



GENDER EQUALITY IN THE 2015 STRATEGIC RESPONSE PLAN

RESULTS & EVOLUTION OF THE IASC GENDER MARKER

OCTOBER 2015



FOREWORD

Women, girls, boys and men experience crises differently; they have different coping mechanisms, different levels of access to assistance and distinct views on how assistance and protection responses should be planned and implemented. They have different needs.

To be effective and responsible, humanitarian programming must aspire to meet these distinct needs. This is not only the right thing to do, but the smart thing to do.

An evidence-based analysis of these differences is the first essential step for the development of a targeted response. This is crucial to ensure equitable and effective initiatives designed to reach each and every affected person — women, girls, boys and men.

This report, by the IASC Gender Standby Capacity project (GenCap), captures lessons-learnt on integrating gender in the Strategic Response Plan (SRP) 2015. While there is wide recognition that gender-specific considerations are pivotal to effective humanitarian responses, improvements are needed to get tangible results.

In crises across the world, the lack of sex- and age-disaggregated data remains as an ongoing challenge. Additionally, despite the efforts and having a mandatory IASC Gender Marker, many humanitarian programmes still fall short in addressing gender issues and resources continue to be disproportionately allocated to gender-blind projects.

All who work to provide life-saving assistance and protection for the most vulnerable of this world — aid groups, governments, donors — have a responsibility to ensure that gender considerations are included in every aspect and at every stage of humanitarian action. This means tackling gender discrimination and inequality, reducing vulnerability and strengthening resilience and enhancing equal participation of women and men.

This report illuminates the way ahead in this endeavour.



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Executive Summary

The purpose of this report is to capture progress and learning on how gender issues have been taken into account in the Strategic Response Plan (SRP) 2015 as well to provide an analysis on the implementation of the IASC Gender Marker and information on its future evolution. It is meant to inform sectorial programmers, clusters, cluster lead agencies, decision makers, OCHA and donors on how well current appeal processes take gender issues into account and, building on lessons learnt, how consideration for gender issues could be enhanced in future appeals. The findings are derived from reports and interviews with GenCap Advisers, who conducted a review of SRPs and of projects as part of their support to humanitarian actors. As in previous years, GenCap Advisers, either through country deployment or remote support, engaged in various ways to support the different phases of the Strategic Response Plan. Advisors also engaged at global level to ensure that guidance and processes fully integrate gender issues.

Ensuring that the humanitarian programme cycle (HPC) -a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response - analyses and responds to the distinct needs of girls, boys, women and men is of critical importance for the provision of an assistance that is effective, equitable and that builds resilience. The HPC consists of five elements coordinated in a seamless manner, with one step logically building on the previous and leading to the next:

- 1-Needs assessment and analysis
- 2- Strategic Response Planning
- 3- Resource mobilization
- 4- Implementation and monitoring
- 5- Operational review and evaluation

While consideration for gender issues is key at each step of the HPC, this report focuses on the two first steps of the programme cycle, that is the development of the Humanitarian Needs Overviews (HNO), of the Strategic Response Plans (SRPs) and the design of projects, for which the application of the IASC Gender Marker is mandatory. With the transition from a Consolidated Appeal Process (CAP) to a SRP, it is worth exploring whether the aims and objectives of this new approach are being better met particularly in terms of the growing emphasis on the needs of affected people and improved targeting of the most vulnerable.

1. How do Humanitarian Needs Overviews take gender issues into account?

Analyzing the distinct impact of humanitarian crises on the life of girls, boys, women and men, and on this basis, understanding what their needs for assistance and protection are, is the first essential step for the development of an evidence-based, inclusive and efficient strategic planning. This also provides the baseline information upon which situation and response monitoring systems rely on.

Findings suggest that the fact that the global guidance (see annex 2) and associated template requests humanitarians articulate needs and priorities based on sex and age has generally helped ensure that gender perspectives are included in the HNO. Yet, while certain countries conduct a gender sensitive analysis of the impact of the crisis and develop a plan that addresses different needs, others fail to do so.

While valuable gender disaggregated data is included in several HNOs, limitations with the disaggregated figures that were provided were also identified:

- ❖ Population figures were in several instances very approximate

- ❖ While overall population figures were provided, there was in several instances no further sex and age disaggregation of these numbers in terms of status (i.e. IDPs) or groups with specific needs
- ❖ HNOs often did not provide a point of comparison with pre-crisis situation
- ❖ In several instances, there was no gender analysis of the demographic profile of the affected population. In other words, disaggregated numbers were presented but not discussed.
- ❖ Lack of sex and age disaggregated information is seldom identified as a gap that needs to be addressed.

With regard to a comparative analysis of how the situation impacts women, girls, boys and men, it was found that, while some HNOs do provide an analysis of gender inequalities and recognize these as a factor of vulnerability, a large part of the HNO reports suggest that there are no significant social or economic differences among age cohorts, or between males or females that have any bearing on humanitarian needs or priorities. There is often no mention of the gender inequalities in the countries as drivers of crisis as well as key factors in vulnerability and the capacity to recover. Whereas identifying the very differential and unequal conditions and status of women and men, girls and boys and its implications would have helped develop a humanitarian response that responds to urgent needs *in ways that help to reduce discrimination and inequality*, to reduce vulnerability and strengthen resilience.

Findings also suggest that the specific gender needs identified in HNOs almost exclusively focus on issues such as reproductive health, gender-based violence and in fewer cases, on unequal access to education, demonstrating a conflation between gender equality and women's issues.

Reference to gender needs and inequalities primarily focuses on women and children. In a large number of country overviews, "*women's vulnerability*" is frequently stated as fact without explanation of how women are disadvantaged or marginalized compared to men. "*Vulnerable women and children*" is also commonly used, revealing an even greater lack of analysis, as the problems facing women in an emergency are usually quite different from those facing boys and girls.

While the information provided on affected girls and women's needs is valuable, it does not help determine how females and males are differently impacted by the crisis and what the biggest gender disparities are. Lack of comparative analysis, due to the fact that gender analysis still tends to be perceived as women's issues, also prevents analysing the roles and particular needs of boys and men.

Reference to how the latter are affected by the crisis remains patchy. While girls and women bear the bulk of gender based discriminations, justifying a focus on their situation, this should not prevent country teams from analysing boys' and men's distinct needs in terms of assistance and protection.

Recommendations:

- Collection and use of sex and age disaggregated data should be strengthened to allow a comparative analysis of how the situation distinctly impacts girls, boys, women and men. Where there is a lack of reliable information, this should be systematically identified as an information gap.
- Overviews should build on a comparative analysis of the situation of girls and boys, women and men. The roles and particular needs of boys and men should not be overlooked.

2. How do Strategic Response Plans address gender needs?

The priority needs identified in the HNO directly inform the strategic response. Findings suggest that, where gender issues were analyzed, the overall SRP strategy developed a plan that better articulated how distinct needs would be addressed, therefore yielding better results. Yet only a few humanitarian response plans not only acknowledge the existence of distinct needs but also propose concrete ways to address these in their overall strategies. In several country plans, gender issues are discussed but

strategies inconsistently address them.

Many plans limit discussion of gender inequality to violence against women and girls, reproductive and maternal health, without discussing the economic, social or political inequalities relevant to crisis response, recovery or peace building. This is congruent with the findings from the HNO review.

The way strategic plans address gender issues greatly varies across countries, from statements of intent or statement of facts in relation to the context, to detailed measures that explain how distinct needs will be met.

It is generally quite rare that strategic objectives make explicit references to gender dimensions or see gender equality as a primary objective of the humanitarian response. The SRP for Yemen (see box 3) is one of the plans demonstrating the greatest commitment to addressing gender inequalities.

For the vast majority of countries, gender is identified as a priority crosscutting issue. However, this focus is inconsistently reflected in the other parts of the plans, such as in the targets and defined indicators, and does not systematically trickle down into the cluster response plans. In other words, gender sensitive language does not necessarily mean that the stated strategic and programmatic orientations will be put in place.

Several response-monitoring plans cover gender in monitoring, to various degrees. While there is increased attention to addressing gender issues in the overall strategy, the purpose of disaggregating results appears to be less widely understood. Another difficulty relates to the fact that, when baselines do not provide sex disaggregated information and when targets do not specify the intended sex breakdown of those who will be assisted, indicators even when broken down by sex and age cannot capture the anticipated shifts from baseline, factoring in sex variables.

Several SRPs mention the use of the IASC Gender Marker as part of their strategy, usually stating that only projects that achieve a certain code can be selected.

Recommendations:

- Analysis and feedback on country Needs Overviews, Strategic Plans and Gender Marker Spot Checks on project proposals should continue until effective gender mainstreaming is normative in all humanitarian documents and activities
- Country teams should ensure analysis of inequality and its relevance to crises are discussed and agreed by all humanitarian actors, to establish a clear connection between the problems identified under crosscutting issues, and strategies/activities designed to address them.
- Capacity building should focus on the use of measurable indicators and targets that will provide clear information about program equity and contribution to increased gender equality.

3-Consideration for Gender Issues in the Cluster Response Plans:

Analysis of the cluster response plans of 12 countries demonstrates that these plans are clearer and more specific about gender-related needs and response strategies than the overall Country Strategies. The narrative intention to ensure equal benefits for women, girls, boys and men is clearly present in almost all cluster plans and represents considerable progress. That said, there is wide variation within countries for how well gender inequality is addressed by the different clusters. There is also wide variation within clusters across different countries; gender inequality may be thoroughly analyzed and planned for by a sector in one country, while completely ignored by the same sector in another.

In most cases, cluster plans are consistent with the gender-related issues identified in the HNO. Yet, there are also occasions where a topic raised in the HNO does not appear to be addressed by the relevant cluster.

While certain plans build their response on a robust understanding of different needs, there remains a tendency of perceiving people in need of assistance as a homogeneous group (“IDPs”, “vulnerable”, “households”, etc.). This is particularly true for children: The socio-cultural values and norms that determine and shape social expectations on what “being a girl” or “being a boy” is about, and that bear direct implications on child’s access to basic services and on the risks s/he might face, are not sufficiently taken into account. This encompassing approach does not make it clear whose needs are being considered and who is being targeted by assistance.

Certain gender issues are widely recognized but others are overlooked. Similar to the finding from the review of the HNO and strategic narrative, cluster plans demonstrate a conflation of gender issues with women’s needs. While female representation and participation is often considered and that needs related to reproductive health, gender based violence and education are usually addressed, girls’ and women’s economic and social empowerment is less often identified as a priority even though poverty and low social status form the root causes of the health and protection issues clusters have identified.

The conflation of gender issues with women’s needs has for consequence that gender dynamics are not sufficiently analysed and that the roles and particular needs of boys and men are not sufficiently identified. There is often a stereotyped targeting of women (i.e. in reproductive health programs, child and maternal nutrition, hygiene promotion, GBV P&R programs, etc.) but not enough attention is paid to how men could engaged in such programs, both as recipients and as a way to reshuffle family responsibilities and reinforce gender equality.

While there is increased attention to addressing gender issues in the overall strategy, the purpose of disaggregating results by sex and age appears to be less widely understood. There remains, in particular, a significant gap in provisions to *ensure* program results that are measurable and comparable for men and women, boys and girls. Most clusters still need to adapt indicators and targets so that they will be able to report how many men *compared* to women, or boys *compared* to girls; or *how much* of the resources went to males and females respectively. Such disaggregation is the only way humanitarian programs can credibly demonstrate that they are promoting and contributing to gender equality.

Recommendation:

- Clusters need to ensure that program results are measurable and comparable for men and women, boys and girls. Indicators and targets should measure the proportions of males and females participating and benefiting.

Results of the IASC Gender Marker coding:

As part of the Strategic Response Planning, and based on the priorities identified in the SRP, project proposals are developed in country. Each project is assigned a self-assessed Gender Marker code, describing the level of gender sensitivity of the proposal. The IASC Gender Marker, that is a tool coding on a 2 -0 scale, is required for all SRPs and other humanitarian appeals and funding mechanisms.

As part of their support to humanitarian country teams in applying the Gender Marker, GenCap advisers conducted a random review of 844 projects for the 2014/2015 appeals. For each of the project, they kept track of what code should apply (in case of miscoding) so as to get an accurate picture of how well planned interventions take gender issues into account. Analysis of revised codes reveals that:

- ❖ Projects coded 2a/2b on the Gender Marker made up 35% of those reviewed, with the vast majority of these projects showing *significant potential for mainstreaming gender* (code 2a).
- ❖ However, the larger share of projects only partially took gender issues into account, with 42% of reviewed projects coded 1 (*limited potential to contribute to gender equality*).
- ❖ The remaining 22% of projects were coded as 0 – or *gender-blind*.

As in previous years, the review demonstrates that countries and clusters perform at very different levels. The accuracy of the coding remains a key challenge, with almost 40% of projects being miscoded. This on-going difficulty makes the tracking function of the marker inefficient and calls for further capacity building support in adequately using the tool.

Recommendations:

- Priority attention should focus on building capacity of those countries with a high number of projects and poor consideration of gender, such as Chad and the Central African Republic.
- Addressing capacity building needs in the WASH and Food Security clusters have the potential to make significant contributions to addressing gender dimensions overall.
- Based on the important limitations of the tracking functions of the Gender Marker, the tool should be considered as a tool to build the capacity of project designers.

Future evolution of the Gender Marker: Towards an IASC Gender & Age Marker applied at design and implementation phases:

Six years after its inception and learning from its roll out, the IASC Gender Marker is currently under an adaptation process that will significantly affect its performance. The review responds to the recommendations in the assessment that was conducted in June 2014. The 2014 Gender Marker Review comprehensively reviewed the impact the tool has had on humanitarian programming since its inception, identifying gaps and producing recommendations on how to improve it. Future iterations of the IASC Gender Marker will include the following modifications:

- ❖ Age, the second universal determinant, will be fully integrated into the Marker's coding system and Marker's Tip Sheets. The name of the tool will reflect this revised scope, becoming the *IASC Gender & Age Marker*.
- ❖ While the Marker will continue to be used to assess the level of gender sensitivity of projects at the design phase, it will also be adapted to monitor the degree to which gender equality measures are implemented in projects.
- ❖ Adaptation of the coding scale of the Marker is being explored, with the aim of addressing the existing confusion with the use of the codes 2a and 2b.

Based on the final decision that will be made on the desired coding scale and on the results of the Gender & Age monitoring pilot, the tools will be adapted during the winter 2015 and launched prior to the 2016 humanitarian planning season. This will provide sufficient time for the GenCap project to familiarize clusters and agencies with the revised Marker so that they can use the IASC Gender and Age Marker in Design and Monitoring Phases.

Introduction

Ensuring that the humanitarian programme cycle (HPC) analyses and responds to the distinct needs of girls, boys, women and men is of critical importance for the provision of an assistance that is effective, equitable and that builds resilience. While consideration for gender issues is key at each step of the HPC, this report focuses on the two first steps of the programme cycle, that is the development of the Humanitarian Needs Overviews (HNO), of the Strategic Response Plans (SRPs) and the design of projects, for which the application of the IASC Gender Marker is mandatory.

The purpose of this annual report is to see how the Strategic Response Plan (SRP) has analyzed gender inequalities; addressed distinct protection and assistance needs of girls, boys, women and men; and promotes the advancement of gender equality. With the transition from a Consolidated Appeal Process (CAP) to a SRP, it is worth exploring whether the new approach is better at addressing these three objectives. It is hoped that, with a greater emphasis on affected populations and targeting the most vulnerable, gender will be considered in greater depth. As part of the strategic planning process, the report also looks at how the IASC Gender Marker has been applied and analyzes the results of the different appealing countries and clusters. It is meant to inform sectorial programmers, clusters, cluster lead agencies, decision-makers, OCHA and donors on how well current appeal processes take gender issues into account and, building on lessons learnt, how consideration for gender issues could be enhanced in future appeals.

The goal of the document is to capture learning on mainstreaming gender in the SRP over the past year and on the application of the IASC Gender Marker. The report also provides recommendations on the future evolution of the IASC Gender Marker, recommendation based on six years of insight since its inception and roll out and building on the findings of the assessment that was conducted in 2014.

Findings are derived from reports and interviews with GenCap Advisers. As in previous years, Advisers, either via country deployment or through remote support, engaged in various ways to support the different phases of the Strategic Response Plan. In line with the GenCap Project's twofold approach of influencing inter-agency global policies and of providing strategic and operational support in country, the advisers ensured that the global guidance for the Strategic Response Plan included gender equality programming and providing technical advice to country teams in developing their appeals.

GenCap Advisers Support to the Humanitarian Community

As in previous years, GenCap Advisers have engaged in various ways to support the different phases of the Humanitarian Programme Cycle through country deployments or remote support. During the period covering the SRP process 2014-2015:

- Nine advisers were deployed in countries to provide long term, hands on support to humanitarian teams,
- Three advisers were specifically recruited to support appeal processes, by providing remote support to 21 countries and conducting short term missions, and
- Three advisers were deployed at global level, including an advisor dedicated to the Humanitarian Programme Cycle and to the IASC Gender Markers. They ensured that global guidance and processes on the HPC took account of gender issues and that global clusters were receiving the required technical support.

BOX 1:

IASC Gender Capacity Standby Project (GenCap)

GenCap was created by the IASC Gender SWG (now known as the Gender Reference Group). The project was set up to build the capacity of humanitarian actors, at country level, to mainstream gender in humanitarian programmes. GenCap consists of a roster of Gender Advisers, managed by the Norwegian Refugee Committee (NRC), deployed, upon request, as an inter-agency resource in humanitarian response settings. Since 2007, 95 GenCap Advisers have been deployed to crises affected countries in support of the design and implementation of humanitarian programmes that meet the needs and priorities of men, women, boys and girls.

In line with the project's twofold approach of influencing inter-agency global policies and providing strategic and operational support in country, GenCap advisers generally engaged in a 5-stage process that could be summarized as follows:

1.1 Ensure that global guidance and processes on the Humanitarian Programme Cycle are taking gender issues into account:

The GenCap advisers deployed at global level collaborated with Inter-Agency groups to ensure that the IASC guidance documents supporting the different stages of the HPC were robustly and coherently mainstreaming gender. This was done by:

- ❖ *Including in the **MIRA (Inter-Sectorial needs assessment)**¹ practical recommendations* enabling the assessment teams to conduct secondary data reviews and community-level assessments in a way that assesses the distinct impact of humanitarian crises on girls, boys, women and men.
- ❖ *Ensuring that gender and age issues are robustly taken into account in the **global HNO and SRP guidance**:* The 2015 guidance includes an annex on "*Tips for developing gender, age and diversity sensitive Humanitarian Needs Overviews*" (See annex 2). Developed in collaboration with HelpAge, this document provides tips for the humanitarian needs overview analysis team, allowing them to produce an overview that takes account of gender and age differences, and results in the development of an evidence base with which to design and deliver appropriate and accessible assistance for all groups.
- ❖ *Organizing an independent **assessment of the IASC Gender Marker***, which aim was to review the impact it has had on humanitarian programming since its inception, identify gaps and produce recommendations on how to improve it.²

¹ <https://www.humanitarianresponse.info/en/programme-cycle/space/document/multi-sector-initial-rapid-assessment-guidance-revision-july-2015>

² The assessment report is available at: <https://www.humanitarianresponse.info/topics/gender/document/iasc-gender-marker-2014-evaluation>. For information on the future evolution of the IASC Gender Marker, see last section of the present report.

- ❖ Ensuring that the **Humanitarian indicators Registry**³, in its guidance and in the sectorial indicators it provides, explains why sex and age disaggregation matters and how the information should be used to inform monitoring. In addition, feedback was provided on the **Periodic response monitoring guidance**. Providing technical assistance to the **Global clusters** and to the requesting country clusters, ensuring that cluster coordination and cluster performance monitoring tools properly take gender into account.

Box 2

GenCap support to countries developing an appeal:

In country support: CAR, Chad, Liberia, Myanmar, Philippines, South Sudan, Jordan

In country & Remote support: Syrian Crisis Response (WoS SHARP and 3RP) - Syria, Turkey, Iraq, Lebanon, Egypt, and Yemen

Remote support: Afghanistan, Burkina Faso, Cameroon, Colombia, Djibouti, DRC, Gambia, Haiti, Mali, Mauritania, Niger, Nigeria, Pakistan, Palestine, Sahel, Senegal, Somalia, Sudan, Ukraine

1.2 Strengthen engagement and capacity on the development of gender sensitive SRPs and on the IASC Gender Markers:

GenCap Advisers deployed in country undertook a range of activities. Support focused on strengthening the capacity and engagement of the humanitarian community in developing strategic plans that take distinct needs into account and in using the IASC Gender Marker, prior to the actual planning season. This was done by:

- ❖ **Engaging through existing structures:** Depending on in-country architecture, the GenCap Advisers generally engaged with Cluster leads, UNOCHA SRP Focal Points and Gender Focal Points, where these were in place. The presence of Gender Focal Points within clusters provided key entry points and most importantly meant that after the GenCap Advisers' deployment was completed, there remained a specific resource in-country on gender mainstreaming.

- ❖ **Conducting Training and Information Sessions:** SRP Workshops were crucial opportunities for providing information to clusters on the

development of gender sensitive response plans and the use of the Gender Marker. Through these workshops information was shared with donors, cluster members, civil society organizations, and government representatives. Training targeted a range of stakeholders including those involved in the direct use of the Gender Marker including cluster coordinators, cluster gender focal points, cluster member organizations and UNOCHA SRP Focal Points.

1.3 Input and Consultation for the Humanitarian Needs Overviews:

Ensuring that there is a common understanding of the distinct assistance and protection needs of females and males of different life stages, among the affected population, is of critical importance. The development of a HNOs that describes the circumstances, needs and capacities of different groups, and analyses the implications of these findings for programming and prioritization, is the essential first strategic steps for the provision of an evidence based response that effectively takes into account these differences. GenCap Advisers actively supported the development process of the HNOs. This was done by:

- ❖ **Researching for country- and sector-specific data on gender issues and on the status of women:** This secondary data review was shared with the analysis teams in order to feed into the HNO and, where relevant, with the inter-cluster.
- ❖ **Detailed review of the different HNOs:** Questions and suggestions, so as to better analyze specific needs, were shared with the HNO focal points in country, either in writing or at workshops. A recurring gap in most of the HNOs was the lack of availability of sex- and age-disaggregated data (SADD). Where this information was lacking, advisers sometimes searched for the information to ensure it would feed into the overall analysis. When it came to remote support, HNO focal points in OCHA were also provided with a succinct list of priority considerations and were asked, as part of their follow up, to ensure that these elements were addressed in the final version of the documents.

³ <https://www.humanitarianresponse.info/en/applications/ir>

1.4 Support in the Formulation of the Strategic Response Plans:

Advisers supported the development of the Strategic Response plans as follows:

- ❖ **Provide guidance to ensure that the strategic objectives and indicators were gender sensitive:** By participating in the SRP workshops, some advisers were able to ensure that the overarching objectives included gender issues and that the indicators were sex- and age-disaggregated. In some cases, they negotiated gender commitments within countries to shape the operation's planning and activities. While this approach proved particularly successful in some countries (see Box 2 on the SRP for Yemen), the influence advisers enjoyed was unequal, ranging from country teams not following up on the offers for support, to an active and fruitful collaboration.
- ❖ **Hands on support to the clusters:** A specific focus was placed on the cluster response plans, with the provision of in-country or remote support to the cluster coordinators and cluster members. GenCap advisers attended cluster meetings or organized cluster specific events on gender sensitive approaches in programming, upon the request of cluster coordinators (such as in Chad). The draft response plans were then reviewed and detailed feedback provided. The level of interest expressed by the clusters was unequal.
- ❖ **Detailed review of the different SRPs:** The GenCap Advisers revised the SRPs to identify how gender issues were reflected and to determine if the key considerations that had been raised during the review of HNOs had been addressed in the plan. For countries receiving remote support, feedback was sent to several country SRP focal points when the documents were still being drafted.

1.5 Support on the use of the IASC Gender Markers:

Inter-agency refresher training sessions on the IASC Gender Marker were organized in country, prior to or during the project development stage. These training sessions build the capacity of the organizations to self-assess their projects as well as to ensure that cluster coordinators and project vetting teams are fully capable of reviewing the original codes, so as to ensure coding accuracy.

While the process varied from country to country, the Gender Marker codes were applied by project designers themselves at the time of uploading projects to the On-line Project System (OPS)⁴ and then reviewed by cluster-level review structures. The reviews were largely undertaken by cluster vetting teams and, where available, by Gender Focal Points.

GenCap advisers, on some occasions, took part in the review team in order to advice on the accurate code and stimulate a dialogue on how the distinct population needs could be better addressed in the proposal. Yet, as priority has been placed over the past years in re-affirming that the Gender Marker is a collective tool and that its proper use is the responsibility of the clusters, they sometimes decided not to engage directly as part of the projects review so as to avoid an over-reliance on their experience with the tool to determine the coding.

In addition to this, GenCap advisers also conducted a spot check review of between 10 and 15 percent of the projects uploaded on OPS to assess the overall design of the project and check the accuracy of the IASC Gender Marker codes. Detailed comments and suggestion on what the Gender Marker code should be were sent back to project designers, assisting them to strengthen the quality of their proposal. While the GenCap project has committed to conducting spot check reviews, the support provided by the advisers often exceeded what was initially planned for several countries, such as oPt, CAR, Chad, where the systematic review of all projects submitted was conducted.

⁴ OPS is the on-line platform used by appealing agencies to submit projects to be considered for SRP inclusion.

Mainstreaming of Gender in the 2015 Strategic Response Plans

1. How do Humanitarian Needs Overviews take gender issues into account?

Analyzing the distinct impact of humanitarian crises on the lives of girls, boys, women and men, and on this basis, understanding their needs for assistance and protection, is the first essential step for the development of evidence-based, inclusive and efficient strategic planning. This also provides baseline information for situation and response monitoring systems. Findings from the support and review of HNO reports conducted by GenCap advisers can be summarized as follows:

Collection and use of sex- and age-disaggregated data for an evidence-based humanitarian response:

Sex- and age- disaggregated data (SADD) is important in crisis situations in order to determine who is affected and who is most at risk of protection concerns or of not getting their basic needs met. The table on population figures that is part of the HNO template charts the population by province, age group and sex (as well as aggregated figures for females and males in need of assistance) was found clearer than the standard table that was provided in the 2014 HNO guidance document. It included a disaggregation by sex for children and the elderly and not only for adults, as was previously the case. This disaggregation is essential, especially for the humanitarian sectors who wish to incorporate the needs of boys and girls.

In several contexts, such as in Chad, it was found that the HNO included valuable gender disaggregated data, which often proved useful for clusters and project designers. While the provision of SADD is an essential first step to identify how different groups are affected, limitations with disaggregated figures provided were also identified, including:

- ❖ Population figures were in several instances very approximate.
- ❖ While overall population figures were provided in the table, there was in several instances no further sex and age disaggregation of these numbers in terms of status (i.e. number of IDPs, refugees, etc) or groups with specific needs (eg. number of children under 5 years suffering from malnutrition, number of children enrolled in primary and secondary education, number of GBV survivors, etc.).
- ❖ HNOs often did not provide a point of comparison with the pre-crisis situation. How have the demographics of the population in need of assistance changed after the disaster or evolved over time?
- ❖ In several instances, there was no gender analysis of the demographic profile for the affected population. In other words, disaggregated numbers were presented but not discussed. For example, if women make up the vast majority of adults in need of assistance, how does this compare to pre-crisis demographic figures? Is this imbalance typical? If not, what does it tell us in terms of distinct impact of the situation on the female and male population (i.e. displacement trends)? What analysis can be drawn from this information in terms of possible needs in assistance and protection? A discussion of proportions and implications would have been useful, such as a comparison of “normal” population distributions to the humanitarian-affected populations.

Lack of reliable sex and age-disaggregated data was, in countries such as Somalia, identified as a gap, adversely affecting the appropriateness of targeting responses to the differentiated needs and specific vulnerabilities of women, men, boys and girls.

Comparative analysis of how the situation impacts Women, Girls, Boys and Men:

Gender analysis of needs greatly varies among countries:

The fact that the HNO template advocates for the articulation of needs and priorities based on sex and age has generally helped to ensure that gender perspectives are included in the HNO. Yet, the level of gender analysis that was conducted varied:

- ❖ In Iraq, clusters tapped into the existing gender assessments and the secondary briefs by the NGOs and CSOs, which helped identify different priorities and needs (i.e. special safety for women and girls using WASH facilities; livelihood needs of men and other such specifications).
- ❖ While some Humanitarian Needs Overviews (such as Yemen (See Box 3), Iraq, Niger, Somalia and Pakistan) do provide an analysis of gender inequalities and recognize these as a factor of vulnerability, other HNO reports suggest that there are no significant social or economic differences among age cohorts, or between males or females that have any bearing on humanitarian needs or priorities. There is no mention of the extreme gender inequality in the countries as a driver of crisis and as a key factor in vulnerability and capacity to recover. Existing national gender data (i.e. Gender-related development ranking) is rarely used in order to develop this analysis.
- ❖ Important gender based discriminations in the country are not taken into account in some instances. This is the case of the HNOs of Mali and Burkina Faso that do not mention the important issue of female genital mutilations, despite the fact that they are amongst the countries the most affected by this problem.

Specific needs of girls and women are usually identified:

Specific gender needs identified in the HNOs almost exclusively focus on reproductive health, gender based violence and, in fewer cases, on unequal access to education. For most contexts, attention is paid to the specific needs of pregnant and lactating women, to safe delivery and to the sociocultural practices that affect adolescent girls and women in their wellbeing (e.g. child marriage & early pregnancy, female genital mutilations, sexual violence).

Reference to gender needs and inequalities primarily focuses on women and children. In addition to the issues mentioned above, female-headed households in CAR are, for example, identified as socially and economically particularly vulnerable. Similarly, the HNO in Sudan recognizes that women and children face particular protection concerns, that girls are more at risk of not accessing education due to social norms and practices, and that, when in a situation of displacement, they are particularly economically vulnerable.

“Women’s vulnerability” is stated as a fact:

As illustrated by the above examples, in a large number of HNOs, “women’s vulnerability” is frequently stated as fact without explanation of how women are disadvantaged or marginalized compared to men. “Vulnerable women and children” is also commonly used, revealing an even shallower analysis, as the problems facing women in an emergency are usually quite different from those facing boys and girls.

Analysis of disparities between affected females and males remains missing:

Analysis identifies specific issues (usually affecting girls and women) but does not look in a holistic manner at the other forms of inequalities that might hamper women’s or men’s social and economic wellbeing. While the information provided on affected girls and women’s needs is valuable, it does not help determine how females and males are differently impacted by the crisis and what are the biggest disparities between men and women that are relevant to the crisis, for instance in terms of:

- ❖ Economic – income/employment/assets
- ❖ In participation and decision-making, and
- ❖ Experience of violence.

This lack of generational and gender information leads to important shortcomings to providing an efficient humanitarian answer. For instance:

- ❖ Information on the specific nutritional status of girls and boys, women and men is often lacking: How are they affected? How are sociocultural dynamics within the home affecting their nutritional wellbeing and access to nutritional services?
- ❖ The distinct impact of food security on the female and male population is too rarely analysed. Understanding how girls, boys, women and men are affected by lack of food within the household (i.e. how different family members have to make difficult decisions about how often to eat and who receives food priority), how climate change affects livelihoods, levels of access and control resources (e.g. land, credit) are important for efficiently targeting aid. The implications of such situations for girls and boys, in terms of dropping out of school, early marriage, etc., are often overlooked.
- ❖ A demographic analysis on the sex and age breakdown of displaced persons or refugees is almost completely lacking.

Lack of comparative analysis, combined with the systematic identification of affected females as most vulnerable, prevents analysing the distinct needs of boys and men:

The fact that girls and women bear the brunt of the bulk of gender-based discriminations justifies a specific focus on their needs. Yet, this should not prevent country teams from analysing boys' and men's distinct needs in terms of assistance and protection. Boys' needs are often discussed along girls' needs, children being described as a homogeneous category. While the needs of boys and men needs are in some instances identified (i.e. greater malnutrition rate of boys in Niger; risk of forced recruitment for male children in Somalia; risk of arbitrarily detention, kidnaping and killing affecting men in Iraq; and greater exposure of boys and men to mines and explosive remnants of war in Afghanistan), reference to how they are impacted by the crisis remains patchy. For instance, only a few HNOs provide information on the nutritional situation of boys or on the specific protection threats affecting men in conflict settings. Analyzing the needs of all population categories and addressing them in a way that challenges structural disparities is vital to an equitable response.

Response to urgent needs is not done in a way that reduces inequalities and helps build resilience:

The essence of gender mainstreaming requires a holistic understanding of the distinct needs of females and males of different life stages and the dynamics played out within the family as well as the broader community that either prevent or support equitable access to available resources, opportunities and rights. Having an understanding of these differences and of power dynamics helps to analyse the cause of why women are, in many occasions, significantly more vulnerable than men. Recognizing gender inequalities as being a key factor underlying poverty and conflict, and identifying its implications would help develop a humanitarian response that responds to urgent needs *in ways that help to reduce discrimination and inequality* and so reduce vulnerability/strengthen resilience. Assistance should, for instance, contribute to women's economic and political empowerment, and to women's meaningful participation in humanitarian and peace-building discussions. In addition, identifying and alleviating the survival and protection needs of males is not only addressing their human rights but also creates greater likelihood of creating changes for females. Strengthening resilience and saving lives demands that attention be paid not only to meeting urgent needs, but to doing so in ways that reduce inequality and disproportionate vulnerability.

Recommendations:

Collection and use of sex- and age-disaggregated data should be strengthened to allow a comparative analysis of how the situation distinctly impacts girls, boys, women and men. Where there is a lack of reliable information, this should be systematically identified as an information gap.

Overviews should build on a comparative analysis of the situation of girls and boys, women and men. The roles and particular needs of boys and men should not be overlooked. Actors should aim to take a holistic approach.

Box 3

Bridging the Gender Gap in Yemen

Yemen currently ranks last in the Gender Inequality Index. In various domains such as education, livelihoods, protection and political representation, indicators display severe disparities between men and women. In the humanitarian context, directly providing aid to women has been a major challenge. It is critical to ensure that methods for assessing and delivering assistance take into account local realities around women's mobility and seclusion in different areas, and that partners plan adequately to ensure that women can receive assistance directly.

Recognizing that discrimination faced by girls and women in Yemen are a root cause of the crisis and that adequate actions need to be taken in order to efficiently address the distinct needs of affected females and males of different life stages, the HCT committed to promoting gender equality through the SRP for 2015. The fifth strategic objective in the strategic response plan be to:

“Ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys, and men”.

With support of a GenCap advisor, the Humanitarian Country Team has identified 5 minimum commitments on gender equality to be implemented by senior management in 2015:

- ❖ Gender inequality and the status of women and girls, as well as men and boys, are considered throughout the HPC (HNO, YHRP, Monitoring and Evaluation).
- ❖ All documents approved by the HCT (policies, interagency programmes, etc.) integrate gender and age dimensions and have been reviewed by a senior gender adviser.
- ❖ All advocacy events and advocacy documents integrate gender and age dimensions, making visible the special needs of each population group.
- ❖ All Cluster Lead Agencies take concrete steps with cluster leaders and IMU teams in order to ensure sex- and age-disaggregated data is collected, reported and published in information products.

Additionally, all HCT agency members have ensured that at least 30% of their staff have completed the IASC E-learning course on gender and humanitarian action.

Moving away from a “*one size fits all*” type approach, clusters took into account how the crisis in Yemen has affected females and males as discrete groups. The Clusters' 6 Commitments include:

- ❖ Strategic planning: gender inequality and the status of women and girls, as well as men and boys, are considered throughout the HPC in each cluster section (HNO, YHRP, Monitoring and Evaluation).
- ❖ Assessments: assessments conducted by cluster partners have female assessors, and ensure the participation of men and women of different ages from the affected populations.
- ❖ Operational planning: projects approved by clusters address the different needs of women, girls, boys and men (at least 75% coded 2a or 2b in the IASC Gender Marker; 0% coded 0)
- ❖ Capacity building and meaningful participation: all cluster partners workshops, consultations, and strategic forums safely ensure the engagement and participation of men and women of different ages.
- ❖ Accountability to affected population: clusters have an access and participation plan to ensure accountability to all affected population that includes women and men of different ages.
- ❖ Monitoring and evaluation: data collected at cluster level are disaggregated by sex and age (further disaggregation by disability, diversity, ethnicity as appropriate).

2. How do Strategic Response Plans address gender needs?

GenCap advisers conducted a review of the SRP documents in order to determine the extent to which gender inequality and its effects are: identified as relevant in the current crisis and are likely to be addressed by the plans. Findings from this review are outlined below.

Addressing distinct gender needs as part of the SRP narrative strategy

How do gender related findings of the HNO inform the SRP?

Logically, a gender analysis should identify the main aspects of gender inequality (for the HNO), enabling decision-making on how the SRP will incorporate and address these aspects. Where the Humanitarian Needs Overview contains a gender analysis, the SRP strategy has well-articulated distinct needs and actions to address them.

- ❖ Myanmar's 2015 HRP, for example, builds on the findings of the HNO and, in the description of the situation, highlights the fact that, in the regions affected by conflict, there is a stark increase in the risk of sexual violence against women and girls. Gender issues are considered consistently throughout the plan, ultimately informing the strategies of the cluster response plans.
- ❖ The SRP for Yemen consistently addresses gender issues that have been analyzed in the HNO in its objectives, targets and monitoring.
- ❖ Colombia's SRP provides a good example by connecting analysis with the targeting of "the protection of women, children, adolescents and youth, the elderly and people with disabilities", their equal access and participation to humanitarian assistance, with strategic orientations for the response implementation.

Yet, there are few humanitarian response plans that not only acknowledge the existence of distinct needs but also propose concrete ways to address these needs in their overall strategies. In several country plans gender issues are discussed but corresponding strategies inconsistently addresses them, for example:

- ❖ The SRP of Somalia acknowledges existing gender inequalities in a comprehensive way. But the plan is not informed by the analysis in the strategic objectives or in the crosscutting issues section.
- ❖ There is, in the Sudan SRP, no clear correlation between the needs identified and the strategy to address them.

Overall, where HNOs have only partially built their analysis on an evidence-based understanding of how the two halves of the population are affected, the SRPs insufficiently describe how the humanitarian response will address these needs.

How are gender issues reflected in the SRP narrative?

Discussion of gender inequality in the SRP narrative is of several types:

Statement of strategy/program aim or intent:

The following statements of INTENT are made with respect to gender equality, demonstrating a range of depth of analysis:

- "Projects will put at the centre of the response crosscutting issues such as protection, gender, age, disability, diversity and environmental impact". (Iraq)
- "The overarching protection mandate of all humanitarian actors necessitates the consideration of protection (gender, age, ability) and human rights concerns throughout the response and within each sector". (Ukraine)
- "All activities will follow the principle of ensuring that women, men, girls and boys benefit equally from services based on their specific needs and roles, with a view to advancing gender equality".

(Somalia)

- “The strategy places the protection of the crisis affected population at the forefront of the response and emphasises commitment to joint solution orientated advocacy, communications with and participation of affected people, conflict sensitivity, gender and durable solutions”. (Myanmar)
- “The advocacy strategy will include strengthening self-protection and response capacities of most vulnerable groups and communities (especially Indigenous and Afro-Colombians, women, boys, girls and adolescents and victims of antipersonnel mines)”. (Colombia)

Statement of vulnerability categories (no analysis) or explanation of vulnerability rationale (gender analysis):

Some strategies include gender in the definition of VULNERABILITY, with differing degrees of analysis:

- “On the basis of a thorough analysis of needs, the response has been prioritised in specific sectors of intervention, to most vulnerable population groups such as women, children and adolescents”. (Colombia)
- “The most vulnerable groups such as older persons without support, disabled with specific needs, women at risk of increased levels of violence, as well as children and adolescents become additionally exposed and disadvantaged”. (Myanmar)
- “Vulnerability is identified via the poverty headcount, as well as the challenges related to displacement, reduced access to state support and social services, winter conditions, gender inequality, and mobility concerns for the infirm, elderly and disabled.” (Ukraine)

As can be seen from the examples above, women are clustered with various population categories (i.e. older people, and persons with disability) but the different needs of females and males within such categories are not identified.

Statement of fact with respect to context (gender analysis):

Statements of FACT AND ANALYSIS with respect to gender include:

- “Women, children and members of Iraq’s minority communities are being singled out for particularly brutal treatment.” (Iraq)
- “Affected people continue to face forced evictions, discrimination and gender-based violence. The majority of the displaced are women, and the humanitarian situation is exacerbating already severe gender inequalities, with women and girls most disadvantaged across all sectors. Women are further placed at risk of violence when trying to obtain access to food, water, and sanitation due to widespread impunity of armed groups, insecurity and violence. In addition to the lack of educational opportunities for girls, early marriages and associated physical and psychological damages continue to severely erode girl’s rights. Boys remain the main victims of forced recruitment by armed groups.” (Somalia)
- “In the Colombian humanitarian context, in emergency situations caused by natural disasters and/or armed conflict, women, girls and boys, people with disabilities and the elderly are particularly vulnerable. It has been recognized that inequalities, gender discrimination and ethnic-cultural inequalities among others, that existed prior to a crisis, increase in emergency situations, putting these groups at greater risk of gender based violence (GBV) and other violations of their human rights.” (Columbia)

Description/explanation of methods for addressing inequality within SRP (how)

Several SRPs use the introductory narrative to offer more detailed RATIONALE or METHODS for ensuring a gender-sensitive response:

- “In the articulation of these (humanitarian, transition, peace and development) agendas, it will be

essential to ensure a significant and equal participation of women so that the preoccupations, perspectives and priorities of this population group are reflected in the transition between humanitarian and development strategies. Based on the Resolution 1325 (2000) and 1889 (2009) of the United Nations Security Council, amongst others, it is imperative to include women as peace-builders, in actions of humanitarian responses and in the political sphere and decision making before, during and after the possible signing of a peace agreement.” (Colombia)

- “Gender Task Forces, led by UN Women, are operational (...). They meet periodically to assist sectors/clusters in ensuring gender is mainstreamed in their priorities, projects are gender sensitized and support is provided to assessments in data gathering by female enumerators, data analysis and evidence-based advocacy with the HCT and government Disaster Management Authorities.” (Pakistan)

How do the strategic objectives of the SRP take distinct needs into account?

It is quite rare that strategic objectives make explicit references to gender dimensions or see gender equality as a primary objective of the humanitarian response.

- ❖ The SRP for Yemen (see box 3) is one of the plans demonstrating the greatest commitment to addressing gender inequalities. Indeed, its fifth strategic objective is to “*ensure meaningful participation and equitable access to services, resources, and protection measures for women, girls, boys, and men*”.
- ❖ In the SRP for Columbia, one strategic objective includes a gender perspective with regards to human rights violations. In line with this objective, the document makes extensive use of SADD and ensures that all indicators, baselines and targets for the strategic objectives are gender-sensitive and sex-disaggregated.
- ❖ A similar approach can be seen for one of the strategic objectives in Iraq’s SRP as well as in the Pakistan’s SRP.

These cases are unusual rather than the norm. Most of the other SRPs only use wording that strongly implies attention to gender equality (Myanmar, Ukraine) or are even completely generic. This is not necessarily negative in terms of gender sensitivity as it depends on whether the rest of the SRP ensures sufficient gender analysis.

What are the types of gender issues identified in the SRPs?

Many plans – from SRP to project level – limit discussion of gender inequality to violence against women and girls, reproductive and maternal health, without discussing the economic, social or political inequalities relevant to crisis response, recovery or peace building. This is congruent with the findings from the HNO review. Strategic plans often fail to take into account the other forms of inequalities that might hamper women’s or men’s social and economic wellbeing.

Nevertheless, themes such as capacity-building for women (Colombia), the rebuilding of livelihoods for both men and women, with a particular focus on women (CAR, Myanmar and Somalia), an increased inclusion of women in processes of conflict resolution and political participation (Colombia, CAR, Ukraine, Pakistan), and greater access to basic services (Ukraine and Myanmar), are equally recurring themes. These provide women with more agency and ensure that gender equality is seen as indispensable for a successful humanitarian response and transition towards development.

Recommendation:

Analysis and feedback on country Needs Overviews, Strategic Plans and Gender Marker Spot Checks on project proposals should continue until effective gender mainstreaming is normative in all humanitarian documents and activities.

How are gender issues addressed in the section on cross-cutting issues?

The vast majority of countries identify gender as a cross-cutting issue in their SRPs. The intent is for the humanitarian response, including the Cluster Response Plans, to comprehensively integrate gender analysis and gender programming. For several countries, the importance of adopting a gender sensitive approach is not explained. Yet, positive examples can also be found on how this will be done:

- ❖ The Humanitarian Country Team will adopt a particular focus on Gender by ensuring that it analyzes and addresses the different experiences, needs, abilities and priorities of affected females and males; by developing targeted interventions to promote gender justice; by working with men to support increased involvement and decision-making for women and by mainstreaming gender-equality at every stage of the Humanitarian Programme Cycle.
- ❖ In Ukraine, specific measures with requirements for all sectors include the involvement of equal numbers of men and women at decision-making levels in all humanitarian and peace-building forums, gender analysis as an integral part of humanitarian assessment, provision of training in gender-responsive humanitarian action for all service providers, preparation of gender-sensitive response plans and requirements for sex- and age-disaggregated statistics to monitor who benefits from assistance.

Many SRPs, such as Columbia, connect gender programming to early recovery or resilience as a further crosscutting issue. This suggests that gender sensitive programming is seen as a corner stone for the reconstruction of the social fabric, the socio-economic standing of women in the crises regions and, eventually, for building sustainable development. However, as it will be seen in the analysis of the Cluster Response Plans, the inclusion of gender as a key crosscutting issue does not necessarily translate into their plans.

Recommendation:

Country teams should ensure analysis of inequality and its relevance to the crisis is discussed and agreed by all humanitarian actors, to establish a clear connection between the problems identified under crosscutting issues, and strategies/activities designed to address them.

How does the response monitoring measures ensure equitable access and benefits?

Several response-monitoring plans cover gender in monitoring, to various degrees.

- ❖ The SRP of Yemen is, again, a positive example of how gender issues are systematically and coherently addressed throughout the plan. One of the clusters' commitments is to ensure that data collected at cluster level are disaggregated by sex and age. In a similar way, the SRP for Myanmar makes the collection and analysis of SADD across all clusters/sectors a priority.

In several cases, focus on gender issues as part of the response monitoring is not a systematic requirement, across sectors:

- ❖ In Ukraine, collection and use of SADD mainly focuses on human rights violations.
- ❖ For Pakistan, information gaps focus on lack of disaggregated information in relation to protection issues. Only the food security cluster encourages the use of monitoring tools that are inclusive of gender and age.

In line with the commitments on Accountability to Affected Populations, it is interesting to note that sex and age disaggregated information on beneficiaries' satisfaction is seldom included in monitoring plans. Iraq, with an indicator measuring the "percentage of IDP women's groups confident that their needs are adequately expressed" constitutes a positive example.

Gender sensitive language does not necessarily mean that the stated strategic and programmatic orientations will be put in place. When baselines do not provide sex disaggregated information and when targets do not specify the intended sex breakdown of those who will be assisted, indicators, even when broken down by sex and age, cannot capture the anticipated shifts from baseline, factoring in sex variables.

Recommendation:

Capacity building should focus on the use of measurable indicators and targets that will provide clear information about program equity and contribution to increased gender equality.

How is the IASC Gender Marker included in the strategies?

Certain SRPs mention the use of the IASC Gender Marker as part of their strategy:

- ❖ The Somalia and Pakistan plans indicate that the Gender Marker is applied as a prioritization tool for clusters to select their projects.
- ❖ In other contexts, only projects that achieve a certain code can be selected. This is the case for Columbia (projects with codes 2a and 2b selected) and in CAR (projects with code 1 and above).
- ❖ In Iraq, there is no minimum code a project should reach to be selected. Yet, clusters are advised to attempt code 2. As self-assessed codes are often inaccurate, in Iraq and elsewhere, the setting of such targets is often accompanied by offers of technical support, through cluster focal points on gender or briefing sessions on the Gender Marker organized by GenCap advisers.

3-Consideration for Gender Issues in the Cluster Response Plans

Overall Cluster Findings

This analysis is based on the review of the cluster response plans for the following countries: Myanmar, Iraq, Chad, CAR, Somalia, Ukraine, Colombia, Pakistan, the Sahel Region, Burkina Faso, Cameroon, and Gambia.

Overall, the 2014/2015 Cluster Response Plans are able to be much clearer and more specific about gender-related needs and response strategies than the overall Country Strategies. That said, there is wide variation within countries for how well gender inequality is addressed by the different clusters. There is also wide variation within clusters across different countries; gender inequality may be thoroughly analyzed and planned for by a sector in one country, while completely ignored by the same sector in another. Findings tend to support often-made observations about the importance of gender capacity of individuals and their influence within the clusters and Country Teams.

Cluster plans are consistent with gender-related issues identified in the Humanitarian Needs Overview, and in most cases provide significantly more detail about different needs. Yet, there are also occasions where a topic raised in the HNO does not appear to be addressed by the relevant cluster. Most often this occurs where the gender analysis narrative has not been integrated into the overall context description, but is contained in a Gender or Cross-Cutting Issues section.

While certain plans build their response on a robust understanding of different needs, there remains a tendency of perceiving people in need of assistance as a homogeneous group (“IDPs”, “vulnerable”, “households”, etc.). This is particularly true for children: The socio-cultural values and norms that determine and shape social expectations on what “being a girl” or “being a boy” is about, and that bear direct implications on child’s access to basic services and on the risks s/he might face, are insufficiently taken into account. This encompassing approach does not make it clear whose needs are being considered and who is being targeted by assistance

While certain gender issues are widely recognized, others are overlooked. Women’s representation and participation are issues often considered. Similarly, needs related to reproductive health, gender based violence and, in rarer cases, equal access to education are usually addressed. Girls’ and women’s economic and social empowerment is less often identified as a priority even though poverty and low social status form the root causes of the health and protection issues clusters have identified.

The conflation of gender issues with women’s needs has for consequence that gender dynamics are often overlooked and that the roles and particular needs of boys and men are not sufficiently identified. In most clusters response plans, there is a stereotyped targeting of women (i.e. in reproductive health programs, child and maternal nutrition, hygiene promotion, GBV P&R programs, etc.) but not enough attention is paid to how men could engaged in such programs, both as recipients and as a way to reshuffle family responsibilities and reinforce gender equality.

The *intentions* in the narratives to ensure equal benefits for women, girls, boys and men is *clearly* present in most cluster plans and is evidence to considerable progress compared to previous years. Yet, while there is increased attention to addressing gender issues in the overall strategy, the purpose of disaggregating results by sex and age appears to be less widely understood. The reason for disaggregated statistics, that enables comparison of the results or benefits accruing to one group compared to those achieved by another, needs to be further explained. There remains a significant gap in provisions to *ensure* program results that are measurable and comparable for men and women, boys and girls. Equity aspirations can only be guaranteed with indicators and targets that measure the proportions of males and females participating and benefiting. The *number* of females alone participating in an activity will not reveal anything about equity, that is, women’s participation relative to that of men’s.

Indicators worded “men, women, girls, boys” (“including,” “consulting,” “ensuring access of,” etc.) show an *intention* to benefit all, but unless these are supported with target numbers or proportions for each group, monitoring will not necessarily track and compare their respective benefits. Gender-specific targets make it much more likely that implementers will maintain and monitor sex-disaggregated results.

Interestingly, several clusters that do provide sex-disaggregated indicators or targets for many of their activities overlook this requirement when it came to *training* and *capacity building* initiatives. This is an area where humanitarian agencies can have real impact on gender equality and women's empowerment: all training activities should include disaggregated targets for the numbers/proportions of males and females expected to participate.

For a more detailed analysis of the response plans of the different clusters,

Please refer to the annex.

Recommendation:

Clusters need to ensure that program results are measurable and comparable for men and women, boys and girls. Indicators and targets should measure the proportions of males and females participating and benefiting.

RESULTS OF THE IASC GENDER MARKER CODING

In addition to their assistance on the development of the HNO and SRP, GenCap advisers provided support to cluster members in designing project proposals that take distinct needs into account and in applying Gender Marker codes. The IASC Gender Marker is a tool that codes, on a 2 -0 scale⁵, whether or not a humanitarian project is designed to ensure that women, men, boys and girls of all ages will benefit equally from it, and that it will contribute to increasing gender equality. The IASC Gender Marker is required for all SRPs and other humanitarian appeals and funding mechanisms.

Advisers conducted a random review of 844 projects for the 2014/2015 appeals and, for each of the project, kept track of what code should apply (in case of miscoding) so as to get an accurate picture of how well planned interventions take gender issues into account . Results are as follows:

General Findings:

Average distribution of Gender Markers

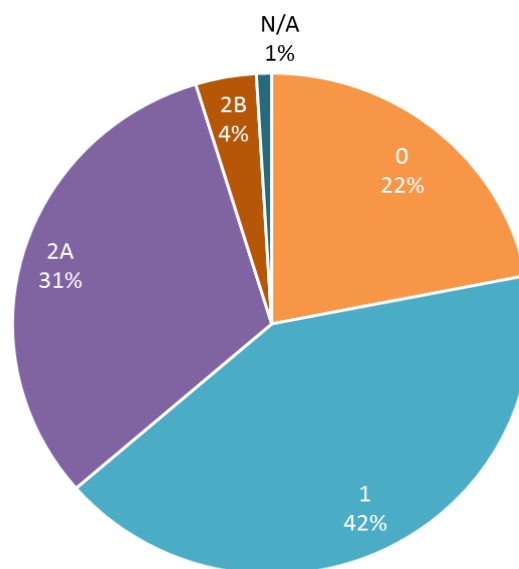
Projects coded 2a/2b on the Gender Marker made up 35% of those reviewed, with the vast majority of these projects showing *significant potential for mainstreaming gender* (code 2a). However, the larger share of projects only partially took gender issues into account, with 42% of reviewed projects coded 1 (*limited potential to contribute to gender equality*). The remaining 22% of projects were coded as 0 – or *gender-blind*. For 1% of projects, usually support services proposals, the “Not applicable” gender Marker code was applied. The following section analyses the results of this random review (first by country and then by cluster) and draws some general findings on how well gender was considered in the project designs. Finally, the chapter closes with a discussion on the accuracy of self-assessed Gender Marker codes compared with those adjusted by the GenCap advisers.

Distribution of Gender Marker Codes by Country

Table 1 displays the results of the random review as broken down by country with their distribution of *adjusted* Gender Marker codes. The following analysis provides several different ways to visualize and analyse this data, focusing primarily on those countries with more than fourteen reviewed projects.

Figure 1: Final GM Matrix 2015, All reviewed projects

Distribution of adjusted Gender Marker



⁵ The IASC Gender Marker coding scale is as follows:

Code **2a** – Gender Mainstreaming: Potential to contribute significantly to gender equality

Code **2b** – Targeted Action: Project’s principal purpose is to advance gender equality

Code **1**- Potential to contribute in some limited way to gender equality

Code **0**- No visible potential to contribute to gender equality

Code **N/A** - Not Applicable: This project does not have direct contact with affected populations, and does not directly affect or determine the selection or use of resources, goods or services accessed by affected populations.

Table 1 Final Gender Marker Matrix 2015 by country. All reviewed projects.

Country	Code 0	Code 1	Code 2A	Code 2B	Code N/A	Count
Palestine	5%	34%	56%	5%	0%	228
CAR	55%	38%	6%	2%	0%	157
Chad	22%	46%	28%	3%	1%	94
South Soudan	2%	50%	42%	4%	1%	90
Sudan	9%	54%	33%	3%	1%	69
Somalia	7%	65%	28%	0%	0%	43
Syria	59%	41%	0%	0%	0%	29
Pakistan	4%	61%	36%	0%	0%	28
Mali	29%	29%	41%	0%	0%	17
Mauritania	36%	14%	14%	36%	0%	14
Burkina Faso	43%	14%	43%	0%	0%	14
Cameroon	21%	43%	36%	0%	0%	14
Niger	58%	17%	0%	17%	8%	12
Djibouti	44%	44%	0%	11%	0%	9
Gambia	11%	67%	11%	0%	11%	9
Nigeria	50%	33%	17%	0%	0%	6
Senegal	40%	60%	0%	0%	0%	5
DRC	50%	25%	0%	0%	25%	4
Sahel	0%	0%	0%	0%	100%	2
Total	22%	42%	32%	4%	1%	844

The distribution of Gender Marker codes varied widely across the countries. A visual comparison of the breakdown of codes by country can be seen in Figure 2.

Distribution of Gender Markers by country

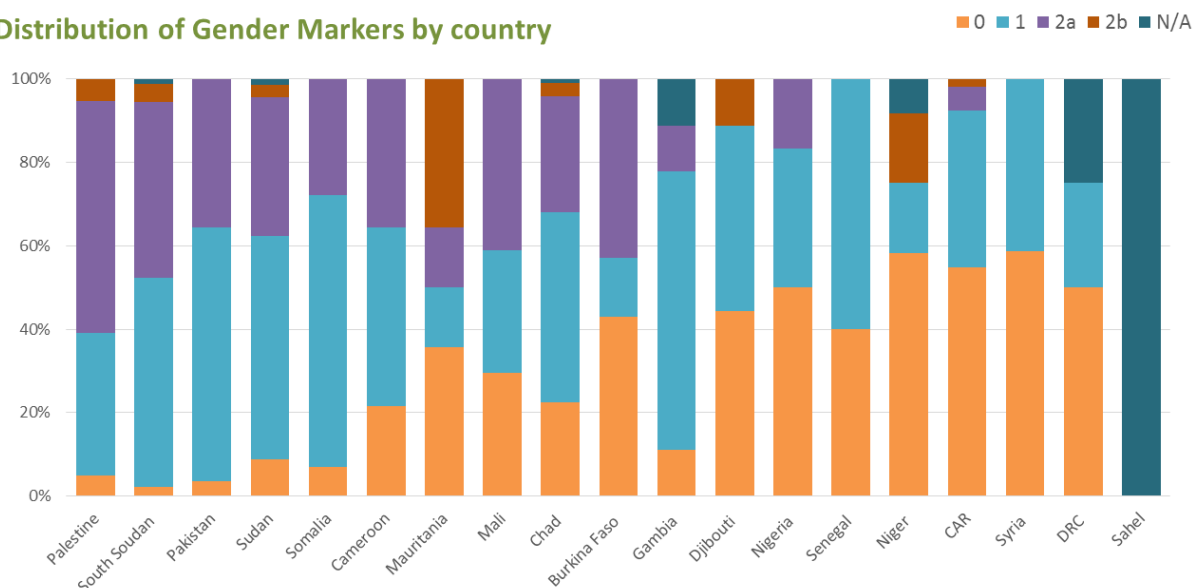


Figure 2 Distribution of Gender Markers by country

Large differences in the Gender Marker emerge when taking a closer look at these distributions. Some countries demonstrated only limited consideration of gender and therefore, had a majority of projects coded 0, such as 59% in Syria and 55% in the Central African Republic (CAR). Alarming, Syria, Senegal, and the Democratic Republic of the

Congo (DRC) actually had no projects coded either 2a or 2b. However, other countries have given substantially greater concern to gender issues, such as Palestine where 61% were coded 2a/2b and only 5% were gender-blind. Similarly, South Sudan has demonstrated a substantial push to minimize the number of projects coded 0 (with only 2% in 2014/2015) and design more projects coded 2a/2b (with a total 46%).

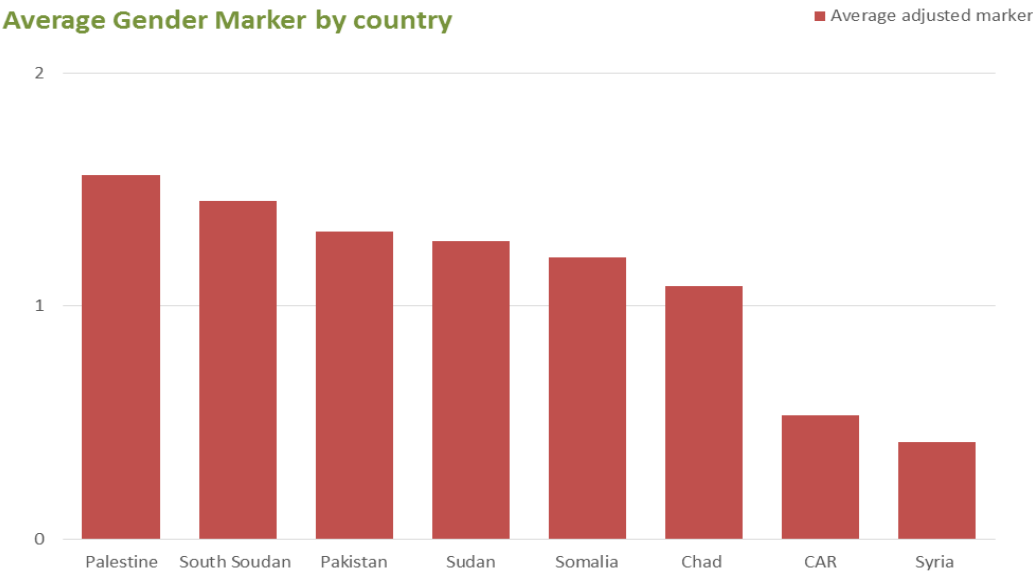


Figure 3 Gender Marker weighted average per country with 25+ projects reviewed

Interestingly, projects in Mauritania had the highest percentage of projects overall with targeted action. This trend contrasts starkly with Somalia – where such targeted actions would be more expected given existing discriminations – which had no projects coded 2b, and instead 65% coded 1.

Figure 3 compares those countries with the highest number of reviewed projects (25 or more) based on the weighted average of their Gender Marker codes (seen along the vertical axis). Overall, those countries with a high number of projects tend to give greater consideration to gender in their projects, although with room for further gains. As discussed earlier, there are two exceptions to this trend – Syria and CAR – have weighted averages that indicate an alarmingly low level of attention to gender in their projects’ design. A side-by-side comparison of Palestine and Syria (seen in Figure 4) helps to further demonstrate the stark differences that can be found across countries.

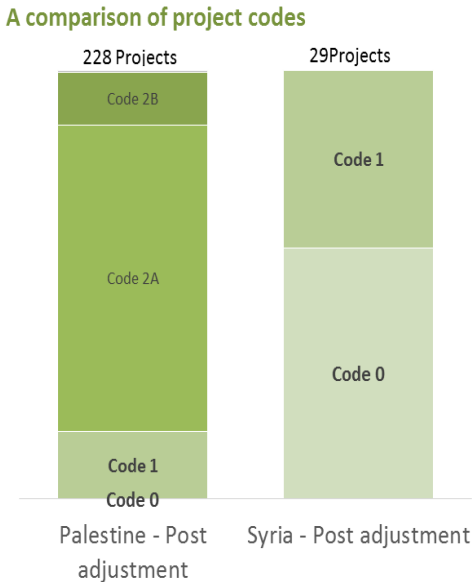


Figure 4 Final GM Matrix 2015: Palestine & Syria

While greater mainstreaming of gender into projects should be supported in all countries, priority attention should focus on building the capacity of those countries with a high number of projects and poor consideration of gender, such as Chad and CAR. Instead, countries like Palestine and South Sudan provide strong examples of well-designed projects, with greater potential to address gender inequality.

Through the annual random review, GenCap advisers have been able to monitor and report on countries’ consideration of gender dynamics over time. This is the case, in particular, for protracted emergencies where projects are developed on a yearly basis across time. Figure 5 shows the year-by-year weighted averages from 2013 to 2015 for four countries: Palestine, Sudan, South Sudan, and CAR. The chart shows a slight drop in their performance on the Gender Marker. However, a lack of historical data for all countries

prevents strong comparisons or conclusions on countries' performance over time, as well as the broader integration of gender issues in humanitarian planning. Because the countries submitting appeals and the number of projects submitted for each country appeal varies from year to year, annual global aggregate figures for the Gender Marker codes are not provided here.

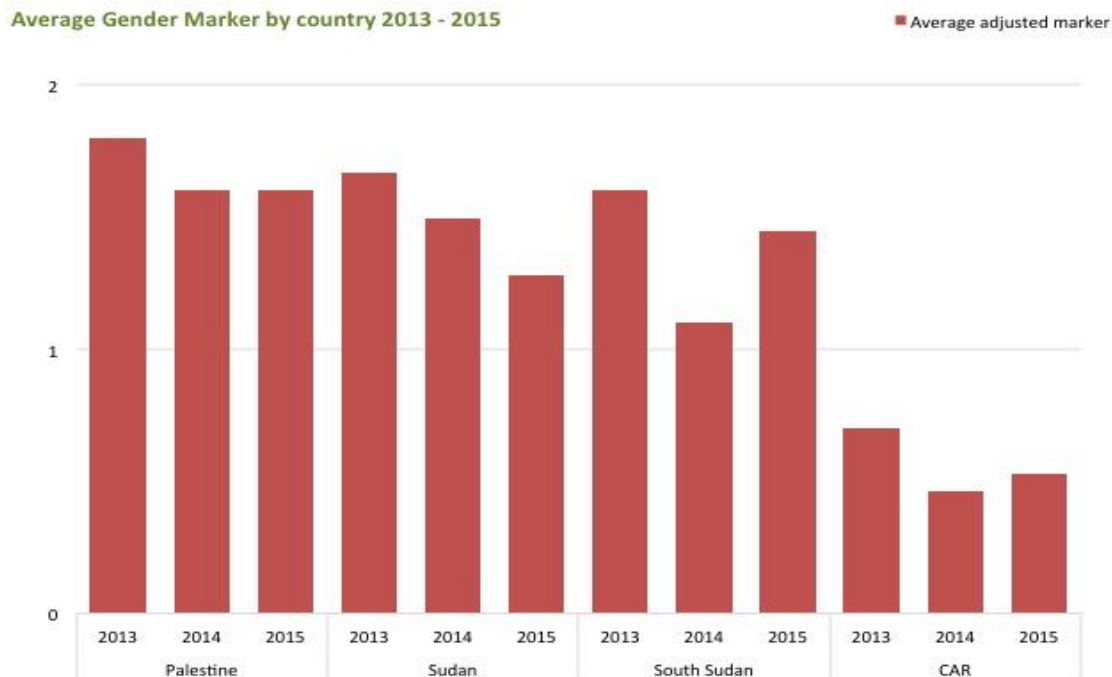


Figure 5 Year-by-year weighted average for 4 countries

In order to better understand how consistently gender issues are considered in the each section of the project proposals, a specific analysis was carried out for the projects submitted in Sudan, Somalia and Syria in order to identify how the needs assessment, the activities and the targets/indicators mainstream gender:

- ❖ Analysis strongly suggests an overall improvement in proposal quality: Most proposals do demonstrate *intent* to address the different needs of women and men, boys and girls.
- ❖ Half of all projects discuss the relevance of gender inequality in the crisis (analysis); several more at least mention gender or women's issues (weak or very weak analysis). Only 35% have no discussion of inequality in the Needs section.
- ❖ Attention to gender is much higher in the Activities section of proposals: 77% paid specific attention to gendered needs in designing activities, including several excellent proposals that reflected a great deal of thinking on gender differences
- ❖ There is a gap between efforts made to address inequality and differences in Activities (usually evident) and discussion of the *rationale* for this in the Needs Analysis (much less evident), suggesting a lack of understanding about overall coherence.
- ❖ The largest gap seems to be between narrative good intentions and actual ability to implement and monitor equitable projects, that is, the use of indicators and targets that will enable measurement of benefits to women compared to men, and boys to girls.
- ❖ Indicators/Targets were absent or weak in 65% of projects reviewed, resulting in the high proportion of Code 1 projects.

Recommendation:

Priority attention should focus on building capacity of those countries with a high number of projects and poor consideration of gender, such as Chad and the Central African Republic.

Distribution of Gender Marker codes by cluster

Table 2 displays the results of the random review as broken down by cluster with their distribution of *adjusted* Gender Marker codes, followed by several different ways to visualize and analyse this data

Table 2 Final Gender Marker Matrix 2015 by cluster. All reviewed projects.

Cluster	Code 0	Code 1	Code 2A	Code 2B	Code N/A	Count
Food Security	22%	41%	34%	2%	1%	177
Protection	11%	39%	36%	14%	0%	152
Education	18%	39%	42%	0%	0%	119
WASH	35%	40%	26%	0%	0%	101
Health	12%	46%	36%	5%	1%	78
Shelter and NFIs	22%	50%	28%	0%	0%	58
Nutrition	35%	44%	19%	0%	2%	48
Early Recovery	41%	41%	15%	2%	0%	46
Multi-Sector	16%	50%	28%	6%	0%	32
CCCM	29%	35%	35%	0%	0%	17
Coordination and Support Services	25%	38%	6%	0%	31%	16
Total	22%	42%	32%	4%	1%	844

Although significant differences persist, the breakdown of Gender Marker codes varies less widely across clusters than across countries. A visual comparison of these distributions by cluster can be seen in Figure 6. The cluster-specific responsibilities can help to explain some of the differences in their performance, while also raising other concerns. For example, the Protection, Education, and Health clusters that have demonstrated, over the years, commitment to gender equality programming and/or that usually address gender-based discriminations or specific needs (i.e. GBV, reproductive health), each had over 40% of reviewed projects coded 2a or 2b. Protection also performed best with half of its projects coded 2, including 14% of targeted actions (coded 2b) substantially more than any other cluster.

Distribution of Gender Markers by cluster

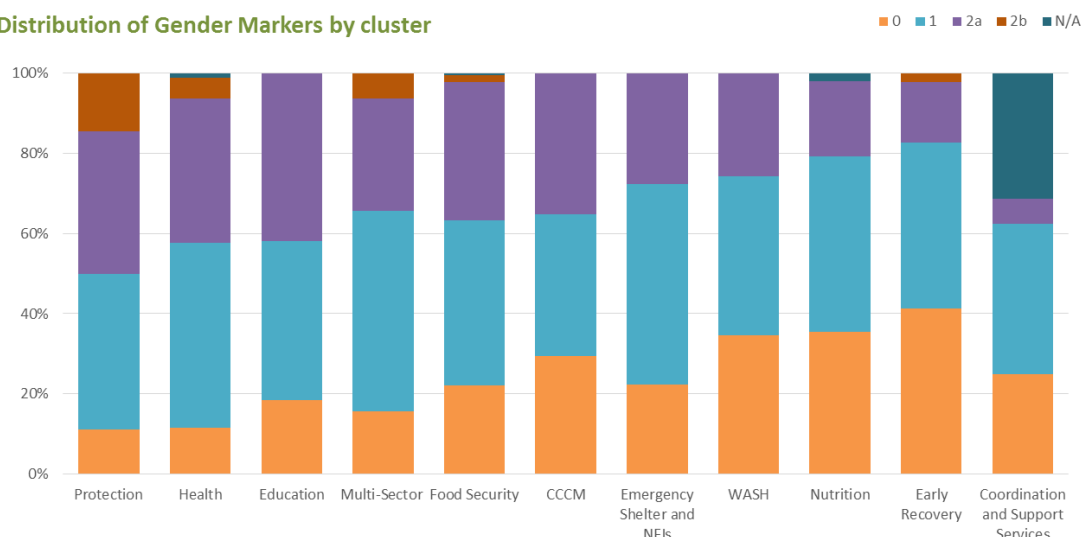


Figure 6 Distribution of Gender Markers by cluster

Each cluster plays an important role in addressing gender issues in humanitarian action and each cluster has a responsibility to improve its consideration of gender in the design of its projects. The Early Recovery, Nutrition, and WASH clusters each had a quarter or less of reviewed projects coded as either 2a or 2b. Of particular concern, Coordination and Support Services showed only 6% of projects coded 2a, while 31% were coded “Not applicable” (the latter code usually being applied to support services projects). Yet, coordination within and between clusters is essential to ensuring an overall gender sensitive response by facilitating the collection and use of sex- and age-disaggregated data, promoting equal participation of all segments of the affected population, and ensuring a gender balance in assessment and service provision teams. Coordination projects continue lagging behind on gender mainstreaming based on the perception that, as such projects do not directly provide services or goods to the affected population, the inclusion of gender perspectives is less important. Cross-cluster coordination projects that promote gender mainstreaming have an outsized potential to improve the lives of affected populations.

Average Gender Marker by cluster

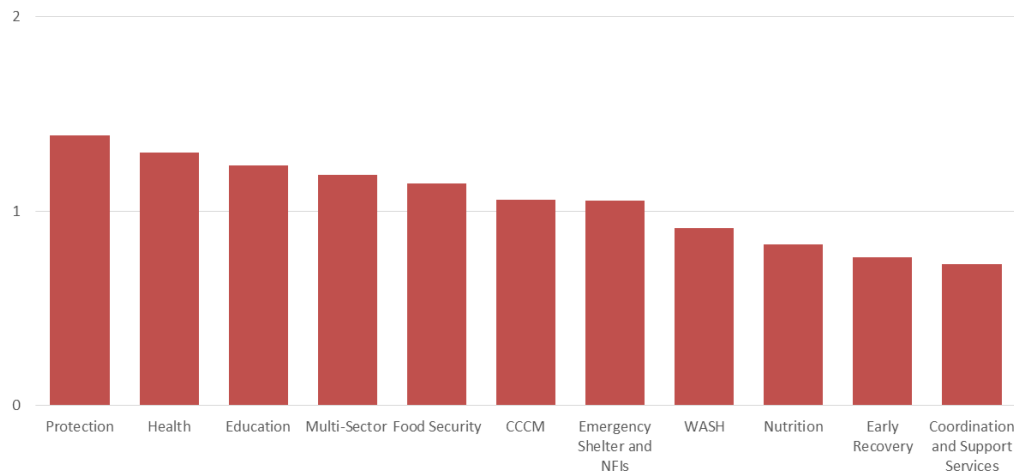


Figure 7: Final GM Matrix 2015, All reviewed projects

Figure 7 compares the clusters based on the weighted averages of their Gender Marker codes (seen along the vertical axis). As with considering the results by country, clusters with a higher number of projects generally tend to give greater consideration to gender in their projects. Again, priority attention should focus on providing training to clusters with a high number of projects and lower performance on the Gender Marker, such as WASH and Food Security. While all clusters have room for improving their planning and implementation, these clusters have the potential to make significant, positive contributions to addressing gender dimensions overall.

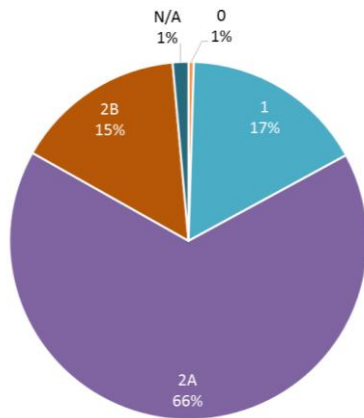
Recommendation:

Addressing capacity building needs in the WASH and Food Security clusters have the potential to make significant contributions to addressing gender dimensions overall.

Accuracy of self-assessed Gender Marker codes

Since the inception of the IASC Gender Marker in 2009, difficulties have been continuously reported in ensuring that projects are self-assessed accurately and that the proper Gender Marker code is applied. Self-assessed codes often over-estimate a project’s potential to contribute meaningfully to gender equality, as continues to prove the results of the GenCap advisers’ annual random review of projects.

Distribution of reported Gender Marker



Distribution of adjusted Gender Marker

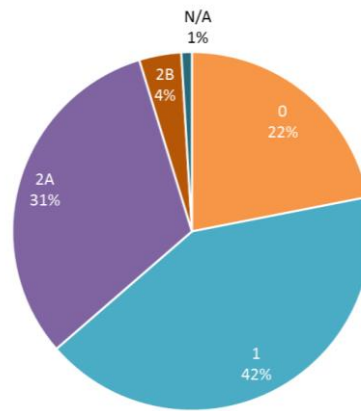
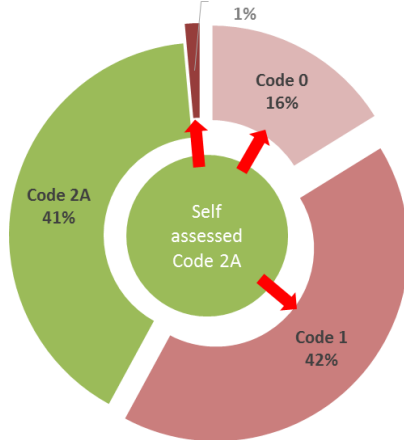


Figure 8: Final GM Matrix 2015 before and after GenCap adjustments. All reviewed projects.

Although 60% of projects were coded correctly, GenCap advisors adjusted 37% of projects for over-estimation and only 1% of projects for under-estimation. Figure 8 provides a side-by-side comparison of the overall distribution of Gender Marker codes before and after the GenCap advisers review. The majority of coding mistakes stem from an over-estimation of projects coded 2a/2b, when they should be coded 1. Other downward adjustments – from 2a/2b to 0, or from 1 to 0 – occur far less often (in 14% of all projects). Figure 9 displays a full breakdown of the adjustments to projects self-assessed as codes 2a and 2b.

Accuracy of coding 2A



Accuracy of coding 2B

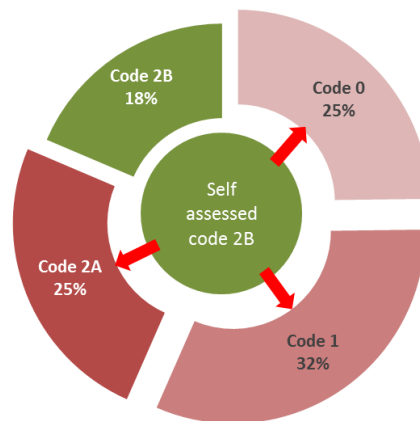


Figure 9 Adjustments in Gender Marker codes 2a and 2b. All projects reviewed.

Coding inaccuracies at the Country Level:

The problems involving miscoding and poor performance at the country level become clearer when comparing the weighted averages of countries before and after the GenCap adjustments (seen in Figure 10). At first, almost all countries appear to have robust programming to address gender needs. However, the review process reveals greater variation in both performance (as discussed earlier) and miscoding. For example, the self-assessed codes reported by CAR and Syria would give them a weighted average similar to that of Palestine or South Sudan, but the numbers look starkly different after the GenCap advisers' review. Figure 10 also helps to show a similarity between those countries with more gender-sensitive programming and those with greater accuracy in using the tool. Overall, only five out of nineteen countries reported Gender Marker codes with more than 50% accuracy: Palestine, South Sudan, Gambia, Mali, and Mauritania.

Average Gender Marker by country vs reported Marker

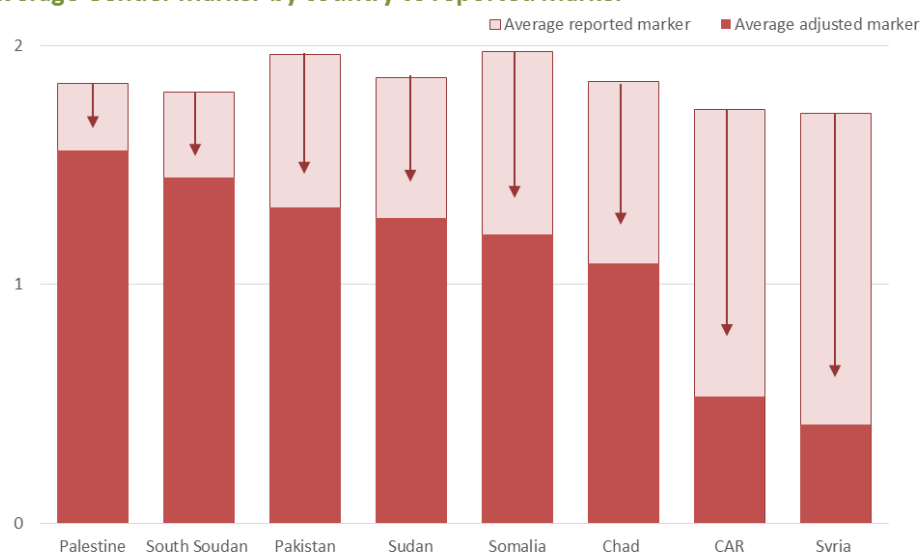


Figure 10 Gender Marker weighted average per country, before and after GenCap adjustments. All reviewed projects.

These issues of accuracy are well highlighted by looking again at a side-by-side comparison of the Gender Marker distributions in Palestine and Syria (as in Figure 11). Training at the country level – particularly in those countries with the highest levels of miscoding – will be essential for the Gender Marker to become a more accurate tool over time. Also, an adaptation of the coding scale to address main confusions identified (particularly around the use of the 2a and 2b codes) could help address this issue.

A comparison of self assessed and adjusted project codes

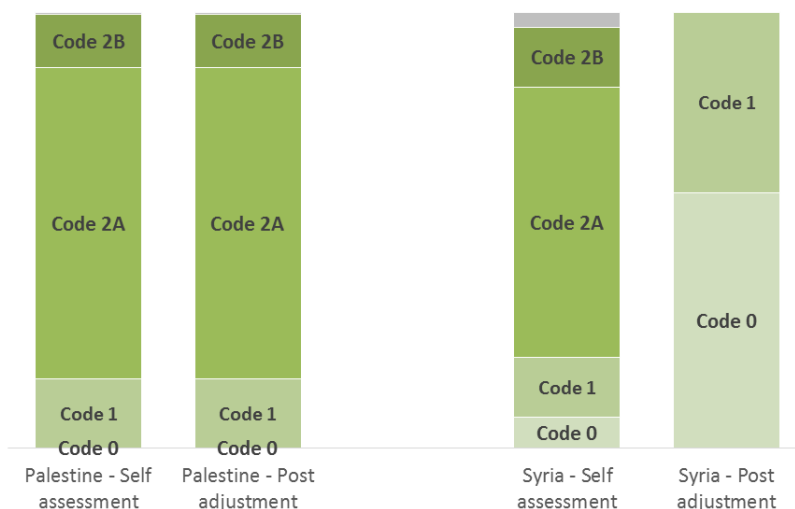


Figure 11 Final GM Matrix 2015: Palestine & Syria, before and after GenCap adjustments. All reviewed projects.

Coding inaccuracies at the Cluster Level:

Similar dynamics emerge when comparing weighted averages across clusters, before and after the GenCap adjustments (seen in Figure 12). Again, the self-assessed Gender Marker codes reported by the clusters seem to suggest that the consideration of gender dimensions is fairly consistent across clusters. However, once GenCap has reviewed these codes, greater variation among the clusters becomes apparent. Likewise, Figure 12 helps to show a similarity between those clusters with a higher share of projects coded 2a/2b and those with greater accuracy in using the tool.

For example, the Protection, Health, and Education clusters (each with over 40% of projects coded 2a/2b) were also the only clusters with more than 50% accuracy in their reported codes.

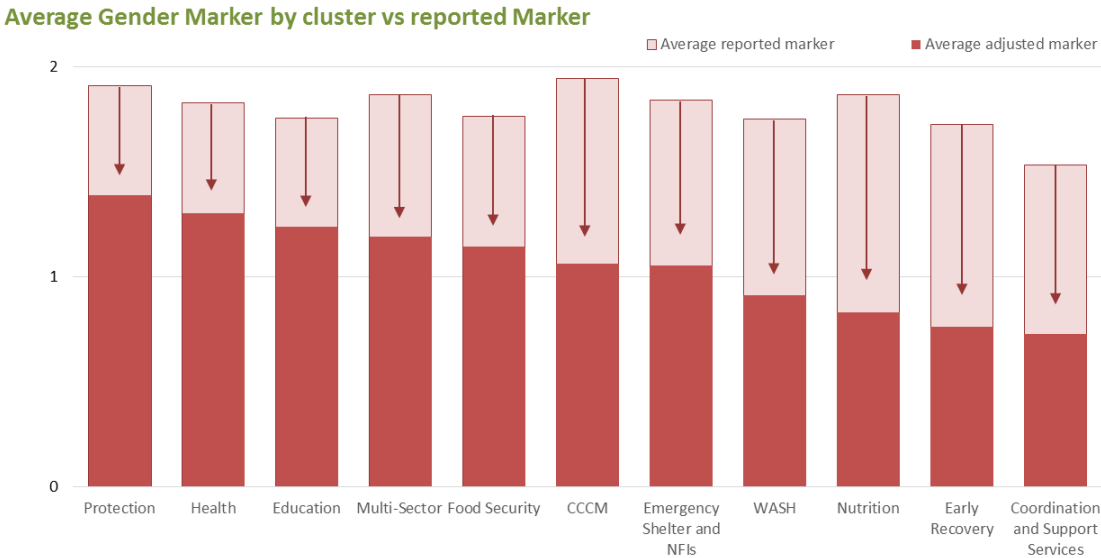


Figure 12 Gender Marker weighted average per cluster, before and after GenCap adjustments. All reviewed projects.

Coding inaccuracies at the Organisation Level:

Many UN agencies and other international organizations assess the majority of their projects as codes 2a/2b and in some cases, report that all projects have significant potential to achieve gender equality. Figure 13 displays the Gender Marker weighted averages for each of the largest organizations (based on number of projects submitted), before and after the GenCap advisers review. However, the random review again found a tendency to over-estimate this potential and thus, miscode projects. Although the vast majority of miscoding resulted from over-estimation, some organizations (such as Oxfam and UNDP) also had instances of under-estimation. Calibrating both the tool and the ability of organisations to use it has significant potential to improve how the international systems addresses gender inequality in project planning.

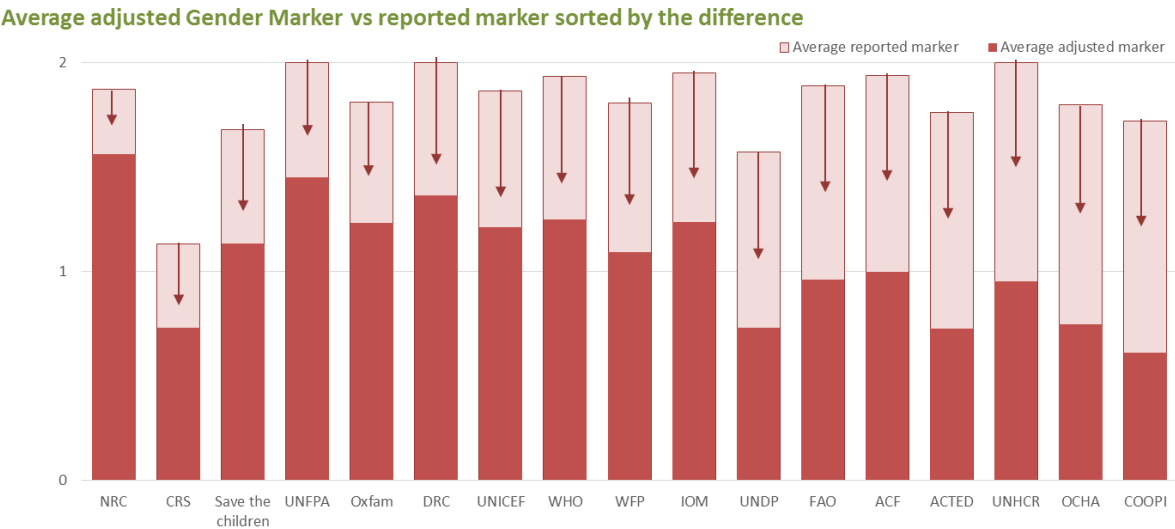


Figure 13 Gender Marker weighted average per organization, before and after GenCap adjustments. All reviewed projects.

The discrepancies and confusion in Gender Marker coding among users at the country, cluster and organisation levels can be explained by the following elements:

- ❖ The IASC Gender Marker, being an organisation-external marker, means that the target users, and thereby main coders of the Marker, are a heterogeneous group of organizations, ranging from local NGOs to UN Agencies, with unequal access to information and capacity-building opportunities on gender equality programming. In other words, the capacity of self-assessing how one's proposal takes distinct needs into account and of defining what code would apply greatly varies.
- ❖ Some clusters – particularly those usually targeting the female populations – tend to systematically code their projects as 2b, regardless of the level of gender sensitivity of their proposal or the appropriate Gender Marker code. This highlights the existing confusion that exists, where gender equality programming is conflated with women.
- ❖ Many project designers believe there is a hierarchy between 2a and 2b, the latter usually being perceived as the “best” code.
- ❖ As project designers are aware that a high code increases the likelihood of getting funding, the temptation is high to give the highest mark, ultimately affecting the integrity of the coding and undermining its tracking function
- ❖ While clusters are meant to review the codes and rectify them accordingly, this hasn't taken place in a consistent manner.
- ❖ Finally, as discussed in the Gender Marker assessment that was completed in 2014, the intricacies of distinguishing the 2a and 2b codes has often proved difficult to grasp for the humanitarian organizations. For example, nutrition specialists tend to consider their projects as targeted as their intervention usually focuses on the needs of pregnant and lactating women and children under 5 years old. In fact, such projects that target children, women and that should seek men's involvement should be coded on the 0-1-2A spectrum. Standalone reproductive health projects are coded on the 0-1-2B spectrum. Yet, a general health project that includes reproductive health activities should be coded on the 0-1-2A spectrum.

The high percentage of miscoded projects has made the intended financial tracking function of the Gender Marker impractical. In particular, the distinction between 2a (*“The project contributes significantly to gender equality”*) and 2b (*“The project's principal purpose is to advance gender equality”*) was initially introduced to track financial allocations for gender equality projects in humanitarian work. It was a tool for “following the money” and to see to what extent appropriate financial resources were being allocated to gender equality purposes.

While for U.N. agency-specific markers, it is the organizations' project officers that mark their projects, in the case of the IASC Marker, it is the role of the humanitarian organizations themselves to self-assess their Gender Marker codes. This reason, combined with the factors listed above, explains why the intended tracking function of the Marker has been ineffective. This is the reason why the Gender Marker should first and foremost be considered for what it was primarily designed for, and for what many users report as a success: A simple and practical tool assisting project designers in developing projects that equally address distinct needs and that advance gender equality.

Recommendation:

Based on the important limitations of the tracking functions of the Gender Marker, the tool should be considered as a tool to build the capacity of project designers.

Future Evolution of the Gender Marker: Towards an IASC Gender & Age Marker applied at Design and Implementation Phases

In June 2014, with the generous support of Irish Aid, an assessment of the IASC Gender Marker was conducted. The aim of the assessment was to review the impact the tool has had on humanitarian programming since its inception, to identify gaps and to produce recommendations on how to improve it. The principle recommendation arising from the assessment was that the IASC Gender Marker needs to continue. The assessment findings confirm that the tool has reinforced the capacity and the confidence of humanitarian actors to develop good quality projects. The Marker has nurtured reflections on gender and GBV response and prevention measures in projects and in Cluster Response Plans alike. It has opened space for discussion and debate -often for the first time- on what a good project is and what quality project outcomes should look like from the perspective of affected populations. As a result, the response targeting has improved, with a stronger foundation in the understanding of the distinct assistance and protection needs of female and male beneficiaries. The report also found that the Marker needs to evolve in order to monitor gender integration throughout the humanitarian programme cycle.

The assessment report was a consolidation of feedback from 108 stakeholders and a review of available technical documents, assessments, and reports. The report made seven recommendations relating to the tool, the process, and the broader framework for gender integration into humanitarian programmes.

Of the recommendations and sub-recommendations that were made, one category of recommendations required policy and system changes, while the second category was more technical in nature. As a follow up to the assessment that was made, a Gender Marker Task Team met in March 2015 in Geneva, under the auspices of the IASC Gender Reference Group, to decide on the strategic orientations of the tool. The main objectives of the meeting were to:

1. *Define the scope and breadth of the IASC Gender Marker:* Should the IASC Gender Marker broaden its focus to include age, as the second universal determinant? Should it include disability? Should the name be revised to reflect the tool's broadened scope?
2. *Decide how the coding should evolve:* Determine if the codes 2a and 2b should be merged. In addition, decide if the coding needs to evolve to reflect the revised scope of the IASC Gender Marker (i.e. inclusion of age).
3. *Agree on the development of the IASC Gender Marker to serve as a tool to track implementation and monitor results:* Building on the pilot roll out of the IASC Gender Marker for monitoring purposes, agree on whether the tool should be used at both the design and the implementation stages. Define if the IASC Gender Marker should be used to monitor the sectorial/cluster response or should focus at the project level. Agree on a pilot roll out of the revised IASC Gender Marker as part of the 2015-2016 humanitarian planning season.
4. *Define how the revised IASC Gender Marker will be promoted to ensure a collective ownership of the tool*

After deliberating on these proposals, the following was agreed upon by the technical experts:

Modifying the IASC Gender Marker to include age:

The technical experts unanimously decided that the tool should extend its scope to better take into account age and, to a lesser extent, diversity.

Age, as the second universal determinant, will be fully integrated into the Marker's coding system and Marker's Tip Sheets. The name of the tool will reflect this revised scope, becoming the *IASC Gender & Age Marker*.

The rationale for this decision is based on the following (abridged) considerations:

- ❖ There is a recognition that sex and age intersect to create different experiences of crises; different capacities to deal with these experiences and different levels of access to assistance for older women and men and for adolescent girls and boys: *"Together with gender, age largely determines the role and position of individuals in society, and the way they are going to be affected by a crisis. In this sense, age is indissolubly linked to gender."*⁶ The intersection of these two issues means that designing and carrying out a truly inclusive gender analysis necessitates consideration of age.
- ❖ The IASC Gender Marker has helped deconstruct seemingly homogenous group ("the affected population," "the victims," "the beneficiaries") into women, girls, boys and men. But it has not gone far enough to allow a real analysis of the needs and concerns of all age groups, including children, adolescents, adults and older people who often have specific needs for targeted assistance. Yet, being a woman, a girl, a boy, or a man encapsulates very different realities depending on age.
- ❖ The coding's singular focus on gender dimensions has partially resulted in a lack of differentiated project planning. Age, even if reflected in the guidance, has not been part of the coding criteria and, as a result, has often been overlooked. There has been no incentive for addressing this issue as a project can be age-blind and still code high, with unchanged potential for attracting funding.
- ❖ The inclusion of both gender and age issues concurrently will not weaken attention to gender and to women's empowerment: A gender and generational analysis would, for instance, help recognize that girls and women, across the life spectrum, might be facing structural discriminations that call for empowerment measures, in order to address their strategic needs and address inequalities.
- ❖ The IASC Policy Statement on Gender Equality in Humanitarian Action 2008 calls for an attention to both gender and age.
- ❖ The gender community, in its efforts to ensure that the response to crises better takes distinct needs and capacities into account and is evidence-based, has called for the collection and analysis of sex- and age-disaggregated data. A specific focus on age is hence consistent with this focus.

Disability and other diversity issues will be more robustly reflected in the Marker tip sheets. This is based on the observation that taking diversity characteristics of women, men, girls and boys into account leads to an enriched level of analysis and helps ensure that specific groups' needs are not overlooked. While attention to diversity will be reflected in the guidance, it will not be included as coding criteria. The setting of a marker that would embrace gender, age and diversity would require from the users considerable analytical capacity. It would jeopardize the added value of the tool, that lies in its simplicity and practicality and that is based on self-assessment and self-reporting.

Determining if the codes 2a and 2b should be merged:

Since the inception of the IASC Gender Marker in 2009, difficulties with the Marker's coding system have repeatedly been reported by various actors, including project designers, clusters, country teams and

⁶ Piero Calvi, "Coordination and Funding of Cross-Cutting Issues in humanitarian Action", p15.

GenCap advisers in charge of rolling out the tool. In order to better reach its objective of providing user-friendly guidance for the mainstreaming of gender in humanitarian projects, the assessment recommends merging codes 2a (“The project contributes significantly to gender equality”) and code 2b (“The project’s principal purpose is to advance gender equality”) into a code 2.

Coding confusion among users can be explained by the following elements:

- ❖ Some sectors/clusters, that usually target the female population, tend to systematically code their projects as 2b, irrespective of the level of gender sensitivity of their proposal or of the fact that, being a gender mainstreamed action, the current code to be applied should be, in some instances, 2a.
- ❖ Project designers believe there is a hierarchy between 2a and 2b, the latter usually being perceived as the “best” code. Others question the necessity to differentiate between 2a and 2b, if they are, in fact, equal.
- ❖ The intricacies of what defines code 2a and code 2b have often been difficult to grasp for the humanitarian organizations self-assessing the projects (GBV response & prevention projects can be coded on a 0-2a or 0-2b spectrum; Nutrition projects should be coded on the 0-1-2A spectrum but can be coded 2b in the early stages of an emergency; standalone reproductive health projects are coded on the 0-1-2B spectrum. Yet, a general health project that includes reproductive health activities is to be coded on the 0-1-2A spectrum).
- ❖ Gender specialists, who developed and rolled out the IASC Gender Marker coding scale, have themselves, faced challenges in applying the 2a and 2b codes in a consistent manner.

GenCap advisers have taken different corrective actions to address these difficulties. Despite their different initiatives, confusion and misuse of the 2a and 2b codes have remained.

To address this recurring problem, the majority of the task team members determined that merging codes 2a and 2b into code 2, with the addition of a tick box to identify targeted actions, would be the best option. The reason that motivated this choice is that a code 2 with a tick box would help identify targeted projects of limited quality. The current system does not allow identifying targeted actions that code less than a 2, while this new system would. Currently, if a project is a targeted action, but ends up with a 0 or 1 coding, such targeted action remains invisible as only those actions coded 2b are identified as targeted interventions. With the 0, 1, 2 plus tick box system, by cross-referencing the tick-box (nature of the project) with the code 0, 1 or 2 (quality in terms of integrating gender), it would enhance the Marker’s capacity to record such projects.

The final decision on the desired coding scale is currently under discussion.

Agreeing on the development of the Marker to serve as a tool to track implementation and monitor results:

Overall, the IASC Gender Marker has been successful in integrating gender into the design stage of projects. Yet, in its current form, it fails to test the degree to which projects use gender equality measures. When interviewed last year for the assessment, humanitarians in a variety of roles agreed gender integration needs to be monitored so that there is integrity between the conceptual commitments in the plans and in the activities at the implementation stage. Otherwise the application of the Gender Marker is likely to be viewed as a tool that encourages the cosmetic language to be used without consequent actions.

The GenCap Project has been discussing how to encourage monitoring gender equality measures systematically into the humanitarian programming cycle for several years. To date, much of it reflects the practice that can be established within individual country operations (please read examples heightened in Box 3).

The task team's unanimous decision was that:

- ❖ The Marker should be further developed for monitoring purposes
- ❖ The Marker for monitoring purposes should pilot methodology for the cluster/sector levels
- ❖ There should be a piloting of the methodology/adaption of the tool for monitoring at the project level in partnership with humanitarian community

A GenCap advisor, working at global level, has been appointed in May 2015 in order to pilot Gender Equality Measures and, subsequently, adapt the IASC Gender Marker to be used for monitoring purposes.

Next steps and launch of the IASC Gender & Age Marker tools:

Based on the final decision that will be made on the desired coding scale and on the results of the Gender & Age monitoring pilot, the tool will be adapted during the winter 2015 and launched prior to the 2016 humanitarian planning season. This will provide sufficient time to the GenCap project, which has been at the forefront of the development and promotion of the tool, to work with clusters and agencies in order to familiarize them on the new iteration of the Marker and to build their capacity to apply, analyze and review projects accordingly.

Box 4

Monitoring Gender Equality Programming

The IASC GenCap Steering Committee decided in December 2014 to allocate a GenCap adviser to develop tools and processes for monitoring gender equality measures in humanitarian action. Though Monitoring Gender Equality had been of strategic interest to the Steering Committee and Advisors for some time, all agreed that it had not been able to sufficiently progress as one of multiple tasks allocated to GenCap Advisors. A GenCap Advisor was recruited to take up the global post from April 2015.

The strategies that GenCap advisers have used to promote the monitoring of gender equality in humanitarian action can be summarized as follows:

- a) ***Monitoring whether minimum gendered commitments were maintained by sectors/clusters:*** Minimum commitments were negotiated among sector members within the operating humanitarian context. Commitments incorporate gender concerns or specific gender actions (e.g. in Iraq: collecting SADD; in Yemen: segregating toilets). Sector coordinators were responsible for monitoring whether these commitments were maintained.
- b) ***Using the IASC Gender Marker to monitor cluster response plans:*** The Gender Marker was applied to the Syrian Regional Refugee & Response Plans in 2013 and 2014, exploring new possibilities of using the tool not only at project but also at sectorial/cluster level. As consolidated appeals have broadened to include options for funds to be raised with collated Cluster or Sector Response Plans and bilateral discussions for individual projects, options for applying the Gender Marker coding to sector response level have been explored. Using the Marker at this level resulted in increased accountability and engagement of the sector chairs and executive management in ways not seen with the application at project level. It resulted in all projects in the sectors reporting on equitability of access to resources.
- c) ***Monitoring whether targeted actions were addressed:*** When sectors and/or agencies noticed unmet needs or gender-based discriminations/disadvantages, targeted actions were undertaken to remedy the imbalance. These activities were then monitored to determine whether the desired effect was achieved. For instance, in Jordan camps, significantly more boys than girls were attending Child Friendly Spaces according to sector statistics. Responsible members reviewed the access data, consulted with adolescent girls and put in place their suggested strategies. The sector chair/the agencies monitored the rates of attendance: after a couple of months, the gap between the rates of attendance of boys & girls reduced.
- d) ***Monitoring the access rates to humanitarian resources by sex and age:*** To varying degrees, humanitarians monitored the equitable access to humanitarian resources by women, girls, boys and men through the collection and analysis of sex- and age-disaggregated data. In Jordan in 2014, UNHCR required all sectors to report access rates disaggregated by sex and age. The GenCap Advisor liaised with the sectors to analyze the trends in access among the refugee population as well as members of the hosting communities. These were published as Gender Equality Dashboards, and Traffic Lights were used to highlight good practice and commitments to improve practice. In 2015, the sector reporting evolved to incorporate equitable access in monthly dashboards.
- e) ***Monitoring the use of Gender Equality Measures in humanitarian action:*** In early 2015, a working group comprising of interested UN, INGOs and donors formed to develop tools and process to monitor gender equality in humanitarian projects. The group decided to monitor whether the elements of the gender equality programming ADAPT ACT C Framework were implemented in projects.

The work done in Jordan has informed the development of tools and processes that will be piloted in several country operations where either there is a GenCap Advisor present and/or CARE International is delivering services. The plan is to develop tools and processes that are ready to be adopted in 2016 to undertake the following:

- a) Monitoring Gender Equality Measures (GEMs) in projects (including a tool that allocates a Gender and Age Marker depending on the degree that GEMs are in place and guidance on how to undertake a spot-check site visit);
- b) Monitoring Equitable Access through Sex- and Age-Disaggregated Data (including guidance for collecting, collating, analyzing and reporting SADD); and
- c) Monitoring Targeted Actions (combining elements of remedial actions and minimum commitments, including guidance on how to mobilize collective action and monitor specific actions).

The first pilot of a Monitoring GEMs tool started in May 2015 in Jordan. By the end of June, the second pilot is underway in Yemen, which is experiencing a phase of high conflict in its complex and protracted crisis. The tools will be piloted in several countries before finalization and introduction into the Humanitarian Programming Cycle, ideally for the Mid-Year Review period. The tools and processes are aimed to assist humanitarian operations through the cluster/sector coordination processes to support and influence member agencies in the use of gender equality programming.

ANNEX 1:

Cluster Response Plans:

Findings by Cluster

CAMP COORDINATION & CAMP MANAGEMENT

This cluster has a strong gender and inclusion focus in several countries (such as Iraq, Myanmar, Pakistan), often with activities and indicators to ensure and measure equitable participation and representation, and to increase the safety of women.

Several country clusters have identified the exclusion of women, children, disabled persons and elderly people as contributing to camp problems.

- ❖ In **Myanmar**, the emphasis has been on further strengthening the camp management committees, including increasing women's participation in decision-making, both in maintaining the functioning of the camps and preparing IDPs for the next possible steps. One of the three indicators for the Cluster Objective is the "Number of IDPs in Rakhine in camps with women in government-appointed or community-based or other leadership roles." However, indicators and targets all report on "people," and would need to be disaggregated for men and women to ensure tracking and comparison of benefits to women and benefits to men.
- ❖ In **Pakistan**, which is a pilot country for the UNHCR global Sexual and Gender Based Violence (SGBV) strategy for 2012-2017, the objective has been to maintain accessibility of men, women, boys and girls to major facilities in the camp and enlist their participation in decision-making matters affecting their lives. Examples of activities include mapping services to ensure gender equality in service delivery, conducting camp profiling and collecting demographic data (age, sex and locations) of IDPs in the camp.
- ❖ In **Chad**, the focus is placed on the setting up of women's camp committees.
- ❖ Countries, such as **Iraq**, are similarly promoting effective participation by active involvement in site management. However, there is limited potential for increasing equity without specific targets and indicators that will be monitored. None of the objectives, activities, indicators or targets related to management or training mention roles or proportions of women and men.

This issue has been identified with other CCCM cluster response plans: *Indicators do not necessarily specify the targets or proportions for each group in order to compare, as part of the monitoring, access and participation levels for males and females.*

The **Somalia's** Multi-Sector response for IDPS, Returnees and Refugees has strong gender-sensitive objectives. Returnees and refugee women, men, girls and boys have equal access to basic needs, essential services and durable solutions. Refugee women, men, girls and boys also have equal access to fair protection processes and documentation. The indicators and activities for these objectives are mostly generic, thus making disaggregated monitoring unlikely. While they do include the number of males and females whose status has been determined, it would have been pertinent to ensure that there was a male: female ratio comparison, for the monitoring of the outcomes.

The cluster response plan for **CAR**, on the contrary, does not demonstrate how specific needs of female and male camp members will be addressed. Despite a stated focus on using UNHCR's Age, Gender and Diversity Mainstreaming (AGDM) approach in creating structures for representation and participation in site management, the strategy, the targets and the indicators are gender blind.

With regard to protection and accountability to affected populations in particular, it is of interest to note that the CCCM response plan in **Myanmar** provides for the establishment of feedback mechanisms based on community consultation, including mechanisms to report sexual exploitation and abuse. The plan states that, in the absence of supervised camp management structures, existing community power imbalances have been aggravated, thus contributing to cases of Sexual Abuse and Exploitation (SEA), including of children.

COORDINATION, SUPPORT SERVICES & LOGISTICS

Coordination efforts place unequal attention on how they can ensure that the collective response better addresses distinct needs. This is a missed opportunity as inter-cluster and cluster coordination plays a strategic role in ensuring, for instance, that these forums facilitate the cluster's collection and use of sex- and age-disaggregated data (SADD), ensure relevant SADD is captured in all cluster assessments and evaluations, and that gender issues are routinely on the agenda at cluster meetings. A strengthened focus on gender in coordination would enhance advocacy and action to ensure safe, secure and timely access to all people in need, and foster strategic partnerships between agencies with expertise in cross-cutting issues, such as gender.

In **Gambia** and **Burkina Faso**, for example, despite prioritization of provision of reliable information and analysis, there is no mention of the importance of making sure that the collection of SADD and gender and age sensitive analysis is mainstreamed among partners. In **Cameroon**, there is no mention to specific gender or age strategies being mainstreamed or prioritized by the office of the Resident Coordinator in the general humanitarian operation, or a strategy to monitor and evaluate advancement in gender equality at the end of the year.

As for logistics, as not all response plans have direct contact with affected populations, attention to gender issues is not always relevant as part of the planned response. This is why logistics and emergency telecommunications plans, such as in **CAR**, do not make any mention of gender issues. For plans that provision activities with a human resource or training component (such as in **Iraq**), it would be useful to explain how women's and men's equal involvement will be sought.

EARLY RECOVERY

Depending on the context of the recovery priorities, the activities that usually fall under the early recovery cluster are identified as early recovery, livelihoods, livelihoods and community stabilization, social cohesion or community restoration.

In several countries, the analysis indicates that the specific recovery needs of women and men of different age groups have been identified and considered. The **Colombia** Early Recovery response plan, for example, "will be carried out with a differential, gender and human rights approach," "with a special emphasis on Indigenous and Afro-Colombian communities, women, youths, girls and boys." Indicators and targets are disaggregated for the proportion of male to female participants, including in cash for work activities, and should ensure qualitative monitoring and reporting.

The HNO narrative on Livelihoods and Early Recovery for **Ukraine** notes that, "prior to the conflict, women were earning significantly less than men in the workforce, experiencing higher rates of unemployment and disproportionate levels of poverty." Women's historical inequality (particularly among Roma and Tatar groups), makes crisis impacts disproportionately severe for them. This situation is taken into account in the cluster response plan, for example one of the objectives for employment and income opportunities focuses on the most vulnerable, including IDPs and women. The target for these activities (direct beneficiaries) is two-thirds women, although Roma women are not mentioned. Specific attention is also

paid to GBV survivors, in line with the findings of the needs overview. Yet, other concerns raised in the HNO, such as women's diminishing political role during the crisis and the reinforcement of traditional gender stereotypes, while not being issues for this sector only, remain unaddressed.

In **Pakistan's** community restoration plan, sector objectives include enhancing the capacities of crisis-affected families and women to foster increased resilience and to ensure active participation of women across all proposed activities. Disaggregated data on women and vulnerable groups will be collected to monitor progress in this regard. In **CAR**, the criteria for targeting includes single parents and families with specific needs – in CAR, mostly female-headed households fall within these two criteria. The cluster strategy has two key dimensions: Rebuilding capital and training of *waligara* (women active in micro enterprises) targeting women in situations of return/reinsertion; and also, supporting informal financing systems, including tontines. Most of the indicators are disaggregated by sex.

In quite a few cases, response plans lack consistency in how they address gender issues. Sometimes the narrative does not explain how the female and male population has been affected by the crisis. Yet, activities and monitoring plans specify how the two halves of the population will benefit. For instance, the social cohesion/livelihoods plan for **Iraq** promotes sustainable livelihoods for vulnerable host communities and IDP families, including access to credit, grants, cash assistance and vocational skills training. It also aims to increase communication channels for dialogue, coordination and consultation between host communities and IDPs to promote peaceful coexistence. While there is no information on how women and men are in need of these different types of support, activities include capacity building of IDP women groups to ensure that their specific needs are voiced. Indicators for training, employment and credit activities are all expressed as “# women and men,” but the target is an aggregate (total) number. Ability to compare results for men and for women would only be guaranteed by a requirement for disaggregated targets.

In other cases, identified beneficiaries for early recovery activities appear not to take into account the demographics of the targeted affected population. This is for instance the case for the cluster plan in **Ukraine**. The sector plan notes that “community residents” (as a target) are 50% female; although the HNO reported that, “A high proportion of men have not accompanied their families in displacement and women comprise approximately two thirds of all adult IDPs.”

With regard to early recovery mainstreaming in the other sectorial responses, it is worth noting that cluster response plans seldom mention how their sector will help leverage attention to gender, age and diversity issues in the overall response. Yet, Early Recovery, as an approach, presents important opportunities to address the structural discriminations that affect the population, especially as they constitute important underlying factors of crises. The cluster could play an important role in ensuring that these issues are taken into account to reduce vulnerability, build resilience, and enhance the quality and effectiveness of the response. The cluster could, for instance, encourage the sectors to analyse how cultural norms allow women and men to participate in decision-making in their communities or, how to ensure that all affected people can participate meaningfully in local governance and sustainable recovery efforts.

EDUCATION

The education cluster response plans often demonstrate robust attention to girls' and boys' needs. Country plans like **Columbia** provide an excellent example of a gender mainstreamed education plan: Objectives, Activities, Indicators and Targets are sex-disaggregated for students and teachers, and specify 50:50 male to female participation. All projects are required to mainstream gender and demonstrate a differentiated approach with respect to gender, age and ethnicity.

In several countries, analysis indicates that the specific protection risks and challenges for girls and boys from different age groups have been identified and considered. In **Iraq**, for instance, a failed school year for both girls and boys would expose them to various protection risks including social, domestic, and gender-based violence, as well as recruitment into armed groups, child labor and possibly early marriages. In **Myanmar**, based on the results of the analysis, the objective has been to improve access to quality education for all conflict-affected children, aiming at gender parity. Education contributes to protecting this vulnerable generation from the contextual and gender-specific risks they face, including trafficking, child labor, early marriage, unsafe migrations and recruitment into armed groups. In order to ensure that schools are girl-friendly, the plan states that more volunteer female teachers are needed and that innovative, appropriate gender-equity strategies will be used to increase team mixing.

In countries such as **Ukraine and Columbia**, sector objectives and activities demonstrate attention to gender issues. In **Chad**, a particular focus is placed on girls' schooling while data on child refugees is disaggregated by sex and age. In **Cameroon**, the narrative description of the strategy presents disaggregated data (boys and girls) and specifies the need for specific strategies to foster equality of access to education (including coordination with WASH for separated latrines) and equal participation of men and women in decision-making spaces. The indicators related to access and participation is disaggregated by sex.

Other countries' cluster plan activities only partially pay attention to them. For instance, in **Pakistan**, focus is placed on the availability of separate WASH facilities in schools. In **CAR**, attention to gender issues is only demonstrated in the sex and age disaggregation of the indicators. There are no targeted measurements for ensuring return of adolescent girls to school.

In the situation where objectives and activities are gender sensitive, this does not necessarily inform the disaggregation of the indicators. Sex and age disaggregated targets that would help ensure that gender equity is monitored and reported on across the sector, are not systematically included in the plans. The absence of sex-disaggregated results or specific male and female activities and indicator targets in **Iraq** decreases the likelihood of reporting separate achievements for girls and boys, or male and female personnel. Similarly, in **Ukraine**, the HNO identified education challenges, particularly affecting Roma girls. Indicators related to Roma children attendance refer to "boys and girls" attending. Yet, the aggregate targets (100%) for these indicators do not guarantee that separate results for females and for males will be monitored.

The cluster response plan in **Somalia** provides another example of how gender sensitive analysis, reflected in the objectives and activities, do not necessarily inform how targets and indicators are framed. The HNO highlights the lack of educational opportunities, especially for girls, as a core humanitarian issue. With only 36% female students and 15% female teachers, as well as lack of separate WASH facilities for girls, special attention needs to be paid to girls' enrolment and retention at school. Enabling program activities of the cluster aim to build capacity on gender and to support equal access to school for all. The objective to ensure equal access for women, girls, boys and men *implies* all targets and data need to be disaggregated. However, as the indicators that were developed remain generic, this will permit measuring change and progress.

While the specific situation of girls and boys is generally considered, an area requiring additional attention would be to ensure that "girls" and "boys" are no longer described as a homogeneous group but that more attention is paid to their realities and specific needs based on gender **AND** age. The gender-specific risks for adolescent girls and boys out of school in **Iraq** could have been further analyzed. In **Lebanon**, also, the Sector Response Plan articulates the rate of enrolment disaggregated by boys and girls and posits that child labor and early marriage are problems affecting their retention in schools. The provision of age

disaggregated information of enrolment rates by at least child and adolescent (or preferably grades) would further have aided the analysis (e.g. higher dropout rates after age 11 peaking at 14; boys drop out more than girls in order to work).

In other countries, cluster objectives and activities for children and youth specify sex, but not those regarding teacher training.

While the education sector is generally demonstrating sensitivity to gender issues, attention to distinct needs of female and male learners remains insufficient in quite a number of cases. In **Gambia**, there is no identification of specific needs among children, according to gender or age. Activity indicators are gender and age blind. In the cluster plan of **Burkina Faso**, beneficiaries are in some parts disaggregated by school age but not by sex. Sector activities and indicators proposed are not disaggregated by sex and age. In the plan for the **Sahel region**, there are no specific targets per gender or age and no specific strategies to address gender and age needs, for example lower attendance of girls, particularly adolescents.

FOOD SECURITY (Food Distribution & Agriculture)

Several cluster response plans describe the distinct constraints facing women and men and clearly aim to promote equity. It has been found that where the HNO links gender inequality directly to food insecurity, there is an additional aspiration for improving the situation of women. Also, several plans are committed to equal male and female participation, and aim for the full mainstreaming of gender in the projects, with a target of having all projects code 2 on the IASC Gender Marker. These commitments, objectives, indicators and targets are in several cases sex-disaggregated, specifying the numbers of males and females directly benefiting. This includes indicators on nutrition, livelihoods (seeds and tools), school feeding, as well as all training activities.

Several food security response plans focus on gender, as well as other people-centered issues, which enrich the analysis and the design of their response. This probably draws on the work that the global cluster has conducted on mainstreaming people-centric issues in the humanitarian planning cycle⁷.

- ❖ In **Iraq**, the plan calls for more attention to age, gender, diversity, protection, accountability of affected populations, and communicating with communities. The cluster has developed tools, such as the Safe Distribution Checklist, and is encouraging partners to use process and outcome monitoring tools that include such issues. It wants to ensure that partner assessments are analyzing the food security situation with sex and age disaggregated data, and engaging available referral mechanisms for people with disabilities and other specific needs. One of the objectives includes ensuring an effective, accountable and coordinated food security response founded on evidence-based interventions that advocate for and take into consideration the needs of each segment of affected communities by age, gender and diversity.
- ❖ **Myanmar** provides a good example of how attention to gender and to other issues that are key to a response that is efficient and inclusive, can constitute a core element of the cluster response. Cash-for-work activities are to be conducted in a gender informed manner and incorporate issues such as accountability to affected populations and protection.
- ❖ In **Pakistan**, the cluster ensures that general food distribution as well as all programmatic activities are conducted in a safe and dignified manner. Separate distribution counters and waiting areas are established for women at distribution points, at which female staff are deployed. Assessment teams aim to include women where possible and beneficiary data is disaggregated by gender. In The

⁷ See, for instance, the checklist that the global cluster developed:
http://foodsecuritycluster.net/sites/default/files/Draft%20Checklist%20to%20mainstream%20people%20centric%20issues%20in%20the%20Humanitarian%20Programme%20Cycle_26.05.2014_SC-2.pdf

Federally Administered Tribal Areas, livestock is often identified as being the only asset women have real access to with some degree of control. Women and female-headed households as beneficiaries form a central component in the strategy, with a specific focus on supporting them with livestock and homestead gardens.

❖ In **Chad**, focus is placed on supporting female-headed households on income generating activities. However, cluster response plans do not systematically ensure that the intent of providing a gender sensitive response is reflected coherently throughout the response plan. Common difficulties can be summarized as follows:

-The cluster response plan does not fully address the gender related issues identified in the HNO. In **Ukraine**, the Food section in the HNO noted that, “*women’s pensions are on average only 67 per cent of men’s and, when working, their salaries are approximately 30 per cent lower,*” leading one to expect that this imbalance might be considered in the cluster plan. Vulnerable groups do include single-headed households, which could help address the economic imbalance that was identified. One objective of the plan includes an indicator on the proportion of assisted households where women make decisions over the use of cash, vouchers or food provided, with a target of 60%. The related activity indicator is disaggregated by gender. Yet, the other targets are not, which makes it difficult to say if specific attention will be paid to the situation of economically vulnerable females. In **Gambia**, the context analysis mentions the targeting of small farmers, particularly women's groups, but it is not elaborated in the activities or indicators.

- In other cases, ***the distinct impact of food security on the female and male population is not analysed at all.*** Understanding how girls, boys, women and men are affected by lack of food within the household (i.e. how different family members have to make difficult decisions about what food to buy, how often to eat and who receives priority food), by the increase of food prices, how climate change affects their livelihoods or how they access and control resources (e.g. land, credit) would be important for efficient targeting of aid. The implications for girls and boys, in terms of school dropout, early marriage, etc., could also usefully be analysed. In the plan for the **Sahel Region**, for instance, there are no specific targets per gender or age (i.e. targeting of female-headed households). Activities and indicators are gender and age blind. Similarly, in **Burkina Faso**, there is no identification of specific needs per gender, nor per age. Some activity indicators target women as beneficiaries but there is no explanation of why that is. Similarly, in **Cameroon**, the data presented is not disaggregated and the narrative description of the strategy makes no reference to specific needs of women and men.

- For other response plans, ***the cluster objectives, indicators and targets are gender-neutral so there is no guarantee that the announced intent of providing a gender sensitive response will be monitored and reported.*** This is the case for instance for the **Myanmar** cluster, that outlines its intent in its narrative to provide an equitable response. However, this intent does not inform the rest of the plan. For **CAR**, the strategy, objectives, targets and indicators are completely gender blind.

- Indicators often use generic measurement units (“farmers,” “beneficiaries,” “people”). In such cases, it is not clear how many women will benefit compared to men, making it difficult to monitor equitable outcomes from the assistance provided.

HEALTH

Gender equality considerations in the health sector are somewhat limited, although most countries demonstrate positive intent.

In several countries, the analysis indicates that the specific health needs of women and men from different age groups have been identified and considered. In the plans from **Ukraine, Pakistan, and Somalia**, female

adults in particular are identified as a group requiring specific attention, particularly GBV survivors, pregnant and lactating women.

The cluster plan in **Columbia** identifies women as a group with specific needs and seeks to respond to these as well as to address service gaps. It explains how the conflict contributes to exposing the female population to sexual and gender-based violence, and stresses the need for “psychosocial and mental healthcare with a gender and ethnic perspective.” In both **Iraq** and **Myanmar**, key priorities include the development of protocols and training on the clinical management of gender-based and sexual violence cases as well as maternal and child healthcare. In **Chad**, focus is placed on reproductive health of women and delivery of medical assistance, in response to having the worst maternal death index of the world.

However, while information on how women’s needs are considered and addressed often flows in the response plans, information on other groups needs often remains missing:

- ❖ **The specific needs of boys and men are sparingly discussed.** While girls and women constitute the vast majority of sexual violence survivors, it is important to acknowledge that boys and men are increasingly targeted by these assaults. Male survivors have difficulty speaking up and seeking help. The fact that health plans do not include information on the type of assistance they will provide for the male population may worsen the situation. Similarly, many reproductive health activities mention no engagement or activities for males related to their wives’, or their own, sexual and reproductive health needs, choices and services. Likewise, child health activities that only involve mothers deny the role and interest fathers have in children’s wellbeing. In terms of quality and efficiency of the child health and nutrition response, it is unfortunate that no plan seems to pay attention to household dynamics, with a stereotyped targeting of the mothers when men may determine what food is bought, who eats first and most, and who will be allowed to access health care.
- ❖ **Specific information and data on girls and boys, adolescent girls and adolescent boys is limited:** Cluster plans that systematically focus on children as a group with specific vulnerabilities tend to describe this generation as a homogeneous group, where female and male infants, girls and boys, adolescent girls and boys all have the same needs. Similarly, information on older people and persons with disability or chronic disease is limited. This encompassing approach does not make it clear who actually is being targeted with assistance and whose needs are being considered.

Certain activities are monitored with attention to sex and age (most often the activities targeting women, such as GBV response and reproductive health services) while others are not. In particular, this is the case for the activities targeting children or health staff where no sex and age disaggregated data will be collected. In **Iraq**, for instance, the number of women with access to counselling on breastfeeding will be monitored. However, there is no indication that nutritional or vaccination status for boys and girls will be monitored separately. In **Pakistan**, disaggregated information will be collected regarding attendance to the GBV information sessions. Yet, the indicators for vaccination and vitamin supplements coverage focuses on the percentage of children targeted (boys and girls) and percentage of health staff (male and female) trained. It is unclear whether this will be an aggregate or disaggregate figure. In **Ukraine**, the plan explains at the outset that sex-disaggregated population figures are not yet available. HIV and TB referrals will be disaggregated by sex and age, although child vaccinations are not. Activities and indicators for staff training and capacity building do not specify target proportions of male and female beneficiaries.

As can be seen, gender and age sensitive monitoring is far from being systematic, making it challenging to measure to what extent the declared intent of providing an equitable response has been met. In the case of **Columbia**, targets are articulated as “percentage of affected men, women and children.” They provide an aggregate percentage, and thus, make it unlikely that reporting will be specific to each group. Other

disaggregated indicators or targets are based on overall population estimates, which will not necessarily reveal access gaps for particular groups. In other cases, targets of having 100% of health facilities with trained female staff available, or of having 100% of rehabilitated health facilities with sanitation facilities for female staff gives an indication that specific actions will be taken to improve team balance or create a woman-friendly work environment. Yet, such indicators do not describe what the actual situation is like or how much progress will be done.

Lack of sex and age disaggregated data is sometimes acknowledged as a gap. It is not clear, though, why this is a difficulty and what will be done in order to address this challenge.

In several cluster response plans, the issue is not only a lack of consistency in addressing gender issues throughout the plan or of monitoring equal access and benefits. Regrettably, attention to distinct health needs of female and male beneficiaries remains, in quite a few cases, greatly insufficient. The cluster plans for **Burkina Faso** and **Cameroon** do not identify specific needs based on sex and age. Besides an attention to sexual and reproductive health services for pregnant and lactating women, other medical services do not disaggregate per sex and age. In the response plan for the **Sahel region**, there is no sex and age disaggregation or gender specific targets. There is no mention of access to reproductive health for women and girls, or response against female genital mutilations in the region. Although **Gambia** identifies differentiated needs according to sex and age, including for reproductive health and for HIV/AIDS, the objectives, activities and indicators are gender blind.

NUTRITION

Several nutrition cluster response plans demonstrate that an analysis of the specific nutritional needs of women and men, girls and boys from different age groups has been carried out and that the findings inform the response.

The Nutrition sector for **Myanmar** is clearly considering gender issues, and analysis includes discussion of differentiated findings for boys and girls. Gender-sensitive nutrition surveys and assessments will be conducted in order to monitor and inform nutrition interventions in a timely fashion, covering both displaced and non-displaced populations. The sector will engage with other sectors in order to promote, protect and monitor the rights and well-being of all vulnerable children and women affected by conflict. However, without disaggregated targets and indicators, it is not possible to ensure results will be disaggregated by sex to monitor equity.

Pakistan provides practical information on how gender issues will be addressed. The HNO describes how women and girls are often affected by discriminatory practices that inhibit their access to food. In order to address this situation, the plan stipulates that gender focal points will be appointed. Two cluster objectives, as well as some activities specifically mention girls and boys (but targets are expressed as totals). This suggests, but cannot guarantee, that data will be disaggregated by sex and age. A target % of girls to boys would have ensured and enabled comparison. In addition, **Somalia's** nutrition objectives are all disaggregated for boys and girls, as is the activity and indicator for treatment of acutely malnourished girls and boys under 5 years old. This guarantees that information for both girls and boys will be separately available for comparison.

In the case of **Gambia**, inter-sectorial coordination is sought to better respond to identified gender needs. Plans strive for better and more efficient coordination among sectors in relation to gender and age vulnerabilities in household food insecurity, WASH and health. However, activity indicators focus on age more than they focus on gender.

While information on how women's nutritional needs are considered and addressed often flows in the response plans (i.e. in cluster plans for **CAR, Chad**), socio-cultural factors related to gender that determine access to food, supplements and supplementary services are seldom analyzed. Information on gender relations and specific groups' needs often remains missing:

- ❖ **Men and father's roles with regard to nutrition and access to nutritional services is often overlooked:** Focus is often placed on pregnant and lactating women's specific needs and on their role as caregivers for malnourished children. Yet, response plans could usefully consider household dynamics and how decisions, usually made by women or by men, affect family nutrition. For example food choices; decisions related to vaccination/Vitamin A/micro-nutrients; food handling, preparation, storage; food sharing (who eats first and most, decisions around breastfeeding); whether or not to breastfeed, when to start, how long, access to nutritional services. For the response plan in **Myanmar**, there is no mention of any involvement with men, which is key to promoting more equitable responsibility for children. For **Pakistan**, community outreach appears to target women exclusively.
- ❖ **Specific analysis and information on girls and boys nutritional status are rare:** Plans tend to describe infants and children under five as homogeneous groups, where females and males would all have the same needs. In terms of analysis, there is rarely any mention (except for **Pakistan**) of the socio-cultural factors that might affect children's nutritional well-being. Questions such as who among infant girls and boys were most at-risk to nutrition problems before the crisis, with an understanding of what has changed since, could have informed response plans. Similarly, differences in breastfeeding practices for female or male babies are not mentioned. Importantly, there is also a lack of sex and age disaggregated information on the nutritional status of girls and boys and on the specific targets being set to address their distinct needs. This encompassing approach does not make it clear who actually is being targeted with assistance and whose needs are being considered. The plan for **Burkina Faso**, for instance, does not identify specific gender and age needs even though the HNO states that boys are more malnourished than girls. Activities and indicators are gender and age blind. Indicators target children up to 5 years old, with no sex breakdown, as well as pregnant and lactating women.

PROTECTION (Including Child Protection, Gender Based Violence)

In several cluster plans, the analysis indicates that the specific protection needs of women and men, girls and boys have been identified and considered. Their strategies meaningfully address the distinct protection needs identified.

- In **Columbia**, for instance, objectives and activities focus on protection needs for women, men, girls, boys, adolescents and youth. Indicators are sex-disaggregated and, in most cases, there are targets for male and female participation.
- **Somalia's** protection activities will be delivered with attention to ensuring that women, men, girls and boys benefit equally from services based on their specific needs and roles, with a view to advancing gender equality.
- For **Ukraine's** plan, the narrative describes an inclusive approach, with focus on non-discriminatory access and particular attention to women's protection needs, as they are at greater risk of being confronted with violence. The strategy identifies women, girls and boys as "high risk groups" for human rights violations. Activity Indicators for monitoring, mapping and advocacy are sex and age disaggregated. The plan specifies that information provided in the reports, publications, and campaigns will be gender and age sensitive.
- In **Cameroon**, the strategy is focused on child protection, and identifies the risks girls and boys are confronted with, including different forms of GBV and forced recruitment by armed groups. Indicators are disaggregated by sex and age.

In other cases, planning lacks consistency in how it addresses gender issues. The Protection plan for **Iraq**, for example, describes gender and age differences that create different protection needs, including GBV. However, objectives are generic, as are activities and indicators. With the exception of targeted action for women and girls under one of the cluster objectives, none of the activity targets provide for disaggregated data.

In **Myanmar**, where violence has a significant impact on women, children and men in both times of prolonged displacement and ongoing conflict, key interventions include enhancing community capacities and networks to prevent gender-based violence and risky migration practices (including trafficking) and strengthening programming targeting adolescent boys and girls to prevent negative coping mechanisms and promote resilience. The sector will foster gender equality programming to raise the capacities of people to advocate for themselves. However the objectives, activities and indicators do not ensure reporting of specific results for males and females. The statement, “Evidence shows that violence has a significant impact on women and children,” and as a consequent need to provide “comprehensive GBV and child protection programmes” would be strengthened by finding a role for men.

The plan for **Pakistan** addresses gender needs, in line with the specific protection risks identified in the HNO. GBV response is described as a significant need and is a cluster objective. Beneficiary numbers are confusing though: “will target an estimated 1.5 million, including 365,818 women, girls and boys.” Activities and indicators are mostly disaggregated by sex or sex and age, which provide assurance of monitoring even when objectives are generically worded (IDPs). Lack of sex-disaggregation for return intention surveys and visits appear as a gap.

The response plan for **CAR** includes a focus on girls, victims of exploitation by armed groups, and women. The cluster *strategy* includes response to GBV and prevention of violence targeted at girls and boys. Yet, objectives are gender blind while only 3 out of the 12 indicators selected by the cluster (all on child protection) include some reference to gender/SADD.

In some plans, attention to distinct needs of female and male beneficiaries remains greatly insufficient. In **Burkina Faso**, for example, the analysis done on GBV does not include the identification of specific needs per gender, nor per age. Some of the indicators present targets by sex, but most of them do not desegregate by age. Regarding child protection, the analysis is detailed when identifying specific protection-related needs for children according to age and gender. However, the indicators for the activities are not disaggregated. In the plan for the **Sahel Region**, there is no disaggregation by sex and no targets specifying a focus on females and/or males.

SHELTER & NFIs

The Shelter Cluster in **Columbia** provides a positive examples of a plan that takes into account the distinct shelter needs of females and males from different age groups. A target for all projects to code 2 on the IASC Gender Marker is set. Targets for all relevant indicators for Cluster Objectives have a 50:50 ratio of females to males, including those related to training and capacity building. Activity indicators are disaggregated (sex, age, ethnicity) and/or specify equal participation.

Yet, gender and age sensitive monitoring is far from being systematic, making it challenging to measure to what extent the declared intent of providing an equitable response has been met. For example:

- **Iraq’s** strategy, is worded entirely in terms of households and population, providing no guarantee that “minorities, female headed households and vulnerable groups...” will be given special attention in the planning and implementation of all shelter and NFI assistance programmes. The objectives, indicators, activities and targets do not provide for monitoring differences between women and men.

- **Myanmar's** cluster plan acknowledges a lack of progress on gender equality to date and outlines a number of measures that will be taken to ensure equitable participation and assistance, including a target of 30% women involved in beneficiary selection. Yet, it will be difficult to guarantee reportable results without a corresponding collection of sex- and age-disaggregated data as indicators and targets currently refer only to "IDPs."
- In **Pakistan**, while female-headed households are prioritized in the plan, in line with the needs identified in the HNO, indicators are not sex and age disaggregated.

Cluster plans for **Somalia, CAR** and **Ukraine** do not describe what female and male needs are and how they will be addressed. In CAR, for instance, the strategy, targets, objectives and indicators are gender insensitive.

WATER, SANITATION, HYGIENE (WASH)

The WASH strategy often explains both the rationale and specific needs for gender programming in WASH interventions, in line with the gender analysis included in the HNO. Age (particularly old age and adolescence) and disability issues are also well addressed in different cluster plans. **Columbia's** cluster response plan, for example, places special emphasis on meeting the specific needs of each group, on reducing risks of SGBV and on ensuring equal participation at all stages of the response. In **Ukraine**, emphasis is placed on adolescent girls, women and elderly people in order to ensure their needs for dignified living are met. In **Iraq**, the response plan aims to ensure access to water of adequate quantity and quality. This response plan also aims to ensure access to sanitation facilities and services that are hygienic, culturally appropriate and meet distinct gender and age needs. Partners plan to provide assistance in a manner that promotes the protection of human rights and gender equity.

With regard to the *monitoring* of equal access and benefits, in **Columbia** most objectives, indicators and targets refer to men, women, adolescent males and females, boys and girls, providing *overall population* breakdowns by sex. Disaggregated data will be collected. In **Myanmar**, attention is paid to the monitoring of the WASH minimum commitments, with "an emphasis on women's participation in decision-making and with a focus on developing socio-culturally appropriate maintenance mechanisms". It also prioritizes consultation with women, girls, boys, men, disabled, elders separately about their needs and priorities. Yet, the identified priorities, indicators and targets do not differentiate between women or men, boys or girls. There is therefore no guarantee that this emphasis will be translated into reportable results for males and females.

In a similar way, the response plan for **CAR** states, in its strategy, that a focus will be placed on ensuring that both women and men in affected communities are consulted before WASH projects are conceptualized; while taking into account primary users security. Yet, objectives, targets and indicators do not make a distinction between males and females.

Too often, indicators are generic, making it difficult to report on how WASH services have equitably met the needs of girls and boys, men and women. Indicators that specify, next to their measurement unit, "Girls, Boys, Women, Men" demonstrate good intentions. But this detail is redundant if describing a total population figure, where there is no intention to compare groups for inequities within the total. Comparing the ratio of female to male beneficiary proportions is particularly relevant in order to monitor distributions and appropriate ratios of female to male sanitation facilities.

Activities, such as in the cluster response plan of **Chad**, provide valuable information on how the response will be provided in an inclusive manner. This plan mentions the fact that women will be part of the training activities, that female participation will be encouraged in committees and, interestingly, that men will be targeted for hygiene training

In **Somalia**, there is a target of having all projects gender sensitive, coding 2a on the IASC Gender Marker. Yet, while the HNO paid considerable attention to gender-related issues (especially GBV risks) in sanitation and water, the response plan only partially addresses the issue with one activity related to the construction of gender friendly sanitation facilities and one indicator related to access.

In other cluster response plans, the issue is not only a lack of consistency in addressing gender issues throughout the plan. Attention to distinct needs of female and male beneficiaries remains greatly insufficient overall. In **Gambia** and in **Burkina Faso**, some indicators contemplate different targets based on gender and age according to the activities. Yet, there is no identification of specific needs per gender, nor per age.

In **Cameroon**, the narrative description of the strategy mentions, in a rather broad manner, the need to incorporate gender, age and disability perspectives. Yet, the indicators for the sector do not have specific targets per gender or age, just generic references to “number of people” (in one case number of children and women receiving kits), which is not enough to ensure equal access and benefit. For the **Sahel** response plan there is no disaggregation or specific targets by sex; no mention of strategies linking WASH and protection issues and/or promoting gender equality.

ANNEX 2:

Humanitarian Needs Overview Guidance 2015

TIPS FOR DEVELOPING GENDER, AGE AND DIVERSITY SENSITIVE

HUMANITARIAN NEEDS OVERVIEW

Humanitarian situations, be they natural or human made disasters, have profoundly different impacts on women, men, girls and boys of different age and diversity groups (such as LGBTI, disabled, ethnic/religious minorities). The varying effects on these groups, resulting from their levels of access to power and resources, mean each group will have different perceptions and priorities in terms of the humanitarian and protection assistance they need.

This annex provides tips for the humanitarian needs overview analysis team, to allow them to produce an overview that takes account of these differences, and results in the development of an evidence base with which to design and deliver appropriate and accessible assistance for all groups, contributing to the overall efficiency and effectiveness of humanitarian programming.

A humanitarian needs overview has “mainstreamed gender and age” when the circumstances, needs and capacities of different groups, are described, and the implications of these findings for programming and prioritization are subsequently discussed in the analysis. A humanitarian needs overview that lumps all people together without identifying and addressing the different situations of males and females of different age and diversity groups will lead to a response that won’t adequately and efficiently respond to the distinct needs of the diverse groups that make up an affected population.

Step 1: Planning for analysis

When planning for the analysis:

- 1) Ensure that, as far as possible, the **members of your analysis team** have direct field experience of the emergency context, and based on engagement with the affected population, a solid understanding of what the different groups of affected men and women perceive as their main needs.

2) **Set out the information requirements:**

Identify the types of information you will need in order to get a robust understanding of the situation of the affected female and male populations of various age and diversity groups. To answer this question you will need to consider how existing gender inequalities affect and potentially worsen the situation of the different affected population groups.

List the type of sex and age disaggregated information you will need to support your age and gender analysis, including but not limited to:

- Demographics of the population in affected areas (rural and urban), demographics in the displacement or refugee sites, number of female headed and male headed households (including older headed households), number of people living alone and widows; ethnic affiliations, dependency ratio, sex ratio.
- Malnutrition rates, morbidity and mortality rates, prevalence of disability and chronic disease, birth rate, life expectancy.
- Primary and secondary school attendance, literacy rates.

- Poverty rates, dependency ratio, sex ratio, female/male and age division within the agricultural and formal employment sectors.
- Protection risks and sector specific data e.g. levels of food insecurity, health consultations etc.

3) Map data sources (including secondary data):

Map out the information and data types that are available and that will help you conduct a gender and age sensitive analysis of the number of people affected by a disaster and their possible needs. Pre-crisis information helps understand how the position of different age and gender groups may affect their experience of a crisis and how existing vulnerabilities are likely to be exacerbated by the disaster. By comparing pre- and post-crisis information, you will be able to build a “before and after” comparison of how different gender, age and diversity groups have been affected by the situation.

- **Population data:** You need to have an idea of how many people, disaggregated by sex and age, have been affected by the current emergency. For the national level, obtaining recent and reliable data from the preferred source – the national statistics office – can often be difficult. Global sources, such as the US Census Bureau and United Nations Statistics Division, can give a reasonable picture of the affected population.
- **Socio-economic data:** Identify data sources that provide sex and age disaggregated data on the social and economic conditions of girls, boys, women, men and older women and men. For example, you should review the following sources that all provide valuable comparative information about livelihoods, incomes, representation, legal status, education, nutrition and more:

National census data (no more than five years old), Demographic Health Survey (DHS) or livelihood surveys, Multiple Indicator Cluster Surveys (MICS), UNDP Gender Inequality Index, OECD SIGI (Social Institutions and Gender Index), World Bank and UN Women Country Profiles.

- **Experience of previous emergencies:** The quality and usefulness of an early gender and age analysis are increased significantly if information is available on what happened during previous, similar crisis in the country:
 - What happened specifically to different age and gender groups, including persons from minority groups or with specific vulnerabilities?
 - How did this affect their social and economic roles and responsibilities within the family and the community?
 - If the crisis led to population displacement, what were the demographics of displacement in terms of sex and age?

Is there evidence of different age, gender or diversity groups having been forgotten/excluded during relief efforts? If so, which groups?

In section three a full set of question are provided that you can use to interrogate your secondary data, and to better understand your data needs.

4) Prioritize sources of quantitative and qualitative information that have involved direct participation and/or consultation of different groups and sub-groups of the affected community. Use information provided by affected women and men of different ages and social groups, to ensure the joint analysis (see below) draws on **information that is grounded in the actual reported needs of the community itself.**

5) Ensure the sources of information you use cover the various sectors (multi sectorial and sector specific needs assessments) and includes thematic assessments that focus on specific population groups (assessments on the situation of IDPs, on gender, on the situation of older people or persons with disabilities, on ethnic/religious minorities etc.) so that these specific issues don't fall through the cracks.

6) **Structure your data consolidation tools** in a way that allows capturing sex and age disaggregated data (i.e. additional column in the spreadsheet to be used) and that also captures qualitative information on the distinct situation of affected female and male populations from various age and diversity groups.

Step 2: Data consolidation & identifying information gaps

1) When consolidating the data, ensure that, for each of your findings to the points above, **data is organized in a way that provides information of who is affected**, broken down by sex and age, so that a joint gender, age and diversity sensitive analysis can easily be conducted.

2) **Identify and address information gaps to inform the design of future assessments:**

Where crucial data is not available from national or international sources, the inclusion of specific research questions to rectify this situation in later phases of assessment planning is vital. Recommendations can include specific questions to include in field assessment questionnaires or specific topics to address through secondary data review.

Gaps can relate to a lack of sex and age disaggregated data or to a lack of information on the sociocultural context, that shape the status, roles and capacities of the female and male population of different age and diversity groups, resulting from their levels of access to power and resources. Identification of gaps should also include analysis of whether there is a lack of qualitative information on how the different segments of the population perceive their priority needs (i.e. lack of consultation with affected women and men of all ages from the community).

Step 3: Joint and inter-sectorial analysis

The process of secondary data collection and analysis, combined with the findings of in-crisis information compiled as part of the wider HNO, will place you in a good position to compare the situation before and after the crisis, and understand how girls, boys, women and men from different age and diversity groups have been affected.

Tips for age and gender sensitive analysis:

- 1) **Consider inviting gender and age advisors** or experts for different diversity groups at the working sessions.
- 2) Include, in the questions that will guide the analysis, a standing item on how the crisis has affected different groups of people including girls, boys, adolescent girls and adolescent boys, women, men, older women and older men. To answer this question you will need to draw on your secondary data and understanding of the context, to consider:



Remember

In some cases the sex and age disaggregated information required may be hard to find or even non-existent, particularly for older people. In such cases it is important to recognize that:

A lack of data is a finding and should be reported.



- The different assistance and protection needs and distinct vulnerabilities of each group that result from their age and gender.
- How existing gender inequalities affect and potentially worsen the situation of the different affected population groups
- How sub-groups of the population, such as persons with disabilities or from ethnic/religious minorities are affected differently and to which extent existing vulnerabilities are exacerbated by the crisis.

3) When using any methodology for vulnerability and severity ranking, consider the different situations of women, girls, boys and men from different age and diversity groups.

3) Data rarely speaks by itself: Using the quantitative and qualitative data that has been consolidated, the team needs to **make the information “talk” to identify the different dimensions of the crisis faced by women, men, girls, and boys from various age groups** (young children, adolescents, adults, older people). To accurately reflect the position of these groups you must describe the underlying factors which effect vulnerability. Verify the findings through consultation with different age, gender and diversity groups within the affected population.

Questions that can guide the analysis are as follows:

- WHO is affected, where and in what way? What is the sex and age breakdown of the disaster affected population? Does the demographic make-up of the population result in significant numbers of vulnerable groups – separated children, widows or older carers?
- WHAT specific risks has the emergency caused? E.g. Gender-based violence, child trafficking, sexual exploitation, early marriage, family separation, degradation of family/community support structures, discrimination, exclusion? WHO needs protection and how?
- WHAT are the needs, constraints, capacities and priorities of affected population groups?
- WHAT are their social and economic roles and responsibilities, and have these changed, expanded, reduced? Which groups are involved in work and in which sectors? Who traditionally cares for children?
- HOW do positions and roles of girls, boys, women, men and older people in families and communities affect their experience of the crisis? Are different age and gender groups respected and supported in families and communities?
- WHO accesses, owns and controls resources (income, assets, livelihoods resources, information) within the community? Has the capacity for family/community support been affected by the crisis? Who is excluded?
- WHO owns what? Who has lost what? Who can prove ownership of housing land and property? Do cultural practices marginalize specific groups in relation to asset ownership – young and older women, minorities for example?
- WHO faces barriers in accessing services? What are the barriers? What causes them?
- WHO participates in decision-making, who has power and what prevents participation?
- WHAT skills/capacities does each group have (roles, activities, training, paid and unpaid roles)?
- HOW do different groups cope with the emergency situation?

By examining girls', boys', women's and men's relationships, their access to and control of resources, their roles and the constraints they face in accessing assistance relative to each other, the joint analysis will capture the specific aspects of who is affected by the crisis, how they are affected and what their needs, capacities, roles and responsibilities are.

Step 4: Using the findings

- 1-Ensure that your findings are captured in a way that doesn't hide how the female and male population from different diversity and age groups has been affected, e.g. 'affected people', 'IDPs', 'vulnerable groups', 'children'. **Clearly spell out throughout the report how the situation distinctly affects the different groups.** This will help planning a collective response that takes into account the needs of the different segments of the population.
- 2-When briefing participants in the **strategic planning workshop** on the findings, ensure that the main differences and distinct assistance and protection needs of the population are highlighted so as to feed into an evidence-based and efficient response analysis.

