
Gender Markers in Humanitarian Appeals and Funding Mechanisms

LESSONS LEARNED FROM THE ROLL-OUT IN 2009

Compiled by: Elizabeth Pender

GenCap Inter-Agency Gender Advisor to Zimbabwe

Delphine Brun

GenCap Inter-Agency Gender Advisor to DRC

Rahab Njoki

GenCap Inter-Agency Gender Advisor to Ethiopia

Catherine Andela

GenCap Inter-Agency Gender Advisor to Yemen

28 January 2009

Produced for the Inter-agency Consultation on Establishing Systems to Track Allocations/Expenditures for Gender and GBV Programming in UN Managed Humanitarian Appeals and Funding Mechanisms, 17-18 February 2010 by:



Executive Summary – Organizers’ Review

This initial pilot of the IASC gender marker set out to capture insights that would help launch more comprehensive piloting of the marker this coming year and in the years ahead. Lessons learned are reported and explored here to increase the gender responsiveness of humanitarian financing.

The piloted IASC gender marker focuses on measuring the gender-responsiveness of project design.

The pilot gathered experience in four humanitarian funding mechanisms: the Consolidated Appeal Process (CAP) in Zimbabwe, the Pool Fund (PF) in DRC, the Flash Appeal (FA) in Yemen and the Humanitarian Response Fund (HRF) in Ethiopia. IASC GenGap gender advisors (GA) facilitated the in-country activities which varied due to on-ground realities from country to country.

Activities ranged from mobilizing and orienting humanitarian actors in the relevance and use of the gender marker to integrating gender equality into fund criteria and selection processes, project scoring and applying lessons learned. A strategic decision was made to use a common tool but not to standardize approach or process in the initial pilot phase. GAs, who are all senior gender specialists, were encouraged to explore and respond to practical on-ground entry points. Although this resulted in inconsistencies in scoring, the responsive creativity of the GAs provided a rich range of learnings.

This first round of piloting exposed many complexities in scoring. There are clear indications that scoring should make visible projects that address gender-based violence (GBV), whether as part of mainstreamed or targeted interventions, as distinct from other projects that advance gender equality.

Comparing composite scores of one cluster against another proved unhelpful: the scoring grid (used elsewhere in the document) did not create a level playing field among clusters. Future scoring will need an equitable base in the eyes of all clusters: one possibility is to compare the percentage of projects within each cluster that score “0”, “1”, “2” etc. The Zimbabwe results, if depicted in this way, would appear as below:

Cluster	# of Projects	Gender Score- %			
		0	1	2	3
Agriculture	28	93	7	0	0
Coordination	5	100	0	0	0
Early Recovery	7	57	29	14	0
Education	17	59	18	23	0
Food	2	100	0	0	0
Health	24	33	8	59	0

Multi-Sector	6	16.5	16.5	67	0
Nutrition	16	50	25	25	0
Protection	25	8	4	88	0
WASH	23	26	30	44	0
Total	153				

Some excellent gender tool development was undertaken and the participating country teams, supported by the GAs, have exposed leadership, tool development and process insights that will be invaluable in enriching more extensive piloting. Recommendations are included at the end of this report.

Background on the Gender Markers

Ensuring that humanitarian assistance meets the needs of the **entire population** is a universally accepted goal. However, wishing this to be so does not make it so. There are four ways a gender marker can enhance the effectiveness of humanitarian action.

Improved Tracking of Resource Allocation. Determining if appropriate financial resources are allocated to GE calls for “following the money”. The gender marker assists the humanitarian community, including donors, to know what percentage of projects aimed at addressing gender equality actually get funding. Efforts to track allocations for gender equality work in the humanitarian arena have been *ad hoc* with occasional retrospective assessments of CAP project funding: the gender marker takes the humanitarian community a major step forward in GE visibility and accountability.

Better Identification of Beneficiaries. The marker facilitates clearly identifying male and female beneficiary groups and sub groups. This gives the humanitarian community a more direct and accurate measurement of who receives or is impacted by humanitarian protection and assistance. The analysis that is core to the gender marker can trigger more targeted programming to groups in the affected population who may be hindered by gender inequalities or whose distinct needs may otherwise be overlooked.

Greater Technical Insight into Integrating GE within Clusters. In using the gender marker, cluster team members do essential gender analysis during project design that better equips them to see, and act on, emerging gender issues during implementation. The lessons learned from individual projects can be valuable for other projects in the cluster. Examples include better ways to ensure participation of vulnerable groups or to improve the gender responsiveness of delivery mechanisms for various humanitarian commodities.

Gender Capacity Building of Cluster Teams. Using the gender marker can increase gender awareness and analysis skills among cluster teams. This has potential to lead to better and more visible GE results.

The Gender Marker Rating Scale

The gender marker measures the degree to which humanitarian financing schemes address gender equality and empowerment of women and girls, or reduce discrimination and inequalities based on sex either through **gender mainstreaming** and/or through **targeted actions based on gender analysis**. The marker is a **project** score, from 0 to 3, as described in the table below.

Gender Score	Description
Gender Score 3 <i>Targeted Actions</i>	The project's <u>principal objective is to advance gender equality</u>
Gender Score 2 <i>Gender Mainstreaming</i>	A <u>gender analysis</u> is included in the project's needs assessment and is <u>reflected in the project's activities and outcomes</u>
Gender Score 1	The project's <u>needs assessment includes a gender analysis</u> but these different needs are not meaningfully reflected in the project's activities and outcomes
Gender Score 0	<u>Gender is not reflected</u> in any component of the project objective, needs assessment, activities, or outcomes

Pilot testing the Gender Markers – Pioneering

In June 2009 the CAP Sub-working Group of the IASC endorsed a proposal from the Gender Sub-working Group to undertake an initial pilot in the preparation of the CAP for 2010. In order to achieve this, the CAP SWG and Gender SWG prepared a guidance note on how to use the gender marker, shortlisted possible country participants based on agreed criteria, obtained agreement from the participating countries for their involvement, and ensured the presence of gender technical expertise at the country level to support and facilitate the process.

The countries in which the gender markers were initially tested included Democratic Republic of Congo, Yemen, and Zimbabwe, all of which had the presence of a GenCap advisor. Ethiopia, also supported by a GenGap advisor, did groundwork on templates, procedures and awareness raising for future use of the gender marker.

DRC

The Pool Fund (PF) mechanism is the largest humanitarian fund in DRC. Its aim is to “answer to the most persistent and important humanitarian needs of the population”.

Leadership. The PF’s manager ensured that gender equality was identified as a priority in project review, monitoring and evaluation. The manager’s team agreed to pilot the use of gender markers with the technical support of the GenCap advisor (GA).

Design. As the second allocation of the PF was about to be launched as the GA arrived, it was not possible to integrate the gender marker into project design. The PF team had used a standard template for completion by all project designers. An element of the template was dedicated to cross cutting issues which included gender equality. The explanations provided on how to include gender in the project design process focused only on women’s issues, with no mention of GBV, SEA, or how to achieve gender equality by targeting men.

Objective. The objective of using a gender marker in DRC was to offer a snapshot of the level of gender responsiveness in the PF. The focus was on these issues:

- How many projects mainstream gender in their programming?
- Are there specific projects aiming to address gender inequalities?
- What are the current gaps and strengths of the humanitarian response in meeting the needs and priorities of all?
- Does the entire population enjoy equal and safe access to the assistance provided?
- Do projects advance gender equality or does the current response tend to reinforce existing inequalities?
- How much funding is allocated to gender-related programs?

Preparation & Scoring. The PF review team and the GA spent two weeks reviewing the 95 projects submitted to the PF’s second allocation (US\$ 30 millions). In preparation, the GA had briefly oriented the review team on the use of the gender marker and developed a checklist to assist in project rating. Subsequent to the gender scoring, the GA also assessed the number, and quality, of project sheets which considered gender-based violence and/so sexual exploitation and abuse.

The “scoring” system used in DRC differed to a degree from the general scoring used in other contexts. The rating was completed and endorsed by each cluster team which consisted of the cluster leads and co-facilitators invited to take part in the review of their cluster’s projects. The rating of projects was based on the analysis of the entire project, not merely the gender section included in the template. Objectives, targeting of beneficiaries, needs analysis, activities and expected outcomes were reviewed against their level of gender sensitivity.

The checklist was used more as a guidance note than as a strict rating frame due to the fact that often not all the criteria defined for each grade were being met. A decision was taken by the GA to divide category “3” into two distinct and yet equal grades: 3A for projects that had GE as a principal objective and 3B for projects where the prevention or response to GBV was the principal objective. The reason for the split grade is that in DRC, unlike other countries, a significant attention is given to the sexual violence pandemic.

While several protection projects focusing on GBV have been submitted to the PF, there is little focus on other dimensions of gender equality. Giving the same grade to projects principally focusing on GBV and projects principally focusing on gender equality (outside of GBV) would not have made any discrepancies visible in attention or funding for GE compared to GBV.

The score of “1,” such as defined by the IASC gender sub-working group, applied to projects which included a gender analysis in the needs assessment, but which did not necessarily translate into the project’s activities and outcomes in any meaningful way. In DRC, based on previous gender analysis, clusters such as WASH and NFI developed gender sensitive delivery processes and responses that have been standardized across the country. Project designers are therefore likely to deliver gender sensitive assistance which is often not based on their own analysis. Projects that did not include proper gender analysis but that still provided gender sensitive assistance were rated 1.

The rating scale used in DRC is seen below:

Proposed Gender Marker for Projects Submitted to CAP	
3A	Projects that have gender equality as a ‘principle’ objective
3B	Projects that have the prevention of/response to GBV as a ‘principle’ objective
2	Projects that have gender equality as a ‘significant’ objective
1	Projects that will contribute in some way to gender equality, but not significantly
0	Projects that are not expected to contribute noticeably to gender equality

Over half of the projects were scored “0” while 36% of projects were scored “1.” Only 4% of projects in the DRC PF earned a score of “2” demonstrating that gender mainstreaming in humanitarian response and efforts to enhance gender equality need more attention. Progress on gender mainstreaming was most visible in the WASH sector. The Protection cluster, which presented several projects on the prevention and response to sexual and gender-based violence, was the only sector to score “3”. Five out of its 11 projects scored “3B”. None of the projects submitted to the second allocation had gender equality as a core objective, a conclusion made possible by using the distinction between the “3A” and “3B” ratings.

Cluster	# of Projects	Gender Score					Average Score
		0	1	2	3A	3B	
WASH	21	11	7	3	0	NA	0.62
Health	10	7	3	0	0	NA	0.3

Nutrition	13	9	4	0	0	NA	0.31
Food Security	20	11	8	1	0	NA	0.5
NFI/Shelter	7	3	4	0	0	NA	0.57
Education	8	5	3	0	0	NA	0.38
Logistics	4	3	1	0	0	NA	0.25
Protection	11	2	4	NA	0	5	1.73
Multi-Sector	1	0	1	0	0	NA	1
Total	95	51	35	4	0	5	0.61

Yemen

Unlike other countries, the Pool Fund (PF) mechanism is not yet implemented in Yemen. Flash Appeal (FA) and CAP processes are the primary humanitarian funding instruments. A common framework for integrating gender into project design or selection was not in use.

The context for advancing gender equality and human rights is highly sensitive and challenging. Inequality is deep. This is underscored in the World Economic Forum's Global Gender Gap Index (2009) which ranks Yemen last: at 134th out of 134 countries.

Leadership. Informally, the GA took the lead in mobilizing an assessment of gender integration in the FA projects. The assessment was done based on inputs provided by agency Gender Focal Points (GFPs).

Process. The Technical Gender Thematic Group (GTG) was abolished by the UNCT/HCT one week after the GA's arrival in country, essentially leaving the burden of technical assistance for gender mainstreaming solely on the shoulders of the GA. It is also worth noting that 90% of the GFPs had either never heard of the CAP or had never participated in the process prior to this year.

As a priority, the GA conducted a brief induction in the CAP process and shared the projects with the GTG for assessing gender integration. However, the GA did not request GFPs to conduct an in-depth analysis of the gender marker, as this would have required more technical guidance on the CAP process than was possible at that time. In order to simplify the assessment, GFPs were asked to comment on gender integration in the FA projects in general. The GA matched the different interpretations and converted these inputs into the generic, global gender rating scale.

The Yemen FA is smaller in scope than funding mechanisms for larger scale emergencies involved in this pilot. Only 34 projects were submitted in Yemen compared to 95 in DRC and 154 in Zimbabwe.

Cluster	# of Projects	Gender Score				Average Score
		0	1	2	3	
Agriculture	2	2	0	0	0	0
Coordination	1	1	0	0	0	0
Education	3	0	0	3	0	2
Food Aid	1	0	1	0	0	1
Health	9	2	4	0	3	1.44
Nutrition	7	2	0	3	2	1.71
Protection	6	0	0	2	4	2.66
Shelter, NFI, Camp Coordination & Management	2	0	0	0	2	3
WASH	3	0	1	2	0	1.66
Total	34	7	6	10	11	1.49

Scoring. The majority of the projects, 21 out of 34, were scored “2” or “3”. A score of “2” denotes significant design strengths in mainstreaming gender equality and “3” reflects that gender equality is a principal objective. The small number of projects in most clusters makes drawing conclusions tenuous. However, consistency in integrating gender mainstreaming into design was most clear in the education cluster. All three education projects scored “2”. Both of the Shelter/NFI/CCM projects scored “3” which focus on targeted actions to advance gender equality. Other clusters were less consistent in gender integration. Some clusters, including agriculture (2 projects), did not score above “0”.

In view of the scale of GBV in Yemen, it is surprising that no agency/cluster submitted a GBV-specific project, which may reflect either limited commitment to the issue or minimal technical capacity in-country to respond to GBV.

Capacity Building. Despite the nomination and appointments of GFPs and a Gender Officer (GO) in all UN agencies in Yemen, gender issues are not addressed at the cluster level. In order to engage the clusters, the GA initiated familiarization sessions with GFPs and GOs on the FA and CAP which explored the relevance of ensuring these mechanisms are gender responsive. This enabled the cluster teams to participate as noted earlier.

Other related capacity building by the GA included:

- Co-organizing with WHO’s Gender Officer a one-day workshop for senior program and project officers on “Gender Analysis in Health Care Programming.” This included gender-sensitive indicators and a GE classification framework for policies and programs.
- Facilitating the Health cluster in reviewing practical case studies to assess/score their gender responsiveness and the IASC checklist for gender and health. Participants adopted the gender marker scoring.

- Focusing on IDP statistics and registration procedures as an entry point for introducing the gender marker to the Protection cluster. The GA stressed the link between gender equality in project design and the results during implementation, conducted an induction session on gender scoring and introduced a guidance note on protection-specific targeted gender approaches (Annex C).

Zimbabwe

Process. The GA to Zimbabwe was involved in and consulted on each step of the Consolidated Appeals Process (CAP) from the initial planning workshop to multiple cluster-specific consultations and final development, review and prioritization of CAP project sheets. During the initial planning stages, the GA advocated for the inclusion of gender and/or GBV in both the prioritization and selection criteria for projects. The said criteria, based on lessons learned from the CAP process in Central African Republic were stated as follows:

Gender Prioritization Criterion	Gender Selection Criterion
Does the project, where appropriate, include a gender aspect , and a component preventing or reducing the impact of gender-based violence ?	The project reflects the cross-cutting issues of gender , HIV/AIDS, protection, and age, <i>unless otherwise justified</i>

Justification for the exclusion of either of these criteria was left to the discretion of the respective cluster leads, in consultation with the GA during both the prioritization and selection processes. The exclusion of these criteria potentially resulted in a project sheet receiving a lower prioritization or to be deselected from submission to the CAP by the cluster lead.

During the project sheet development stage, the GA identified several priority clusters, based on the needs and context of the country program. The prioritized clusters were: Education, Health, Protection, and WASH.

Capacity Building. Prioritized clusters received both direct and indirect support from the GA throughout this stage of the CAP. Direct support included the engagement of the GA at any cluster planning sessions, an introduction to the gender markers and scoring system, an explanation on the gender selection and prioritization criteria, and the drafting and dissemination of cluster-specific guidance notes on how to incorporate gender throughout the project sheet (See Annex A).

Cluster	Direct or Indirect Support from GA at least twice during CAP process		Gender Score
	Yes	No	
Agriculture		X	0.07
Coordination		X	0
Early Recovery	X		0.57
Education	X		0.65
Food		X	0
Health	X		1.25
Multi-Sector	X		1.5
Nutrition	X		0.75
Protection	X		1.8
WASH	X		1.17
Average Gender Score - Zimbabwe CAP			0.78

Scoring. For the purpose of scoring the project sheets, any project sheets with prevention of or response to gender-based violence as their principle objective were not scored any higher than a “2.” It was determined, prior to the scoring process, that the only clusters that might include GBV as a primary objective would be Health and Protection, thereby swaying the results of the overall gender scores. Scoring these project sheets as “3’s” would have misrepresented the actual occurrence of projects with “gender equality” as their primary objective. There were multiple projects sheets, among both the Protection and Health clusters, with GBV response/prevention as their primary objective. All were scored a “2.”

During the project sheet review by the GA (with some consultation with various cluster leads, particularly WASH, Nutrition, and Protection), the generic gender marker rating scale was used, with one specification. In order for the project sheet to receive a gender score of “1” or higher, gender would have to be reflected in the *needs assessment narrative*. A gender breakdown of beneficiaries in the project sheet summary table was not considered sufficient reflection of specific needs by gender.

The overall gender scores for the Zimbabwe CAP (by cluster and in total) were:

Cluster	# of Projects	Gender Score				Average Score
		0	1	2	3	
Agriculture	28	26	2	0	0	.07
Coordination	5	5	0	0	0	0
Early Recovery	7	4	2	1	0	.57
Education	17	10	3	4	0	.65
Food	2	2	0	0	0	0
Health	24	8	2	14	0	1.25

Multi-Sector	6	1	1	4	0	1.5
Nutrition	16	8	4	4	0	.75
Protection	25	2	1	22	0	1.8
WASH	23	6	7	10	0	1.17
Total	153	82	22	59	0	.78

Excluding those clusters that had no technical support from the GA (either directly or indirectly), the average gender score for Zimbabwe increases from .78 to 1.1. While seemingly insignificant, this does indicate that the cluster teams who received either direct or indirect gender technical support reflected gender more often in the *needs assessment*.

Ethiopia

Ethiopia's Humanitarian Response Fund (HRF), a pool fund, is key in funding natural and human-made humanitarian emergencies.

Leadership. The HRF management team recognized the need to enhance the effectiveness and efficiency of this mechanism through better integration of gender in policy and operations. A GenCap advisor (GA) was requested to support this process. The GA, members of the UN Gender Technical Working Group, the Protection cluster and CARE International collectively reviewed and engendered the tools, templates and guidance documents of the HRF. This process was started in May 2009 prior to the introduction of the gender marker system. The gender guidelines and templates were adopted by the HRF board (November 2009) and are being currently used.

Tool Development. Some of the critical improvements to the templates and guidelines include:

- Gender-based violence, sexual and reproductive health and women's empowerment were added to the funding criteria.
- Differential risks, needs, vulnerabilities and obstacles facing women, girls, men and boys are to be analyzed in each sector to inform proposed interventions.
- Sex and age disaggregated data (SADD) is to be collected and presented throughout the project cycle.
- A gender checklist was created to help integrate gender according to the policy guidelines.

Engagement & Capacity Building. The prioritized clusters, supported by the GA, undertook several activities designed to increase the gender-responsiveness of the HRF.

Half-day awareness sessions for cluster members created gender checklists¹ which were field piloted. IASC gender checklists were used as resources. Strategically, UNFPA and the GenCap advisor

¹ A sample annexed. The GA supported the CCM, NFI and shelter cluster to develop and field test a checklist, then present lessons learned to a cluster workshop where the checklist was adopted as one of the cluster tools.

spearheaded and facilitated three three-day gender trainings² for Oromiya region government staff. Participants were from the Disaster Preparedness Commissions. The trainings were designed to enhance holistic integration of gender into disaster preparedness and to improve the quality of planning information and data emanating from the field. This, in turn, has a direct correlation with the interventions supported by the pooled funds. This training will be duplicated in three additional disaster-prone regions of Ethiopia (February-April 2010).

In addition to checklists, other practical gender tools were developed to nurture gender integration at various steps in the response plan. This has been more successful with the NFI/CCM and emergency shelter teams. One example is this list of practical steps to enhance gender integration in the distribution of non-food items:

- All the teams have and refer to the one page checklist. (Annex D)
- A gender focal person is part of the team which has male and female members.
- Gender awareness is part of the orientation sessions on distribution and beneficiary entitlements provided prior to the distribution launch. Team members and beneficiaries participate.
- The beneficiaries' list and registration details are re-analyzed to include disaggregation by sex and age. Special cases are noted and addressed.
- Women, men, boys and girls are separately consulted during distributions and evaluations.
- All information is disaggregated by sex and age (where possible). Gender checklists will be revised to accommodate data gaps that emerge.

The GA attended cluster meetings and supported the technical integration of gender. The CCM/NFI/shelter cluster has shown exemplary progress, now supporting the elderly as one of the forgotten vulnerable populations through the pool fund. Notable efforts have been made by other clusters to disaggregate information and differentiate needs by age and sex. It is hoped that this step will be replicated in more clusters, as not all clusters received this technical support.

After the official introduction of the gender marker in August 2009, the Ethiopia team expressed a willingness to pilot the marker within the HRF to enhance resource tracking and gain more coherent analysis of beneficiaries and evidence based gender results. Engendering the pool fund guidelines and templates has provided the tools to analyze contexts, needs and vulnerabilities from a gender perspective. The next step is introducing the gender marker to the clusters, task forces, HRF team and board with the hope that the above-mentioned groundwork will lead to the gender marker being piloted. Implementing the gender marker has the potential to reinforce, complement and expand the gender results now being achieved in the HRF.

² The Oromiya regional GOE staff developed a gender checklist to support their regional processes.

L

essons Learned

DRC

By taking part in the projects review, the GA was first hoping to build the PF's team capacity. This happened but not to the extent envisioned. The pressure of reviewing a high number of projects within a short time did not fully allow reflecting and exchanging on how gender was mainstreamed into projects.

The criteria used for selecting and prioritizing projects gave only a superficial treatment of gender issues. All projects were required to include a paragraph on gender. But evaluators tended to verify its presence and not its quality or content. The use of gender markers was an occasion to move away from a symbolic treatment of gender.

The existence of a gender section in the PF template was an opportunity to see how gender is integrated into projects' response. However, it was also a limitation. Project designers tended to insert all gender related elements in that part of the narrative rather than including them in the objectives, activities, indicators and expected outcomes.

The guidelines provided under the gender section of the template are biased, mainly focusing on the barriers women might face in accessing aid and on the equal representation of both sexes.

Questions were raised on the correct rating of projects. The checklist defines what grade to give to projects based on the gender sensitivity of the objectives, targeted beneficiaries, needs analysis, activities and expected outcomes. Projects would often only partly meet all of these criteria and it was up to the GA and the team to determine, subjectively, how that translated.

Cluster leads were informed beforehand by the GA that projects would be rated with use of the gender marker. That exercise was perceived by a few cluster leads as a bit threatening. It was important to remind them that the rating did not measure the overall quality of projects and did not impact on project selection.

The development of cluster specific minimum standards seemed to have a positive impact on project quality (See Annex B). The WASH cluster, which produced several projects receiving a score of "2," was one of the few clusters in DRC that had developed simple minimum standards on gender equality specific to WASH interventions.

Yemen

The GA's scoring in Yemen seems more "generous" than scoring performed in DRC and Zimbabwe. However, this does not necessarily imply more inclusion of gender in the Yemeni projects as the scoring reflects the context of how FA and HRP were issued and who participated in the process.

The Yemen experience raised a number of factors that can slow the implementation of the gender marker. These included:

- No orientation session or workshop was organized on the introduction of the gender marker in the HRP/CAP for the humanitarian community because Yemen was not designated a pilot country. Such orientation is essential when full piloting is launched.
- Stakeholders in Yemen were primarily operating in a development, not an emergency, setting. UN agencies were focused on the UNDAF.
- Resulting from the above reality, no agency GFPs were involved in the process of project selection or consultation.
- Mobilization of the GA was too late to influence project design. Hence, the scoring was done 'after the fact' with less than maximum impact. It would be most ideal to jointly assess the gender integration with clusters while designing the projects for an inclusive and objective process.

The gender marker assessment that has been completed should serve as a baseline and an analytical tool for the next HRP or CAP.

Zimbabwe

The engagement of the GenCap Advisor (GA) from the earliest stages of the CAP process allowed gender to remain a demonstrated priority of the CAP team throughout, from the development of the prioritization and selection criteria to the planning meetings of each cluster and final review of the project sheets. Several other cross-cutting issues (such as HIV/AIDS, protection and environment) had in-country technical expertise available, but no dedicated technical assistance for the CAP, and had less of a meaningful presence in the project sheets.

Inclusion of gender equality in the prioritization and selection criteria was particularly effective in galvanizing the engagement of the various clusters on how best to incorporate gender in the project sheets.

Those clusters that received technical support on the gender markers were those whose project sheets had the most meaningful and comprehensive reflection of gender in their project sheets (see gender score table for Zimbabwe in "Pilot Testing the Gender Markers"). Having only one individual able to dedicate time and energy to the CAP gender markers meant that not all clusters could be in receipt of direct support.

It was at the discretion of the GA in Zimbabwe to not classify GBV-specific project sheets as "3" though they met the criteria of including gender in the objective, needs assessment, project activities, and project outcomes. Separating gender equality programming and GBV in the scoring scale provided additional insight for the GA in Zimbabwe to determine the reflection of both areas of gender programming in the CAP.

Some project sheets were difficult to score, particularly those that included gender in their activities, but not in the needs assessment narrative. It was the decision of the GA, based on the rating scale, that these project sheets should receive a score of “1” as gender wasn’t reflected at each step of the project sheet. However, this wasn’t a point clearly defined in the guidance note, and therefore was a context-specific decision.

Scoring the project sheets was a subjective process, left to the judgment of the GA. Some cluster leads reported that by “forcing” gender as a priority and a selection criteria, cluster partners developed projects that were more relevant to gender and GBV, but not relevant to the cluster priorities. The cluster that made this assessment was one that received only indirect support from the GA (in the form of a guidance note, but no presence at any cluster planning sessions). Additional review of this cluster’s project sheets indicated that these projects were weak in overall structure and approach and not simply as a result of including gender to an extreme degree.

Ethiopia

The engagement of a GenCap Advisor (GA) in the cluster processes and deliberations created critical space for the discussion of gender as a priority consideration in emergency response. The review of the pool fund’s tools and templates, now complete, has potential to improve the impact of the fund. These gender tools, introduced in January 2010, will hopefully support the implementation of the gender marker and contribute to improved gender equality programming. Particularly notable is the introduction of GBV/gender/women’s empowerment/reproductive health funding criteria, in the pooled funding mechanism.

Those clusters that have been receiving continuous and consistent support from the GA incorporated more practical actions and steps to enhance the gender responsiveness of their project work. This has catalyzed action from other sectors, particularly evident in the needs assessment processes where tools incorporated gender dimensions.

As a result of increased gender awareness among the emergency and the pool fund team, gender has been recognized as one of the criteria for project selection. The demonstrator effect particularly from the NFI/CCM/shelter cluster’s enhanced GE responses, supported by the GA, is deepening the legitimacy and demand for a future full piloting of the gender marker.

R

ecommendations for Future Inclusion of Gender Markers

1 Inclusion of gender markers from the start of the humanitarian funding cycle: Best results came when the gender marker was introduced at the start of the project design process. Introducing gender and/or the gender marker at a later stage, as demonstrated in DRC, minimizes the impact and inclusion of gender in the projects. Prioritizing gender from the beginning of the process provides enough opportunity for partners and technical advisors to research needs, identify resources, develop support tools, and provide support to partners throughout the process.

2 Access to sufficient and effective technical support: In those cases where the gender markers were tested, the presence of the gender advisors and their ability to dedicate sufficient time and energy to the gender markers was instrumental in any success. The process in Zimbabwe indicates that those clusters in receipt of technical support in some form were able to include gender most effectively and meaningfully in their project sheets. The less TA received, the less meaningful was the incorporation of gender in the projects.

3 Adapt gender markers to the context: As seen in both Zimbabwe and DRC, the GAs determined that the best course for using the gender markers in each case was to adapt the rating system to be relevant to the context in which it was being piloted. In both cases, there was a need to separate gender equality from GBV, in order to garner more effectively the inclusion of each as a separate issue. Subsequently, the scoring/rating process will be a subjective one (see “Recommendation #4” on standardized approaches).

4 Concrete standardized guidelines on the gender markers: Any standard guidelines should include concrete examples of how gender can be reflected at each stage of the project sheet, how gender can be included as a prioritization and/or selection criteria, suggestions on useful resources and tools (for those country programs without the presence of technical support), and how to score project sheets. These guidelines can also include cluster-specific “minimum standards,” such as those used in DRC or the guidance notes developed in Zimbabwe.

ANNEX A

**Gender Marker Guidance Note
WASH CLUSTER**

Zimbabwe CAP 2010

**WASH CLUSTER
CAP 2010**

Reflecting Gender & GBV in WASH Project Sheets

1. CAP 2010 project selection criteria:

In order for the projects to be selected for the CAP, they need to meet several “selection criteria,” which were determined at the CAP Workshop, and confirmed by the UNCT. If a project does not meet one of the selection criteria, it will be **DESELECTED** and will not be submitted as one of the CAP projects for submission.

One of the selection criteria for the 2010 CAP projects is:

“The project reflects the cross-cutting issues of *gender*, HIV/AIDS, protection, and age, unless otherwise justified.”

2. Subsequent to the selection criteria for the projects is the prioritization process, during which the cluster determines which of their project sheets should take priority over others. One of the prioritization criteria for the 2010 CAP projects is:

“*gender* is reflected throughout the project”

Exclusion of gender could result in a lower priority for the project.

Strategies for ensuring project selection and high prioritization:

Zimbabwe-specific Issues to consider	Gender/GBV in the Needs Analysis	Gender Strategies GBV Mitigation Strategies
<ul style="list-style-type: none"> • Gross shortage of data by sex and age • Impact of cholera on various groups (past and future) <ul style="list-style-type: none"> ○ Exposure to cholera through treatment of the dead (who is responsible for treating the bodies?) ○ Vulnerability through transiting from one location to another (Men for work? Women for 	<ul style="list-style-type: none"> • Gender breakdown of cholera-affected populations <ul style="list-style-type: none"> ○ See points listed below • Sex and age disaggregation on water collection locations and practices • Sex and age disaggregation of hygiene promotion 	<ul style="list-style-type: none"> • Raise awareness on any disparity between cholera-affected age and gender groups • Hygiene promotion activities specifically targeting men, as well as women • Placement of water points in safe areas; ensure water points are well-lit, etc.

<p>work? Children for school?)</p> <ul style="list-style-type: none"> ○ Primary caregivers when someone is sick. Impact on vulnerability/exposure ○ Exposure to less hygienic locations • Unequal knowledge of hygiene promotion activities <ul style="list-style-type: none"> ○ Do they follow social norms (e.g. only target women, thereby making men more vulnerable) • Water and sanitation responsibilities in the home <ul style="list-style-type: none"> ○ What age/gender group(s) responsible for water collection ○ What age/gender groups responsible for sanitation responsibilities • Reports of sexual violence most often occurring when collecting water (especially for young girls/young women) <ul style="list-style-type: none"> ○ Assessment from Mberengwa and Mudzi) 	<p>activities</p> <ul style="list-style-type: none"> • Sex and age disaggregation on waste disposal practices • Impact of water collection and practices on GBV 	
--	---	--

ANNEX B

**Gender Marker Guidance Tools
NFI & WASH CLUSTERS**

DRC Pooled Fund 2010

NFI / Abris d'Urgence

Encourager une égale représentation des femmes et des hommes au sein des comités humanitaires de base et veiller à ce que chaque sexe soit également représenté au sein de l'équipe de journaliers

Etablir des files d'attente séparées lors de l'enregistrement et de la distribution afin que les plus vulnérables, tels que les femmes enceintes, les vieillards ou les malades, soient rapidement assistés

Inscrire les femmes comme destinataires de l'aide pour ne pas exclure les secondes épouses des foyers polygames. Les encourager à venir accompagnées d'un adulte afin que le portage du kit jusqu'au domicile soit partagé

Répondre aux besoins spécifiques des filles et des femmes âgées de 13 à 45 ans par la distribution de kits d'hygiène intime. Prévoir des articles de literie en quantité suffisante afin que filles et garçons puissent avoir des couchages séparés



Consulter prioritairement les filles et les femmes à tous les stades du projet, en particulier sur l'horaire et le lieu de distribution afin de garantir un égal accès à l'assistance et afin de réduire les risques de violence. Rencontrer séparément femmes et hommes, filles et garçons et veiller à ce que les équipes d'évaluation et de traduction comportent des femmes

Etablir des mécanismes de réception des plaintes pour les incidents de sécurité et d'abus. Afficher sur les sites d'enregistrement et de distribution des visuels visant à prévenir les situations d'abus et d'exploitation sexuelle

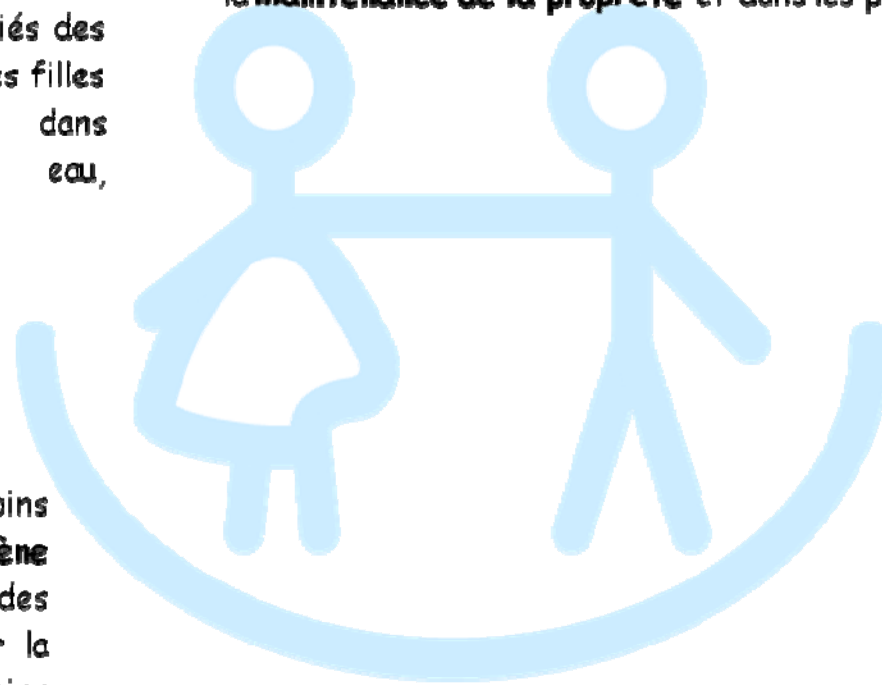
Les 6 Engagements Gender – NFI

ENGAGEMENTS POUR LA SECURITE ET LA DIGNITE DES FILLES, DES GARCONS ET DES FEMMES DANS L'EAU, L'HYGIENE ET L'ASSAINISSEMENT

Analyser et prendre en compte la division des tâches et les besoins différenciés des femmes, des hommes, des filles et des garçons dans l'approvisionnement en eau, l'entretien et l'hygiène.

Répondre aux besoins spécifiques en **hygiène intime** des filles et des femmes menstruées par la construction de coins laverie et la mise à disposition de kits d'hygiène intime

Encourager une **égale représentation** des femmes et des hommes au sein des comités et lors des formations afin que chacun ait une pleine maîtrise des ouvrages existants. Impliquer les hommes dans la **maintenance de la propreté** et dans les programmes d'hygiène



Séparer par sexe les blocs de douches et toilettes grâce à un pictogramme, en respectant un ratio de 6 portes pour les femmes contre 4 pour les hommes. Les portes doivent pouvoir **être verrouillées** de l'intérieur

Consulter prioritairement les filles et les femmes à tous les stades du projet, en particulier sur l'emplacement et la conception des points d'eau, des douches et des toilettes afin de réduire les temps de collecte et d'attente ainsi que les risques de violence. Veiller à ce que les équipes d'évaluation et de traduction comportent des femmes

ANNEX C

**Gender Marker Guidance Note
PROTECTION CLUSTER**

Yemen Flash Appeal 2010

Gender Considerations for IDP Programming PROTECION CLUSTER

Background

A presentation from UNHCR on updated IDPs statistics in Yemen and the joint effort of the international community to cross check IDPs figures and registration procedures to come up with an agreed number, revealed **that the ratio of displaced women to men is roughly equal in all Governorates.**

As the figures represent the total number of IDPs registered through the Government registration system for the purpose of humanitarian aid, it is crucial that the **disaggregation of female and male population statistics is accurate to better define and address respective needs.**

Preliminary findings indicate that duplicate registration of men is biasing the statistics of IDPs for distribution purposes. **Targeted assistance for women is being hampered by the bias in the statistics towards male headed households.**

Gender Strategies for Effective and Culturally Relevant Registration

The procedures described below should not be seen as undermining the head of household status of the man, husband, uncle or brother, but rather aim to come up with a more accurate number of IDPs and rational ***sex and age disaggregation data in order to enable targeted assistance.***

IDP Registration Scenarios and Gender Interventions:

Scenario 1: Polygamous household, husband living with all wives together

Men, who are the head of polygamous households, receive **ONE registration record** with all wives and their respective children included in the total family size on the same registration card.

With this method, the husband will be registered ONCE, provided that all family members are living/hosted at the same place.

Scenario 2: Widowed, divorced and unwed mothers

These women should be **registered as heads of household** and, likewise with the above, have the opportunity during the registration process to **designate an authorized representative** who can pick up their distribution items.

Scenario 3: Polygamous household, husband NOT living with all wives at the same place

Men, who are the head of polygamous households, receive **ONE entry on the registration** card with the indication of **ONLY** the wives who are living together with him at the same place.

Women living in polygamous households, **who are not living with their husband at the same place**, are **registered as a head of household with their marital status listed as “Married”** (in order to distinguish them from single-women headed households who are divorced, widowed or unmarried). In case these women cannot attend distributions themselves due to cultural or protection reasons, they should have the ability during the registration process to **designate an authorized representative** who can pick up the distributed items on their behalf.

Please note that the authorized representative is NOT registered as a unique individual in the distribution list and should not be a family member of the household. Authorized representatives will not be included in statistical reporting of total number of IDPs.

Scenario 4: Marginalized groups, including elderly, orphans, disabled and ill people

Women, men, girls and boys included in **marginalized groups**, who are physically unable to collect their items, are **registered as head of household** with the indication of the **authorized representative** who is authorized to pick up their items on their behalf.

ANNEX D

**Gender Guidance Note for Cluster Programming
NFI/CAMP COORDINATION & CAMP MANAGEMENT
CLUSTER**

Ethiopia Humanitarian Response Fund 2010

Gender checklist for NFI responses/distributions in Ethiopia

A) Team constitution (Assessment and Distribution)

1. Is there gender balance (men and women team members) in the team conducting the assessment, planning and the distribution?
2. Is there sufficient gender capacity in the team? (Presence of a gender focal person or gender expertise and/or a gender training session for teams?)
3. Have the community authorities and committees been sensitized on gender and gender balanced teams identified as community representatives?
4. Have all sectors been contacted to enhance the needs assessment and coordination of NFI assessments and distribution?

B) Assessment process/exercise

1. Are women, men, boys and girls (separately and together) in the community being consulted and involved adequately in collecting their needs, concerns, risks and solutions to the key sectoral issues? E.g. Through separate meetings, times when women are also available from their reproductive/domestic chores.
2. Are there obstacles in accessing the views and perceptions of women and girls? How are these obstacles being overcome? What strategy is being used to raise the voice of women and girls and document their needs?
3. Are community institutions consulted? E.g. youth groups, women groups, various committees etc.
4. Is the following sex and age disaggregated data and information being collected?
a) number of men, women, girls and boys affected and their ages; b) number of female, male, child or elderly headed households; c) groups with specific needs e.g. chronically ill, persons living with disabilities, unaccompanied boys and girls, PLWHA etc; d) number of pregnant and lactating mothers; e) number of girls and women from 13-49 for hygiene and sanitary kits distribution. Have they been consulted on the familiar and culturally appropriate sanitary materials? f) destitute men and women; g) households hosting extended families.
5. Are the differential needs highlighted by men, women, boys and girls being documented and planned for? Are there specific and special needs for men, women, boys and girls per sector? How will they be addressed?
6. Are targeted interventions being designed to address the differential needs for men, women, boys and girls?

C) Distribution exercise

1. Have all community members been made aware of the items being distributed and/or household entitlements? Have appropriate methods of information dissemination been used to ensure women and other marginalized groups are aware e.g. meetings, announcements, notices in communal places?

2. Who has been involved in the design of the distribution system? Is it based on the social structure of the community to enhance reaching all? (The most common and preferred distribution system targets individual households and preferably has women organizing the distribution.)
3. Is the distribution point accessible to all? Are women and girls safe in reaching the point of distribution? Is this being monitored? Is the distribution time convenient for women and girls especially?
4. Are there gender balanced community distribution committees (also taking into consideration age and vulnerability diversities- e.g. a youth representative) as representatives of the community?
5. Are the specific needs of women and girls, such as hygiene and sanitary packs, soap and underwear, being addressed in the distribution?
6. Are the needs for the elderly, pregnant mothers, persons living with disabilities and chronically ill getting priority targeted distribution? e.g. Fast track queues, home delivery or reserved spots.
7. Are there regular meetings/consultations to gauge the process of distribution with men, women, vulnerable and marginalized groups by the Government, agency/NGO teams and the community committees? Are there any demographic changes?
8. Is there a complaint mechanism? Are both women and men represented in this arrangement to enhance access for males and females? Can women, men, boys and girls and other vulnerable groups access this mechanism? Are reports of harassment and discrimination encouraged, documented and addressed appropriately?

D) Information analysis/ reporting

1. Is monitoring done jointly by the community, relevant agencies and local Government authorities? Has there been a post distribution meeting to gauge the quality, effectiveness and lessons learnt to guide other distribution exercises in these same locations?
2. Is the data and information collected presented by age and sex?
3. Is the disaggregated data included in the reports? Is this data meaningfully used to assess the implications of the response?
4. Is the gender checklist included among the tools that guide report writing? Is it used to continuously monitor the process and progress of distribution and reporting?

ANNEX E

**Gender Marker Guidance Tool
BACKGROUND – GENDER BLINDNESS**

DRC Pooled Fund 2010

What is the impact of the lack of gender programming on humanitarian aid's effectiveness and quality?

Lessons learnt from the pilot use of gender markers to rate humanitarian projects submitted to the Pooled Fund, DRC

- Lack of analysis of the differential impact of the humanitarian situation on the life of girls, boys, women and men does not allow meeting the needs of all:

Crisis situations, be they conflict or natural disasters, have very different impacts on women, girls, boys and men. They face different risks and, accordingly, are victimised in different ways. The needs for assistance and protection will vary for these different groups of population¹. The encompassing approach of most projects does not allow understanding what are the different needs, capacities and priorities of women, girls, boys and men. What are the specific needs for aid and protection of the different categories of the population? Who has been consulted during the needs assessment? Whose needs are being reflected in the choice of a particular type of humanitarian assistance?

Example: Girls and women constitute the vast majority of sexual violence survivors². Nevertheless, boys and men are increasingly targeted by such type of assaults. Male survivors have difficulties revealing their situation and seeking for help. This situation might be made even harder because of the fact that SGBV response programmes do not integrate any specific type of assistance for the masculine population or referral mechanisms to relevant structures.

- Lack of analysis of the gendered obstacles to accessing services does not allow designing a humanitarian response equally benefiting to all:

In times of humanitarian crises, services such as markets, health centres, hospitals, schools may be destroyed. In providing these services to the affected population, humanitarian actors must not only consider the construction/rehabilitation of structures, staffing and the provision of equipment and consumables, but also the gendered aspects to accessing them.

Example: Education projects seldom take into consideration the socio cultural barriers that might affect girls' access to education (early marriage and pregnancy, priority given to boys education when parents cannot pay school fees for all, heavy domestic and livelihoods responsibilities).

- Lack of sex disaggregated data and language does not allow effective beneficiary targeting:

In order to enhance beneficiary targeting and, therefore, overall programme quality and effectiveness, it is important to know which specific group within the population is most at need. Projects submitted to the PF often use encompassing terms such as "households", "children", "IDPs" that do not allow to understand who will actually be targeted by aid and whose needs are being considered. Targeted beneficiaries, objectives, activities and outputs are often gender blind. Communities are seen as a homogeneous group, project designers not sufficiently taking into account the social dynamics that impact on women and men's access to and control over resources and humanitarian help.

Example: Food security projects provide in kind and technical support to the households. There is usually no indication of who within the family will receive aid and on how the choice of crops/livestock/tools to be distributed takes into consideration the livelihood needs of women and of men or responds to the needs of the most vulnerable.

- Existing disaggregated data is not fully taken into consideration in order to enhance beneficiary targeting:

¹ See Siobhan Foran, *Why does gender matter in crisis situations?*

² Out of 7146 cases of sexual violence reported in 2007, 99, 2% of the survivors were females and 0, 8% were males.

Availability of age and sex disaggregated data can be challenging when conducting emergency response projects in DRC. Nevertheless, experience shows that when data is available, it is not always used to its best in order to improve overall programme quality and effectiveness.

Example: The national demographic and health survey conducted in DRC shows that under nutrition affect more boys than girls³. The admission rate in nutritional centers indicates that more girls than boys get treated⁴. Nevertheless, all projects target children, regardless of their sex. The absence of consideration about boys' increased vulnerability does not allow understanding the causes of that situation or taking measures in order to reverse it.

- Humanitarian response can reinforce gender based stereotypes and maintain gender inequalities:

The projects of several clusters tend to reinforce the traditional division of labor, not allowing women and men to enjoy equal opportunities in accessing aid or in being socially and economically empowered.

Examples:

- Several cash for work projects prioritize men, based on the idea that construction work would be physically too challenging for women. Yet, in rural DRC, women are heavily involved in labor requiring physical efforts. Furthermore, just as their male counterparts, they are in need of livelihoods opportunities.

- WASH projects mainly target women for hygiene promotion and hygiene maintenance based on the fact that they are usually more involved in hygiene related tasks and more competent at cleaning.

- Nutrition projects solely target mothers for nutritional education. Are mothers the sole decision makers about what is eaten at home and about food related expenditures? Fathers' role in family's health and nutrition is not recognized⁵ nor encouraged. The fact that fathers are not targeted by nutritional messages might hamper the sensitization's effectiveness. Decision about the modification of eating habits, which might also imply additional costs, should associate both parents.

- Gender based violence affects the entire society. Protection projects often treat SGBV as a "women's issue", failing to fully associate men as allies against this pandemic.

Humanitarian response can create protection threats:

29% of projects mention or take into account the prevention of sexual violence and 0, 07% integrate measures against sexual exploitation and abuse⁶. The lack of systematic consideration for SGBV and SEA prevention can negatively impact on girls, boys, women's and men's equal access to services.

Examples:

- The cash for work projects submitted by the logistics cluster rarely include mechanisms to prevent and report situations of sexual exploitation and abuse.

- Shelter projects seldom provision technical assistance for the most vulnerable groups, such as female headed households, who might not have the means of building their shelter and find themselves in a situation of dependency and abuse.

Written by Delphine Brun, GenCap gender advisor, DR Congo

³ The "Enquete demographique et de sante- RDC 2007" (p155) shows that 48, 1% of boys against 43, 1% of girls do not have the height corresponding to their age (Percentage under -2ET). 27,5% of boys against 22,7% of girls do not have a sufficient weight for their age (percentage under -2ET)

⁴ "Prise en charge de la malnutrition aigue sévère en RDC 2009 (UNICEF)", update of the 30th of October 2009.

⁵ Mothers are seen as the sole indirect beneficiaries of nutritional projects which target children. This falsely implies that fathers have no benefit or interest in their children's nutritional health.

⁶ Given the fact that the PF template does not include any specific section on SGBV and SEA, results are indicative, not fully reflecting the internal policies and mechanisms that NGOs and UN organizations have in place and might not mention in their narratives.