising or denying its impact

Our work to prevent and respond to exploitation and abuse of people is based on principles enshrined in international and national laws protecting refugees and displaced people, as well as specific measures for the protection of beneficiaries from exploitation and abuse, such as the United Nations Secretary General's Bulletin. The Convention on the Rights of the Child (CRC) provides a comprehensive code of rights which offers the highest standards of protection and assistance for children of any international instrument. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Declaration on the Elimination of Violence against Women (DEVAW) set the standards for the protection of the rights of women and girls.

### Minimum requirements for preventions for sexual exploitation and abuse in emergency response

- Each staff member deployed for emergency programming and management (including consultants and other temporary staff) receive a copy of the CARE Code of Conduct. They are informed about the established procedures for reporting any incidents of sexual exploitation and abuse in a particular emergency setting to be communicated as non-negotiable.
- Each staff member is required to sign an agreement as a mark of having read and understood the CARE Code of Conduct/policy and procedures and is supposed to abide by the policy.
- Responsibility for preventing and responding to sexual exploitation by staff is explicitly included in the Job Description of the Team Leader/HR Manager/Regional Emergency



Advisers. This should include a clear role to monitor the development and implementation of SEA-related work in the Country Office emergency plans.

- The Emergency Programme Manager/Team Leaders develop and implement plans to create awareness among programme partners, vendors and beneficiary communities, especially among vulnerable groups such as women and children, regarding information on relief criteria, their entitlements and rights, CARE's zero tolerance policy for sexual exploitation and abuse, and reporting procedures for any incidents of SEA.
- Resources are made available for the implementation of SEA work. A budget is allowed for training or awareness programmes on SEA prevention and reporting procedures.
- An effective feedback mechanism is implemented for grievances and complaints in the areas/communities where we work. This is critical to provide the opportunity to every individual in the community to let us know how we can improve our response, and as part of that they can also report on SEA issues.
- An assessment of the status of response to SEA incidents and measures taken for prevention is included in the After Action Reviews and other evaluations of emergency response. These assessment teams should include staff/consultant with expertise to handle gender and SEA issues.



## The issue of violence against women

Prevention of sexual exploitation and abuse of disaster-affected communities is an important concern. At the same time, a commitment towards addressing issues around violence against women is also needed.

Disasters cause enormous upheavals in the lives of those impacted by it, resulting in increase of social problems like violence against women and girls. Often, communities are shifted from their homes to relief camps. It exposes them to vulnerabilities from within and outside. Here are some steps that can be taken to address these issues:

- Set up support groups for women within a shelter or relief camp and mobilise male support for addressing violence against women within and outside the camp.
- Collect regular data around these incidents and monitor the activities aimed at addressing them.
- Mainstream these actions into regular development programmes for affected communities.







## CHAPTER

# 4

## PREPAREDNESS AND THE GENDER IMPLICATIONS

The entire issue of preparedness cannot be isolated from the vulnerability to risks. Preparing communities to cope with risk is one of the cross-cutting themes that CARE adopts. However, at another level, there is the issue of the organisation's own preparedness to handle emergency. In this context, Emergency Preparedness Planning (EPP) is an important document that guides the organisation in its response.

### Integration of gender in the Emergency Preparedness Plan (EPP)

The Emergency Preparedness plan consists of different sections. Given below are the suggestions on how gender can be integrated in each of the sections to facilitate not only emergency preparedness planning but also address gender-specific needs in emergencies.

- a. **Scenario development and need assessment:** It is important at the point of scenario development for a disaster to separately address issues related to men and women and know how many of them are likely to get affected. Also, include the gender-based differences in terms of immediate need and long-term needs for men and women, boys and girls and transgender persons affected by the disaster.
- b. **Impact of the disaster:** While analysing the impact of disaster on various sections, it is important to note that it is likely to be different for men and women. For example,

it is important to know the impact of disaster on livelihood separately for men and women. If the disaster is because of communal tension, there is a possibility of further violence. While for men, it can be physical violence, women may face sexual violence.

- c. **Early warning or trigger indicators:** In case of disasters where onset can be monitored, it becomes important to know the intensity of impact on different types of people. For example, if it is a cyclone, coastal communities in the fishing profession may be among the most vulnerable because of their location. Within the community, men are more at risk, as they go into the sea. For the same community, in the case of seismic waves on an ocean bed, men may not be as vulnerable as women who are left behind on the shore.
- d. **CARE's proposed response:** Under the given conditions, it is important to know the type of disaster that CARE plans to track. The analysis should be done from the gender perspective to propose the right response.
- e. **Staffing and resource planning:** Putting together an emergency response team requires the inclusion of gender experts or at least those within the organisation who have some understanding and experience in dealing with gender issues in an emergency situation. Teams that go out to the field require adequate number of women so that there are no constraints in reaching out to women and talking to them. While assessing resources for relief, one needs to keep in mind the amount that would be required to completely address the gender needs of the identified communities that CARE plans to target. If the resources are not sufficient, it may be better to restrict the scope of outreach so that all needs of men, women, girls and boys could be addressed completely instead of addressing partial needs for many. For example, it may be better to give out complete clothing kits with garments and undergarments to fewer people rather than giving out only outer garments to more people.

Table 2 gives an example of how gender can be integrated in the EPP related to water, sanitation and hygiene (WASH) areas.

**Table 2** WASH Preparedness Matrix

	Column 1: WASH Contingency Plan Checklist	Column 2: WASH Preparedness Analysis	Column 3: Action Plan (Step 5)
		Answers to questions in Column 1, completed by Country Office	From analysis of Column 2, identify steps that could be taken as a preparedness measure (i.e., ordering non food items,

	Column 1: WASH Contingency Plan Checklist	Column 2: WASH Preparedness Analysis	Column 3: Action Plan (Step 5)
			developing assessment format, etc.) Can any actions be taken from a DRR perspective to improve WASH conditions?
<b>Step 1: Scenario development (part of the wider CARE EPP process)</b>  <b>Scenario development should take into account the gender implications of any impending emergency</b>	1. What major threats outlined in the EPP would have a direct impact and require a WASH response and why - covering floods, landslides/volcano leading to displacement, drought?	<b>Example:</b> Scenario 1: Large scale floods after September rainy season, displacing 1,00,000. CARE plans to respond to 20,000 living in camps with full WASH facilities. Scenario 2: Hurricane	
<b>Build in gender specific issues in the objectives of the WASH response</b>	2. What would be the objectives of a WASH response for each of the scenarios?	<b>Example:</b> Scenario 1: To provide safe water and sanitation facilities according to Sphere to 20,000 people living in camps in province, etc.	
<b>Step 2: WASH Vulnerability Analysis</b>  <b>Gender to be used as a variable in the analysis of WASH</b>	3. Is there any public health data on morbidity, mortality and malnutrition rates available? Is this data gender specific? 4. What public health risks exist? (e.g., endemic diseases, vaccination levels, etc.) What are the implications of such risks from a gender perspective? 5 Identify current and possible health risks (outbreaks).		Example response: Conduct Knowledge, Attitude and Practice (KAP) baseline survey to understand hygiene behaviours in target area.

	Column 1: WASH Contingency Plan Checklist	Column 2: WASH Preparedness Analysis	Column 3: Action Plan (Step 5)
<b>vulnerability Possible sources:</b> Government water resource planning department; Government Department of Health; other local or national NGO's (baseline data from programmes)	6. Is there information available on people's knowledge of key hygiene practices such as hand-washing with soap, toilet use, etc.? What do men know, what do women know and what do they practice? Gender and local culture to be used as variables in analysing such information. 7. Are there any particular vulnerable groups that are prone to outbreaks? 8. What are the vector-borne disease risks and how serious are they? Is there any obvious problem of flies, mosquitoes, rodents, cockroaches, fleas, lice or bedbugs?		
<b>Step 3a: WASH Capacity Analysis (General WASH Situation) To be understood from a gender perspective. Possible sources:</b> Government Departments for Water and/ or Health; Local Authority; other local or national NGO's or key informants (baseline data from programmes)	<b>General questions:</b> <b>Water:</b> 9. What are current water sources: pipe water supply, well, deep or shallow tube-wells, dug-wells? Include information on quality, quantity and accessibility. In terms of accessibility, how does it link with the gender division of labour and women's constraints on mobility, if they are the ones responsible for collection of water? 10. Is treatment necessary? If yes, at what level – waterworks, storage tank, disinfecting wells and shallow tube-wells, bucket chlorination, chlorine tablet or alum at household level? 11. What equipment would be necessary to supply safe water in the scenarios planned for cleaning wells, boreholes, bladders, etc.? 12. What patterns of water collection, maintenance and management, different uses and responsibilities of water by men, women and children were observed by the community before the emergency?		

	Column 1: WASH Contingency Plan Checklist	Column 2: WASH Preparedness Analysis	Column 3: Action Plan (Step 5)
	<p><b>Sanitation:</b></p> <p>13. What are traditional sanitation practices in this community? Are there any existing facilities? If so, are they used, are they sufficient and are they operating successfully? Can they be extended or adapted? Do all groups have equitable access to these facilities? What are the special needs for women and girls?</p> <p>14. Is there a national standard for sanitation in emergency?</p> <p>15. What is the estimated coverage by sewerage systems in urban areas?</p> <p>16. Are the current defecation practices a threat to health? If so, how? Besides health related threats, what are the physical threats related to the defecation practices for women and girls?</p> <p>17. How do people dispose of their waste? Who is responsible for it in the gender division of labour within the household?</p> <p><b>Hygiene:</b></p> <p>18. What are the traditional sanitary habits of women and girls in this community?</p> <p>19. What are the cultural assumptions with regard to water and sanitation activities, for example, during pregnancy? Do these traditions pose possible problems in crowded or temporary locations?</p> <p>20. Do people normally wash hands with soap after eating or defecation? What facilities do they use?</p> <p><b>Questions for specific scenarios:</b></p> <p><b>Drought scenario:</b></p> <p>- What measures exist to reduce water use during drought? Who is most affected in terms of water shortage within a household? Whose work load increases?</p>		

	Column 1: WASH Contingency Plan Checklist	Column 2: WASH Preparedness Analysis	Column 3: Action Plan (Step 5)
	<p><b>Flooding scenario:</b></p> <ul style="list-style-type: none"> <li>- What are the specific risks to contamination of groundwater? Are there likely to be any safe sources that remain unpolluted?</li> <li>- What could be used in immediate case for sanitation? Can they be plastic bags?</li> </ul> <p><b>Earthquake scenario:</b></p> <ul style="list-style-type: none"> <li>- What would be the most effective means of supplying water to communities in immediate term?</li> </ul> <p>Sanitation: How does this affect women and girls and their access to sanitation?</p>		
<b>Step 3b: WASH Capacity Analysis (CARE Specific)</b>	<p>21. Is there an assessment format for a detailed WASH assessment (either CARE specific or decided by the WASH cluster)?</p> <p>22. Has any WASH-focussed disaster risk-reduction work been done in the country?</p> <p>23. What WASH-related contingency supplies exist in the country?</p> <p>24. Does CARE work regularly with partners having WASH competency?</p>		
<b>Step 4a: General Response Strategy</b>	<p>25. Based on the above steps (vulnerability and scenario analysis, WASH capacity in the country), identify the first-phase response in each scenario:</p> <ul style="list-style-type: none"> <li>- How would water be delivered in the first instance?</li> <li>- What sanitation designs would be implemented?</li> <li>- What immediate WASH Non Food Items (NFIs) would need to be delivered?</li> <li>- Who will be the target beneficiaries?</li> </ul>	<p>Give a brief response strategy (a paragraph) that outlines responses in Step 4.</p> <p>What are the overall objectives of the response?</p>	
<b>Step 4b: Risk Identification</b>	<p>26. What are the possible threats/risks for the strategy planned?</p> <p>For example, what are the security aspects around water sources? Are there any resource limitations?</p>		



	Column 1: WASH Contingency Plan Checklist	Column 2: WASH Preparedness Analysis	Column 3: Action Plan (Step 5)
<p><b>Summary of Actions to be taken forward:</b></p> <ul style="list-style-type: none"> <li>- Summarise specific actions that require follow up as per CO's decision</li> <li>- Actions should be identified, recorded and prioritised, and responsibilities and timelines should be assigned.</li> </ul> <p><b>Example responses:</b></p> <ul style="list-style-type: none"> <li>- Partner training in WASH vulnerability</li> <li>- Developing WASH assessment format with WASH cluster</li> <li>- Developing contingency supply stock</li> <li>- Integrating flooding messages for WASH in existing DIPECHO programmes</li> </ul>			

**Economic factors in community preparedness:** The understanding of community preparedness within CARE has broadened over the years. Initially, it was understood only in the context of physical preparedness – having task forces, contingency plans, etc. at the community level. While these strategies continue, now the risk management also covers economic preparedness for the disaster with the help of strategies like insurance coverage.

#### **Physical preparedness at the community level:**

CARE's previous experiences have shown that inclusion of women in the community groups involved in disaster response deliver rich dividends for emergency preparedness. It encourages more women to come out and articulate their needs so that it is not left to vague assumptions on the part of the men in the community or the intervening organisation. Participation of women in emergency response teams improves the working of the agency. At the same time, it helps in relations building with better working structures.

Moreover, it gives an opportunity to women to come out of drudgery and become part of the mainstream. Such participation also helps women take control of different situations and participate in community decisions on behalf of their families.

The emergency response strategies in Andamans effectively involved women in task forces cutting across cultural stereotypes by training them in rescue operations. While there were concerns initially whether this increased participation of women was symptomatic of male disinterest in getting involved in these activities, it was soon seen that women's involvement was driven by their own need to participate. They felt more confident about being able to tackle disasters like cyclones while living in the islands. A dynamic woman Panchayat president also supported to make the environment conducive for more women to come out and participate.

For example, the grain banks scheme promoted by the Andhra Pradesh (AP) Flood response programme has been a successful initiative that enabled women to retain control around food security issues at the household and community levels.

**Economic preparedness of the communities:** While microfinance through its savings options is a helpful programme to achieve economic preparedness, the first planned attempt made by CARE India to look at risk protection to communities through micro insurance came about in Tamil Nadu after the tsunami in 2007. CARE India carried out an intensive study to understand poor people's perception of risk and their capacity to pay in order to cover that risk.

The General Insurance Product developed by CARE along with Bajaj Allianz Insurance Company costing at that time from Rs. 50-2,000 combined 15 risks. It included "Loss to house and household assets." Those who lost a complete hut were compensated with about Rs. 5,000 while those who reported partial damages got Rs. 2,500. A total of 13,500 women were paid approximately Rs. 40 million by way of claims – the largest ever amount in the history of micro insurance in the world!

Based on this study, CARE developed customised insurance products that covered life, accident, wage loss due to sickness and damage to property. One of the biggest outcomes of this was seen in the year 2008 when cyclone NISHA struck and the communities covered by insurance through CARE products received compensation.

Today, micro insurance is a well-grounded programme in the state of Tamil Nadu, offering risk protection to the poor. Another such insurance plan in the state of Andhra Pradesh offered protection to salt producers from untimely rains that

affected their production. In a similar manner, CARE worked with communities and developed a product similar to weather-based insurance using extent of rain fall as the parameter for the calculation of damages.

## Building in gender into the larger understanding around climate change<sup>4</sup>

CARE's approach to climate change adaptation begins with comprehensive analysis that includes an examination of differential vulnerability due to social, political and economic inequalities. This assessment helps us tailor adaptation strategies to the specific needs, capacities and priorities of impact groups. We work to empower the most vulnerable women and men to achieve climate-resilient livelihoods and reduce disaster risks. Therefore, when we talk about emergency preparedness, we take into consideration climate change adaptation factor and work around it to address the underlying causes.

Table 3 on the next page depicts the gender vulnerability to climate change.

<sup>4</sup> CARE International climate change brief.

**Table 3** Gender vulnerability to climate change<sup>5</sup>

	<b>Women</b>	<b>Men</b>	<b>Link to Climate change vulnerability</b>
<b>Roles</b>	Stay at home looking after children and aged	Can migrate to access economic opportunities	Their ability to migrate in search of economic opportunities makes it easier for men to deal with crisis, and may result in benefits for the family as a whole. However, male migration often increases women's workload, as they are left behind to manage the household in addition to usual tasks. It can also increase women's exposure to other risks, such as gender-based violence and HIV infection.
	Produce household-oriented crops and livestock products	Produce market-oriented crops and livestock products	Both crops and livestock are affected by climate change, and this has profound consequences for household food security. Men often claim safer/more fertile land for growing market-oriented crops, leaving women to grow household-oriented crops on more vulnerable/less fertile land.
	Are responsible for food production and storage	Are responsible for selling valuable produce and livestock	In addition to the challenges described above, climate change has implications for food preparation and storage (in terms of water for food preparation and the vulnerability of food stores to extreme events, such as cyclones and floods). Harvests may be reduced or even wiped out by floods or droughts. This affects market prices and the availability of surplus to sell – placing pressure on both men and women to identify other sources of income and reduce major expenditures (e.g., school fees for their children). In times of food shortage, women are often expected to feed other members of the family before attending to their own needs.
<b>Resources</b>	Have lower incomes and are more likely to be economically dependent	Have higher incomes and are more likely to own land and other assets	Men typically have more money and other assets than women. Men's savings provide a "buffer" during tough times and, along with other assets, make it easier for them to invest in alternative livelihoods.
	Have less access to education and information	Have more access to education and information	Managing climate-related risks to agricultural production requires new information, skills and technologies, such as seasonal forecasts, risk analysis and water-saving agricultural practices. Men are more likely to have access to these resources and the power to use them. Therefore, they are better equipped to adapt. At the same time, women often have traditional knowledge that can inform them in their adaptation efforts. Both new and old information is important in the context of adaptation.

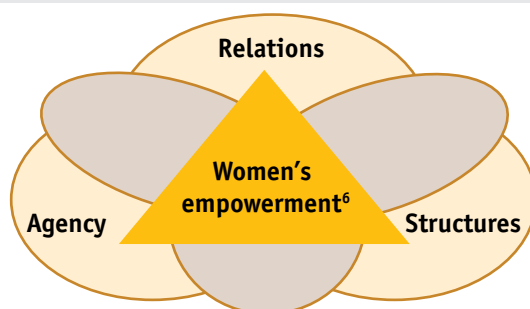
5 CARE International Climate Change Brief Adaptation, gender and women's empowerment.

	Women	Men	Link to Climate change vulnerability
<b>Power</b>	Have less power over family finances and other assets	Have more power over family finances and other assets	Without the power to decide on family resources and finances, women's ability to manage risks is limited. This may include areas such as diversifying crops, storing food or seeds or putting money into savings.
	Have limited engagement in community politics	Have greater involvement/ decision-making power in community politics	Men are likely to have more influence over local governance-promoting policies and programmes that may not support women's rights and priorities.
	Face many cultural restrictions/ prohibitions on mobility	Face few cultural restrictions/ prohibitions on mobility	Mobility is a key factor in accessing information and services. It is also critical for escaping the danger posed by extreme weather such as floods. Therefore, women are often at higher risk from these events.

**Relations:** Power relations through which she negotiates her path

*Examples:*

- Acceptance by men of women making decisions on household livelihoods strategies
- Mobility by women to escape danger from floods, cyclones, etc.



**Agency:** Changes in her own aspirations and capabilities

*Examples:*

- Knowledge of climate trends
- Access to appropriate technologies for adaptation

**Structures:** Environment that surrounds and conditions her choices

*Examples:*

- Gender equitable social and cultural norms and beliefs
- Gender equitable adaptation plans at local and national levels

As we can see from the above diagram, if we have to start addressing issues around climate change, we need to mainstream gender into the entire programming cycle rather than just integrating it into specific interventions. This, in turn, calls for strong programme quality not just in terms of emergency response but in all the sectors where we work.<sup>6</sup>

<sup>6</sup> Women's Empowerment at CARE, SII Women's Empowerment Framework Summary Sheet, Elisa Martinez and Diana Wu, CARE, 2009.

## CHAPTER

# 5

## CONCLUSION



Addressing gender in emergencies is not in any way different from addressing it in any other kind of programming where we address the underlying causes of poverty and vulnerability. Ability to understand and analyse the emergency context from the point of view of differential social vulnerability is key to the formulation of a good response strategy that addresses the gender needs of the affected population.

Over the years, the understanding around these issues is getting better and consequently the interventions are more focussed. Each after-action review has brought about learning to address gender issues effectively. For example, the Aila flood response programme in West Bengal during May 2009 tried to undertake relief distribution by giving tokens to families. There were no specific guidelines that who in the family would be provided with tokens. Most of the tokens were given out to the heads of households – generally men. Therefore, men came to collect the relief material.

This was a very traditional approach where it was assumed that heads of households would naturally share the relief material with the family members. However, subsequently it was found that it did not happen. The situation was addressed in the AP/Karnataka Flood response in Oct-Nov 2009 where the tokens were handed over to the women in the family. When the distribution took place, women were explained about the contents in their kits. We found that it was a better way to address the core issue related to access to relief. Women took the material home and used it appropriately for the purpose it was supposed to be used.

Another change that took place with regard to addressing gender issues has been in the composition of hygiene kits. In the 2004 Indian Ocean Tsunami, the hygiene kits did not contain sanitary napkins. However, five years later when we provided hygiene kits to those affected by the AP/Karnataka floods, we had included this vital item required by women and girls.

Over the past ten years, CARE India has consistently included women and men in the assessment teams so that the needs specific to women and girls could be collected and addressed. While this has resulted in a balanced need analysis, the challenge has been the ability to address these needs. Often, when the resources are not sufficient, there is a need to take the decision about the scope of reach.

At CARE, we are often driven by the desire to reach out to a large number of people. When we are challenged with limited funding, we tend to compromise on the items that are included in the relief kits – often resulting in partial addressing of gender needs. For example, the funding in the case of the Aila cyclone in West Bengal did not include sanitary napkins in the relief kits because of limited funds.

Therefore, when we have to address gender issues in an emergency, we need to plan according to the availability of funds so that all the human needs are addressed completely. This continues to remain one of the biggest challenges in terms of addressing gender needs in an emergency response.

However, in the rehabilitation phase, we address women's needs properly in the livelihoods that we promote. This has been consistently demonstrated in all the emergencies that we have handled so far. It has resulted in greater income for women in the post-disaster phase and contributed to their ability to address their own needs as well as that of their children. In our culture, women are mostly dependent on men in the family. This dependence increases particularly in the post-disaster period. So, it is important to help women by offering them more income-generation opportunities.

As regards preparedness activities like community-based disaster preparedness and economic preparedness, we have addressed gender issues effectively by including women. In the cyclone NISHA, when women as policy holders received compensation, it was a way of increasing their self-esteem at the household level.

Our current programmes around climate change adaptation are also including gender in the analysis and intervention planning.

However, it is still a big challenge to ensure that there is a consistent understanding on gender-specific needs among all team members. The current EPP document has related guidelines. There needs to be a greater understanding of “power” and “vulnerability” issues in a given situation rather than blindly following directions to reach out to women.

Finally, when we approach the donors with proposals, we should be able to convince them about the need to address gender-specific issues and provide them sufficient data to support our claims.



# ANNEXES







### Emergency Context

Extreme changes in power dynamics and gender differentials increased risks and opportunities urgent, fast paced and resource stretched operations.

### Issues and Challenges to Gender Mainstreaming in Emergencies

#### Inadequate capacity to deal with complex gender issues in emergencies

- ▶ Lack of awareness and skills
- ▶ Low application of gender tools and standards
- ▶ Limited use of gender advisers in emergency teams
- ▶ Limited understanding of good practice models

#### Barriers to women's participation in emergency response teams

- ▶ Poor conditions disincentive to women's participation
- ▶ Gender bias towards men as 'emergency' workers, logisticians, field workers
- ▶ Difficulty of balancing family and emergency work
- ▶ Low emphasis on gender balance in rapid recruitment

#### Urgent operations lead to low accountability to gender standards

- ▶ Inadequate briefing on standards and accountability
- ▶ Chaotic work context increases risks of harassment and discrimination
- ▶ Low level of attention to gender in accountability mechanisms

### Impacts and Risks - If Not Addressed

- ▶ Poor quality programming
- ▶ Risk of exacerbating gender issues through poor programming
- ▶ Low impact on women's empowerment

- ▶ Low representation of women on emergency teams and gender imbalances in specific roles
- ▶ Lack of women on emergency teams limits access to women in communities

- ▶ Poor accountability for gender outcomes
- ▶ Increased risks of discrimination, harassment and harm

### Strategy and Objectives

Strengthen CARE's gender approach in emergencies in order to ensure a positive impact on women and men, boys and girls affected by emergencies.

#### Strengthen capacity to address gender in emergency programmes

- ▶ Better understanding of gender in emergencies and good practice models
- ▶ Increased awareness and application of gender tools and standards
- ▶ Increasing training awareness and skills
- ▶ Increased use of gender advisers in emergencies

#### Create conditions for more equitable representation of women and men in emergency teams

- ▶ Ensure gender balance is a key criteria in recruitment of teams, both at EPP and emergency stage
- ▶ Address biases through targeted recruitment, mentoring and training
- ▶ Ensure conditions are appropriate for women and men in emergency teams
- ▶ Review support provided to address work/life balance

#### Promote an accountable and gender aware culture in management of emergencies

- ▶ Ensure briefing on accountabilities
- ▶ Apply mechanisms for prevention and response of sexual exploitation and abuse
- ▶ Strengthen review of gender in AARs and evaluations
- ▶ Report on gender outcomes at highest levels

**Gender** refers to the social differences between females and males throughout the life cycle that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures. “Gender,” along with class and race, determines the roles, power and resources for females and males in any culture. Historically, attention to gender relations has been driven by the need to address women’s needs and circumstances, as they are typically more disadvantaged than men. Increasingly, however, the humanitarian community is recognizing the need to know more about what men and boys face in crisis situations.

**Gender equality**, or equality between women and men, refers to the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. Equality does not mean that women and men are the same but that their enjoyment of rights, opportunities and life chances are not governed or limited by whether they were born female or male.

Two main strategies are needed to reach the goal of gender equality:

- a) *Gender mainstreaming*: The term came into widespread use with the adoption of the Beijing Platform for Action at the 1995 UN International Conference on Women, and it was adopted by the UN system in 1997 as a means of attaining gender equality. It is a commitment to ensure that women and men’s concerns and experiences (vulnerabilities and capacities) are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programs so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality. Gender mainstreaming is integral to all development and emergency decisions and interventions; it concerns the staffing, procedures and culture of organizations like CARE as well as our programs.
- b) *Targeted actions*: A gender analysis should inform the deliverers of humanitarian protection and assistance of the specific needs of the individuals and groups within the affected population requiring targeted action. In many cases these actions will be targeted to women and girls, for example providing special stipends to encourage families to send girls to school or giving them special protection from GBV. But there are a number of situations where boys and men will be targeted for action too, for example when boys are being recruited by armed groups or when they are unable to feed themselves due to lack of cooking skills.

Whatever strategy is employed (a or b) to reach gender equality, the approach should eventually result in **women’s and girls’ empowerment**. Empowerment implies a shift in the power relations that cause a particular social group to suffer low social status or systematic

injustice. Empowerment is not something that can be delivered like non food items or shelter. It implies a social change strategy that involves the group in question (CARE's Unifying Framework). IASC Gender Handbook, p. 2. <http://www.humanitarianinfo.org/iasc/gender>

**Gender equity:** Justice in the distribution of resources, benefits and responsibilities between women and men, boys and girls. The concept recognizes that power relations between girls and boys, men and women are unequal, and that such inequalities should be addressed.

**Gender analysis** examines the relationships between females and males and their access to and control of resources, their roles and the constraints they face relative to each other. A gender analysis should be integrated into the humanitarian needs assessment and in all sector assessments or situational analyses to ensure that humanitarian interventions do not exacerbate gender-based injustices and inequalities and, where possible, greater equality and justice in gender relations are promoted.

**Gender balance** is a human resource issue. It is about the equal participation of women and men in all areas of work (international and national staff at all levels, including at senior positions) and in programmes that agencies initiate or support (e.g. food distribution programmes). Achieving a balance in staffing patterns and creating a working environment that is conducive to a diverse workforce improves the overall effectiveness of our policies and programmes, and will enhance agencies' capacity to better serve the entire population.

**Gender-based violence** is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honour killings; and widow inheritance.

**Sexual Exploitation:** The abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another. (UN SGB Definition)

**Sexual abuse:** The actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.

**CARE is committed to ensure a gender equality approach to emergencies which means that we understand and address the different needs, different impacts, opportunities and different solutions at all stages of our operation.** All CARE COs and staff need to comply with a number of policies including the guidelines established in the IASC Gender Handbook in Humanitarian Action.

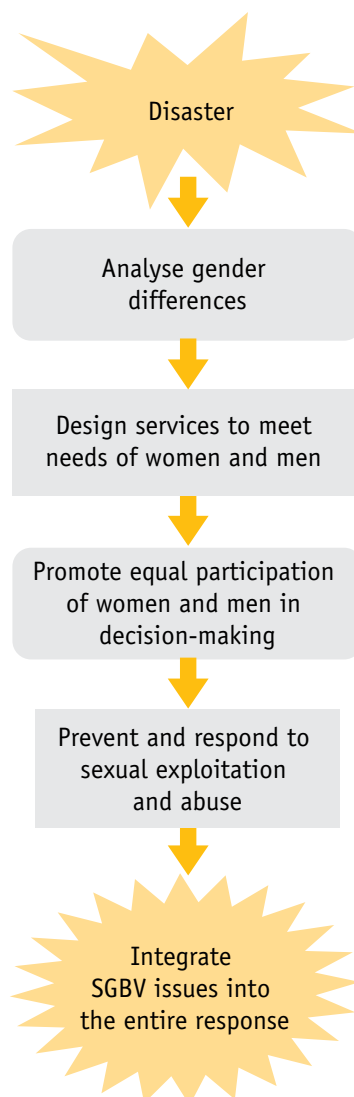
### What to do:

*ADAPT and ACT Collectively to ensure gender equality:*

- Analyse gender differences
- Design services to meet needs of all
- Access for women girls, men and boys
- Participate equally
- Train women and men equally
- Address gender-based violence in programmes
- Collect, analyse and report sex- and age- disaggregated data
- Target actions based on a gender analysis
- Coordinate actions with all partners

*Critical indicators checklist:*

- Ensure that gender-balanced teams and a gender-focal person are mandatory on all emergency teams
- Analyse how the crisis has affected men and women, boys and girls differently
- Collect data from women, girls, men and boys
- Ensure that data from women is preferably collected by women
- Establish sex-disaggregated baseline data to measure impacts and changes
- Ensure that monitoring systems track intended and unintended impacts of relief efforts for women and men.
- Promote equal representation of women and men in decision-making.



- Document specific gender plans, progress and issues in programme proposals, reports and situation reports including gender sensitive goals and indicators
- Ensure project resources, time frames and implementation plans are sensitive to the different needs and capacity of women and men
- Hold staff and partners accountable to gender equality objectives
- Prevent and respond to sexual exploitation and abuse incidents with medical, legal and economic support to survivors
- Integrate SGBV (sexual gender-based violence) issues into the entire response by establishing SGBV referrals systems

### **What not to do (...do no harm and other common mistakes!...)**

- Don't ignore gender analysis
- Poor gender analysis could lead us to ignore the fact that women, girls and boys are often most at risk of rape and sexual exploitation
- Do not favour men in livelihood programmes. Livelihood programmes that distribute to men rather than women could further impoverish women
- Distribution programmes that do not consider that gender can create opportunities for sexual exploitation
- Water and sanitation, shelter programmes, and camp design that do not consider gender can lead to increased risks of GBV.











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