

Gender and Protection Mainstreaming Capacity Assessment

Northwest Syria

Background

CARE International in Turkey works with local partners in northwest Syria to provide humanitarian assistance, support recovery, and promote resilience.

Under an ECHO funded project, an assessment was conducted of the gender and protection mainstreaming capacity of local partners. The assessment will inform the capacity building initiatives developed by CARE Turkey to further support partners.

Methodology

Eleven partners participated in the assessment (8 CARE Turkey partners; 3 ECHO partners). The assessment considered capacity at both an organizational level (policies, processes, support structures) and staff level (knowledge, skills, norms). Qualitative and quantitative data was gathered through a desk review, bilingual staff survey, and key informant interviews. A data validation meeting was held with the Protection and GBV Cluster coordinators. The assessment was conducted in Gaziantep, Turkey.

Assessment Findings

The assessment found varying levels of capacity among partner organizations to mainstream gender and protection. Key factors enabling high capacity included leadership support, resources (higher budgets, more staff), dedicated GBV/protection programming, and full-time staff positions focused on gender and/or protection. Key challenges to effective mainstreaming included low leadership support, lack of dedicated gender and protection programming, expectations on some staff to support gender and protection mainstreaming in addition to their current workloads, a lack of understanding of the importance of gender and protection mainstreaming, and traditional beliefs and attitudes towards gender and protection.

A review of policies, processes, and projects related to gender and protection found a focus on preventing sexual exploitation and abuse (PSEA), child safeguarding (CS) and gender-based violence (GBV). Whilst these are pressing and important issues, adopting a broader understanding of gender and protection (e.g. to include deliberate deprivation, discrimination, claiming of rights) can strengthen organizational and programmatic approaches in this area. The assessment also found that, at times, gender was subsumed under protection mainstreaming rather than being recognized as a substantive area of expertise and work in itself. Gender mainstreaming was also often equated with gender parity (i.e. numbers of female staff or female project participants) rather than taking a more substantive approach

of addressing gendered power dynamics, relations and structures.

For organizations that had mainstreamed gender and protection into their projects, integration at design stage was the most developed (e.g. gender in needs assessments; targeting female project participants; tailoring activities). Sex (and age) disaggregated data was also regularly collected during monitoring and evaluation. Nonetheless, the focus at design stage was often on inclusion (rather than addressing gendered power dynamics, relations or structures), and the disaggregated data collected was reported but was not used in to analyze the potential gendered impact of project interventions.

The level of staff capacity in gender and protection mainstreaming varied within and across organizations. All organizations had dedicated and passionate staff who were committed to gender and protection. Some staff operated at a high capacity (e.g. overseeing protection programs; supporting colleagues to mainstream gender and protection in non-protection sectors; supporting capacity building in both their own organization and other organizations), whereas others were in the process of building their capacity, either supported by their organization or through their own initiatives. For staff in non-protection sectors, the health and education sectors had generally made the most progress in gender and protection mainstreaming. Other sectors that were more traditionally male dominated (e.g. WASH, shelter) found gender and protection mainstreaming more difficult, with more resistance and less knowledge and skills among staff.

The capacity of leadership was also varied across organizations. Only organizations with expressed gender equality/feminist mandates exhibited high capacity among management for gender and protection mainstreaming. Whilst leadership support ranged from very supportive to not supportive, for almost all organizations, there was room for improvement in the knowledge and skills on gender and protection mainstreaming held by senior management.

Recommendations for Further Capacity Building

As capacity varied significantly among organizations and within organizations, one capacity building initiative may not be able to meet the needs of all partners. It is strongly advised that the specific recommendations provided for each partner in the full report of this assessment be considered when designing further capacity building initiatives.

Overall, however, most organizations would benefit from further capacity development in:

- Understanding the importance of gender and protection mainstreaming.
- Sector specific guidance for non-protection sectors (e.g. WASH, FSL, NFIs, education, health).
- Integrating gender and protection into all stages of the project cycle (design, implementation, monitoring and evaluation).
- Broader gender mainstreaming (beyond GBV/PSEA/CS).
- Addressing social norms and traditional beliefs and attitudes around gender and protection.
- Undertaking risk analysis and mitigation with a gender and protection lens.

In addition, more specialized training should be made available for organizations or individuals who already have intermediate or advanced gender and protection skills. More advanced trainings could focus on:

- taking an intersectional approach to gender and protection (e.g. inclusion of disability, age etc.).
- engaging men and boys in gender equality.
- innovations in GBV/PSEA/CS prevention and response.
- Training of Trainers workshops.

Capacity building initiatives should also take more flexible and accessible formats (e.g. not relying on in-person workshops; offering training in both Turkey and Syria; providing training in multiple languages).

Further Recommendations

In addition to training, further recommendations to support the gender and protection capacity of partners include:

- *Support partners to develop or strengthen organizational policies on gender and protection.*
Whilst most organizations have PSEA/CS policies, only some organizations have protection mainstreaming policies and/or gender mainstreaming policies. Partners may also benefit from support to implement policies, such as through staff awareness raising, an organizational gender action plan, or gender budgeting.
- *Increase the prioritization of gender and protection among donors.*
Particularly for organizations with less leadership support, pressure from donors can encourage partners to give greater priority to gender and protection.
- *Donors should provide the resources needed to mainstream gender and protection.*
Gender and protection mainstreaming requires sufficient resourcing. Donors can support this by, for example, providing dedicated budget in projects to engage gender and protection expertise (e.g. Technical Advisor) or to undertake gender and protection activities.

Areas Requested for Further Capacity Building

